

## REQUIREMENTS OF THE INFECTION PREVENTION AND CONTROL (IPAC) PROGRAM

To fulfill the Ontario Regulation 79/10 made under the [Long-Term Care Homes Act, 2007](#): filed March 29, 2010: section 229, long term care homes must establish an IPAC program that complies with the requirements of the Act.

### Program Requirements:

- (a) that there is an interdisciplinary team approach in the co-ordination and implementation of the program;
- (b) that the interdisciplinary team that co-ordinates and implements the program meets at least quarterly;
- (c) that the local medical officer of health is invited to the meetings;
- (d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and
- (e) that a written record is kept relating to each evaluation under clause (d) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 229 (2).

The licensee shall designate a staff member to co-ordinate the program who has education and experience in infection prevention and control practices, including,

- (a) infectious diseases;
- (b) cleaning and disinfection;
- (c) data collection and trend analysis;
- (d) reporting protocols; and
- (e) outbreak management. O. Reg. 79/10, s. 229 (3).

The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

The licensee shall ensure that on every shift,

- (a) symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and
- (b) the symptoms are recorded and that immediate action is taken as required. O. Reg. 79/10, s. 229 (5).

The licensee shall ensure that the information gathered under subsection (5) is analyzed daily to detect the presence of infection and reviewed at least once a

month to detect trends, for the purpose of reducing the incidence of infection and outbreaks. O. Reg. 79/10, s. 229 (6).

The licensee shall implement any surveillance protocols given by the Director for a particular communicable disease. O. Reg. 79/10, s. 229 (7).

The licensee shall ensure that there are in place,

- (a) an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the *Health Protection and Promotion Act*, communication plans, and protocols for receiving and responding to health alerts; and
- (b) a written plan for responding to infectious disease outbreaks. O. Reg. 79/10, s. 229 (8).

The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).

The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.
2. Residents must be offered immunization against influenza at the appropriate time each year.
3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.
4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).

A licensee is exempt from paragraph 1 of subsection (10) with respect to a resident,

- (a) who is being relocated to another long-term care home operated by the same licensee and section 208 of this Regulation applies; or

- (b) who is transferring to a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home operated by the same licensee. O. Reg. 79/10, s. 229 (11).

The licensee shall ensure that any pet living in the home or visiting as part of a pet visitation program has up-to-date immunizations. O. Reg. 79/10, s. 229 (12).

The infection control program in the long-term care home (LTCH) should include the following elements:

1. Infection control policies and procedures
2. Surveillance of infections
3. A system to detect, investigate infections and control outbreaks
4. A system for notifying Peel Public Health of reportable diseases
5. A system for initiation of precautions
6. Continuing education in infection prevention and control
7. A resident health program
8. An employee health program
9. A system for antibiotic review and control
10. An active Infection Control Committee to oversee the program

Each home should have written policies defining who is responsible for each of these elements. The principles of Continuous Quality Improvement (CQI) should be reflected in the policies and procedures of the program by establishing timeframes for review.

The Infection Control Committee (ICC) should have the responsibility for reviewing these elements and recommending changes as needed.

Responsibility for overseeing the day-to-day functioning of the program should be delegated to the Infection Control Practitioner (ICP). This individual should be a registered nurse or medical laboratory technologist. Each home should ensure that there is sufficient time allocated for the ICP to carry out these activities. The recommended staffing level for LTCHs is one Full-time Equivalent (FTE) per 150 to 250 beds (Health Canada). Facilities with less than 150 beds may choose to share an ICP with another home to ensure that there is adequate coverage.

The home should ensure that the ICP receives adequate training to enable them to perform their duties (see [Appendix A](#) for resources). A written job description should be developed outlining the responsibility and scope of practice for the ICP.

### **The Infection Control Committee**

The Infection Control Committee (ICC) should have the overall responsibility for overseeing and directing the work of the infection control program. The Chairperson of the ICC should be an individual who has an interest in infection control. (Note: Some facilities may elect to have the ICP chair this committee.)

Membership of the committee should include the Infection Control Practitioner (ICP) and representatives from the medical staff and each department within the home. In addition there should be representation from Peel Public Health.

The ICC should meet on a regularly scheduled basis to receive reports related to the program elements. Written reports of the meetings should be communicated to the Administrator and all departments within the home. The ICC should delegate the day-to-day functioning of the program to the ICP with the ensuing authority and accountability for carrying out the policies and procedures of the program.

See [Appendix C](#) for a sample terms of reference for an ICC and [Appendix D](#) for a Sample Agenda template.

## **Infection Control Program Elements**

### **Surveillance**

A simple, effective system should be established for the ongoing collection of data on infections in both residents and staff. Surveillance should be based on written definitions for infections and be conducted prospectively. The minimum data collected should include type of infection, date of onset, location in the home and any relevant culture information. The use of total surveillance (i.e. collecting information on every infection identified in the home) is not recommended. The ICC, in conjunction with the ICP, should identify areas for surveillance based on available resources and degree of risk to residents and staff (e.g. monitoring respiratory infections, collecting data on urinary tract infections for a three-month period).

The ICP should review the surveillance data and recommend infection control measures in response to identified problems. The ICP should utilize the surveillance data to make recommendations for the allocation of infection control efforts, direct continuing education, identify resident problems for intervention and detect outbreaks.

Regular reporting of infection rates with analysis and recommendations must be made to Administration and the ICC. The ICC in consultation with the ICP should determine the frequency of the reporting. The decision to share the infection control reports with other committees in the home should be made by the ICC.

See Section 3 for further information related to surveillance.

### **Outbreak Control**

Surveillance data should be used to detect and prevent outbreaks of infection within the home. It is essential that a system be in place to promptly notify the ICP of any sentinel event that may be the indicator of a potential outbreak. In some instances, prompt intervention at the time of the event may prevent an outbreak from occurring.

Written policies should be developed that define the authority for intervening in an outbreak situation. These policies should include communication, initiating precautions, restricting visitors and staff, culturing residents and staff, administering prophylaxis and/or treatment and liaison with Peel Public Health.

See Section 5 for Management of Outbreaks.

### **Implementation of Additional Precautions**

Each home should have written policies outlining when additional precautions may be implemented and the authority for initiating precautions.

These policies should be communicated to staff and residents to reduce the risk of transmission of infections within the home. All staff should receive orientation and education on these policies.

See Section 2 for more information about routine practices and additional precautions.

### **Infection Control Policies and Procedures**

The ICC should ensure that policies and procedures are in place to prevent the spread of infections within the home. The responsibility for developing and implementing the policies and procedures may be delegated to the ICP provided sufficient time and resources are put in place to facilitate this.

Policies and procedures should include statements on the organization of the program, Routine Practices for infection prevention, Additional Precautions, hand hygiene, ventilation and air filtration, waste management, housekeeping, laundry and dietary, occupational health and renovation/construction.

All staff in the home should receive education on the infection control policies and procedures as part of their orientation. An update should be given annually

or earlier whenever changes are made to ensure that staff practice remains current and reflects the policies and procedures of the home.

## **Education**

Infection prevention and control education should be provided for residents, family members, staff and volunteers.

Information should be provided to assist them in protecting their own health and preventing the spread of infection. Topics should include how infections are spread and prevention of infections (handwashing, precautions, and immunization). In the event of an outbreak, additional education should be provided to residents, families and staff on the implicated infection and the actions being taken.

Education should also be provided to the ICP. The ICC should ensure that opportunities to participate in meetings and seminars related to infection control are available to the ICP. In addition, the ICP should have access to infection control journals to assist in fulfilling the role ([Appendix A](#)).

## **Resident Health**

A resident health program must include baseline information on each resident obtained prior to or at the time of admission to the home. The information should include an initial history of past medical conditions/illnesses, immunization status, tuberculosis screening dates and results of a recent physical examination.

Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.

Provision should be made for all residents to maintain their immunization status including tetanus diphtheria every 10 years, annual influenza vaccine and pneumococcal vaccine as required. A current record of immunization should be maintained for each resident in the home.

## **Employee Health**

Each person carrying on activities within the home (e.g. employees, contract workers, students, volunteers) should have a baseline health assessment including immunization status and history of infectious diseases before starting work in the home.

Staff and regular volunteers (1/2 day per week) should have a two-step TST to establish baseline at hiring to the long term care institution unless they have documented results of prior two-step tests.

Employees who may be exposed to blood and/or body fluids as part of their work should be offered Hepatitis B vaccine. All employees should be offered influenza vaccine annually. Policies on work restriction should be established and reviewed with the employee as part of their orientation and on an annual basis.

All employees should receive education related to infection prevention on a regular basis.

The need for prompt reporting of illness due to communicable disease must be reinforced with the employee. The mechanism for reporting should be reviewed at the time of orientation and annually. See Section 3 Surveillance for more details,

### **Antibiotic Review and Control**

Each home should have a mechanism in place for periodic review of antimicrobials. Regular audits of prescribing, indications for antimicrobials and resistance patterns should be done and reviewed by the ICC.

### **Notification of Reportable Disease**

Each home should have policies outlining the responsibility for notifying Peel Public Health of residents who have been diagnosed with a disease deemed “reportable”. See Section 3 Surveillance for more details,

### **Additional Resources:**

Public Health Ontario, Provincial Infectious Disease Advisory Committee. Best Practices for Infection Prevention and Control Programs in Ontario in All Health Care Settings (2012).

[http://www.publichealthontario.ca/en/eRepository/BP\\_IPAC\\_Ontario\\_HCSsettings\\_2012.pdf](http://www.publichealthontario.ca/en/eRepository/BP_IPAC_Ontario_HCSsettings_2012.pdf)

Smith PW, Rusnak PG. [\*Infection Prevention and Control in the Long-Term Care Home\*](#). SHEA/APIC Position Paper. ICHE December 1997; Vol. 18(12): 831-49.