LONG-TERM CARE INFECTION PREVENTION AND CONTROL PROGRAM

July 2025

Table of Contents

1. PREAMBLE

This document defines the Bruyère Health Long-Term Care Infection Prevention and Control (IPAC) Program, which is established on current evidence-based practices, utilizes an interdisciplinary approach, and aims to:

- optimize safety in the long-term care home (LTCH) to mitigate risk of resident infections and colonizations
- reduce morbidity and mortality due to healthcare associated infections
- prevent the spread of infections among those within the home (including residents, staff, visitors, volunteers, and others) and transmission of infections from the community into the home.

The *Fixing Long-Term Care Act, 2021* (the "Act" – section 23) and its *Regulation* (section 102) requires that every LTCH in Ontario has an IPAC program (herein referred to as "the Program"). The LTCH Home is required to implement any standard or protocol issued by the Director with respect to infection prevention and control. The Act and O. Reg. contain requirements related to IPAC and require the LTCH to implement any standard or protocol issued by the Director with respect to IPAC.

The LTCH ensures that staff roles, responsibilities, and accountabilities related to the implementation and ongoing delivery of the Program are clearly defined and communicated regularly to all staff. The LTCH keeps written records of the processes described in useable formats and ensures a copy of the record can be readily produced.

The Program and relevant policies are reviewed at least annually for completeness, accuracy, and alignment with best practices, and are updated based on that review.

2. IPAC LEAD

The LTCH ensures that the home has an IPAC Lead whose primary responsibility is the home's infection prevention and control program (s. 23(4) of the Act). The responsibilities of the IPAC Lead are detailed in s.102(7) of the Regulation.

As required by the Regulation, the LTCH shall ensure that the IPAC Lead works regularly in that position on site at the home for at least the following minimum hours:

- Élisabeth-Bruyère Long-Term Care, which has a licensed bed capacity of 69 beds or fewer (smaller homes), at least 17.5 hours per week.
- Saint-Louis Long-Term Care, which has a licensed bed capacity of more than 69 beds but fewer than 200 beds, at least 26.25 hours per week.

IPAC programming and required resources, including resources available on a specific shift, must be sufficient to address home and resident factors such as: age of the home; layout; and resident complexity and/or vulnerability, as these may directly impact IPAC practices. The role is to be prioritized and resourced in a manner that ensures that the required roles and responsibilities can be performed, including daily surveillance.

At Bruyère Health, the IPAC Leads are supported corporately by the IPAC team manager, coordinator, hospital-based IPAC professionals and nurses, as well as an IPAC physician consultant.

Education of the IPAC Lead

The IPAC Lead shall have, at a minimum, education and experience in IPAC practices, including:

a) Infectious diseases
b) Cleaning and disinfection
c) Data collection and trend analysis
d) Reporting protocols
e) Outbreak management
f) Asepsis
g) Microbiology
h) Adult education
i) Epidemiology
j) Program management; and
k) Within three years of s.102(6) of the Regulation coming into force (i.e., April 2025), the IPAC Lead shall have current certification in infection control from the Certification Board of Infection Control and Epidemiology (ss.102(5) and 102(6) of the Regulation).

Responsibilities of the IPAC Lead

The IPAC Lead carries out the following responsibilities:

1. Working with the LTC IPAC team and interdisciplinary LTC IPAC Committee to implement the Program;
2. Managing and overseeing the Program;
3. Overseeing the delivery of relevant and timely IPAC education to staff, caregivers, volunteers, visitors, and residents;
4. Auditing of IPAC practices in the home (please note that auditing of IPAC practices can also include overseeing audit activities performed by other staff in the home in collaboration with, or under the direction of, the IPAC Lead);
5. Conducting, at a minimum, quarterly real-time audits of specific activities performed by staff in the home, including, but not limited to, hand hygiene, selection and donning and doffing of PPE. Increased frequency of audits may be implemented during outbreaks within the home to ensure and support compliance with control measures;
6. Implementing, in collaboration with the LTC IPAC team and interdisciplinary LTC IPAC Committee, required improvements to address any evaluation and/or audit findings, as well as recommendations arising from the quality program for IPAC;
7. Reviewing infectious disease surveillance results regularly to ensure that all staff are conducting infectious disease surveillance appropriately and to ensure that appropriate action is being taken to respond to surveillance findings;
8. Convening the Outbreak Management Team (OMT) at the outset of an outbreak and regularly throughout an outbreak;
9. Convening the interdisciplinary LTC IPAC Committee at least quarterly;
10. Reviewing the symptom screening gathered every shift:

a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director.
b) Symptoms are recorded, and immediate action is taken to reduce transmission and place residents on additional precautions.

11. Reviewing daily and monthly screening results to determine whether any action is required;
12. Implementing required improvements to the Program as required by audits, best practice guidance, Public Health or the Ministry of Long-Term Care (MOLTC). Implementing, in collaboration with the LTC IPAC team, required improvements to address any evaluation and/or audit findings, as well as recommendations arising from the quality program for IPAC;
13. Ensuring that there is a hand hygiene program. Ongoing evaluation of the need for additional point-of-care hand hygiene products within the home. Ongoing collaboration with the home's staff to ensure the maintenance and expansion of the resident hand hygiene program.

Contact information for the IPAC Lead

The direct contact information, including a telephone number and an email address that are monitored regularly, of all IPAC Leads for the home are provided to:

a) local Medical Officer of Health appointed under the Health Protection and Promotion Act or their designate; and
b) Champlain Infection Prevention and Control Hub to facilitate preventative site visits to evaluate the implementation of the Program and recommended best practices within each home per the Act and its regulation.

3. INTERDISCIPLINARY COMMITTEE AND CONSULTATION WITH OTHER HEALTHCARE PROFESSIONALS

The LTCH has an IPAC team that co-ordinates and implements the Program (s.102(4)(b) of the Regulation) and ensures that staff and leadership participate in the implementation of the IPAC program (s.102(8) of the Regulation). This team meets regularly (generally bi-weekly) and consists of the IPAC Lead(s), corporate IPAC leadership representative(s) and LTCH leadership representative(s).

The interdisciplinary LTC IPAC Committee meets quarterly, prior to the LTC Medical Advisory Committee meeting. The minutes of these quarterly meetings are shared, and any relevant topics related to policies and procedures that impact medical care are discussed with the LTC Medical Advisory Committee members. The IPAC Lead seeks advice from the LTC IPAC team, interdisciplinary LTC IPAC Committee and other healthcare professionals in the home (e.g., dietician, occupational therapist) on specific policies and procedures of the Program that directly impact resident care.

Membership of the interdisciplinary LTC IPAC Committee (other team members are invited, as appropriate):

- IPAC Leads
- Corporate IPAC Coordinator
- Medical Directors
- Directors of Nursing and Personal Care/Clinical Managers of the different home areas
- LTCH Administrators
- Occupational Health and Safety (OHSS) representative
- Clinical staff, as required
- Any decisions requiring input from the Medical Officer of Health/delegate are discussed with the public health unit representative at Bruyère Health's corporate IPAC Committee. If time sensitive, public health unit officer assigned the LTCH is contacted directly.

The LTC IPAC team meets on a more frequent basis with an expanded membership (i.e., Outbreak Management Team) during an infectious disease outbreak in the home (see Outbreak Management Section).

The LTC IPAC team also engages with the Residents' Council and Family Council, if any, on a regular basis to seek advice on Program improvements related to:

- IPAC measures and their impacts on residents and families/caregivers;
- Program evaluation and quality activities.

This shall include the Council(s) providing advice on Program improvements.

The IPAC Lead works with the LTC IPAC team, as well as various departments in the home, including, but not limited to:

- housekeeping;
- occupational health and safety;
- clinical leadership (where not already represented on the LTC IPAC team);
- facilities management;
- food services;
- volunteer services;
- therapeutic support services.

The LTC IPAC team also has access to expert resources through Bruyère Health's corporate Infection Prevention and Control team.

4. POLICIES AND PROCEDURES FOR ROUTINE PRACTICES AND ADDITIONAL PRECAUTIONS FOR PREVENTING TRANSMISSION OF INFECTION

Routine practices

The LTCH ensures that Routine Practices and Additional Precautions are followed in the Program. At minimum, Routine Practices include:

a) The use of infectious disease risk assessments, including point-of-care risk assessments; Per current policies. Annual education is provided to reinforce these ongoing core IPAC practices. Targeted education is also provided more frequently based on audit findings in small groups or on-the-spot sessions.

b) Hand hygiene, including, but not limited to, during the Four Moments for Hand Hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk; and after resident/resident environment contact);
c) Respiratory etiquette;
d) Proper use of PPE, including appropriate selection, application, removal, and disposal; and
e) Use of controls, including:
    i. Environmental controls, including, but not limited to, location/placement of residents' equipment, cleaning, making hand hygiene products available.
    ii. Engineering controls, including, but not limited to, use of safety-engineered needles point-of-care sharps containers, disposable equipment, barriers; and
    iii. Administrative controls, including, but not limited to, comprehensive IPAC policies and procedures, based on latest best practice guidelines.

At minimum, Additional Precautions shall include:

a) Evidence-based practices related to potential contact transmission and required precautions;
b) Evidence-based practices related to potential droplet transmission and required precautions;
c) Evidence-based practices related to airborne transmission and required precautions;
d) Evidence-based practices for combined precautions;
e) Point-of-care signage indicating that enhanced IPAC control measures are in place;
f) Additional PPE requirements, including appropriate selection, application, removal and disposal;
g) Modified or enhanced environmental cleaning procedures; and
h) Communication regarding Additional Precautions with transport of residents within and to other facilities (e.g., hospital).

Relevant Bruyère Policies

- INFECTION CONTROL 01 Routine Practices
- INFECTION CONTROL 10 Hand Hygiene
- INFECTION CONTROL 02 Contact Precautions
- INFECTION CONTROL 03 Droplet & Contact Precautions
- INFECTION CONTROL 04 Airborne Precautions
- INFECTION CONTROL 11 Gloves, Use of
- HR 9.10 Respiratory Protection
- HR 9.13 Personal Protective Equipment (PPE) For Non-Clinical Staff

5. INFECTIOUS DISEASE SURVEILLANCE

The LTCH follows the surveillance protocols as issued by the Ministry of LTC Director for communicable diseases or diseases of public health significance (s.102(2)(a) of the Regulation).

The LTCH ensures that on every shift:

a) Symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Ministry of LTC Director; and

b) The symptoms are recorded, and immediate action is taken to reduce transmission, place residents on additional precautions, and place them in cohorts, as required (s.102(9) of the Regulation).

The LTCH ensures that the symptom screening information gathered under subsection 102(9) of the Regulation is analyzed daily to detect the presence of infection and reviewed at least monthly to detect trends, for the purpose of reducing the incidence of infection and outbreaks (s.102(10) of the Regulation).

Daily screening by RNs and/or Director of Care (DOC)
Daily review by IPAC Lead (or delegate)
Monthly reviewing and reporting by IPAC

LTCHs ensure that the following surveillance actions are taken:

a) Training staff on how to monitor for the presence of infection in residents;
b) Ensuring that surveillance is performed on every shift to identify cases of healthcare-acquired infections (HAIs), device-associated infections and Antibiotic-Resistant Organisms (AROs);
c) Ensuring that established case definitions for specific diseases are understood and used by staff;
d) Using common forms and tools, and making them available to staff at locations where they are needed, for surveillance reporting in the home;
e) Developing and using a surveillance database and reporting tool for use to collect and collate data;
f) Ensuring that surveillance information is tracked and entered in the surveillance database and/or reporting tools;
g) Ensuring that staff are aware of requirements for infectious disease reporting within the home;
h) Ensuring that the LTC IPAC team is regularly updated on surveillance findings; and
i) Employing syndromic surveillance regularly to monitor for symptoms, including, but not limited to, fever, new/worsening coughs, nausea, vomiting, and diarrhea, and taking appropriate action.

Relevant Bruyère Policies

- INFECTION CONTROL 09 Communicable Disease: Reporting to Medical Officer of Health (MOH)
- INFECTION CONTROL 12 Scabies Management
- INFECTION CONTROL 14 LTC Tuberculosis (TB) Surveillance and Exposure Management: Residents, LTC
- INFECTION CONTROL 16 Antibiotic Resistant Organisms (AROs): Screening, Prevention and Management
- INFECTION CONTROL 17 Clostridioides Difficile (C. Difficile)
- INFECTION CONTROL 21 PTAC (Provincial Transfer Authorization Centre)
- HR 9.8 Communicable Diseases: Health Surveillance and Management
- Med Directive 09 Surveillance Screening by Infection Prevention and Control: Clinical Programs and LTC

6. HAND HYGIENE PROGRAM

The LTCH has a hand hygiene program (s. 23(2)(e) of the Act), which is adapted in accordance with any standard or protocol issued by the Ministry of LTC Director under s.102(2) of the Regulation.

The hand hygiene program is multifaceted and multidisciplinary. The hand hygiene program includes training and education, hand hygiene audits, a hand care program, and hand hygiene and hand care support for residents. Handwashing facilities, provisioned with appropriate supplies, are accessible in common areas and work areas where handwashing may be required.

The LTCH ensures that the hand hygiene program also includes policies and procedures, as a component of the overall IPAC Program, as well as:

- Hand hygiene signage (i.e., instructions relating to proper technique when using alcohol-based hand rub and soap and water) ;
- Training and education related to hand hygiene practices at the Four Moments for Hand Hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk; and after resident/resident environment contact);
- Identification and engagement of hand hygiene champions to promote best practice;
- Audits to monitor hand hygiene compliance, including feedback and correction of practices when indicate, for staff and resident hand hygiene programs;
- These activities are linked to the overall audit, evaluation, and quality approach for the full IPAC Program:
  - A hand-care program to assess and maintain the skin integrity of staff who perform frequent hand hygiene;
  - Hand hygiene training and awareness as part of orientation and ongoing training of all staff, volunteers, and visitors (including essential care partners and family members);
  - Involvement of the IPAC Lead and OHSS staff in product selection for hand hygiene and skin maintenance, to ensure that PPE durability is not compromised (e.g., interaction of hand care products and the breakdown of gloves);
  - Support for residents to perform hand hygiene prior to and following meals and snacks, after toileting and as per respiratory etiquette best practices; and
  - Support for residents who have difficulty completing hand hygiene due to mobility, cognitive or other impairments;
  - Provision of supplies to facilitate resident hand hygiene, including availability of hand hygiene wipes in dining rooms for residents, availability of soap in all restrooms and availability of alcohol-based hand rub throughout the LTCH.
  - The program includes resident hand hygiene audits, education and reminders.

Relevant Bruyère Policies and other Resources

- INFECTION CONTROL 10 Hand Hygiene
- INFECTION CONTROL 11 Gloves, Use of

- Just Clean Your Hands – Long Term Care (Public Health Ontario)

7. OUTBREAK MANAGEMENT

The LTCH has in place, 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 a written plan for responding to infectious disease outbreaks (s. 102(11) of the Regulation).

Clinical staff in the home monitor residents every shift for symptoms suggestive of an infectious process (new respiratory or enteric symptoms, urinary tract infections, etc.) and document in PointClickCare. Staff notify IPAC Lead and implement, in collaboration, any required additional precautions as needed. IPAC Lead monitors for increased numbers of a specific infection triggering an outbreak per policies and best practices, as well as report to Public Health Unit and/or Ministry of Health as needed as per reporting requirements.

Outbreak Management Team [OMT]

When an outbreak is declared, the Outbreak Management Team is convened for regular huddles (daily, or as appropriate) with Ottawa Public Health (OPH). The IPAC Lead schedules, chairs and records minutes of the meetings. Frequency of the meetings is at least twice weekly and may be daily, or as needed, depending on the progression of each outbreak. The Outbreak Management Team includes representatives from the various departments in the home, depending on the affected area(s) of the home and scope of the outbreak, including LTC leadership (DOC, Administrator, and others as appropriate), LTC IPAC Lead, OHSS, Housekeeping, Laundry, Facilities Management, Food Services, Therapeutic Recreation Service, Scheduling Resource Office, Volunteer Resources, Physicians, Nurse Practitioner, Allied Health and Procurement/SPD. The LTCH's IPAC Lead acts as the direct liaison with OPH.

The LTCHs consider the unique features of the home and the outbreak context in the outbreak management plan, such as:

- The size and physical layout of the home, including rooms available for separating and/or cohorting residents (if any);
- Staffing supply, mix, and models;
- Resident population and unique needs and/or features;
- Impacts of outbreaks on residents, including impacts of social isolation;
- Specific organism causing the outbreak (including new and emerging diseases), available treatments (if any) and the extent of the outbreak;
- Cultural safety; and
- Community impacts.

The LTCH engages and communicates with residents, caregivers, families, and staff throughout the outbreak and engages with public health. If required, additional supports are accessed to support the outbreak response. The LTCH leadership team is responsible for communicating with residents and their caregivers/families regarding outbreak declarations, updates and closures. Staff communication is a shared responsibility between management and IPAC and

includes information shared via outbreak management meetings, outbreak meeting minutes, email updates to LTCH staff and All User emails to entire corporation. The Communications team ensures that relevant All User information is posted the All News section of InfoNet and on the external Bruyère Health website. The IPAC Lead, along with LTCH management, is also present on the affected home areas to support in implementation and compliance with control measures.

Issues that arise during an outbreak are addressed in real time and resolved on an ongoing basis during outbreak management meetings. If there are issues or concerns that cannot be resolved at the outbreak management meeting, they are brought to regularly scheduled meetings of the LTC IPAC team, where recommendations for future improvement or approaches are made and implemented at subsequent outbreaks as applicable. During an outbreak, in addition to the roles outlined above, the IPAC Lead is involved in outbreak management activities in collaboration with the LTC IPAC team and the Outbreak Management Team in the manner described below.

The IPAC Lead's role during an outbreak shall include, but not be limited to:

a) Advising on IPAC practices to manage the outbreak and minimize risk(s) to residents and staff;
b) Assisting with securing IPAC-related resources needed to support the outbreak management response. This may also include working in collaboration with the LTCH and the Outbreak Management Team to secure needed PPE and other supplies, as required;
c) Collaborating with LTC Management in monitoring compliance with outbreak control measures;
d) Increasing IPAC lead visibility on the affected unit in order to provide on-the-spot education and feedback to staff on IPAC practices and outbreak control measures;
e) Providing education to residents, as needed, to ensure compliance with IPAC practices and outbreak control measures;
f) Documenting minutes of all outbreak meetings and distributing them to the Outbreak Management Team and relevant Bruyère Health leadership;
g) Communicating with OPH on a daily basis, or as needed, regarding the outbreak; and
h) Maintaining all outbreak-related documentation, as required by the LTC Act and relevant legislation/best practices.

8. TRAINING, EDUCATION AND AUDITS

The Program includes an educational component, with respect to infection prevention and control, for staff, residents, volunteers, and caregivers (Act ss. 23(2)(b) and sections 257-263 of the Regulation).

The IPAC Lead develops and oversees the implementation of an IPAC training and education program for residents, essential care partners (ECPs), staff, and visitors which includes, at a minimum, the following:

a) Caregivers shall receive orientation and training on IPAC policies and procedures appropriate to their role;

b) Residents shall also receive training, education, and/or information appropriate to their needs and level of understanding that helps them to understand the IPAC program and specific IPAC practices that may affect them;
c) The IPAC Lead shall communicate relevant information and requirements and provide education, in collaboration with the interdisciplinary team, to residents, caregivers, and other visitors (including family members), which includes, but is not limited to:
    - visitor policies;
    - physical distancing;
    - respiratory etiquette;
    - hand hygiene; and
    - applicable IPAC practices proper use of PPE;

d) The IPAC Lead shall provide refresher training and education on an annual basis, or more frequently, to respond to emerging public health issues and/or new evidence;
e) Training shall be accessible, tailored to learner needs and reduce potential barriers to comprehension, including language and literacy; and
f) The IPAC Lead shall also ensure that visitors receive information about required IPAC practices that is appropriate to the level of risk that visitors present to themselves and to others in the home.

The IPAC Lead develops and oversees the implementation of an IPAC training and education program for staff and volunteers with the following minimum requirements:

a) The required orientation and training on IPAC under the Act and Regulation shall be appropriate to the staff and volunteer role (refer to Training and Audit document);
b) The IPAC Lead shall provide refresher training and education on an annual basis, or more frequently, to respond to emerging public health issues and/or new evidence;
c) The training shall be accessible, tailored to learner needs and reduce potential barriers to comprehension, including language and literacy;
d) IPAC education shall be tailored to the job of the staff member receiving the education.

The IPAC Lead (and delegates) plan, implement and track the completion of all IPAC training and:

a) Assessments/audits and feedback processes are used to determine if staff have met training requirements as required by the MOLTC, or when individual staff need remedial or refresher training; and

Ensures that audits are performed regularly (at least quarterly) to ensure that all staff can perform the IPAC skills required of their role.

9. IMMUNIZATION AND SCREENING

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

a) Each resident admitted to the home must be screened for active tuberculosis disease on or before 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 home. Residents are exempt from screening for TB if they are being relocated

to/from another long-term care home operated by the same licensee and section 240 of the Regulation applies; or if they are 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 Refer to Policy IC 14 LTC TB Surveillance and exposure Management, Residents;

b) Residents must be offered immunization against influenza at the appropriate time each year;
c) Residents must be offered immunization against COVID-19 as per the timelines set out by the Ministry of Health;
d) Residents must be offered immunizations against RSV, pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the website of the Ministry of Health;
e) The IPAC Lead, in conjunction with the DOC, shall ensure that any pets visiting the home have up-to-date immunizations, as per current Bruyère policy (Regulation ss 102(12)-(14)).

The Occupational Health and Safety department shall ensure that:

a) Staff are screened for tuberculosis and other infectious diseases in accordance with any standard or protocol issued by the Director. This shall include ensuring accordance with evidence-based practices and where there are none, accordance with prevailing practices. This may also include consultation with the local board of health to ensure that screening is undertaken to address specific risks in the community;
b) There is a staff immunization program in accordance with any standard or protocol issued by the Director. The staff immunization program includes informational resources regarding the benefits of immunization to resident and staff safety. This shall also include communicating expectations regarding immunization at hiring (for example, regarding recommended immunizations such as Measles/Mumps/Rubella (MMR) and yearly influenza immunization);
c) The LTCH works collaboratively with the local public health unit regarding immunization of residents and staff, which may include offering immunizations on-site. This may also include offering additional immunizations, as recommended by the local public health unit.

Relevant Bruyère Policies and other Resources:

- CLIN CARE 20 Pet Visits
- MEDICAL DIRECTIVE 17-02 LTC Administration of Influenza Vaccine: Long-Term Care
- INFECTION CONTROL 15 Influenza: Immunization and Antiviral Therapy
- INFECTION CONTROL 19 Pneumococcal Vaccine
- HR 9.3 Influenza - Immunization and Outbreak Control: Staff
- HR 9.16 COVID-19 Vaccination
- HR 9.11 Initial Health Assessment: Employees
- Bruyère LTC - Tamiflu and Influenza Process document

10. Ethical Framework

The LTCH ensures that the implementation and ongoing delivery of the Program includes an ethical framework to inform decision-making. The Ethical Framework in place at Bruyère Health is the ***Catholic Health Sponsors of Ontario-Catholic Healthcare Association of Ontario Ethical Framework***.

The LTCH has a clearly documented ethical framework as part of the Program. The ethical framework includes key principles which have been adopted corporately discussed with the LTC IPAC team, the home's leadership team (where not already represented on the LTC IPAC team), the continuous quality improvement committee and the Residents' Council or Family Council, if any.

The ethical framework for the Program includes the key principles of fairness, equity, transparency, consideration of available evidence, consideration of impacts of decisions on residents and staff, resident quality of life as a primary driver, risk relative to reward of key decisions, and safety.

Precautionary Principle

The LTCH:

- Ensures that the Program is implemented in a manner consistent with the precautionary principle as set out in the standards and protocols issued by the Ministry of LTC Director and the most current medical evidence.
- Ensures that the application of the precautionary principle is guided by the key principles in the ethical framework.
- Ensures that when determining whether to apply the precautionary principle, they consider recommendations including those of a provincial scientific table, and the Chief Medical Officer of Health appointed under the Health Protection and Promotion Act, where available.
- Ensures that processes are established for the de-escalation of practices where the precautionary principle has been applied. The LTCH shall ensure that as part of this process, the OHSS representative, Joint Health and Safety Committee (JHSC), or health and safety representative, and the LTC IPAC team are engaged.

Relevant Bruyère Policies and other Resources

- CLIN CARE 02 Ethics Services
- Catholic Health Sponsors of Ontario – Catholic HealthCare Association of Ontario Ethical Framework
- Catholic Health Alliance of Canada - Health Ethics Guide

11. REGULAR EVALUATION AND QUALITY IMPROVEMENT

The LTCH shall oversee the development and implementation of a quality management program to assess and improve IPAC in the home, as set out in a standard or protocol issued by the Director under subsection 102(2) of the Regulation (s. 102(18) of the Regulation). The LTCH shall ensure that the IPAC program is evaluated and updated at least annually in accordance with the standards and protocols issued by the Director under subsection 102(2) and (s. 102(4)(e)) of the Regulation. The LTCH shall also ensure that a written record is

maintained for each evaluation including evaluation dates and time, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

In evaluating and updating the IPAC Program (see template in appendix), at a minimum on an annual basis, the LTCH shall:

a) In addition to the requirement to ensure that the Program is evaluated and updated at least annually, ensure that the Program, including the IPAC policies and procedures, are reviewed and updated, more frequently in accordance with emerging evidence and best practices;

b) Ensure that the evaluation of the Program also includes specific actions to evaluate outbreak preparedness and response activities;

c) Ensure that evaluation approaches also include, at a minimum:

i. A system to monitor the compliance of staff with Program policies and procedures, as well as processes for correcting and improving identified gaps;

ii. An audit plan, including audit processes for on-site review of IPAC practices by staff with education and corrective actions; and

iii. Engagement with the Quality Committee to appropriately link program evaluation with Quality initiatives.

d) Ensure that quality reviews shall also be conducted annually in collaboration with home leadership, the Quality Committee, the IPAC Lead, and the interdisciplinary LTC IPAC Committee.

The LTCH shall ensure, at minimum, that the following activities are carried out in the quality management program:

a) Establishment of goals and key quality indicators (both process and outcome-related) for the Program in the home;

b) Training and education for staff related to quality indicators and needed improvements for IPAC in the home;

c) Reporting on quality indicators and metrics for IPAC in the home; and

d) Engagement with the Quality Committee, the LTC IPAC team and family and resident councils related to IPAC in the home.

12. OTHER RELEVANT BRUYERE POLICIES AND ADDITIONAL RESOURCES

- FIN 01 Procurement of Goods and Services
- FIN 02 Product Evaluation and Standardization
- ADMIN 08 Electrical Equipment, Furniture, Plants, and Flowers
- HR 9.12 Medical Sharps Safety

- ADMIN 03 Waste Management, Including Hazardous Waste: Chemical Pharmaceutical and Biomedical
- MEDICATION 01 Cytotoxic Drugs: Safe Handling and Administration
- HR 9.1 Blood and Body Fluids, Exposure to
- RH.HR 8.3 Dress Code
- ADMIN 28 Repairs and Maintenance of Facility and Equipment
- RH.HR 9.2 Incidents, Hazardous Situations: Staff
- Environmental Services Employee Guide
- CAN/CSA-Z317.13-17 (R2021) Infection control during construction, renovation, and maintenance of health care facilities
- Public Health Ontario - Focus on Heating, Ventilation and Air Conditioning (HVAC Systems in Building and COVID-19
- IPAC Routine Practices Point of Care Risk Assessment
- Public Health Ontario - Infection Control Risk Assessment (ICRA) Tool: Construction, Renovation, Maintenance and Design (CRMD)
- OPH Food Handling and Storage Standards
- Ontario Health Protection and Promotion Act R.R.O. 1990, Reg. 562: FOOD PREMISES
- CLIN CARE 40: Nutrition and Hydration Program, Long-term Care

13. REFERENCES

Communicable disease surveillance and response systems. Guide to monitoring and evaluating. World Health Organization, 2006.

Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1 (ontario.ca)

Infection Prevention and Control (IPAC) Canada. Infection Prevention and Control (IPAC) Program Standard. Can J Infect Control. 2016 December;30 (Suppl):1-97.

Infection Prevention and Control (IPAC) Canada. Surveillance definitions for infections in Canadian long-term care homes: 2023 update. Can J Infect Control. Fall 2023 (Vol 38, Issue 43):139-146.

Ontario Agency For Health Protection and Promotion. Provincial Infectious Diseases Advisory Committee. Best Practices for Infection Prevention and Control Programs in All Health Care Settings, 3rd edition. Toronto, ON: Queen's Printer for Ontario; May 2012.

Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Routine Practices and Additional Precautions in All Health Care Settings. 3rd edition. Toronto, ON: Queen's Printer for Ontario; November 2012.

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Best practices for prevention, surveillance and infection control management of novel respiratory infections in all health care settings. 1st revision. Toronto, ON: Queen's Printer for Ontario; 2020.

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Best practices for surveillance of health care-associated infections in patient and resident populations. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2014.

Ontario. Ministry of Health. Recommendations for outbreak prevention and control in institutions and congregate living settings, 2024. Toronto, ON: King's Printer for Ontario; 2024