

Ministry of Long-Term Care

Infection prevention and control (IPAC) program guidance

January 2021

The Ministry of Long-Term Care has developed this document to provide guidance to long-term care homes (homes) for implementing infection prevention and control (IPAC) programs in accordance with requirements under the [Long-Term Care Homes Act, 2007](#) (Act) and [O. Reg 79/10](#) under the Act, and current best practices. This document provides guidance for both regular operations and outbreak conditions in homes.

While implementing and delivering IPAC programs, homes should also review and apply best practice guidance from the [Provincial Infectious Diseases Advisory Committee](#).

This document does not supersede any requirements under the Act, O. Reg. 79/10 or any other applicable law. The guidance and recommendations that follow supplement requirements under the Act and O. Reg. 79/10.

IPAC program

Every home must have an IPAC program that complies with all applicable laws, including the Act and O. Reg. 79/10. Homes are required to have the IPAC program evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. During a pandemic, homes are encouraged to revise and update their IPAC program as frequently as possible as new evidence emerges, new best practices are identified, and new guidances are issued.

Homes are encouraged to incorporate the importance of IPAC and its role in ensuring resident, visitor and staff safety in their mission and/or value statements.

Homes should provide user-friendly information and education about IPAC to family members, substitute decision makers and visitors. Visitor policies must be updated to reflect directives such as the [Chief Medical Officer of Health's Directive # 3](#) for Long-Term Care Homes (Directive # 3) issued under the *Health Protection and Promotion Act*. Under Directive #3, homes must have a visitor policy that includes applicable visitor restrictions, education about physical distancing, respiratory etiquette, hand hygiene, infection prevention and control practices (IPAC), and proper use of PPE.

IPAC programming should be prioritized in the home and homes should include the IPAC lead (as explained below) as a member of the home's senior leadership team.

Goals of the IPAC program

The goals of an IPAC program in a home include:

- protecting residents and others in the home from infections, resulting in reduced morbidity and mortality
- preventing the spread of infections among those inside the home and from the community to the home
- implementing IPAC practices that comply with statutory, regulatory and other requirements of homes.

IPAC lead

Under O. Reg. 79/10, homes are required to designate a single staff member with knowledge and experience in IPAC to co-ordinate the home's IPAC program as the [IPAC lead](#). The IPAC lead should carry out their duties physically on site as much as possible. Depending on the size of the home, the complexity of the residents, and other factors, homes are encouraged to have other IPAC staff or a team in place to support the IPAC lead and the IPAC program. Homes should have staff or a team assisting with the delivery of the IPAC program on every shift. The number of IPAC staff that assist the IPAC lead should be regularly reassessed and reviewed as part of the annual evaluation of the IPAC program. The licensee of the home remains responsible for

IPAC programming and practices in the home. All senior management should support and prioritize IPAC in the home.

O. Reg. 79/10 requires that the IPAC lead designated by the home must have education and experience in infection prevention and control practices, including:

- infectious diseases
- cleaning and disinfection
- data collection and trend analysis
- reporting protocols
- outbreak management.

An IPAC lead having knowledge of the following is also encouraged:

- asepsis
- microbiology
- policy development
- epidemiology
- individualized patient care practices relevant to the scope of service within the home.

Homes should support training and education for the IPAC lead, including obtaining their certification from the Certification Board of Infection Control and Epidemiology. At a minimum, an IPAC lead should complete an IPAC program sponsored or endorsed by IPAC Canada. Homes should also support ongoing professional development for the IPAC lead (for example, through continuing education, peer networking, attendance at relevant conferences and meetings).

Homes are also encouraged to support the IPAC lead in becoming a member of IPAC Canada (as either an individual or organization).

The IPAC lead should participate in the [IPAC Hub](#) in their area, as well as other relevant committees/tables. Where possible, homes are encouraged to connect with an IPAC physician and microbiologist to help the IPAC lead in the home. The [IPAC Hubs](#) may be able to assist in this respect. IPAC Hubs are designed to be local networks of IPAC

expertise, which will work to enhance IPAC practices in all community-based, congregate living settings. By accessing IPAC Hubs, congregate living settings will be able to access IPAC expertise, collaborative assistance and just-in-time advice, guidance and direct support on IPAC practices for both outbreak prevention and response.

Components of IPAC program

The home must ensure that the IPAC program complies with the requirements under the Act and O. Reg. 79/10, including [section 86](#) of the Act and [section 229](#) of O. Reg. 79/10. The following list of components of an IPAC program in a home are required by law or encouraged as best practices:

- surveillance, including daily analysis and at least once a month review of data recorded and actions taken
- outbreak investigation and management
- hand hygiene program
- critical incident reporting of outbreaks
- staff training, retraining and education
- mandatory reporting of reportable disease to public health authorities
- facility maintenance standards for housekeeping and food preparation
- facility maintenance standards for heating ventilation and air conditioning
- continuous quality improvement activities related to infection rates and IPAC activities.
- an audit plan to assess the currency and compliance of each component of the IPAC program
- descriptions of [Routine Practices and Additional Precautions](#) as defined by Public Health Ontario
- Occupational Health and Safety for health care providers related to infection transmission
- timely access to microbiology laboratory reports and expertise to interpret any findings.

Surveillance

Homes must perform infectious disease surveillance of the resident population and respond to surveillance findings as required under the Act and O. Reg. 79/10. This includes ensuring that there is an outbreak management system for detecting, preventing, managing, and controlling infectious disease outbreaks.

Infection surveillance should include standardized collection of data and methods of measurement and recording. The data should be collected according to best practices and track cases of health care-associated infection as well as device-associated infection.

All surveillance results, including resident symptoms, must be monitored in accordance with evidence-based practices and recorded on every shift and required action must be immediately taken.

Surveillance information gathered must be 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.

Regular monitoring of IPAC procedures, such as the accuracy of symptom recognition, should be the subject of regular audits of staff practices, and the results of these audits should be used to assess the effectiveness of surveillance activities. Audits are expected to review all aspects of infection surveillance, including mandatory requirements of surveillance, additional activities set out in the home's IPAC program, and staff diligence and consistency with performing these activities.

Syndromic surveillance consists of monitoring existing health-related data that are not associated with a confirmed diagnosis but may be combined to signal that further investigation is warranted. It must be performed on every shift and includes monitoring of symptoms indicating the presence of infection, which must be done in accordance with evidence-based practices.

Under O. Reg. 79/10, homes must implement any surveillance protocols given by the Director appointed under s. 175 of the Act. The Minister's Directive for "[COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes](#)" dated November 23, 2020, states the required frequency of surveillance testing of staff, students, volunteers, care and support workers, and general visitors. In addition, homes must comply with any other surveillance requirements required by law (for example, directives issued by the Chief Medical Officer of Health under the *Health Protection and Promotion Act*).

Outbreak management

Homes should establish an interdisciplinary team to manage outbreaks, including, at a minimum, the IPAC lead and organization leadership.

Every home must have 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](#)
- communications plans
- protocols for receiving and responding to health alerts.

As part of this system, homes should have an outbreak prevention and management plan.

Homes are required by O. Reg. 79/10 to have a written plan for responding to infectious disease outbreaks. Homes should have its outbreak prevention and management plan and its written plan for responding to infectious disease outbreaks developed by the IPAC lead in collaboration with the medical director, the local public health unit and other home leadership. "[Planning for Respiratory Virus Outbreaks in Congregate Living Settings](#)" is a planning resource which homes can review to assist with developing their plans.

Homes should also develop a pandemic plan as part of their written plan for responding to infectious disease outbreaks. A pandemic plan would include contingencies for the effects of the pandemic on the outbreak management plan and include, but would not be limited to, considerations for sufficient human resources, additional IPAC measures, activation of health system partnerships, and maintenance of operations. For example, the provincial action plan [COVID-19 Action Plan for Protecting Long-Term Care Homes](#) describes pandemic measures that require implementing additional screening and surveillance, enlisting additional external IPAC support, maintaining PPE levels, and having contingent staffing plans. By way of another example, the "[Guide to Influenza Pandemic Preparedness and Response in Long-Term Care Homes](#)" includes planning and preparedness for pandemic vaccinations. [Chief Medical Officer of Health's Directive # 3](#) makes specific requirements for admissions and transfers, case isolation, staffing plans, additional screening, PPE use, visitor policies and other measures for responding to the COVID-19 pandemic.

Policies and procedures

IPAC policies and procedures must comply with applicable laws and should be:

- consistent with relevant standards, based on current science/evidence and referenced accordingly
- reviewed at least annually for completeness, accuracy and currency, and updated promptly to respond to any new, or changes to, legal requirements (for example from the Chief Medical Officer of Health or local public health unit) or as new guidance is released by the Ministry of Health, Ministry of Long-Term Care and by Public Health Ontario
- linked to educational programs
- associated with an action plan for implementation
- readily available for all staff to view.

Homes are required to have all staff participate in the implementation of the IPAC program. A system for monitoring and improving staff compliance with IPAC policies and procedures should be developed and implemented.

Compliance with legislation, accreditation and other requirements

The IPAC program must be compliant with relevant requirements under the Act and O. Reg. 79/10.

The IPAC program should comply with accreditation requirements where/when a home is accredited.

The IPAC program must be evidence-based, with consideration of current science and best practice recommendations.

Occupational health and safety

Homes are encouraged to make the IPAC lead a member of the home's joint health and safety committee.

IPAC components of the home's Occupational Health and Safety Program should be developed jointly by the Occupational Health and Safety committee and IPAC lead.

Long-term care home staff and essential visitors must have access to personal protective equipment (PPE) appropriate to their role and used in alignment with current evidence or government direction, guidance or directives. [Chief Medical Officer of Health's Directive # 3](#) mandates universal surgical or procedural masking for all staff and visitors for the entire duration of their shift or visit respectively, regardless of whether the home is in active outbreak or not. In addition, Chief Medical Officer of Health's [Directive # 5](#) requires that a point-of-care risk assessment (PCRA) be performed by every regulated health professional before every resident interaction. If the regulated health professional determines based on the PCRA, and based on their professional and clinical judgment and proximity to the resident, that there is a need for an N95 respirator in the delivery of care or services, then the home must provide that person and other health care workers present for that interaction with that resident with a fit-tested N95 respirator or approved equivalent or better protection. Homes are not permitted to deny access to a fit-tested N95 respirator or approved equivalent or better protection if determined by the PCRA.

Training and education

Training and orientation programs for new personnel must include IPAC training and education appropriate to their role. The Act and Regulation require all staff to be re-trained on IPAC on an annual basis (at a minimum). Homes should ensure that staff be re-trained more frequently as the needs arise, and as new information and guidance emerges, so that necessary updates in knowledge and practice can be realized as soon as practically possible. IPAC training and education should be provided for all personnel, including staff, agency personnel, and essential visitors as all personnel represent an ongoing risk of transmitting infection between residents, between other personnel, and from the community.

Licensees should encourage medical directors to receive an orientation and on-going training from the IPAC lead on IPAC protocols in the home. Medical directors should work with the licensee to help ensure attending physicians and nurse practitioners do the same.

IPAC education should be tailored to the job of the staff member receiving the education—for example, environmental cleaning, allied health personnel, food service workers and agency/contracted staff.

IPAC policies and procedures should include mandatory annual re-training and education of all staff, and other personnel that continue to attend to the home on a regular basis. The IPAC lead is expected to track the completion of each person's IPAC training (both initial and any retraining), and how often the training has been repeated. Audits may be used to determine when individual personnel need remedial or refresher training in addition to the retraining required by the Act and Regulation.

IPAC policies and procedures should be readily accessible to all personnel.

In addition to the IPAC information that homes are already required to include in their Visitor Policy in accordance with [Directive # 3](#), homes are also encouraged to make

relevant policies and procedures available to residents, substitute decision makers, caregivers, support workers, family members and general visitors.

Regular evaluation

Homes are required under O Reg 79/10 to have their IPAC program evaluated and updated at least annually in accordance with evidence-based practices, and if there are none, in accordance with prevailing practices. However, homes are encouraged to review their IPAC program and update it more frequently in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to meet changing needs. During the COVID-19 pandemic, homes are expected to revise and update their IPAC program as frequently as possible in accordance with evidence-based practices, and if there are none, in accordance with prevailing practices using new evidence, new best practices, and new guidelines. As recommended in "[Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018](#)", after an outbreak has resolved, it is expected that IPAC leads will evaluate the controls that have been implemented, assess compliance with [Routine Practices and Additional Precautions](#), assess the effectiveness of staff education and training, ensure respirator fit-testing and hand hygiene audits are performed, and ensure that immunization uptake is as high as possible. Following the conclusion of an outbreak, the IPAC lead should conduct a debrief process with all workplace parties.

Routine Practices and Additional Precautions

Long-term care home staff should continue to follow Public Health Ontario's [Routine Practices and Additional Precautions](#) as warranted.

Routine Practices are followed in the care of all residents to prevent exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items and to prevent the spread of microorganisms.

Additional Precautions are used in addition to Routine Practices when caring for residents known or suspected to be infected or colonized with certain microorganisms.

Additional Precautions (Contact Precautions, Droplet Precautions and Airborne Precautions) are based on the method of transmission (contact, droplet and airborne).

Homes should consider implementing a program that includes written policies and procedures, staff education and training in Routine Practices and Additional Precautions, and measure compliance with this program.

IPAC committee

Homes are required to ensure that there is an interdisciplinary team approach in the coordination and implementation of the IPAC program and that this team meet at least quarterly. It is recommended that in addition to the IPAC lead, the IPAC committee include representation from the home's senior management, the medical director, and the director of care and/or nursing. During an outbreak, it is encouraged that the IPAC committee meet regularly to assess organizational response and at other times during a pandemic, it is encouraged that the IPAC committee meet regularly to assess preparedness. Homes are required to invite the local medical officer of health to attend the interdisciplinary IPAC meeting.

Additional members to the IPAC committee to consider including: a public health representative; the Occupational Health and Safety lead, environmental services, representatives from the regional IPAC Hub and a trained IPAC physician.

The committee's role should include annual goal-setting and should include program evaluation. A written record must be kept of each annual evaluation 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. The committee should also ensure that the IPAC program meets statutory, regulatory and other applicable requirements for homes.

Hand hygiene program

All homes must develop and implement a hand hygiene program in accordance with evidence-based practices, and if there are none, with prevailing practices, and with

access to point-of-care hand hygiene agents, such as alcohol-based hand sanitizers. These agents should be easily accessible at point-of-care and in other resident and common areas.

This hand hygiene program should include:

- demonstrated senior administration commitment
- written policies and procedures
- education in hand hygiene indications and techniques
- a hand care program
- procedures to measure hand hygiene compliance.

Immunization and screening

The IPAC program should be integrated with the home's mandatory immunization and screening measures:

- screening each new resident admission for tuberculosis within 14 days of admission unless previously screened at some time in the 90 days prior to admission and the documented results of the screening are available
- offering residents immunization against influenza at the appropriate time each year
- offering residents immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules
- screening staff for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices
- delivering a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

Every home must ensure that immunization and screening measures are in place as required under O. Reg. 79/10 and any other applicable requirements or directives. For example, [Directive # 3](#) requires homes to screen all staff, visitors and anyone else

entering the home for COVID-19 with the exception of first responders, who should, in emergency situations, be permitted entry without screening. Active screening must include twice daily (at the beginning and end of the day or shift) symptom screening and temperature checks. In addition, the Minister of Long-Term Care has issued a directive "[COVID-19: Long-term care home surveillance testing and access to homes](#)" for current COVID-19 screening test requirements in LTC homes that homes must implement. Under this Directive, screening frequency for staff, students and volunteers, caregivers and supporter workers, and general visitors have different testing requirements which also vary according to the alert level of community.

Additional resources

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Infection Prevention and Control for Long-Term Care Homes: Summary of Key Principles and Best Practices: December 2020.

<https://www.publichealthontario.ca/-/media/documents/l/2021/ipac-ltch-principles-best-practices>

Ministry of Health and Long-Term Care. Institutional/Facility Outbreak Management Protocol. January 2018

http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/p_rotocols_guidelines/Inst_Fac_Outbreak_Protocol_2018_en.pdf

Ontario Agency For Health Protection and Promotion. Provincial Infectious Diseases Advisory Committee. Best Practices for Infection Prevention and Control Programs in Ontario in All Health Care Settings, 3rd Edition: April 2018.

<https://www.publichealthontario.ca/-/media/documents/b/2012/bp-ipac-hc-settings.pdf?la=en>

Public Health Ontario. COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes. 1st Revision: October 9, 2020.

<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/covid-19-ipack-checklist-ltcrh.pdf?la=en>

Control of Respiratory Infection Outbreaks in Long-Term care Homes – Ministry of Health and Long-term Care, 2018.

http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/RESP_Infectn_ctrl_guide_LTC_2018_en.pdf

Alberta Health Services. Guidelines for Outbreak Control, Prevention and Management in Acute Care and Facility Living Sites - July 2019.

<https://www.albertahealthservices.ca/assets/healthinfo/hi-dis-flu-prov-hlsl.pdf>

Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Routine Practices and Additional Precautions in All Health Care Settings. November 2012.

http://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng_2012.pdf

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

<https://ipac-canada.org/photos/custom/CJIC/Vol31No4supplement.pdf>

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 February 2020

<https://www.publichealthontario.ca/-/media/documents/b/2020/bp-novel-respiratory-infections.pdf?la=en>

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Planning for respiratory virus outbreaks in congregate living settings. September 2020.

<https://www.publichealthontario.ca/-/media/documents/ncov/cong/2020/09/respiratory-virus-outbreaks-congregate-living-settings.pdf?la=en>

Ministry of Long-Term Care. COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes. November 23, 2020.

<https://www.ontario.ca/page/covid-19-long-term-care-home-surveillance-testing>