

GREY BRUCE PUBLIC HEALTH IPAC

Official Newsletter of the Grey Bruce Public Health IPAC



**Grey Bruce
Public Health**

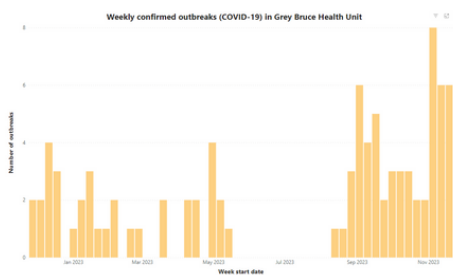
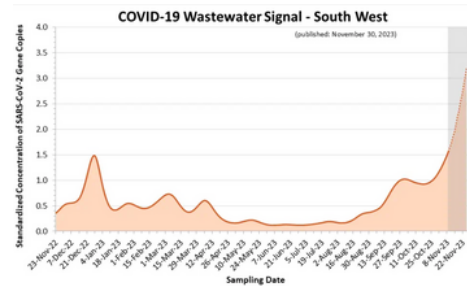
Respiratory Season is Here

As many of you have noticed outbreaks have been on the rise over the past couple of weeks, this also true for all of South Western Ontario. We are currently seeing the highest levels of COVID-19 since last year at this time. COVID-19 wastewater signals have doubled over the last month and is now at its highest point since mid-December 2022.

The most recent Ontario respiratory bulletin shows the following data

- Influenza cases 2.3 cases per 100,000
- COVID-19 29.4 cases per 100,000

All long-term care, retirement homes and congregate living organizations are encouraged to review their outbreak plans, assess your PPE stock on hand and ensure that you have a staffing contingency plan in place.



Ontario Respiratory Virus Tool (the tool is updated every Friday at 11:30am):
<https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool>

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Grey Bruce Public Health Holiday Office Closures

- Monday, December 25
- Tuesday, December 26
- Monday, January 1

For urgent matters and outbreak reporting contact Afterhours at 519-376-5420



Website:
www.publichealthgreybruce.on.ca/Your-Environment/Grey-Bruce-IPAC



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The Importance of Vaccination

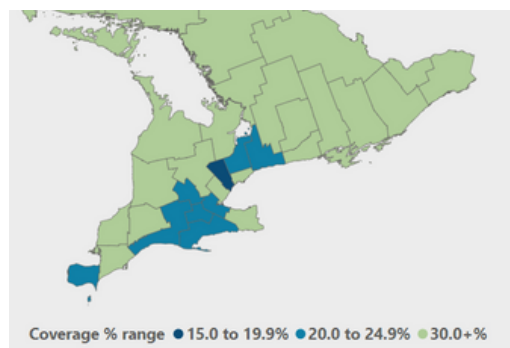
Vaccines protect against diseases, resulting in fewer cases, reducing signs or symptoms, and decreased strain on the health care system. It is important to note that different vaccines work in different ways, but every vaccine helps the body's immune system learn how to fight off germs. It typically takes a few weeks for protection to develop after vaccination, some vaccines require boosters or annual immunization but the goal is to achieve protection that can serve you and your loved ones.

The COVID-19 pandemic has certainly proved to challenge our health care system in many ways including that of vaccine hesitancy for both the COVID-19 vaccine and seasonal influenza vaccine. Public Health Ontario

Building confidence in vaccines can be challenging, the perspective on vaccines can be conceptualized on a continuum from those who refuse all vaccines to those who widely accept all vaccines, while vaccine-hesitant individuals are a group in the middle of this continuum.

IPAC Leads and champions can play a critical role in the success of vaccine programs as your recommendations can have a strong influence on vaccine acceptance. When offering vaccines to fellow colleagues or residents use the following approaches.

- Promote respectful dialogue
 - Start from a place of empathy and understanding
 - Be prepared for questions
 - Listen
- Include cultural safety and principles of trauma-informed care
 - you may need to look for multilingual vaccine communication
- Give your strong recommendation
 - Provide risks and benefits of vaccination.
 - Explain side effects proactively.
- Address any misinformation by sharing credible information
- Ask the questions you are not sure of



Seasonal Vaccine Eligibility

COVID-19

All individuals in the province 6 months of age and older are eligible for a complete primary COVID-19 vaccine series and all individuals 5 years of age and older are eligible for at least one booster dose.

Influenza Vaccine

All individuals in the province 6 months of age and older are eligible for the seasonal influenza vaccine.

RSV Vaccination

For the 2023-2024 RSV season, Ontario has a targeted RSV prevention program for individuals 60 years and older living in long-term care homes (LTCHs), including Elder Care Lodges and residents of retirement homes (RHs) licensed to provide dementia care services. Should program eligibility be expanded to additional high-risk individuals, more information will be provided.

Get vaccinated!

It benefits everyone.

- Vaccinations save lives
- Vaccinations are safe and effective
- Vaccinations protect others
- Vaccinations save time and money
- Vaccination protect future generations.

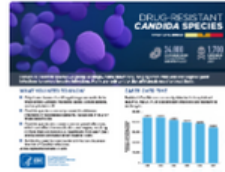
Candida auris (*C.auris*)

Candida auris (also called *C. auris*) is a fungus that can cause serious infections. *C. auris* can spread from one patient to another in hospitals and nursing homes. Patients can carry *C. auris* somewhere on their body, even if it is not making them sick. This is called colonization. When people in hospitals and nursing homes are colonized, *C. auris* can spread from their bodies and can get on other people or nearby objects, allowing the fungus to spread to people around them.

Resources can be found on the CDC website

Reference:

CDC <https://www.cdc.gov/fungal/candida-auris/fact-sheets/index.html>



Public Health Ontario - *Candida auris*

Public Health Ontario released a publication focused on *Candida auris*. The following is a few snippets from the paper, we encourage you to read the publication in its fullest. reference: PHO *Candia auris* https://www.publichealthontario.ca/-/media/Documents/C/2023/candida-auris.pdf?rev=28bed64fce3b427597a55d4be6ce3646&sc_lang=en

Candida auris is an emerging fungal pathogen capable of causing invasive disease, especially in critically ill individuals, with a mortality rate of greater than 40%, which is similar to other antimicrobial-resistant organisms. In Canada, there have been 43 individuals known to test positive for *Candida auris* from 2012 to 2022; 19 of whom were identified in the last 3 years. Around the world, *C. auris* has been reported in at least 50 countries on six continents. Nearly 10% of *C. auris*-colonized patients develop invasive infections, particularly those with mechanical ventilation and placement of invasive devices in intensive care unit (ICU) settings

Non-invasive infections associated with *C. auris* include: respiratory tract infections, urinary tract infections, otitis externa, wound infections, and skin abscesses (often related to catheters). Invasive infections associated with *C. auris* include: BSI, pericarditis; myocarditis, meningitis, and osteomyelitis, and rarely with spondylodiscitis. In particular, BSI with *C. auris* can be fatal. In immunocompromised individuals, *C. auris* can cause vulvovaginitis, pleuritis, intra-abdominal infections, pericarditis, ventriculitis, surgical wound infections, and osteomyelitis; and has been implicated in panophthalmitis and otomastoiditis in that population.

Outbreak investigations show that *C. auris* can be transmitted via inanimate objects or hands contaminated by this organism. *C. auris* can be isolated on the skin of colonized patients for several months, and it can be shed from the skin at a rate of approximately 10⁶ cells per hour. Outbreak investigation and surveillance studies also report widespread environmental contamination of surfaces and equipment (e.g., glucometers, mobile ultrasounds, temperature probes, pulse oximeters, stethoscopes, and blood-pressure cuffs) surrounding patients colonized or infected with *C. auris*.^{11,15} In addition, *C. auris* can survive on inanimate surfaces for at least 14 days, and on contaminated bedding for up to 7 days.

Most strains of *C. auris* have the ability to form biofilms. *C. auris* has been shown to survive on inanimate fomite surfaces for up to 4 weeks despite surface decontamination by differing disinfectants, or remain viable for several months on inanimate surfaces

Environmental Services

As outlined in the PHO PIDAC: Best Practices for Environmental Cleaning for Infection Prevention and Control, contaminated surfaces and equipment contribute to the transmission of microorganisms and to the burden of health care-associated infection. Routine and effective cleaning and disinfection of surfaces, items and equipment is an essential activity that protects residents, staff and visitors from infection.

How Environmental Contamination Result in Infection

1. The environment becomes contaminated with microorganisms.
2. The microorganisms survive for a sufficient duration to allow transmission.
3. Clients/patients/residents* a) Acquire the microorganism through direct contact with the environment. OR b) Hands or gloves of health care providers or equipment becomes contaminated through direct contact with the environment and then transmit the microorganism to another client/patient/resident due to lapses in hand hygiene and/or disinfection of shared equipment.
4. Acquisition of a microorganism that results in infection.

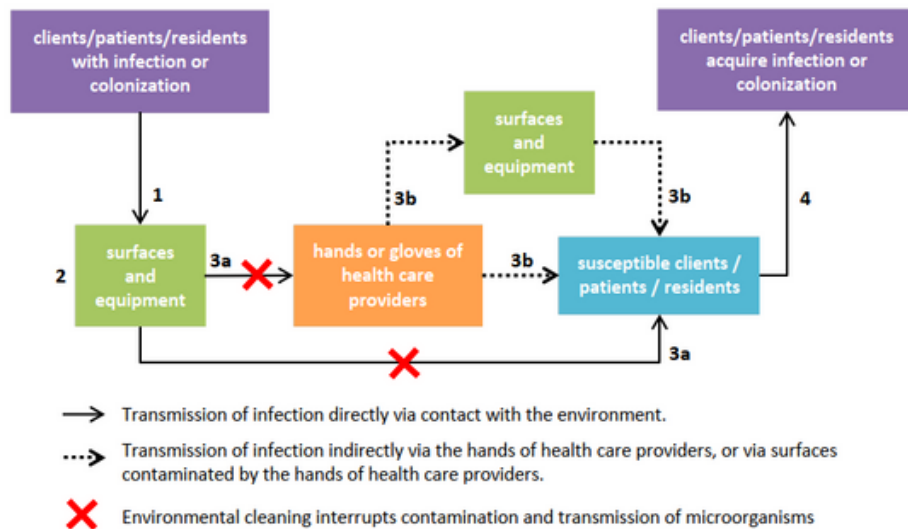


Figure 1: How Environmental Contamination Results in Infection

* Note: health care providers can also acquire infection through contact with a contaminated environment.

Reference: PIDAC: Best Practices for Environmental Cleaning for Infection Prevention and Control, April 2018

NEW! IPAC for Environmental Cleaning in Health Care Online Learning Modules

These modules support the implementation of best practice information from the Provincial Infectious Disease Advisory Committee (PIDAC), by helping environmental services workers and their leaders understand and apply IPAC and environmental cleaning practices in their work. They should be used in addition to, and do not replace, the advice, guidelines, recommendations, directives or other direction of provincial Ministries and local public health authorities.

- Module 1: Introduction to Environmental Cleaning and IPAC in Health Care
- Module 2: Stopping the Spread of Infections
- Module 3: Routine Practices and Additional Precautions for Environmental Cleaning
- Module 4: Standards and Tools for Environmental Cleaning in Health Care
- Module 5: Principles and Techniques for Environmental Cleaning in Health Care
- Module 6: IPAC for Leaders of Environmental Cleaning in Health Care

Reference: <https://www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/Environmental-Cleaning/EC-Settings>

IPAC Checklist for LTC, Retirement and Congregate Settings

IPAC Checklist for Long-Term Care and Retirement Homes
Published: September 2023

This checklist can be used:

- By those working in or supporting long-term care or retirement homes for the purpose of self-assessment and to guide policies, procedures, preparedness and response planning.
- To assist individuals who are trained in or working with those who are trained in infection prevention and control (IPAC) in conducting IPAC assessments in long-term care and retirement homes.
- As a point-in-time assessment and for ongoing re-evaluation at recommended intervals (e.g., more frequently if results require improvement) as recommended as required.
- In addition to—and does not replace—the advice, guidelines, recommendations, or other direction from provincial Ministries and local public health authorities.
 - COVID-19: [Guidance for the Health Sector](#)
 - COVID-19: [Guidance Document for Long-Term Care Homes in Ontario](#)
 - COVID-19: [Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units](#)

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Outbreak Preparedness, Prevention and Management in Congregate Living Settings
Published: November 2023

Who Should Use This Checklist

This checklist can be used by administrators and staff members in a range of congregate living settings (CLS) such as group homes, children or youth residential settings, shelters, rooming and boarding houses, and dormitories. Although not specific to correctional facilities, some of the terms on the checklist may be applicable to these settings. As CLSs vary in size, purpose and complexity of care, the principles and considerations outlined in this checklist may not always be applicable, appropriate or possible in some CLSs, and are presented for CLSs and local public health units (PHUs) to consider and tailor for the specific setting circumstances.

This checklist is not intended for use in long-term care homes or retirement homes (a specific [checklist](#) exists for these settings).

When to Use This Checklist

This checklist can be used to help plan for, prevent and manage communicable diseases/infectious disease outbreaks in CLS. This checklist replaces the COVID-19 Preparedness and Prevention in Congregate Living Settings and Managing COVID-19 Outbreaks in Congregate Living Settings (CLS) checklists. It is to be used in addition to—but does not replace—the advice, guidance, recommendations, directives, or other direction of provincial ministries and local PHUs. Although in some settings the terms client, resident or tenant may be used, throughout this document the term client is used for consistency.

Additional resources:

- Ontario Ministry of Health's [COVID-19 Guidance for Public Health Units, Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings](#)
- [Appendix 1: Case Definitions and Disease Specific Information: Diseases caused by a novel coronavirus, including Coronavirus Disease 2019 \(COVID-19\), Severe Acute Respiratory Syndrome \(SARS\) and Middle East Respiratory Syndrome \(MERS\)](#)
- [Part A: COVID-19 Resources for Congregate Living Settings](#)

This checklist is separated into two parts: Part A focuses on planning and preventing outbreaks and Part B of this checklist focuses on the management of outbreaks.

| Part A: Preparedness and Prevention | Part B: Outbreak Management |
|--|------------------------------------|
| 1 - Getting Prepared | 1 - Initial Steps |
| 2 - Staff and Visitors | 2 - Clients in Outbreak Area |
| 3 - Screening and Monitoring | 3 - Staff and Visitors |
| 4 - Vaccination | 4 - Testing |
| 5 - Client Spaces | 5 - Transportation |
| 6 - Testing | 6 - Activities and Meals |
| 7 - Masking | 7 - Communications |
| 8 - Personal Protective Equipment (PPE) | 8 - Declaring an Outbreak Over |
| 9 - Infection Prevention and Control (IPC) | 9 - Appendix A: Outbreak Line List |
| 10 - Activities and Meals | References |
| 11 - Communications | 17 |
| 12 - Air Quality and Ventilation | |
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IPAC Self-Assessment Audit for Long-Term Care and Retirement Homes
Published: September 2023

Instructions

Purpose: This self-assessment audit is designed to help Infection Prevention and Control (IPAC) teams at long-term care homes and retirement homes assess how their IPAC practices meet minimum IPAC requirements under applicable legislation and regulations. Completing this audit can assist other staff in the need for IPAC support from PHU, other public health units, Public Health Ontario, or other supporting agencies or Ministries. Staff performing the audit should ensure they are up-to-date with the most current IPAC products in their facility.

When to use: This tool can be used to monitor the implementation and ongoing adherence to IPAC practices. Some areas will likely require more in-depth auditing (e.g., hand hygiene, PPE, environmental cleaning) if there is a change in policy / practice or there is an identified gap in adherence to best practice. Please refer to the [Infection Prevention and Control \(IPAC\) Checklist for Long-Term Care and Retirement Homes](#) to perform a more comprehensive assessment of IPAC practices.

How to use:

- Set aside time to read your home and complete the audit.
- Consider bringing another staff person with you. You may reach out to your administrator or change manager.
- Provide specific locations and gaps identified under "Notes for Improvement" column.
- Complete the action item section at the end for prioritizing and addressing items where required and "N/A". Share these action items with the senior management to support improvement plans within a defined time.
- The results of this audit may be compared to previous audit results to assess if areas for improvement have been addressed.

Assessor Information

Date (yyyy-mm-dd): Auditor's name:

Time (hh:mm): Auditor's signature:

2nd auditor's name:

2nd auditor's signature:

1 - Front Entrance

1.1 There is a process for passive screening of all staff and visitors for signs / symptoms of an infectious illness (e.g., fever, sore throat, cough, fever, rashes, vomiting, diarrhea or infectious rash) Yes No

1.2 Active based hand rub (ABHR) with 70-90% alcohol is available Yes No

1.3 Passive screening signage for symptoms of illness is posted Yes No

1.4 Medical masks are available with instructions for use posted Yes No

1.5 All individuals clean hands with ABHR and may choose to wear a medical mask to enter Yes No

Notes for improvement:

Page 1 of 4 Additional questions on next page →




[IPAC Checklist for Long Term Care and Retirement Homes](#)

[Outbreak Preparedness, Prevention and Management in Congregate Living Settings](#)

[IPAC Self Assessment Audit for Long Term Care and Retirement Homes](#)

We continue to encourage homes to use these checklist routinely within their setting. This will help to assess current practices and make improvements in your IPAC programs. Visit the PHO website to access the most up to date checklist for your settings.

APIC LTC - CIC Preparation Options

| APIC Learning System for LTC-CIP: Self-Study | APIC Learning System for LTC-CIP: Cert Prep Course | Do-It-Yourself Certification Preparation |
|--|---|---|
|  <ul style="list-style-type: none"> 12-month access to the APIC Learning System for LTC-CIP, a comprehensive program with a guided study path based on your unique knowledge gaps Interactive study tools including flashcards, quizzes, practice exam and more Flexible study experience, based on your needs and schedule Starts at \$695 <p>Buy Now ></p> |  <ul style="list-style-type: none"> 12-month access to the APIC Learning System for LTC-CIP, a comprehensive program with a guided study path based on your unique knowledge gaps Interactive study tools including flashcards, quizzes, practice exam and more 27 hours of structured study experience, led by an expert instructor Starts at \$1595 <p>Register Now ></p> |  <ul style="list-style-type: none"> Create your own study experience by exploring the APIC Text, Fundamental Statistics & Epidemiology in Infection Prevention, Infection Preventionist's Guide to the Lab, and more – in the APIC Store. Join our online LTC-CIP Study Group or check with your local APIC chapter for more study group options. Cost dependent on study choices <p>Buy Now ></p> |



What's NEW?

New / Updated Documents

Updates to current guidance and the development of new documents continues across our Ministries and Public Health Ontario. Keep updated by visiting their websites frequently.

Infection Control Risk Assessment (ICRA) Tool: Construction, Renovation, Maintenance and Design

IPAC for Leaders of Environmental Cleaning in Health Care IPAC Self-Assessment Audit for LTC and RH (September 22, 2023)

Infection Prevention and Control Practices for Immunization Clinics (October 5, 2023)

SARS-CoV-2 Genomic Surveillance in Ontario (October 16, 2023)

Infection Prevention and Control for Environmental Cleaning in Health Care Webpage- PHO has also released updated comprehensive online learning modules for both environmental cleaning staff and management via Learning Management System:

- Introduction to Environmental Cleaning and IPAC in Healthcare,
- Stopping the Spread of Infections,
- Routine Practices and Additional Precautions (RP/AP) for Environmental Cleaning
- Principles and Techniques for Environmental Cleaning in Health Care



Feedback is important to us

Your feedback provides us with the opportunity to assess our work and We invite you to complete our client feedback survey following any interactions with Grey Bruce Public Health staff. Just scan the QR code. We look forward to hearing from you!

Client feedback is important to us.
We use feedback to continuously improve our programs and services.

SCAN ME

Tell us about your experience by filling out our Client Satisfaction Survey.
www.surveymonkey.com/r/GBPHSatisfaction

If you would like to talk to someone about your feedback, comment, concern, or suggestion please contact:
 feedback@publichealthgreybruce.on.ca
 519-376-9420 or 1-800-263-3456

Happy Holidays from Grey Bruce Public Health IPAC

