NEWSLETTER

SOUTHWEST IPAC HUB

Fall 2024 Update

WHAT IS THE IPAC HUB?

The Southwest IPAC Hub is a collaboration between **Middlesex-London Health Unit**, the **Huron Perth Public Health** and **Southwestern Public Health**. We provide advice, guidance and direct supports to IPAC leads and those responsible for IPAC in congregate living settings including Long-Term Care Homes, Retirement Homes, Group Homes, Shelters, Supportive Housing.

WHAT SERVICES DO WE PROVIDE?

Our team works collaboratively with partners to provide the following IPAC services and supports:

- Development of education and training programs and materials
- Supportive visits and consultations Assistance with IPAC self-assessments
- Coaching/mentoring on IPAC practices
- Outbreak management planning
- Communities of practice
- Best practice recommendations and implementation support

The e-newsletter is distributed electronically to Long-Term Care Homes, Retirement Homes and Congregate Living Settings in the Southwest IPAC Hub region.

In this Issue

Important Dates

- ✓ **October 14 – 18, 2024:** National Infection Control Week "***Prevent with Intent***". For IPAC week resources, visit: https://ipac-canada.org/national-infection-control-week
- ✓ **November 18 – 24, 2024:** World Antibiotic Awareness Week "***Educate. Advocate. Act now***". For resources, visit: www.who.int/campaigns/world-amr-awareness-week/2024

Upcoming IPAC Communities of Practice (CoP)

- ✓ **October 17 at 11 am – 12 pm:** SWPH & MLHU CoP for ***Other Congregate Settings***
- ✓ **October 29 and November 26 at 1 – 2 pm**: SWPH & MLHU CoP for ***Long-Term Care & Retirement Homes***
- ✓ **November 1 and December 6**: Huron Perth CoP for ***Other Congregate Settings***
- ✓ **November 6 and December 11**: Huron Perth CoP for ***Long-Term Care & Retirement Homes***

Upcoming Webinars

- ✓ **October 18 from 12 – 1 pm:** Public Health Ontario, PHO Webinar: ***Antibiotic Resistant Organisms (AROs): Time for a Rewind***. To register, click here.
- ✓ **Podcast:** NCCID, ***Infectious Questions: A public health perspective on shelters mini-series***: To listen, click here.
- ✓ **Archived September 24, 2024: PHAC & NCCID,** Fall and Winter Respiratory Illnesses 2024-2025 webinar

SOUTHWESTERN Public Health Oxford · Elgin · St.Thomas

Huron Perth Public Health

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT www.healthunit.com

Are You Ready for Outbreak Season?

Outbreak season is upon us and with that it is vital to ensure you are prepared to respond to a potential outbreak. Respiratory and enteric infections spread rapidly in congregate living settings (CLS) due to close contact among residents. These infections may result in poor outcomes, hospitalization and decreased quality of life. Being prepared for an outbreak can alleviate potential operational challenges in your facility and minimize morbidity and mortality during an outbreak. **Take the following steps to prepare for, prevent and detect outbreaks:**

PREPARE

- Perform an **organizational risk assessment**.
- Be familiar with the **provincial outbreak guidelines**.
- **Establish a facility outbreak response team/group**.
- **Provide staff training** on hire and then at least annually.
- **Review & update outbreak policies & procedures and medical directives / processes for accessing and administering antivirals & vaccines.** Consult with public health, as needed.
- **Review & update outbreak communication plan.**
- Determine how **staffing shortages** will be managed.
- **Ensure adequate quantity of personal protective equipment (PPE), cleaning supplies & test kits.**

PREVENT

- **Promote & offer staff & resident immunizations.**
- Ensure **passive screening of staff & visitors on entry**.
- **Isolate ill residents promptly & exclude ill staff & visitors**.
- **Perform frequent IPAC audits** (hand hygiene, cleaning, PPE).
- **Promote good respiratory etiquette** at all times.
- **Consider enhanced masking** during periods of high-risk respiratory viral transmission (fall & winter).
- Be aware of **local and provincial respiratory viral transmission risks**.

DETECT

- **Monitor/assess** residents at least once a day for new infectious symptoms.
- **Review** resident charts/lab results/pharmacy reports.
- **Track** ill residents and staff on a daily illness tracking form or line list.
- **Apply case definitions and provincial outbreak definitions** (see next page).

REPORT

- **Consult with your local public health unit promptly** if you suspect an outbreak is occuring at your facility.

- **Huron Perth Public Health:** idteam@hpph.ca
- **Middlesex London Health Unit:** 519-663-5317
- **Southwestern Public Health**: 1-800-922-0096

- **Be prepared to provide case details** including resident names, room number & unit, symptoms & onset dates, vaccination history etc.

Helpful Resources

- ✓ **Outbreak Preparedness Checklists:**
  - IPAC & Outbreak Checklist for Long-Term Care Homes & Retirement Homes
  - Outbreak Preparedness Checklist for Other Congregate Living Settings
- ✓ **COMING SOON:** Updated Ministry of Health Recommendations for Outbreak Prevention & Control
- ✓ **Surveillance:**
  - Identifying, monitoring and tracking infections
  - Standardized case definitions
  - Ontario Respiratory Virus Tool: Local & Provincial Data
- ✓ **Masking:** Interim IPAC Measures Based on Respiratory Virus Transmission Risk in Health Care Settings
- ✓ **Routine Practices:** PCRA / Hand Hygiene / Proper Use of PPE / Environmental Cleaning
- ✓ **Audit Tools:** Environmental Cleaning / Hand Hygiene / PPE
- ✓ **Dementia Isolation Toolkit**
- ✓ **Antivirals:** Antiviral Medications for 2024-25 Seasonal Influenza / COVID-19 Treatment
- ✓ **Ethical Decision Making & IPAC Decision-Making Framework**

Training & Education

- ✓ Hand Hygiene Online Module / Videos
- ✓ Additional Precautions Practice Activities
- ✓ Environmental Cleaning Online Modules / Huddle Resource
- ✓ Surveillance Webinar Public Health Ontario / IPAC Canada
- ✓ IPAC Online Learning Modules for Clinical and Non-Clinical Staff
- ✓ IPAC Tips for Visitors Video
- ✓ IPAC Modules, Centres for Learning, Research & Innovation in LTC

Provincial Outbreak Definitions

The Ministry of Health has recently updated the **respiratory outbreak definitions** (see below).

UPDATED Respiratory Outbreak Definitions (Sep 2024)

- **Confirmed:** Two or more resident cases of test confirmed acute respiratory infection (ARI) with symptom onset within 48 hours and an epidemiological link (e.g., same unit/floor) suggestive of transmission within the setting.

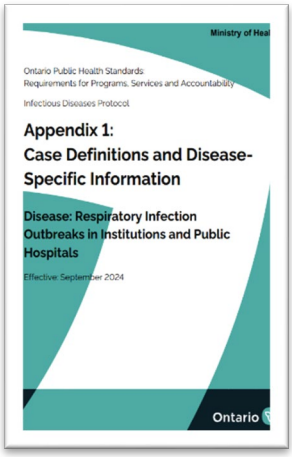
OR

Three or more resident cases of ARI with symptom onset within 48 hours and an epidemiological link suggestive of transmission within the setting AND testing is not available or all negative.

- **Suspect:** Two resident cases of ARI with symptom onset within 48 hours with an epidemiological link (e.g., same unit/floor) suggestive of transmission in the setting AND testing is not available or all negative.

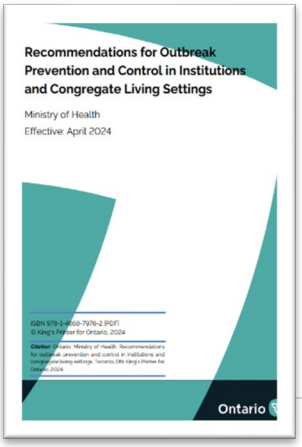
Highlights & Important Considerations:

- ✓ The ARI outbreak definition is for **all** respiratory outbreaks including influenza & COVID-19.
- ✓ Staff may be part of an outbreak, but declaring an outbreak shouldn't be based on staff only cases.
- ✓ Resident cases are those who have reasonably acquired the infection in the setting. This includes acquisition by exposure to infected visitors or staff.
- ✓ Test confirmation is preferentially by PCR testing but may also include rapid antigen testing.
- ✓ All cases within the outbreak that are tested should have the same organism identified.
- ✓ Outbreaks may be declared by the public health unit if the time between symptom onset in the first two cases is more than 48 hours apart, depending on the incubation period for the organism and epidemiological links.
- ✓ When laboratory testing is not available, or where lab results are all negative, outbreak declaration shouldn't be delayed when there are three or more cases within 48-hours.



Provincial Outbreak Guidelines

An updated version of the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings will be published soon.

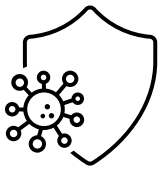


Some anticipated changes include:

Outbreak Resolution Criteria: The COVID-19 outbreak resolution criteria will align with the criteria for resolving other respiratory outbreaks i.e. 8 days from symptom-onset in the last resident case or 3 days from when the last staff case worked, whichever is longer. *If the last resident case is a roommate of a case and they have been isolating while infectious, the outbreak may not need to be prolonged.

Contact Management in LTCHs & RHs: Roommates of all respiratory outbreak cases (COVID-19 and non-COVID-19) will now be required to isolate on additional precautions. The duration of isolation will generally be 5 days with masking for 10 days. The isolation timeframe may differ for roommates who are separated from the case. Refer to the guidelines for more information.

Seasonal Vaccine Information

Vaccine	Disease Information	Eligibility & Timing	For More Information
COVID-19	✓ COVID-19 is a respiratory infection caused by the SARS-CoV-2 virus. ✓ The symptoms of COVID-19 range from mild resiratory symptoms to severe pneumonia and multi-organ failure.	✓ The initial doses of the updated COVID-19 (KP.2) vaccine are available now for: ○ Adults 65 years of age or older. ○ Residents & staff at long-term care homes & other congregate living settings. ✓ On October 28, the vaccine will be available for anyone 6 months and older. ✓ Vaccine should be given 3 to 6 months after the last dose was received OR after test-confirmed infection. **Important:** The minimum interval of 3 months should ensure that those who received a dose in the spring are eligible for a dose this fall.	✓ COVID-19 Vaccine Information 
Influenza	✓ Influenza is an acute respiratory infection caused by influenza viruses (A & B). ✓ Symptoms include cough, shortness of breath, fever, sore throat, headache, myalgia, and lethargy. ✓ Seniors may not develop a fever and may present with an worsening of underlying conditions. ✓ Flu season is typically November – April.	✓ Vaccine should be given as soon as it is available to high-risk groups including: ○ Residents and staff of long-term care homes, retirement homes and other congregate living settings. ○ Individuals at high-risk for flu related complications or hospitalization. ○ Health care workers, first responders and individuals who work with birds or mammals, such as poultry, livestock. ✓ On October 28, 2024, the vaccine will be available for the general population.	✓ Influenza Vaccines for the 2024-2025 Season ✓ Health Care Provider Fact Sheet: Influenza Immunization for Individuals ≥65 years of age
Respiratory syncytial virus (RSV)	✓ RSV is a significant cause of lower respiratory illness, especially among infants & older adults. ✓ RSV season is typically from November – April with some variability from season to season.	✓ The publicly-funded RSV vaccine is available for individuals 60 years and older **and** living in long-term care homes, including Elder Care Lodges and retirement homes. ✓ Residents should get the vaccine in the summer or fall. ✓ Residents who have already had one dose of the vaccine, do not need another dose.	✓ RSV Vaccine Fact Sheet 
Pneumococcal	✓ Pneumoccocal disease is caused by Streptococcus pneumoniae bacteria. ✓ It is a common cause of community acquired pneumonia & ear infections. Invasive disease may lead to several syndromes including meningitis and bacteremia.	✓ Two new vaccines were introduced to the Ontario Publicly-Funded Vaccination Schedule: ○ Pneu-C-15 (replaced Pneu-C-13) ○ Pneu-C-20 (replaced Pneu-P-23) ✓ For more information on vaccine eligibility & administration, refer to: Pneumococcal Vaccine Transition Q & A	✓ Pneumococcal Vaccine for Individuals 65 and Older Fact Sheet

Do you want to know what respiratory viruses are circulating in Ontario and in your community right now? Visit the Ontario Respiratory Tool to find out.

Vaccine Co-administration: The influenza vaccines for individuals 65 years of age and older may be given at the same time, or at any time before or after other vaccines, including COVID-19 vaccine and/or respiratory syncytial virus (RSV) vaccine.

Reference: Ministry of Health, Health Care Provider Fact Sheet: Influenza Immunization for Individuals ≥65 years of age

Hydrotherapy Tubs

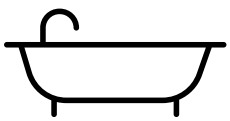
Proper cleaning and disinfection of hydrotherapy tubs in facilities is essential for preventing the spread of harmful pathogens like Pseudomonas aeruginosa, Legionella, and E. coli, which can thrive in the water system and jets. These infections can pose significant risks to residents, especially those with compromised immune systems.

Hydrotherapy tubs and equipment provide a perfect environment for microbial growth and the formation of biofilms. Biofilms are slimy layers of different microorganisms that stick to wet surfaces and are very difficult to remove once established.

It is important to follow manufacturer's instructions for routine cleaning of hydrotherapy tubs and appropriate disinfectant should be used to ensure it is compatible with tub surfaces. Contact time should be followed and surfaces must remain wet for the desired amount of time to effectively remove pathogens. Staff should pay extra attention to areas that are difficult to clean; visible soil must be removed, and all surfaces must be thoroughly cleaned prior to disinfection.

Hydrotherapy tub and lift chair must be cleaned and disinfected after every resident use to prevent transmission of pathogens to others. Staff should receive education and training to ensure they demonstrate competency in performing their tasks properly and safely.

General Tips for Tub Cleaning



- Post detailed procedures for tub cleaning and disinfection in each tub room. Make sure the procedures follow the manufacturer's instructions.
- Put a timer in the tub room so that staff can make sure the disinfectant has had enough contact time to be effective.
- When replacing or purchasing hydrotherapy equipment, facilities should consider designs that can be used for healthcare settings and with improved cleanability.
- Staff should wear appropriate PPE when cleaning hydrotherapy tub and equipment and to practice hand hygiene before and after cleaning and disinfecting to prevent contamination.
- Reusable cleaning brushes and tools should be cleaned, disinfected and dried after each use. Replace regularly and as needed.
- Environmental cleaning audits should be performed to ensure hydrotherapy tubs are cleaned and disinfected properly.
- Ensure the tub room is not overstocked with unnecessary items.

Antibiotic-Resistant Organisms (AROs): Screening & Management

Risk factor-based screening for AROs facilitates early identification of clients and residents who are at increased risk of ARO colonization or infection.

When risk factors are identified, the client or resident should be tested for ARO's. Specimens should be collected from specific body sites that are known to become colonized by specific organisms.

The goal of screening is to identify all clients and residents who are colonized or infected with an ARO as early as possible, to implement infection prevention and control measures rapidly and decrease the risk of transmission to others.

The following Public Health Ontario (PHO) resource can assist you in identifying risks and provide you with guidance on case management: ARO Risk Factor-Based Screening Guidance for All Health Care

Colonization: The presence and growth of a microorganism in or on a body with growth and multiplication but without tissue invasion or cellular injury or symptoms.

Infection: The entry and multiplication of an infectious agent in the tissues of the host. Asymptomatic or sub-clinical infection is an infectious process running a course similar to that of clinical disease but below the threshold of clinical symptoms. Symptomatic or clinical infection is one resulting in clinical signs and symptoms (disease).

Reference: PIDAC Routine Practices and Additional Precautions in All Health Care Settings, 2012

Candida auris

Image: C. auris Culture, CDC Public Access Image Gallery

Candida auris is an emerging fungal pathogen that can be resistant to many treatment and disinfectant options. Cases of *C. auris* have been reported in Ontario and are likely to increase over time.

Preventing Spread:

- ✓ Ensure diligent hand hygiene & environmental cleaning with an effective disinfectant product (i.e., sodium hypochlorite (bleach) or enhanced hydrogen peroxide).
- ✓ Promptly identify cases and initiate additional precautions.
- ✓ Use antibiotic & antifungal therapy judiciously.

PHO has developed a resource to assist in managing a C. auris case. This resource may be used in all health care settings by both inpatient and outpatient/ambulatory care settings: Management of a Single New Case of *Candida auris* (*C. auris*)

Share your thoughts on this newsletter

Do you have a service request?

Do you have an IPAC story to share?

Do you have general feedback or suggestions?

Contact your local IPAC hub: Huron Perth Public Health, Middlesex London Health Unit or Southwestern Public Health