



IPAC HUB
spotlight
 DURHAM REGION



**Lakeridge
Health**

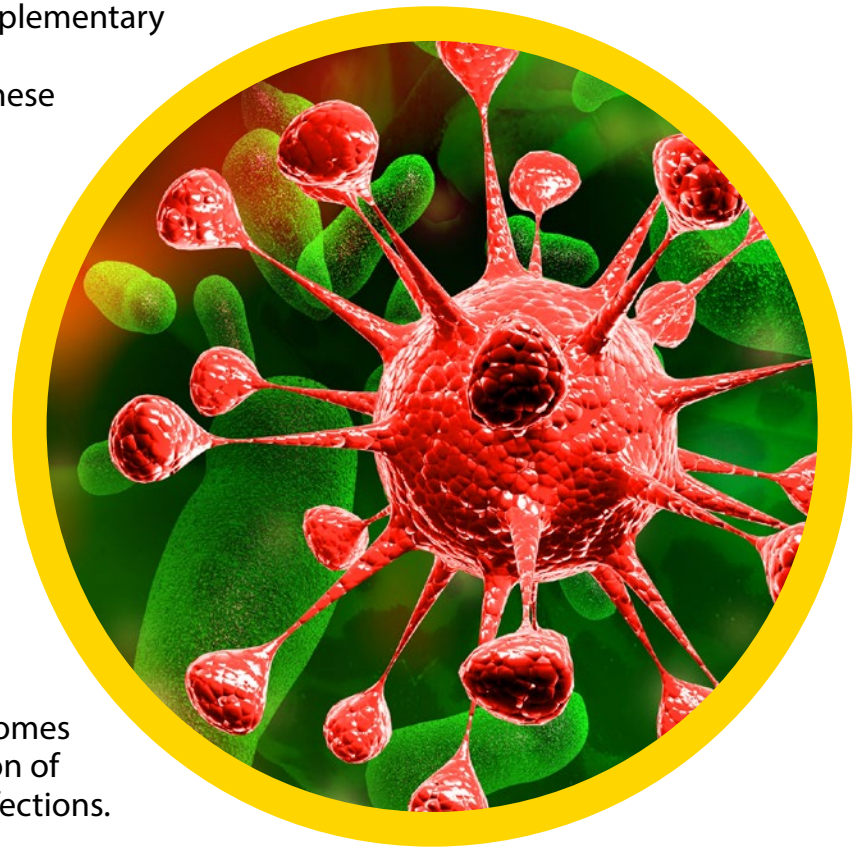
Spring 2025

Outbreak Prevention & Control in Institutions - Roles and Responsibilities of Public Health Unit & the IPAC Hub

In Ontario, public health units and Infection Prevention and Control (IPAC) Hubs play distinct yet complementary roles in safeguarding public health. By understanding the unique functions of these entities, we can better appreciate our collaborative efforts in maintaining and improving our support to our facilities across Durham Region.

Public health units are responsible for a broad range of services, including communicable disease prevention, health promotion, and outbreak management.

The IPAC Hubs, established by the Ministry of Health in 2020, focus specifically on enhancing IPAC practices in congregate living settings. These hubs offer specialized guidance, training, and support to facilities like long-term care homes and shelters, ensuring the implementation of best practices to prevent and manage infections.



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Role of Public Health Unit

Act under the authority of the [Health Protection and Promotion Act](#) (HPPA) and in accordance with the [Ontario Public Health Standards](#), and in accordance with the [Institutional/Facility Outbreak Management Protocol](#).

- Receive reports of suspected or confirmed cases and contacts of illness in accordance with the HPPA
- Enter cases, contacts, and outbreaks into the provincial surveillance system, in accordance with data entry guidance provided by Public Health Ontario (PHO)
- Provide outbreak support as needed and assess for scope, severity, population at risk and ability for the institution to manage the outbreak
- Provide guidance and recommendations to the facility on outbreak control measures, IPAC best practices and provincial resources
- Support/consult with Infection Prevention and Control Professionals (ICP) and provide representation on the Outbreak Management Team when appropriate
- Assist in ensuring collection of clinical, environmental, or other samples as appropriate to assess, evaluate, confirm, and control the outbreak
- Ensure prophylaxis and/or vaccines are recommended and offered in outbreaks where they would be considered a public health intervention
 - For respiratory outbreaks, including COVID-19 - assess, and where epidemiological evidence supports it, review and evaluate IPAC practices in the institution
 - For gastroenteritis outbreaks - assess the need for additional inspection of food preparation and handling within the institution
 - For *Clostridioides difficile* (CDI) outbreaks - assess and, where epidemiological evidence supports it, inspect, and evaluate IPAC practices at the institution, including antimicrobial stewardship programs
 - For *Candida auris* outbreaks - assess and, where epidemiological evidence supports it, inspect, and evaluate IPAC practices at the institution, including antimicrobial stewardship programs
- Issue orders by the Medical Officer of Health or their designate under the HPPA, if necessary
- Declare an outbreak over



Role of IPAC Hub

- Support implementation of IPAC best practices in applicable institutions
- Educational supports are offered both remotely (virtually) or onsite and are tailored to the unique types and needs of settings
- Deliver education and training
- Host communities of practice (CoP) to support information sharing, learning, and networking to congregate living settings
- Support the development and implementation of IPAC programs, policy, and procedures within sites/organizations
- Support assessments and audits of IPAC programs and practices. Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings
- Mentor IPAC leads/staff to strengthen IPAC programs and practices
- Mentor those with responsibilities for IPAC within institutions



Key IPAC Considerations for Emergency Preparedness & Disasters



What is IPAC's role in an emergency disaster situation? Whether it is a flood, fire or other natural or man-made disaster, there are some IPAC priorities we should strive to maintain when an evacuation and relocation of our residents occurs. IPAC vigilance is key when trying to mitigate the effects of the original disaster as it should not result in a communicable disease or an outbreak.

The Durham Region Health Department and the IPAC hub will ensure our IPAC programs and practices are intact. There may be a need to modify IPAC practices based on the site and resources on hand, but the goal is to continue to mitigate risk to protect our residents and staff.

The following are examples of some key IPAC priorities to plan for and consider when we are faced with an emergency.

Key IPAC Priorities:

Patient/resident/client placement and accommodation

- Careful movement of residents on additional precautions (isolation) to avoid transmission to others as needed/alternative spaces become available
- Masking residents for transport if able to tolerate during transfer
- Cohorting transfers and accommodation based on the type of additional precautions (isolation) at the bedside and include isolation signage for staff to know
- Only cohort isolations with the same microorganisms



Physical barriers and distancing

- Create privacy at the bedside for provision of care with 2 meters separations where feasible or utilizing some physical barriers

Personal protective equipment supplies

- Bring supplemental provisions from your original storage and provide continuous supply
- Access the online portal to order more supply as needed and in timely manner
- Back up plan in effect – provision of supplies from sister facility/another site as needed
- Easily accessible and protected from contamination
- Universal masking implemented and designate staff break/lounge space

Testing kits/supplies

- Sufficient supply of non-expired collection of appropriate testing kits/supplies
- Use of a specimen refrigerator to store specimens and that the lab has been made aware of the new location for a timely lab submission

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Hand hygiene

- Easily available and accessible alcohol-based hand rub (ABHR)
- ABHR located at point of care
- Assist residents with hand hygiene at meal/snack time
- Accessibility to clean water for hand washing, supplies of liquid soap in dispenser and disposable paper towels in dispensers

Toileting facilities

- Accessible washrooms available to accommodate wheelchairs/lifts
- Supply of liquid soap in dispensers and paper towels in dispensers
- Adequate supply of incontinence supplies

Provision of proper waste management

- Review processes for proper waste disposal and that it does not accumulate over time and risk unwanted exposures
- Sharps container(s) are placed at/near point of use are accessible and there is a replacement/removal plan

Provision of cleaning and disinfection practices

- Adequate supplies of cleaning and disinfectant products and safe chemical storage areas
- Recommend a 1 minute contact time hospital grade disinfectant that kills Norovirus
- High touch surface cleaning & disinfection procedure is in place and maintain adequate supplies

Provision of laundry - clean linens/resident clothing

- Laundry supplies protected and stored free from contamination
- Designated storage of resident clothes and clearly labelled

Surveillance

- On-going surveillance for both residents and staff illness checks
- Plan for staff illness reporting process before attending the workplace (e.g., who will monitor and how are they reporting, etc.)

Managing visitors

- Visitors must follow passive screening process, on-going communications to families
- Supply of masks and ABHR at entry, and have a sign in/out log available

Your Emergency Management Plan and policy should comply with requirements under the [Fixing Long-Term Care Act 2021](#) (FLTCA), [Ontario's Regulation 246/22](#).

Emergency situations will vary, and resources might be strained. It is important to consider all of these key priorities when assessing and adjusting the IPAC practices to help mitigate risk. Review your emergency preparedness and management plans.

If your facility is experiencing an emergency, please connect with Durham Public Health as soon as possible to help with your risk mitigating strategies and IPAC responses.

Spring Cleaning - Time to check your housekeeping carts

It is that time of the year again, let's take a look at our housekeeping carts to review all the products we use. Remember, if the product is not labelled as a disinfectant, it does not have properties to kill microorganisms, like bacteria and viruses. It is important as part of staff onboarding, annual education, as well as frequent huddles that housekeepers are trained to understand the difference between a cleaner and a disinfectant. Some disinfectants may be a one step cleaner and disinfectant, and users must read the label. Labels tell us the product's appropriate contact time. Remember to read the product labels and follow the manufacturer's instruction for use (MIFU) as the label will tell you what the product can and can not do.

What's the difference?

Cleaning is the removal of foreign material such as soil, organic material from a surface or an object. It physically removes rather than kills microorganisms.

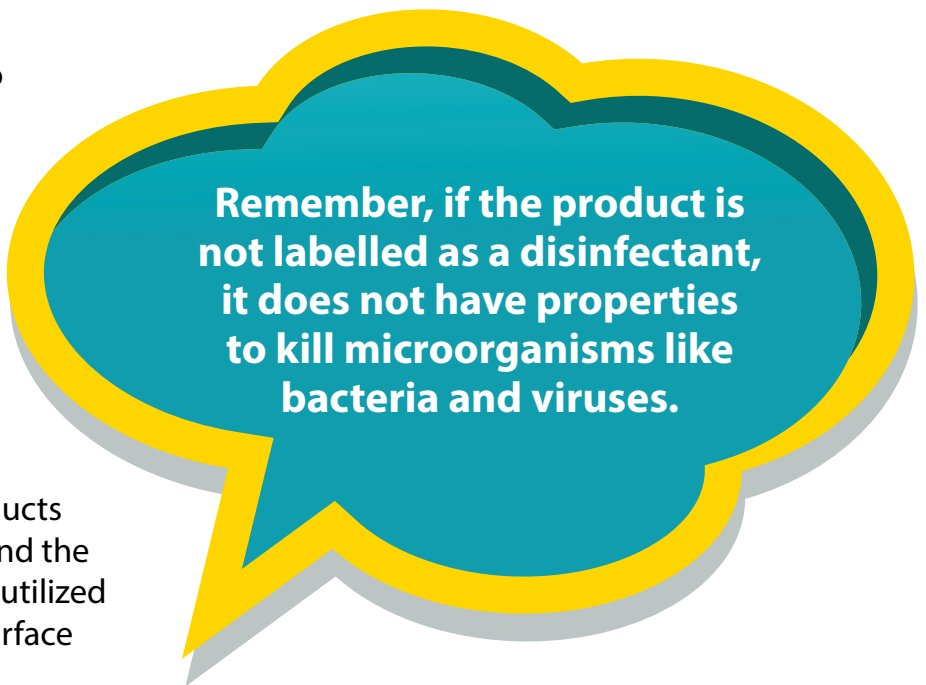
Disinfection is the process used on inanimate objects or surfaces to kill and inactivate microorganisms.

Are Ready to Use (RTU) disinfectant wipes the same as liquid disinfectants?

It's important to note that some RTU disinfectant wipes have different contact times compared to the liquid disinfectants. Even the products bearing the same branding, liquid disinfectants may have a longer contact time than their RTU disinfectant wipes counterpart. It is important for your housekeeping staff to know the difference in the contact times for each of the products they use. It is also important for staff to know which products to use for high touched surface cleaning during routine cleaning versus during enhanced cleaning, and disinfection during an outbreak (they may be different).

Check your cart

- Check your housekeeping cart to ensure the right products are being utilized for the right area (i.e., bathroom versus high touched surfaces). Remove what is not right for the task.
- Check that products have not expired. Discard expired products.
- During an enteric outbreak, check all housekeeping carts to ensure that the disinfectant products with Norovirus kill claims used, and the shortest contact times are being utilized for terminal and high touched surface cleaning.



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Outbreak Reporting Process/Oncall After Hours Contact

It is important to remain vigilant with all public health measures as we prepare for a mix of respiratory & enteric outbreaks. A reminder to please continue masking, physical distancing when appropriate, frequently perform hand hygiene. Get COVID-19 primary doses and boosters when you are eligible and get your influenza vaccine when it is available.

To report outbreaks, during regular business hours Monday – Friday, 8:30 a.m. – 4:30 p.m. please call 1-800-841-2729 or 905-668-2020, or contact your public health inspector.

To report outbreak after hours, please call 1-800-372-1104, or 905-576-9991 and ask for the Public Health Inspector on-call.

Thank you for your ongoing support and cooperation.

Quick Check-in

Your home is experiencing an uncontrolled enteric outbreak and all the IPAC measures have been in place. Norovirus is typically the cause of such an outbreak, and it spreads rapidly. Uncontrolled enteric outbreaks are often a result of gaps in cleaning and disinfection practices as well as hand hygiene lapses.

What are your next steps?

- Check your housekeeping cart, read the labels; does the disinfectant kill Norovirus?
- Check in with your housekeeping staff about what & how they are cleaning and disinfecting . Are they following MIFU?
- Review with your staff what a terminal clean as supposed to day-to-day cleaning. Discuss what surfaces are involved in a terminal clean and remember to consider any resident/client assisted devices

Things to consider

If you have liquid disinfectants that have a longer contact time than your RTU disinfectant wipes, in the event of an outbreak (especially enteric outbreaks) consider switching cleaning and disinfection practices to all RTU disinfectant wipes for your high touched surface and terminal cleaning.

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The Right Disinfectant for the Right Bug

The table below provides a general overview of what disinfectant products will kill and inactivate common microorganisms. It is important to read the product labels and follow the manufacturer's instruction for use (MIFU).

All disinfectant products should have a drug identification number (DIN) and staff should ensure that the products are not expired.

Every effort should be made to limit the total number of different disinfectant products to avoid misuse/confusion. Homes are encouraged to work with their manufacturers/suppliers by listing all health-grade disinfectant products that are compatible with their equipment.

There are also other factors to consider such as ease of use, intended kill/target as well as advantages and disadvantages when working with specific equipment or surfaces. It must also be applied properly to comply with your home's occupational health & safety policies and procedures.

Your team should also be selecting disinfectant(s) with faster contact time during an outbreak. Frequent cleaning & disinfection of high touch surfaces also applies during an outbreak (minimum of 2x daily or more).

Type of Microorganism	Class of Microorganism	Type of Disinfectant Product for appropriate kill claim
<i>Candida auris</i>	Fungi	<ul style="list-style-type: none"> Improved Hydrogen Peroxide (0.5% to 1.4%) Bleach (Sodium Hypochlorite)
Carbapenemase-producing organisms (CPO)	Bacteria	<ul style="list-style-type: none"> Improved Hydrogen Peroxide Sporicidal disinfectant Bleach
<i>Clostridioides difficile</i> (<i>C.diff</i>)	Spore-forming bacteria	<ul style="list-style-type: none"> Improved Hydrogen Peroxide (4.5%) Peracetic acid (0.26%) Sporicidal disinfectant Bleach
COVID-19 (Sars-CoV-2), Enterovirus	Virus	<ul style="list-style-type: none"> Improved Hydrogen Peroxide Bleach
Group A <i>Streptococcus</i>	Bacteria	<ul style="list-style-type: none"> Improved Hydrogen Peroxide Bleach
Influenza	Virus	<ul style="list-style-type: none"> Improved Hydrogen Peroxide Bleach
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	Bacteria	<ul style="list-style-type: none"> Improved Hydrogen Peroxide Bleach
Norovirus, Rhinovirus, RSV (Respiratory syncytial virus)	Virus	<ul style="list-style-type: none"> Improved Hydrogen Peroxide Bleach
Vancomycin-resistant Enterococci (VRE)	Bacteria	<ul style="list-style-type: none"> Improved Hydrogen Peroxide Bleach
Tuberculosis	Mycobacteria	<ul style="list-style-type: none"> Improved Hydrogen Peroxide Bleach

References:

- [PIDAC: Best Practices for Environmental Cleaning for Prevention and Control of Infections | January 2018](#)
- [FAQ-Antibiotic-Resistant Organisms](#)



Read the Label

Follow the Instructions



1

Active Ingredients

The active disinfectant chemicals in the product and their percent or concentration. Expressed in weight-per-weight (%w/w) or parts-per-million (ppm).

2

Directions for use

Directions for all intended uses of the product. This may include:

- The microorganisms that it can kill.
- The surfaces it can be used on.
- If it requires dilution or is it ready to use (RTU).
- If the surfaces need to be rinsed after the product is used.
- If it can be used on food contact surfaces.

3

Contact Time

The length of time required for a product to be wet on the surface to kill certain microorganisms. E.g., 1 min, 4 min or 10 minutes etc.

4

Drug Identification Number (DIN)

An 8-digit number given by Health Canada that confirms it is approved for use as a disinfectant in Canada.

1

ACTIVE INGREDIENTS:

Hydrogen Peroxide0.5%w/w

2

DIRECTIONS FOR USE:

For Use as a One-Step Cleaner/Disinfectant Product: Pre-clean heavily soiled areas. Apply solution by cloth or disposable wipe to hard, non-porous environmental surfaces. Ensure surface remains wet for 5 min. Air Dry or wipe surfaces to dry. Food contact surfaces require rinsing with potable water after disinfection.

BACTERICIDAL: *Staphylococcus aureus*; *Salmonella enterica*; Methicillin-resistant *Staphylococcus aureus*; *Klebsiella pneumoniae*; *Escherichia coli* 0157:H7;

TUBERCULOCIDAL: *Mycobacterium terrae*; **FUNGICIDAL:** *Candida albicans*; **VIRUCIDAL:** HIV; Norovirus; Influenza Virus; Coronavirus; Human Parainfluenza Virus

3

BACTERICIDAL: 5 min
TUBERCULOCIDAL: 5 min
FUNGICIDAL: 5 min
VIRUCIDAL: 5 min

4

DIN 012345678

5

PRECAUTION:

KEEP OUT OF REACH OF CHILDREN. May cause eye irritations. Avoid contact with eyes. Wash hands after use. **First Aid Treatment:** Hold eye open and rinse with water for 15-20 minutes. Call a Poison Control Centre or doctor for treatment advise. Have the product container or label with you. **Personal Protection:** Disposable gloves, gowns, face masks, or eye covering must be worn during all cleaning of blood and body fluids.

6

STORAGE AND DISPOSAL:

Store in original container in areas inaccessible to small children. Keep securely closed. Store in a dry, well-ventilated area away from chemicals, direct light, heat or open flame. Do not mix with other cleaning or disinfecting products.

7

EXP: MM-DD-YY

5

Precautionary Statements

How to use the product safely. This may include:

- Avoiding contact with eyes and skin.
- No mixing with other products.
- Not ingesting the product.
- Use in a well-ventilated area.
- Types of personal protective equipment (PPE) needed when using.
- First-aid instructions.

6

Storage & Disposal

Specifications on how to store and dispose the product. This may include:

- Temperature range that the is safe for the product.
- If neutralization is needed before disposal.

7

Expiration Date

The date after which the manufacturer recommends that the product not be used due to its shelf-life stability.



Disinfectant Fact Sheet



What is the difference between cleaning and disinfection?

Cleaning is always the **first step**

- All surfaces must be thoroughly cleaned before disinfection
- Physically removes dirt and most germs from surfaces, but does not destroy germs

Disinfection is always the **second step**

- Disinfectants are applied after the surface has been cleaned
- Is the process that destroys most germs



Disinfectant Wipes

- Most are combined as cleaners and disinfectants in one solution
- If used, surfaces must still be cleaned and disinfected. To do this, use two separate wipes:
 1. Wipe surface with the first wipe to clean and discard wipe, then
 2. Get a new/second wipe and wipe surface to disinfect
 3. Read product label to determine contact time (i.e. how long the surface must remain wet to achieve disinfection and kill germs)
- Discard wipes if they are no longer wet and have become dry in their packaging



Using Bleach as a Disinfectant

- Bleach can be mixed with water to make an effective disinfectant
- To prepare a bleach disinfectant solution, mix the following:
 - 250 mL (1 cup) of water + 5 mL (1 teaspoon) bleach, or
 - 1 litre of water (4 cups) + 20 mL (4 teaspoons) bleach
- Allow the bleach solution to remain wet on the surface for **1 minute**
- A fresh bleach solution must be made daily
- Label the bottle as “Bleach Disinfectant”
- Bleach products should never be mixed with other cleaning products



What not to use as a disinfectant

- Hand sanitizers are not intended to be used as disinfectants and are only approved for use on hands
- **70% alcohol** requires a 10-minute contact time to ensure appropriate disinfection. Because alcohol evaporates quickly, it makes achieving the contact time difficult.



Electronics

- **Follow manufacturer's instructions** for the cleaning and disinfection of electronic items (i.e. pin pads, keyboards, touchscreens, etc).
- Shared electronic items should be cleaned and disinfected between users, and at end of each shift
- Consider putting a wipeable cover on electronics, which will make cleaning and disinfection easier



Health Canada approved disinfectants

- Due to the COVID-19 pandemic, Health Canada has allowed certain disinfectants that do not fully meet the regulatory requirements but are still safe to use, to be sold in Canada (e.g. have an EPA number instead of a DIN). These disinfectants can be found on the Disinfectants accepted under [COVID-19 interim measure list](#).
- **Always follow manufacturer's instructions located on the product label**



What to Look for on the Product Label

Type: Must indicate that the product is a “disinfectant”

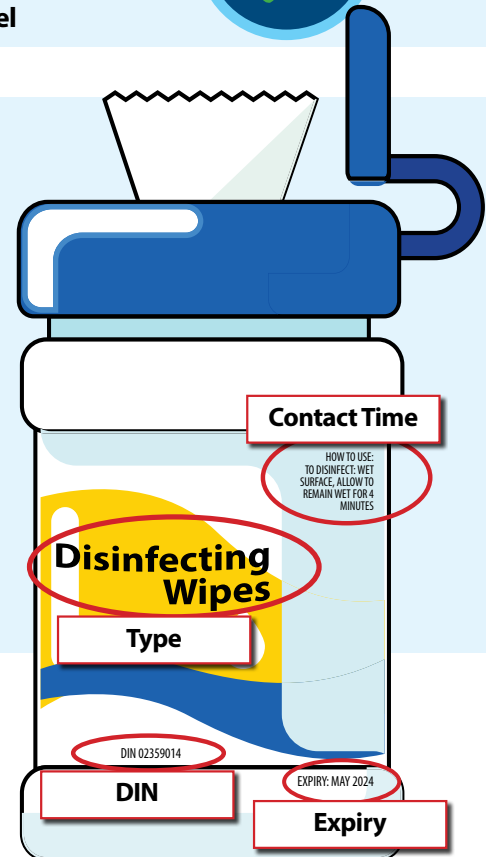
DIN: Drug Identification Number which means the product was approved by Health Canada

Contact Time: The length of time the disinfectant must remain wet on the surface to kill germs

Expiry Date: Do not use disinfectants that are past the expiry date as their effectiveness can no longer be verified

*Always read and follow manufacturer's instructions for safe use of disinfectants (e.g., wear gloves, use in well-ventilated area, etc.)

*If using gloves, wash hands with soap and water for at least 20 seconds or use a hand sanitizer after removing gloves



Sources

[Durham Health Department - Cleaning and Disinfection Fact Sheet](#)

[Health Canada - COVID-19 - Cleaning products and bleach](#)



We welcome your ideas & suggestions!

We welcome any suggestions that you may have for future article topics or ideas and any comments you have to improve the newsletter! Please submit comments by email to malexander@lh.ca or [email Durham Region Health Department \(DRHD\)](#).

It's the bug you don't see that matters!

It is not always the visible things we see in IPAC but the invisible things that can be our biggest threat. The microbes that cause illness are often microscopic, lurking on our hands, surfaces, and even in the air. Among the most concerning are **antibiotic-resistant organisms (AROs)**, which pose a significant threat to congregate settings and the community.

The Public Health Agency of Canada (PHAC) defines routine practices as a set of IPAC measures that should be used for all patients and to treat all patients as potentially infectious regardless of if they are showing any signs and symptoms. Routine practices are also known as standard precautions.

These include:

1. Hand Hygiene (HH)

Proper hand hygiene is the most effective way to break the chain of transmission.

The “4 Moments for Hand Hygiene” apply to healthcare settings, but hand hygiene is equally essential in everyday life for these other indications:

- Before eating or preparing food
- After using the washroom
- After coughing, sneezing, or touching common surfaces
- Before and after visiting someone who is ill
- After handling garbage or soiled materials
- Alcohol-based hand rub (ABHR) is preferred when hands are not visibly soiled (handwashing with soap and water should be used when hands are visibly dirty/soiled)

2. Personal Protective Equipment (PPE)

- Gloves, gowns, masks and an eye protection should be used based on risk assessment
- In congregate living settings, PPE prevents the spread of microorganisms

3. Respiratory Hygiene & Cough Etiquette

- Covering cough and sneezes with a tissue or elbow
- Wearing a mask when symptomatic to prevent respiratory droplet spread/illness

4. Cleaning and Disinfection

- Encouraging sick individuals to stay home when unwell
- Frequently touched surfaces (e.g., doorknobs, light switches, shared equipment, etc.) should be disinfected regularly
- Congregate living settings require enhanced cleaning, especially for high-risk areas like bathrooms and dining spaces

5. Point-of-Care Risk Assessment (PCRA)

- Assessing the risk of exposure before any interaction and ensuring appropriate precautions are taken

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AROs, such as MRSA, CPO, VRE, and C. auris can be transmitted through direct contact (e.g., person-to-person) or indirect contact (e.g., contaminated surfaces). Preventing their spread requires a proactive approach:

Congregate Living Settings:

- Surveillance & Screening – early identification of infected individuals to prevent transmission
- Cohorting & Isolation – placing affected individuals in designated areas when necessary
- Antimicrobial Stewardship – reducing unnecessary antibiotic use to slow the development of resistance
- Education & Training – ensuring staff and residents understand the importance of IPAC measures

In the Community:

- Vaccination – prevents infections that may require antibiotic treatment
- Proper antibiotic use – only use antibiotics when prescribed and complete the course
- Wound & skin care – keeping cuts and abrasions clean to prevent infection
- Community cleanliness – regular cleaning of shared spaces

Infection control is everyone's responsibility. We can achieve this by incorporating routine practices into our daily lives, whether in a healthcare setting or out in the community.



Vancomycin Resistant Enterococcus (VRE)

Sample fact sheets for health care staff



Photo Credit: CDC/Melissa Brower
PHIL ID #16882

What is VRE?

Enterococci are bacteria that live in the gastrointestinal tract of most individuals and generally do not cause harm (“colonization”). Vancomycin-resistant enterococci (VRE) are strains of enterococci that are resistant to the antibiotic vancomycin. If a person has an infection caused by VRE, such as a urinary tract infection or blood infection, it may be more difficult to treat.

How is VRE spread?

VRE is spread from one person to another by contact, usually on the hands of caregivers. VRE can be present on the caregiver’s hands either from touching contaminated material excreted by the infected person or from touching articles soiled by faeces. VRE can survive well on hands and can survive for weeks on inanimate objects such as toilet seats, door handles, bedrails, furniture, stethoscopes, rectal thermometers and bedpans.

Risk factors for VRE

People at risk for colonization or infection with VRE are usually hospitalized and have an underlying medical condition which makes them susceptible to infection. These conditions include clients/patients/residents with:

- Previous hospitalization or transfer between health care facilities (in Canada or outside Canada)
- Critical illness (es) in intensive care units
- Severe underlying disease or weakened immune systems
- Urinary catheters
- Exposure to (or contact with) a client/patient/resident with VRE
- Antibiotic use, particularly vancomycin

Good hand hygiene practices

Remind all staff and visitors to practice good hand hygiene before and after client/patient/resident contact/care. Health care staff should review the correct method of hand hygiene, as well as demonstrate the proper donning/removal of personal protective equipment (PPE) to clients/patients/residents, families and visitors. Good hand hygiene practices means using alcohol-based hand rub or soap and running water for at least 15 seconds. **Hand hygiene should occur:**

- Before client/patient/resident or environment contact
- Before performing aseptic procedures
- After care involving body fluids
- After client/patient/resident or environment contact

This resource is from [PIDAC’s Annex A: Screening, Testing and Surveillance for Antibiotic-Resistant Organisms \(AROs\)](#).

For more information visit www.publichealthontario.ca or email ipac@oahpp.ca.

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Prevention and control of VRE

1. Admission screening for VRE must be completed:

- ✓ Check for previous history of VRE or high risk for VRE using the admission screening tool.
- ✓ If the client/patient/resident has been a contact of a VRE case in the past, screening specimens must be obtained.
- ✓ If the client/patient/resident is considered to be at risk for VRE based on the results of the screening tool, screening specimens must be obtained.

2. If the client/patient/resident is known to have had VRE in the past, Contact Precautions must be initiated:

- ✓ Hand hygiene as described in Routine Practices
- ✓ Appropriate client/patient/resident placement
- ✓ Gloves for all activities in the patient's room or bed space in acute care, or for direct care of clients/residents in long- term care and ambulatory/clinic settings
- ✓ Long-sleeved gown for activities where skin or clothing will come in contact with the patient or their environment in acute care, or for direct care of clients/residents in long- term care and ambulatory/clinic settings
- ✓ Dedicated equipment or adequate cleaning and disinfecting of shared equipment, including transport equipment
- ✓ Special discharge cleaning protocol is vital for VRE

3. Notify the Infection Prevention & Control Professional or delegate to discuss the infection control management of client/patient/resident activities.

4. Precautions are not to be discontinued until reviewed by Infection Prevention and Control.

5. Additional surveillance specimens for colonization of client/patient/resident contact(s) may be required, as directed by Infection Prevention and Control.

Family and visitors

- All families/visitors must practice good hand hygiene before and after leaving the client/patient/resident's room.
- Families/visitors who provide direct care are to wear the same PPE as staff. "Direct care" is defined as providing hands-on care, such as bathing, washing, turning the client/patient/resident, changing clothes/diapers, dressing changes, care of open wounds/lesions, toileting. Feeding and pushing a wheelchair are not classified as direct care.
- Provide written information for clients/patients/residents that explains the precautions required.

This resource is from [PIDAC's Annex A: Screening, Testing and Surveillance for Antibiotic-Resistant Organisms \(AROs\)](#).

For more information visit www.publichealthontario.ca or email ipac@oahpp.ca.



Reminder

Update your contact information, there may be an urgent message that Durham Region Health Department will have to send to all our partners. A current contact list will help us distribute the information to you more efficiently. If your facility has had any changes to contacts, such as IPAC leads, director, administrator, managers, supervisors, etc., please forward the new contact information to your public health inspector to update the list or send [email](#).

Email Alert

- outbreakreports@durham.ca - provides a list of active institutional outbreaks
- healthprotectionIDPC@durham.ca - provides information and resources on infectious disease prevention and control

Please add these two emails to your contact list to prevent important messaging from going to your spam folder.



Do you need your CIC/LTC-CIP?

Look to [IPAC Canada](#) to find the course that's right for you.



Durham Region Health Department

Durham Health Connection Line

905-668-2020 or 1-800-841-2729

durham.ca/health

durham.ca/hcp



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E-NEWSLETTER