

The Long-Term Care Homes Act: Key IPAC Points

http://www.elaws.gov.on.ca/html/source/regs/english/2010/elaws_src_regs_r10079_e.htm

What does the Long Term Care Homes Act say about Infection Prevention and Control Programs ?

There shall be an Infection Prevention and Control (IPAC) Program (2007, c. 8, s. 86 (1).

It must include:

- Daily monitoring to detect the presence of infection in residents of the long-term care home
- Measures to prevent the transmission of infections. 2007, c. 8, s. 86 (2)
- The program and its content must comply with any standards and requirements, including required outcomes, provided for in the regulations. 2007, c. 8, s. 86 (3)

Long Term Care Homes Act, 2007 – O. Reg. 79/10

Every licensee of a long-term care home shall ensure that the infection prevention and control program required under subsection 86 (1) of the Act complies with the requirements of this section. O. Reg. 79/10, s. 229 (1).

- There is an interdisciplinary team approach in the co-ordination and implementation of the program
- The interdisciplinary team that co-ordinates and implements the program meets at least quarterly
- The local medical officer of health is invited to the meeting
- The program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices
- A written record is kept relating to each evaluation under clause (d) 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. O. Reg. 79/10, s. 229 (2)
- There is a designated staff member to coordinate the program who has education and experience in infection prevention and control practices (including infectious diseases, cleaning and disinfection, data collection and trend analysis, reporting protocols and outbreak management [O. Reg. 79/10, s. 229 (3)]
- All staff participate in the implementation of the program [O. Reg. 79/10, s. 229 (4)]

Daily Activities (required each shift)

- Monitor symptoms indicating the presence of infection in residents in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices
- Record symptoms and take immediate action as required. O. Reg. 79/10, s. 229 (5)
- Daily analysis of the information gathered under subsection (5) to detect the presence of infection. [O. Reg. 79/10, s. 229 (6)]

Additional IPAC Program Requirements

- Review at least once a month the information gathered under subsection 5 to detect the presence of infection and trends, for the purpose of reducing the incidence of infection and outbreaks. O. Reg. 79/10, s. 229 (6)
- Implement any surveillance protocols given by the Director for a particular communicable disease. O. Reg. 79/10, s. 229 (7)
- 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, communication plans, protocols for receiving and responding to health alerts; and a written plan for responding to infectious disease outbreaks. O. Reg. 79/10, s. 229 (8)

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Hand Hygiene Program

- Ensure there is a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9)

Immunization and Screening Measures

- Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee
- Residents must be offered immunization against influenza at the appropriate time each year
- Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry of Health and Long-Term care website
- Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices
- There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10)
- TB screening must occur within 14 days of admission unless screened within the previous 90 days and providing that the documented results of the screening are available to the licensee. An exception for the need for screening for TB is stated (licensee is exempt from having to screen for TB if the resident is being relocated or transferred to another home or temporary home operated by the same licensee O.Reg.79/10,s.229(11))

Foot care and nail care

- Every licensee of a long-term care home shall ensure that each resident of the home receives preventive and basic foot care services, including the cutting of toenails, to ensure comfort and prevent infection

Skin and wound care

The skin and wound care program must, at a minimum, provide for the following:

- The provision of routine skin care to maintain skin integrity and prevent wounds
- Strategies to promote resident comfort and mobility and promote the prevention of infection, including the monitoring of residents
- Shall ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required

Housekeeping

- Shall ensure that procedures are developed and implemented for cleaning and disinfection of resident care equipment, such as whirlpools, tubs, shower chairs, and lift chairs and supplies and devices, including personal assistance services, devices, assistive aids, and positioning aids and contact surfaces, using hospital grade disinfectant and in accordance with manufacturer's specifications

Training [required under paragraph 9 of subsection 76 (2) and subsection 76 (4)] includes: Hand hygiene, Modes of infection transmission, Cleaning and disinfection practices and use of personal protective equipment