



Long Term Care Programs

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No Disclosures

An IPAC Story: *Lets go back 20 years...*

2003 –Severe Acute Respiratory Syndrome (SARS) and the promises we made to change infection prevention and control (IPAC).

IPAC Canada submitted a brief to National Advisory Committee on SARS and Public Health (Naylor Committee)

Acute Care settings across Canada incorporated many of the recommended changes.

What happened with the long term care sector?...

Fear of too many changes too soon?
Regulations and Legislation and Best Practices

Questions from the homes:

- What are we regulated to do and what is optional?
- Can we be closed down if we don't meet an infection control requirement?
- Do we have to provide PPE for visitors?
- Do we have to screen staff for symptoms and check their immunization?
- Can we cut back on the cleaning?
- What if we don't have the ability to install a sink? No space?
- What is wrong with using the hopper?

Learning Objectives

- To review best practices and recommendations for an infection prevention and control (IPAC) program in long term care homes (LTCH)
- Describe the IPAC considerations in LTCH design
- Review the role expectations of the Infection Control Professional (ICP)
- Describe the results of the 2021 CBIC® job task analysis for ICPs in LTCH
- Describe the professional development for the ICP in LTCH and pathways to certification

Goal of an Infection Prevention and Control Program

- To protect residents from health care-associated infections, resulting in improved survival rates, reduced morbidity associated with infections.
- To prevent the spread of infections amongst residents, health care providers, visitors and others in the health care environment.



GUIDELINES AND POSITION STATEMENTS



POSITION STATEMENT: Infection prevention and control program components for long-term care homes

This position statement was developed by IPAC Canada Long Term Care Interest Group.

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Disclaimer: This document was developed by IPAC Canada based on best available evidence at the time of publication and is meant to provide advice to Infection Prevention and Control Professionals. The application and use of this document are the responsibility of the user. IPAC Canada assumes no liability resulting from any such application or use.

BACKGROUND

Residents of long-term care homes (LTCHs) are a vulnerable population. As a result, there have been many outbreaks with significant morbidity and mortality caused by a plethora of different micro-organisms (influenza A, SARS-CoV-2, Group A Streptococcus, methicillin-resistant *Staphylococcus aureus* [MRSA], Carbapenemase-producing Enterobacteriaceae [CPE], norovirus, *Clostridioides difficile*, extended spectrum beta-

burden of outbreaks in LTCH [1,2,6,7]. The IPAC program should include, as a minimum, the following elements:

Human Resources

- One dedicated full-time equivalent (FTE) Infection Prevention and Control Professional (ICP) per 150-200 occupied beds [6-10].
 - o Where an increase in acuity and complexity of resident



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Infection Prevention and Control Program

- One dedicated full-time equivalent (FTE) Infection Prevention and Control Professional (ICP) per 150-200 occupied beds
- New ICPs are enrolled in an IPAC-Canada-endorsed training program, which includes the core competencies as described in the document “IPAC Canada Core Competencies for Infection Control Professionals”.¹
- A physician who supports the IPAC role (i.e. the importance of syndromic surveillance, monitoring of organisms of clinical significance, outbreak management, infectious disease transmission).
- Laboratory support – liaison with licensed, accredited laboratory
- IPAC Policies and Procedures and implemented

¹IPAC Canada. Core Competencies for Infection Prevention and Control Professionals : Consensus Document September 2022

Infection Prevention and Control Program

- Education and Training – for the ICP role and for staff
- Occupational Health – collaboration with Occupational Health team
- Surveillance – targeted surveillance and syndromic surveillance
- Facility Design, renovation and maintenance – identify designs that support IPAC practices
- Emergency preparedness and disaster planning

Surveillance Activities

- admission screening, active syndromic surveillance (e.g., respiratory infection and gastroenteritis)
- identification of sentinel events (e.g., invasive group A Streptococcus, SARS-CoV-2)
- process audits (e.g., compliance with Routine Practices and Additional Precautions, hand hygiene, personal protective equipment use, environmental cleaning, cleaning of shared equipment)
- antimicrobial stewardship (e.g., asymptomatic bacteriuria *versus* urinary tract infections, tracking cases of Clostridioides difficile infection)

Federal/Provincial/Territory Response



- Act/Regulation: The IPAC Lead shall have, at a minimum, education and experience in IPAC practices, including: a) infectious diseases; b) cleaning and disinfection; c) data collection and trend analysis; d) reporting protocols; e) outbreak management; f) asepsis; g) microbiology; h) adult education; i) epidemiology; j) program management; and k) within three years of s.102(6) of the Regulation coming into force, the IPAC Lead shall have current certification in infection control from the Certification Board of Infection Control and Epidemiology (ss.102(5) and 102(6) of the Regulation).
- 2.4 The licensee shall ensure that the IPAC program is appropriately resourced, including that additional staff with education in IPAC are available to provide support to the IPAC Lead, as needed, on every shift.
- [12. IPAC Standard - EN.pdf \(ltchomes.net\)](#)
- <https://ltchomes.net/LTCHPORTAL/Content/12.%20IPAC%20Standard%20-%20EN.pdf>



CSA Group Releases “What We Heard” Report – January 2022

- Report summarizes information gathered from stakeholders during development of a new National Standard of Canada for ***Operation and Infection Prevention and Control of Long-Term Care Homes (CSA Z8004)***.
- ***What We Heard Final Report***, summarizes what long-term care home (LTCH) residents, families, caregivers, frontline staff, and operators shared during six consultation sessions and three surveys.

CSA Group Releases “What we Heard” Report – January 2022

- **People-centred care:** The report emphasizes the importance of acknowledging that LTCHs are people’s *homes* and that the voices of residents, families, and caregivers should be central in every level of decision-making.
- **Equity, Diversity, and Inclusion (EDI):** Brought to life most pointedly in the Indigenous consultation session, the report emphasizes the importance of EDI, establishing culturally appropriate operations, and designing culturally safe spaces.
- **Gender and sexual inclusivity:** The report emphasizes the need for LTCHs to be safe for all residents, including addressing systematic gaps in care for 2SLGBTQI+ residents, the right for sexual expression, and the importance of cultural safety training.

CSA Group Releases “What We Heard” Report – January 2022

- The importance of training and education for staff, residents, families, caregivers, and other visitors
- The need for heating, ventilation, and air conditioning (HVAC) systems that can provide proper heating, cooling, and microbial filtration
- A desire for homes to be comfortable, safe, and inclusive in terms of design, including the importance of accessibility and dementia friendly design
- The need to focus on the most effective IPAC measures, while taking precautions to avoid negatively impacting residents’ quality of life
- The need for readily available and appropriate personal protective equipment (PPE) and storage, including proper temperature regulation to protect the health and safety of staff
- The importance of adequate internet bandwidth and Wi-Fi connectivity to allow communication with loved ones



Health Standards Organization

Standards

CAN/HSO 21001:2023 - Long-Term Care Services

Long Term Care Home Design

For-profit long-term care homes and the risk of COVID-19 outbreaks and resident deaths

Nathan M Stall 1, Aaron Jones 2, Kevin A Brown 2, Paula A Rochon 2, Andrew P Costa 2
CMAJ . 2020 Aug 17;192(33):E946-E955.

- “For-profit status is associated with the extent of an outbreak of COVID-19 in LTC homes and the number of resident deaths, but not the likelihood of outbreaks. Differences between for-profit and nonprofit homes are largely explained by older design standards and chain ownership, which should be a focus of infection control efforts and future policy”.

The association of facility ownership with COVID-19 outbreaks in long-term care homes in British Columbia, Canada: a retrospective cohort study

Michelle B Cox 1, Margaret J McGregor 2, Jeffrey Poss 1, Charlene Harrington 1

CMAJ Open. 2023 Mar 21;11(2):E267-E273

- For profit and not “...ownership of LTC facilities by health authorities in BC offered some protection against COVID-19 outbreaks. Further study is needed to unpack the underlying pathways behind this observed association”.



UNIVERSITY OF TORONTO
JOHN H. DANIELS FACULTY OF
ARCHITECTURE, LANDSCAPE, AND DESIGN

Reimagining Long-Term Care Architecture in Post-Pandemic Ontario—and Beyond

- This white paper highlights international studies of long term care residential facility design
- 50 Design Considerations

LTCH Design- Ontario

- Private bedroom – a one-bed bedroom accommodating one resident with a separate ensuite washroom;
- Semi-private bedroom – a one-bed bedroom accommodating one resident, another one bed bedroom accommodating another resident with each bedroom having direct access into a shared ensuite washroom; and
- Basic/Standard bedroom – a two-bed bedroom accommodating two residents with a separate ensuite washroom.
- Access to three sides of each bed by caregivers and equipment.

LTCH Design - Ontario

- Each Resident Home Area (RHA) must be a self-contained unit for residents of that area to use. The intent is to create smaller home-like units that give residents more intimate and familiar living spaces. (designed for < 32 residents).
- Not to be a thoroughfare to get to another RHA
- The minimum required usable space for dining area(s) in each RHA is 2.8 sq. m(30 sq. ft.) of floor area per resident of the RHA.
- Dining areas must have a hand wash area either in the dining area or immediately next to the dining area for staff to use in preparing, delivering and serving food to the residents.

LTCH Design - Ontario

- Housekeeping/janitor's closets must be located inside every RHA as well as outside the RHAs (e.g. in service corridors, in areas where community space such as a cafe, beauty salon, place of worship, etc., are located) to support the long-term care home's housekeeping requirements.
- Create a designated space for staff, away from resident home areas.
- Designated shipping and receiving area to safely deliver clean supplies and designated area for safe storage/removal of waste

Heating, Ventilation and Air Conditioning System (HVAC)

- There must be a mechanical system to cool air temperatures in all corridors, lounges, program/activity areas, all dining areas, the kitchen and the laundry space.
- The remaining areas of the long-term care home, including resident bedrooms, resident bath and shower rooms and resident washrooms, must have a system for tempering the air to keep air temperatures at a level that considers resident needs and comfort.
- There must be negative air pressurization of the washrooms, soiled utility space, kitchen and laundry areas to contain odours. All of these rooms must have mechanical ventilation to exhaust air from these areas.

Role of the ICP

Role of the ICP

- The IPAC Lead is responsible for developing policies, procedures and responses to infectious/communicable diseases in the Homes, to be compliant with legislation. The IPAC Lead liaises with Public Health and any other clinical guiding organizations related to Infection Prevention and Control.
- Foundational Core Competencies
- Applied Core Competencies

Certificate *versus* Certification

- A *certificate* is awarded following the completion of a course or series of courses that provides education and training around an intended learning outcome.
- A *certification* is awarded following successful completion of a comprehensive examination process and provides an independent assessment of the knowledge, skills, and/or competencies required for competent performance of an occupation or professional role.

Pathways to Certification

What is CBIC?

Certification Board of Infection Control and Epidemiology, Inc.
Voluntary, autonomous, multidisciplinary board

Mission: Provide pathways to assess and maintain infection prevention competency.

Vision: Healthcare without infection through verifiable competency.



CBIC Examinations

- Certification in Infection Control (CIC®) Examination
- Certification in Infection Control Recertification Examination



CBIC Examinations

- Associate-Infection Prevention and Control (a-IPC™) Examination
- Long Term Care Certification in Infection Prevention (LTC-CIP)



Infection Prevention Certification

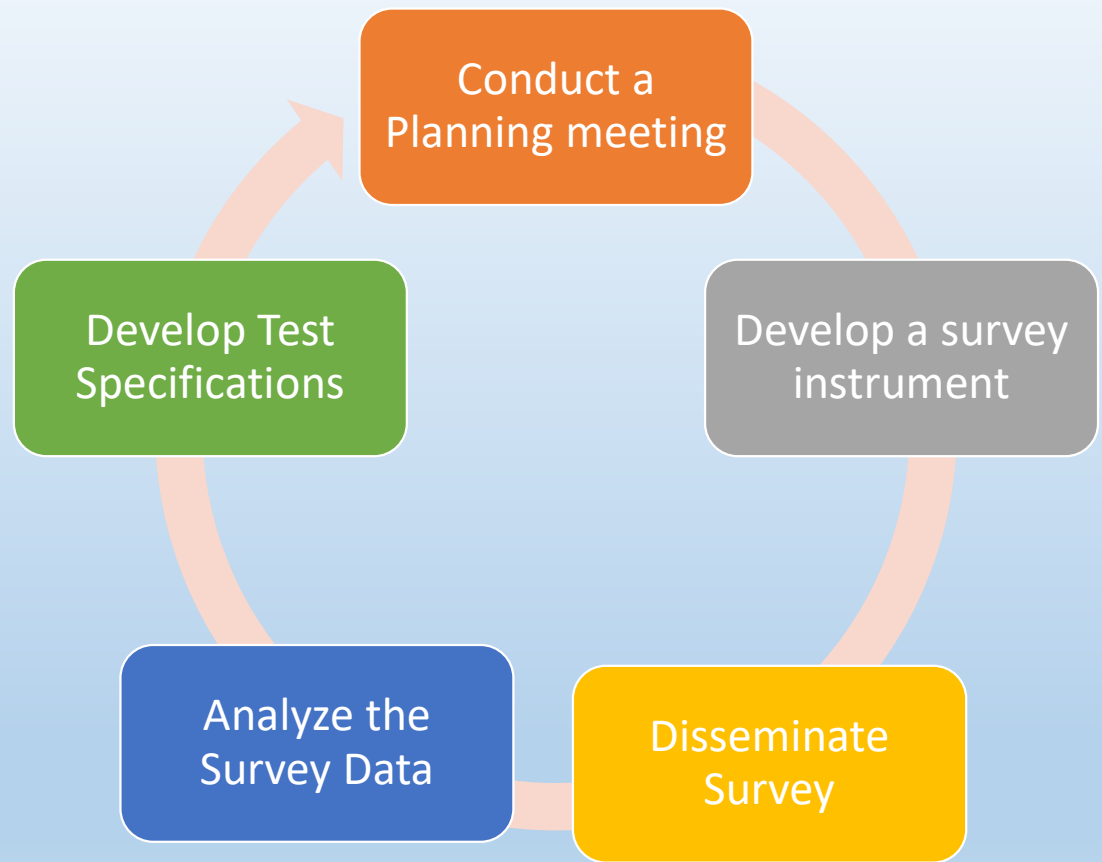
- Successful long-term care infection prevention certification indicates competence in the practice of infection prevention and control within a long-term care setting.

This includes:

- Responsibility for the infection prevention and control programs/activities in a long-term care setting. Candidates will have their employer fill out an attestation form confirming this information.
- Completed post-secondary education in a health-related field including but not limited to medicine, nursing, laboratory technology, public health, or biology. Post-secondary includes public or private universities, colleges, community colleges etc.



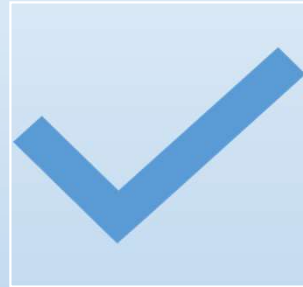
Steps of a Practice Analysis



CBIC Practice Analysis



A Practice Analysis is foundational



Ensures a valid and reliable exam



Conducted every 4-5 years



Results in exams with new criteria

Subject Matter Experts

- Between July and August 2021, the practice survey was disseminated. 1,659 survey responses were received primarily from the United States and Canada.
- Subject matter experts (SMEs) were recruited to review the survey results. The purpose was to obtain verification that the tasks and knowledge are important to the work of LTC IPs.

Subject Matter Experts (SMEs) in Long Term Care

- The SMEs rated 106 task statements and 72 knowledge statements from 9 knowledge areas.
- To ensure the relevance, SMEs were asked if the tasks reflected the workplace and how well each domain's statements reflected the task and knowledge required, using a Likert scale (1 = very poorly ; 5 = very well.)

Knowledge Domains

- Long Term Care Settings
- Management and Communication of the Infection Prevention Program
- Identification of Infectious Diseases
- Surveillance and Epidemiologic Investigation
- Prevention and Control of Infectious and Communicable Diseases
- Environment of Care
- Cleaning, Disinfection, Sterilization of Medical Devices and Equipment
- Antimicrobial Stewardship
- Employee/Occupational Health

Candidate Testing Experience

- CBIC partners with Prometric to deliver exams in a secure, proctored environment
- Prometric is a U.S. based company in the test administration industry and provides test development and delivery services



Candidate Testing Experience

- Candidates can take the exam at a physical testing center *or* via Prometric's live remote proctoring option "Pro Proctor"
- Testing is available 5-7 days a week depending on location

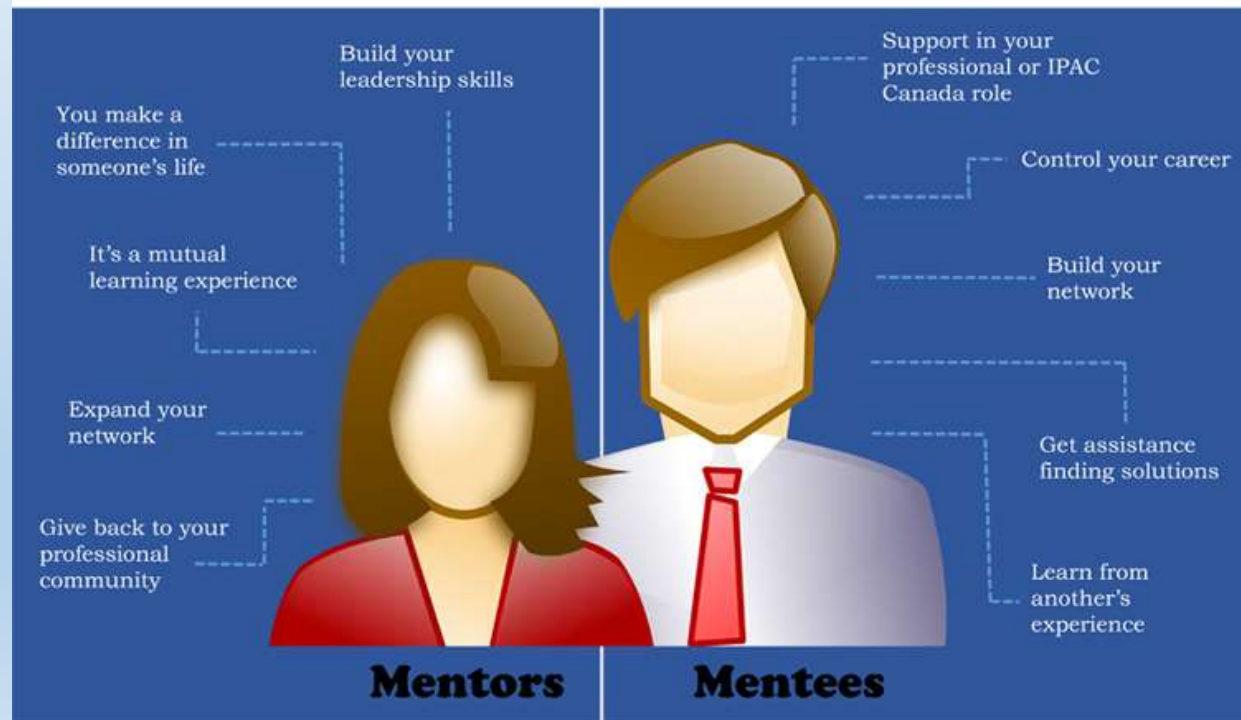


Where are my supports?

- IPAC Canada Chapters
- IPAC Canada Mentorship
- Provincial supports (e.g. BC Centre for Disease Control; Public Health Ontario)
- World Health Organization (WHO)
- Association for Professionals in Infection Control and Epidemiology Inc.(APIC)
- International Federation of Infection Control (IFIC)
- Certification Board of Infection Control and Epidemiology Inc.(CBIC)



Join the **Mentorship Program** today!



References

IPAC Canada Position Statement

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IPAC Standards - Ontario

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LTCH Design Manual

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Certification Board of Infection Control and Epidemiology (CBIC)

<https://www.cbic.org/CBIC/Get-Certified.htm>

Questions?