



SOUTHWEST IPAC HUB

Summer 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.

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



WHAT SERVICES DO WE PROVIDE?

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

Contact your IPAC Hub:

SWPH ipachub@swpublichealth.ca
MLHU fdc@mlhu.on.ca
HPPH ipachub@hpph.ca



Portable Fan Use for Clients/Residents

With the warm weather arriving, clients, residents and family members of a Long-Term Care (LTC), Retirement Home (RH) or Congregate Living Settings (CLS) may request to use a portable fan. In general, the need for supplemental fans should be temporary, as a properly working HVAC should provide for comfortable conditions.



Factors to Consider When Approving the Use of Portable Fans:

- Fan placement (air flow patterns, disruption of dust)
- Cleaning and disinfecting schedule for fan and blades
- Electrical safety
- Client/resident safety

DID YOU KNOW?

Portable fans should not be used in rooms with client/resident on additional precautions, or if home is in outbreak. Consult with your IPAC lead before use.

Portable Fans Placement in Client/Resident's Room:

- Place on a clean surface at bed level or higher and not at the floor level.
- Airflow should be aimed in the direction of the client/resident and tilted upwards toward the ceiling, avoiding smoke detectors.
- Airflow should not be aimed directly on wounds (open/dressed), lines/tubes or blow across one client/resident's breathing space to the breathing space of another client/resident in a shared bedroom.
- When not in use, the fan is cleaned and disinfected as per manufacturer's instructions prior to storage in a clean area. It should be covered to protect it from dust.
- Cleaned and disinfected before first use and after storage.

Natural ventilation strategies can improve indoor air quality. The effectiveness depends on outdoor conditions and may not be feasible in some situations. Establishing a cross-breeze through the opening of an opposite door or additional window will improve air flow.

Cleaning and Maintenance:

Facilities should have written policies and procedures for the appropriate cleaning and disinfection of portable fans that clearly define the frequency and level of cleaning and assign responsibility for the cleaning.

To ensure effective cleaning and disinfection, manufacturers' instructions must be included with these portable cooling devices. If disassembly or reassembly is required, there should be detailed instructions with pictures.

Develop a preventative maintenance schedule and assign responsibility that includes:

- Visual inspection daily
- Weekly cleaning and disinfection of all components
- Additional cleaning and disinfection when visibly soiled

Other resources:

Public Health Ontario: [The Use of Portable Fans and Portable Air Conditioning Units during COVID-19 LTCH and RH's](#)

Public Health Ontario: [FOCUS ON Heating, Ventilation and Air Conditioning \(HVAC\) Systems in Buildings and COVID-19](#)

Vancouver Coastal Health: [Seasonal Use of Portable Fans and Air Conditioners for Supplemental Cooling](#)

Best Practices for Linen and Laundry Management



Contaminated textiles frequently harbor numerous microorganisms from body substances such as blood, skin, stool, urine, vomit, and other tissues and fluids. It is crucial to prevent the transfer of these pathogens to clients, residents, and staff. As such, proper linen and laundry management is critical in preventing infections in congregate living settings.

Handling Soiled Linen:

- Handle soiled linen as little as possible to prevent the spread of contaminants.
- Always wear appropriate Personal Protective Equipment (PPE) such as gloves and gowns when handling soiled linen. Other PPE such as mask and eye protection should be worn if there is risk of splashing.
- Remove any solid waste into the resident room toilet before placing the linen in designated leak-proof bags or containers. Do not rinse or soak soiled linen in a hopper or in resident care areas.
- Maintain a one-way workflow in laundry areas to ensure that clean and soiled items do not mix.
- Homes should work with their laundry department to develop a plan for handling heavily soiled linens.
- Ensure regular maintenance of laundry equipment to operate effectively and follow manufacturers' guidelines for washing machine load sizes and settings.
- Regularly train staff on infection control practices, including proper handling and processing of soiled linen.
- Use appropriate disinfectants to clean surfaces that come into contact with soiled linen.



Hoppers and Utility Sinks:

- Discontinue the use of hoppers for rinsing soiled laundry and cleaning of personal care equipment. Use utility sinks or other designated cleaning areas instead.
- All feces and urine should be disposed of in resident's toilet, not transported through hallways.
- Ensure staff have appropriate PPE and cleaning supplies to wipe down resident's toilets after flushing down urine or feces from bedpan.
- If hoppers are used, establish strict policies for their use and ensure they are not used for disposing of feces, blood, or urine.
- Rinse personal care equipment such as wash basins after each use. Wipe with a paper towel followed by a disposable disinfectant wipe while in resident's washroom. Regularly deep clean these items in the soiled utility room or by using a washer/disinfector designed for such use.
- For bed pans where an absorbent liner is used, disinfect the surface once liner is removed with a disposable disinfectant wipe. If a liner is not used and it is visibly soiled, remove fecal material with toilet paper, dispose in the resident's toilet, cover with paper towel and transport to soiled utility room for proper cleaning in a utility sink or a washer/disinfector.



References and for more information:

- [Public Health Ontario: Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition](#)
- [Infection Prevention and Control \(IPAC\) Standard for Long-Term Care Homes](#)
- [Grey Bruce Public Health IPAC](#)
- [Vancouver Coastal Health Management of Linen in Long-Term Care \(LTC\). Infection Prevention and Control.](#)
- [McLay, C. Healthcare Textile Services. APIC Text](#)



Blacklegged Ticks and Lyme Disease

Blacklegged ticks and Lyme disease have grabbed more headlines in Ontario in recent years as population levels and infection rates have been increasing. Although Lyme disease can affect anyone who spend time outdoors where ticks live, adults aged 60-79 years old experienced the highest levels of infection based on 2022 Canada's Lyme disease surveillance data, so it's important to be educated about this emerging disease.

Although there are many different species of ticks, Lyme disease is caused by a bacterium which is only found in blacklegged ticks. This is why correctly identifying a tick that has become attached to humans is important, as commonly found species such as dog ticks don't cause Lyme disease. To help identify a tick, you can contact your local public health unit or submit a photo to eTick.ca where an accredited entomologist will correctly identify the species.

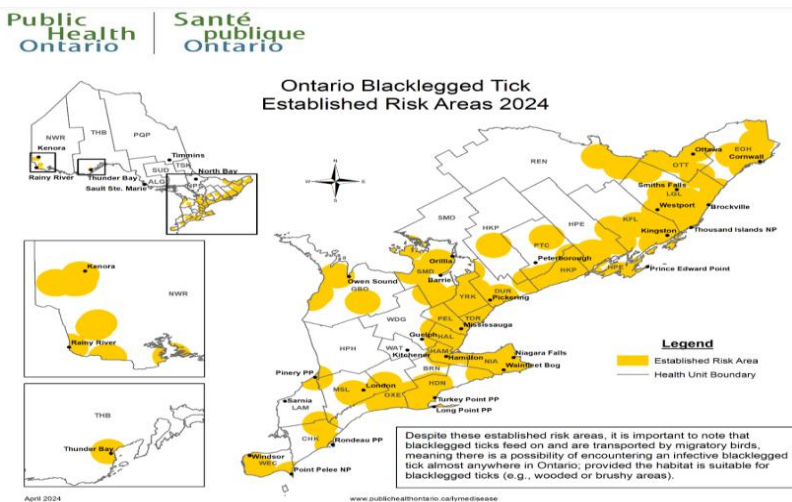


Centers for Disease Control and Prevention, <http://phil.cdc.gov/phil/>

One of the most common and identifiable symptoms of an individual infected with Lyme disease is the bullseye rash which appears at the site of the bite. Other symptoms may include fever, tiredness, headache, decreased appetite, and body aches. It's important to note that the symptoms of Lyme disease vary, and some individuals may not experience any symptoms at all.

If you or a client/resident in your facility believe they may have been exposed to a blacklegged tick bite, please contact your doctor or local healthcare provider for further information.

For more information regarding blacklegged ticks and Lyme disease, please refer to your area's health unit. [Southwestern Public Health](#), [Middlesex-London Health Unit](#), [Huron Perth Public Health](#).



Ontario Blacklegged Tick Established Risk Area 2024

[Public Health Ontario](#) released their annually updated risk area map that highlights established locations where blacklegged ticks have been found. It's important to note that blacklegged ticks can be transported by migratory birds, so it is possible to find them outside of the highlighted areas.

References and for more information:

- [Lyme disease surveillance in Canada: Annual edition 2021 - Canada.ca](#)
- [Lyme Disease Rashes | Lyme Disease | CDC](#)
- [Ontario Blacklegged Tick Established Risk Areas 2024 \(publichealthontario.ca\)](#)
- [Health Quality Ontario: Management of Tick Bites & Investigation of Early Localized Lyme Disease](#)

NEW Provincial Outbreak Guidelines

In April 2024, the Ministry of Health published a new outbreak guidance document called “[Recommendations for Outbreak Prevention & Control in Institutions & Congregate Living Settings](#)”. This document merges & replaces 3 previously separate documents:

1. Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018
2. Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes, 2018
3. COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units, 2023

This document provides current best practices and evidence-based guidance for the control of respiratory (including influenza & COVID-19) and enteric outbreaks in a range of institutions & congregate living settings.

For more information, please refer to:

- [Long Term Care and Other Congregate Settings | Huron Perth Public Health \(hpph.ca\)](#)
- [Middlesex London Health Unit](#)
- [Southwestern Public Health: Summary of Outbreak Measures for LTCHs/RHs/CLS](#)

COMMUNITY OF PRACTICE

Are you interested in learning & sharing information with other settings experiencing similar circumstances? Together we will navigate Ministry guidance, and share information, ideas, and solutions to strengthen your IPAC program

Elgin, London, Middlesex, Oxford

- Long Term Care/Retirement Home
July 30, 2024 – 1 to 2 p.m.
- Congregate Living Settings
August 15, 2024 – 11:00 a.m. to 12 p.m.

Huron Perth

- Long Term Care/Retirement Home
July 24, 2024
- Congregate Living Settings
July 19, 2024

Other Resources & Educational Opportunities:

1. Public Health Ontario: [Long-Term Care Certification in Infection Prevention Exam Resources](#)
2. IPAC Canada: [Long Term Care Infection Prevention and Control Certificate Course](#)
3. IPAC Southwestern Ontario: [Educational Workshop-Level Up Your IPAC Game](#)
September 24/24 at Hellenic Community Centre, London ON



Thoughts on the newsletter?

