



# Residential Care Industry in Canada

**POLICIES &  
PROCEDURES**

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# SECTION I. INTRODUCTION AND PROGRAM OVERVIEW

## 1. Introduction

### 1.1 Mission, Vision, and Values

[Organization Name] is committed to providing compassionate, safe, and person-centred care. With a mission to provide a supportive and dignified living environment for vulnerable residents, it contributes to a community of respect and well-being. The organization's vision is to be a leader in congregate living settings within York Region, and be recognized for its unwavering commitment to resident safety, quality of life, and excellence in Infection Prevention and Control (IPAC).

The organization operates on a foundation of key principles:

[Redacted text block containing key principles]

### 1.2 Residents Served and Services Provided

This facility is a Congregate Living Setting (CLS) that provides care for a vulnerable population in York Region. As such, residents face unique physical, mental, cognitive, and behavioural factors that increase their risk of infection transmission and associated severe outcomes. The IPAC program outlined in this manual is specifically designed to mitigate these risks.

[Organization Name] provides a broad spectrum of services to meet the diverse needs of our residents, including:

[Redacted text block containing services provided]



## 2.2 Ensuring Resident, Staff, and Visitor Safety

This manual is a reflection of the facility's unwavering commitment to the safety of residents, staff, and visitors. The policies and procedures are designed to mitigate the risks of infection transmission within its unique congregate living setting.

By providing clear, actionable instructions, this manual empowers all staff to perform their duties in a manner that prioritizes the health and well-being of the vulnerable resident population by minimizing the incidence and spread of infectious diseases.

## 2.3 Continuous Quality Improvement

This manual supports a culture of continuous quality improvement. The policies herein are subject to regular review and revision, incorporating the most current recommendations from public health authorities, best practices, and lessons learned from internal IPAC audits and outbreak responses. This commitment to continuous improvement ensures the organization's IPAC program remains proactive, effective, and responsive to emerging threats and evolving standards of care. The manual serves as a tool for ongoing education and a benchmark for excellence in infection control.

# 3. Applicable Legislation and Guidelines

This manual is developed and maintained in strict adherence to all applicable legislation and the most current guidelines and recommendations from federal, provincial, and regional public health authorities. The following are the key documents and regulations that form the foundation of our IPAC program.

## 3.1 Ontario Ministry of Health (MOH) Guidance and Recommendations

The organization's IPAC program is based on the official guidance and recommendations issued by the Ontario Ministry of Health. Specifically, it is based on the 2023 Institutional/Facility Outbreak Management Protocol, which provides a comprehensive framework for the prevention and control of infectious disease outbreaks in institutions and congregate living settings. This protocol dictates the procedures for surveillance, outbreak declaration, management, and post-outbreak review.

## 3.2 Public Health Ontario (PHO) Best Practice Documents

[Organization Name] integrates best practices from Public Health Ontario into its IPAC policies. This includes using resources such as the IPAC Self-Assessment for Congregate Living Settings and the guidelines for Outbreak Preparedness, Prevention and Management in Congregate Living Settings. These documents inform the facility's risk assessments, policy development, and staff training to ensure they are aligned with provincial standards of care.

## 3.3 Food Premises Regulation O. Reg. 493/17

[Redacted text]

## 3.4 Occupational Health and Safety Act (OHSA)

[Redacted text]

## 3.5 York Region Public Health Unit Requirements

Given its location in the York Region, [Organization Name] is in direct collaboration with the York Region Public Health Unit, adhering to its specific requirements and directives. This includes a commitment to timely reporting of all reportable diseases and outbreaks, participation in local surveillance, and the integration of any region-specific guidance into its daily operations. Its IPAC program is designed to be fully transparent and responsive to all York Region Public Health Unit inquiries and audits.

## SECTION II. CORE IPAC PRACTICES

### 4. IPAC Program Structure and Responsibilities

#### 4.1 Designated IPAC Lead/Team

PURPOSE

To establish a clear structure for Infection Prevention and Control (IPAC) within the facility, ensuring accountability, consistent implementation of policies, and a rapid, coordinated response to infectious disease risks and outbreaks.

POLICY

[Redacted Policy Content]

PROCEDURES

1. Designation of IPAC Lead/Team

[Redacted Procedure Content]

2. The designated IPAC Lead/Team is responsible for the following:

- Program development and maintenance

[Redacted List Content]

- Surveillance and monitoring

[Redacted text block]

- Training and education

[Redacted text block]

- Audits and quality improvement

[Redacted text block]

- Outbreak management

[Redacted text block]

- Resource management

[Redacted text block]

3. Communication and collaboration

The IPAC Lead/Team will:

[Redacted]

[Redacted]

## 4.2 Staff Training and Education on IPAC Principles

### PURPOSE

To ensure all staff, volunteers, and students have the necessary knowledge and skills to prevent and control the spread of infections. This training is critical for protecting the health and safety of residents, staff, and the wider community, and is a foundational component of the facility's commitment to infection prevention.

### POLICY

[Redacted]

### PROCEDURES

#### 1. Mandatory training for new staff

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

#### 2. Annual refresher training

[Redacted text block]

3. Just-in-time and ongoing education

[Redacted text block]

3. Competency verification

[Redacted text block]

4. Record-keeping

[Redacted text block]

### 4.3 IPAC Audits and Self-Assessments

PURPOSE

To systematically monitor and evaluate the effectiveness of the facility's IPAC Program. Regular audits and self-assessments will identify gaps in practice, ensure compliance with public health standards, and drive continuous quality improvement to enhance resident and staff safety.

POLICY

[Redacted text block]

PROCEDURES

1. Scheduled IPAC audits

[Redacted text block]

2. PHO IPAC Self-Assessment

[Redacted text block]

3. Documentation and action planning

[Redacted text block]

4. Incorporation of recommendations

[Redacted text block]

5. Reporting and communication

[Redacted text block]

## 4.4 Reporting and Surveillance of Infections

### PURPOSE

To establish a systematic process for the timely identification, reporting, and surveillance of infections within the facility. A surveillance program is crucial for early detection of infectious diseases, allowing for prompt intervention to prevent spread, and ensuring compliance with mandatory reporting requirements from York Region Public Health and the MOH.

POLICY

[Redacted Policy Content]

PROCEDURES

1. Staff identification and initial reporting

[Redacted Procedure 1 Content]

2. The IPAC Lead surveillance responsibilities will include:

[Redacted Procedure 2 Content]

3. Documentation

[Redacted Procedure 3 Content]

4. Data analysis and communication

[Redacted text block]

## 5. Hand Hygiene and Respiratory Etiquette

### 5.1 Hand Washing and Alcohol-Based-Hand-Rub Use

#### PURPOSE

To establish hand hygiene as the single most important and effective measure for preventing the transmission of microorganisms and infectious diseases. This policy and its procedures will ensure that all staff, residents, and visitors understand and consistently practice proper hand hygiene, thereby protecting the health of everyone within the facility.

#### POLICY

[Redacted text block]

#### PROCEDURES

##### 1. When to perform hand hygiene

[Redacted text block]

- After sneezing, coughing, or blowing one's nose.

2. Hand washing with soap and water

[Redacted text block]

- Use the paper towel to turn off the faucet.

3. Use of alcohol-based hand rub

[Redacted text block]

4. Availability and accessibility of supplies

[Redacted text block]

5. Staff responsibilities and best practices

[Redacted text block]

## 5.2 Availability of Hand Hygiene Supplies

### PURPOSE

To ensure that all necessary supplies for effective hand hygiene are readily available and easily accessible to all staff, residents, and visitors throughout the facility. The consistent and uninterrupted availability of these supplies is critical for maintaining high rates of hand hygiene compliance and preventing the spread of infectious diseases.

### POLICY

A continuous supply of approved hand hygiene products will be made available in the facility, including soap, single-use paper towels, and alcohol-based hand rub, at all designated handwash sinks and strategic locations throughout the facility. The provision of these supplies is a top priority and will be actively monitored to prevent stockouts.

### PROCEDURES

#### 1. Required hand hygiene supplies

[Redacted text]

#### 2. Strategic placement of supplies

[Redacted text]

#### 3. Monitoring and replenishment

[Redacted text]

[Redacted]

[Redacted]

4. Repair and maintenance

[Redacted]

### 5.3 Education for Staff, Residents, and Visitors on Hand Hygiene

PURPOSE

To ensure a shared understanding and high level of compliance with hand hygiene practices among all individuals within the facility. Comprehensive education will empower staff, residents, and visitors to protect themselves and others from infectious diseases, thereby contributing to a culture of safety and responsibility.

POLICY

[Redacted]

PROCEDURE

1. Staff education

[Redacted]

2. Resident education

[Redacted]

3. Visitor education

**5.4 Practices for Coughing/Sneezing**

PURPOSE

To prevent the transmission of respiratory pathogens by ensuring that all individuals within the facility adhere to proper respiratory etiquette. These practices are a fundamental component of the facility's routine infection prevention and control measures, protecting both vulnerable residents and staff from illness.

POLICY

PROCEDURES

1. Cough and sneeze etiquette

2. Tissue use and disposal

3. Post-cough/sneeze hand hygiene

4. Education and signage

## 5.5 Hand Hygiene After Contact with Respiratory Secretions

### PURPOSE

To reinforce the critical link between respiratory etiquette and hand hygiene, emphasizing that hand hygiene must be performed immediately after contact with respiratory secretions. This practice is essential for breaking the chain of infection and preventing the transfer of pathogens from hands to surfaces, individuals, or a resident's environment.

### POLICY

[Organization Name] mandates that all individuals perform hand hygiene immediately following any contact with respiratory secretions, whether from themselves or others. This policy will be consistently communicated and enforced as a non-negotiable step in infection prevention and control.

### PROCEDURES

1. Mandatory immediate action

2. Reinforcement through education and signage

## 6. Routine and Additional Precautions

### 6.1 Routine Practices Application

#### 6.1.1 Point of Care Risk Assessment (PCRA) for Resident Interactions

##### PURPOSE

To ensure that a consistent and evidence-based approach is used to determine the necessary IPAC measures for every interaction with a resident. The Point of Care Risk Assessment (PCRA) will be the foundational process that allows staff to make informed decisions about routine practices and the need for PPE, thereby protecting themselves and preventing the spread of microorganisms.

##### POLICY

[Redacted Policy Content]

##### DEFINITION

A Point of Care Risk Assessment (PCRA) is a rapid, informal mental review of the infection risks associated with a specific resident interaction. It is not a documented process for every interaction but rather a critical thinking skill that staff will use continuously.

PROCEDURE

1. Steps of a PCRA

[Redacted text]

2. Application of PCRA to routine practices

[Redacted text]

3. Continuous assessment

[Redacted text]

**6.1.2 Policy on Appropriate PPE Selection Based on PCRA**

PURPOSE

To provide clear and actionable guidance for all staff on the selection of Personal Protective Equipment (PPE) as determined by the Point of Care Risk Assessment (PCRA). This policy will ensure that staff are adequately protected from exposure to infectious agents during every resident interaction by choosing the correct protective gear.

POLICY

[Redacted text]

PROCEDURES

1. Before every resident interaction, staff will perform a PCRA to identify the risk of exposure to blood, body fluids, mucous membranes, or non-intact skin.
2. The results of the PCRA will directly inform the type of PPE that will be selected.
3. Guide to PPE selection:

[Redacted text block]

4. The use of PPE is intended as a protective barrier and is not a substitute for proper hand hygiene.

## 6.2 PPE Management

### 6.2.1 Donning and Doffing PPE

#### PURPOSE

To provide a standardized and safe procedure for putting on (donning) and taking off (doffing) PPE. Correct donning and doffing is critical for preventing self-contamination and the spread of microorganisms, thereby protecting both staff and residents.

#### POLICY

[Redacted text block]

#### PROCEDURES

1. Donning PPE correctly ensures a continuous, protective barrier is created, preventing contamination of the body and clothing from the start.
  - Staff will follow these steps for donning PPE:

[Redacted text block]

[Redacted text block]

2. Doffing PPE correctly ensures the most contaminated items are removed first while preventing self-contamination. PPE will be doffed in the resident's room or a designated area to contain microorganisms.

- Staff will follow these steps for doffing PPE:

[Redacted list of steps for doffing PPE]

### 6.2.2 PPE at Point of Care or Designated Areas

#### PURPOSE

To ensure that all staff have immediate access to clean and properly stored PPE at all times. The consistent availability and correct storage of PPE are foundational to enabling staff to follow infection prevention and control policies and to protect themselves and residents from infectious diseases.

#### POLICY

[Redacted policy text]

#### PROCEDURES

1. Availability of PPE

[Redacted procedure text]

[Redacted text block]

2. PPE will be made available at the point of care, which includes:

[Redacted text block]

3. Proper storage of PPE

[Redacted text block]

4. Supply monitoring and replenishment

[Redacted text block]

**6.2.3 Cleaning and Disinfection of Reusable Eye Protection**

PURPOSE

To ensure that all reusable eye protection (goggles and face shields) is properly cleaned and disinfected between uses. This practice will prevent the transfer of microorganisms from one individual to another, thereby protecting staff and maintaining the integrity of the facility's infection prevention and control measures.

POLICY

[Redacted text block]

PROCEDURES

1. Cleaning

[Redacted text]

2. Disinfection

[Redacted text]

3. Drying and inspection

[Redacted text]

4. The IPAC Lead will provide training on this procedure and ensure all staff involved in the cleaning process are competent.

5. Designated staff are responsible for following this procedure after every use of reusable eye protection.

**6.2.4 Safe Storage of Reusable Eye Protection**

PURPOSE

To ensure that reusable eye protection, after being cleaned and disinfected, is stored in a way that prevents re-contamination before its next use. Safe storage is a final and crucial step in maintaining the protective integrity of the equipment and preventing the spread of microorganisms.

POLICY

[Redacted text]

PROCEDURES

1. Designated storage area

[Redacted text]

2. Storage method

[Redacted text]

3. Conditions for storage

[Redacted text]

4. Inspection and responsibility

[Redacted text]

**6.2.5 Staff Training on PPE**

PURPOSE

To ensure that all staff are knowledgeable and competent in all aspects of PPE management. Comprehensive and continuous training will equip staff with the critical skills to perform a PCRA, select the correct PPE, use it safely, and properly care for reusable items, thereby protecting both themselves and residents from infection.

POLICY

[Redacted text]

PROCEDURE

1. Initial training and competency verification

[Redacted text block]

2. Annual refresher training

[Redacted text block]

3. The training will cover the following topics in detail:

[Redacted text block]

4. Documentation and audits

[Redacted text block]

## 6.3 Additional Precautions

### 6.3.1 Droplet, Contact, and Airborne Precautions

#### PURPOSE

To prevent the transmission of specific infectious agents that cannot be contained by routine practices alone. The use of droplet, contact, and/or airborne precautions will

be implemented in addition to the routine practices when a resident is known or suspected to have an infection spread via a specific route.

POLICY

[Redacted Policy Content]

PROCEDURES

1. Implementation of additional precautions

[Redacted Procedure 1 Content]

2. Droplet precautions

[Redacted Procedure 2 Content]

3. Contact precautions

[Redacted Procedure 3 Content]

- Dedicated, non-critical equipment (stethoscope, blood pressure cuff, etc.) will be used for the resident and cleaned and disinfected before being used on another resident.

4. Airborne precautions

[Redacted text block]

**6.3.2 Cohorting of Residents**

PURPOSE

To contain the spread of an infectious disease by grouping residents who have the same confirmed or suspected infection into a designated area. Cohorting is a critical measure used during an outbreak when single-room placement for every affected resident is not possible, and it helps to protect the health of residents who are not yet infected.

POLICY

[Redacted text block]

PROCEDURES

1. Cohorting decision

[Redacted text block]

2. Identifying residents

[Redacted text block]

[REDACTED]

3. The cohort area

[REDACTED]

4. Communication

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### 6.3.3 Designated Staffing for Isolated Areas

#### PURPOSE

To prevent the cross-transmission of infectious agents by assigning specific staff to work exclusively with residents under additional precautions. This practice will minimize the risk of staff acting as vectors for infection between isolated or cohorted residents and the general resident population.

#### POLICY

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

#### PROCEDURES

1. Assigning staff

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

2. Exclusivity of care

[REDACTED]

[REDACTED]

[Redacted]

3. Breaks and end-of-shift protocols

[Redacted]

4. Communication

[Redacted]

**6.3.4 N95 Respirators and Respiratory Protection Program**

PURPOSE

To ensure the health and safety of staff who may be exposed to airborne infectious agents by establishing a comprehensive Respiratory Protection Program. This program will include mandatory fit-testing to confirm a proper seal for N95 respirators, ensuring they provide an effective barrier against airborne microorganisms.

POLICY

[Redacted]

PROCEDURE

1. Mandatory fit-testing

[Redacted]

- 2. All staff required to wear an N95 respirator will be medically screened to ensure there are no health conditions that would preclude them from wearing one safely.
- 3. Training on N95 respirators

[Redacted text block]

4. Use and storage

[Redacted text block]

5. Record-keeping

[Redacted text block]

## 7. Environmental Cleaning and Disinfection

### 7.1 Environmental Surfaces, Equipment, and Devices

PURPOSE

To establish a standardized and effective procedure for cleaning and disinfecting the facility's environmental surfaces, resident equipment, and devices. This process is

critical for reducing the presence of microorganisms, breaking the chain of infection, and preventing indirect transmission through contaminated items and surfaces.

POLICY

[Redacted Policy Content]

PROCEDURES

1. General principles of cleaning and disinfection

[Redacted Procedure Content]

2. Cleaning and disinfecting environmental surfaces

[Redacted Procedure Content]

3. Terminal cleaning

[Redacted Procedure Content]

4. Staff responsibilities and PPE

- Environmental services staff will be primarily responsible for the cleaning and disinfection of the facility.

- Staff will perform a PCRA before beginning any cleaning tasks and will wear appropriate PPE (gloves, gown, eye protection, etc.) as needed.
- The IPAC Lead will provide oversight and training to ensure compliance with these procedures.

## 7.2 Cleaning Schedule

### PURPOSE

To provide a clear, standardized schedule for the cleaning and disinfection of frequently touched surfaces within the facility. Adhering to this schedule is a primary strategy for interrupting the chain of infection and reducing the risk of transmission from contaminated environmental surfaces to residents and staff.

### POLICY

[REDACTED]

### PROCEDURES

1. Staff will be trained to identify surfaces that are touched often by residents and staff. These surfaces will be prioritized for cleaning and disinfection. Examples of frequently touched surfaces include:

[REDACTED]

2. Routine cleaning schedule

[REDACTED]

3. Increased cleaning frequency

[REDACTED]

#### 4. Responsibility and monitoring

- Environmental Services staff will be primarily responsible for the execution of this schedule.
- The IPAC Lead will monitor compliance with the schedule through audits and will direct any necessary changes to the schedule, particularly during an outbreak.

## 7.3 Spills of Blood and Potentially Infectious Material

### PURPOSE

To provide a clear, safe, and effective procedure for the immediate cleanup and disinfection of spills involving blood and/or other potentially infectious material (OPIM). Adhering to this protocol will minimize the risk of occupational exposure and prevent the transmission of bloodborne pathogens and other infectious agents.

### POLICY

[REDACTED]

### PROCEDURES

1. Staff will not begin cleanup without donning appropriate PPE.
2. A PCRA will be performed, and staff will don appropriate PPE before beginning cleanup. At a minimum, this will include gloves, a gown or fluid-resistant apron, and Eye protection (goggles or face shield) to protect against splashes.
3. Spill cleanup procedure

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

4. A designated spill kit containing all necessary cleanup materials (absorbent granules, disinfectant, gloves, gowns, and biohazard bags) will be readily available in each resident care area and will be restocked regularly.

5. Post-cleanup actions

[Redacted text block]

## 7.4 Approved Disinfectants

### PURPOSE

To ensure that all disinfectants used within the facility are effective and safe for both staff and residents. Adherence to this policy, including the strict use of Health Canada-approved products and the manufacturer's instructions for use, will guarantee that cleaning and disinfection are performed correctly and without risk of chemical misuse.

### POLICY

[Redacted text block]

### PROCEDURES

#### 1. Selection and approval of disinfectants

[Redacted text block]

#### 2. All staff will be trained to follow the manufacturer's instructions for each disinfectant, which includes:

[Redacted text block]

- [REDACTED]
- [REDACTED]
3. The manufacturer's instructions for all approved disinfectants will be readily available in a binder or electronic format in the reprocessing and cleaning areas.
  4. The IPAC Lead will provide in-service training to staff whenever a new disinfectant is introduced or a new hire requires training.

## 7.5 Storage and Labeling of Chemicals

### PURPOSE

To ensure the safety of staff, residents, and visitors by establishing a standardized procedure for the storage and labeling of all cleaning and disinfecting chemicals. Proper storage and labeling are essential for preventing chemical exposures, misidentification, and the incorrect use of products, thereby protecting the health of everyone in the facility.

### POLICY

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### PROCEDURES

#### 1. Labelling

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

#### 2. Storage

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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