SOUTHWEST IPAC HUB

Spring Newsletter 2026

WHAT IS THE IPAC HUB?

The Southwest IPAC Hub newsletter is a collaboration between **Middlesex-London Health Unit IPAC Hub**, the **Huron Perth Public Health IPAC Hub,** and **Southwestern Public Health IPAC Hub**. IPAC Hubs 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.

Educational Opportunities and Resources

WEBINARS

April 29 at 12 pm: **PHO-Organizational Risk Assessment (ORA) For Long-Term Care and Retirement Homes.** Click Link to register.

May 7 at 1:00 pm: IPAC Canada - **Leading and Lagging Your Way to Hand Hygiene Improvement.** Click Link to register.

June 16 at 10:30 am- **IPAC SWO Chapter Meeting & Educational Webinar.** Click Link to register.

ARCHIVED

- Improving Hand Hygiene – A Human Factors Approach
- Gloves Off! Clean Hands. Safe for All
- A New Paradigm for *C. difficile* Therapy

IMPORTANT DATES

May 5 **- World Hand Hygiene Day 2026 "Action Saves Lives".** For more information: www.who.int/campaigns/world-hand-hygiene-day/2026

NEW RESOURCES

Public Health Ontario Infection Prevention and Control (IPAC) Checklist for Animal Presence in Health Care Settings
Public Health Ontario IPAC Point of Care Risk Assessment Sign
Public Health Ontario Infection Prevention and Control Organizational Risk Assessment for Long-Term Care and Retirement Homes and Organizational Risk Assessment for Long-Term Care and Retirement Homes Worksheet / Fillable Form

Upcoming Communities of Practice (CoP)

Dates & Times

MLHU & SWPH

LTCH and RH

- Apr 28 at 1:00 pm
- May 26 at 1:00 pm
- Jun 30 at 1:00 pm

CLS

- Jun 18 at 1:00 pm

HPPH

LTCH and RH

- May 6 at 11 am
- Jun 10 at 11 am

CLS

- May 1 at 10 am
- Jun 5 at 10 am

SOUTHWESTERN Public Health
Oxford · Elgin · St.Thomas

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

Huron Perth Public Health

UNDER THE MICROSCOPE: *Clostridioides difficile*

Clostridioides difficile (*C. difficile*) is a Gram-positive spore-forming bacteria that is the most common cause of infectious diarrhea in hospitals and long-term care facilities in Canada. *C. difficile* bacteria can produce toxins that cause diarrheal illness, though individuals may also experience asymptomatic colonization. *C. difficile* infection (CDI) can range from mild to severe and may lead to conditions such as pseudomembranous colitis and toxic megacolon. *C. difficile* is transmitted by the fecal-oral route through direct and indirect contact.

Risk Factors

- History of antibiotic use
- Recent stay in a healthcare facility
- Older age
- Weakened immune system
- Use of proton pump inhibitors (PPIs)
- History of *C. difficile* infection

Signs and Symptoms

- Watery diarrhea
- Fever
- Loss of appetite
- Nausea
- Abdominal pain or tenderness

MANAGEMENT

Contact Precautions

Initiate contact precautions at the onset of diarrhea for suspected and confirmed cases; do not wait for confirmed test results before implementing IPAC measures.

Environmental Cleaning

C. difficile is a spore-forming bacteria that requires specialized cleaning and disinfection – see article "Environmental Cleaning: A Cornerstone of Infection Prevention in Retirement Homes, Long Term Care Homes, and Congregate Living Settings" for best practice.

Accommodation & Resident Movement

Single room with dedicated toileting facilities preferred. If not possible, room placement should be reviewed by IPAC. Separation should be maintained between residents with a dedicated commode and personal items. If diarrhea can be contained and hand hygiene is adequate, isolation to the resident room is not required. If these criteria are not met, the resident should remain in their room until criteria are met.

Hand Hygiene

Handwashing with soap and water is the preferred method. If a dedicated hand hygiene sink is not readily available at point-of-care, ABHR should be used and hand washing with soap and water should be performed as soon as a dedicated hand hygiene sink is available.

Antibiotic stewardship and effective IPAC are the two major components of successful *C. difficile* control!

RESOURCES

PIDAC Annex C: Testing, Surveillance and Management of *Clostridium difficile* In All Health Care Settings
PHO Test Information Index: *Clostridioides difficile* – Antigen, PCR, Susceptibility, and Typing
Southwestern Public Health: LTCH & RH: Surveillance and Management of Residents with *Clostridioides difficile* Infection (CDI)
PHAC: *Clostridium Difficile* Infection - Infection Prevention and Control Guidance for Management in Long-term Care Facilities, 2013

Environmental Cleaning: A Cornerstone of Infection Prevention in Retirement Homes, Long-Term Care Homes, and Congregate Living Settings

Environmental cleaning plays a critical role in preventing the transmission of infectious organisms in retirement homes (RHs), long-term care homes (LTCHs), and congregate living settings. Public Health Ontario identifies several significant organisms that can persist on environmental surfaces for prolonged periods. When cleaning and disinfection practices are inadequate, these contaminated surfaces can contribute to ongoing transmission. Examples of significant organisms include *Clostridioides difficile* (*C. difficile*), Norovirus, Methicillin-resistant *Staphylococcus aureus* (MRSA), Vancomycin-resistant Enterococci (VRE), Carbapenemase-producing *Enterobacteriaceae* (CPE), and *Candida auris*.

Why Does *C. difficile* Require Enhanced Measures?

Environmental Persistence

C. difficile may remain viable on surfaces for months if not appropriately removed and inactivated. Environmental contamination is a significant contributor to transmission within care settings.

Routine Cleaning Is Insufficient

Alcohol-based products and routine disinfectants are not effective against *C. difficile* spores. Enhanced cleaning measures, such as the use of sporicidal disinfectants, are required during suspected or confirmed cases.

Best Practices for *C. difficile* Cleaning and Disinfection

Use of Sporicidal Disinfectants

- Environmental Services staff must use Health Canada-approved sporicidal disinfectants (e.g., bleach-based or equivalent) when cleaning areas occupied by residents with suspected or confirmed *C. difficile*.
- Manufacturer instructions for dilution, application, and contact time must be strictly followed to ensure effectiveness.

Routine Cleaning for *C. difficile* Includes:

- Twice daily cleaning and disinfection of the resident's room using a Health Canada approved sporicidal agent
- Twice daily cleaning and disinfection of the resident's bathroom using a Health Canada approved sporicidal agent

Dedicated Cleaning Equipment

- Use resident-dedicated or single-use cleaning tools (e.g., cloths and mop heads) whenever possible.
- Reusable cleaning equipment must be appropriately laundered or disinfected after use to prevent cross-contamination.

Enhanced and Terminal Cleaning

- Once symptoms have resolved and precautions are discontinued, or when the resident is discharged or transferred, a terminal cleaning is required to ensure removal of residual spores.
- Perform a thorough cleaning of the room and the bathroom with a sporicidal agent.
- Ensure all remaining supplies, including toilet brushes/swabs, are discarded.
- Remove and launder any privacy or shower curtains if present.

Occupational Health and Safety

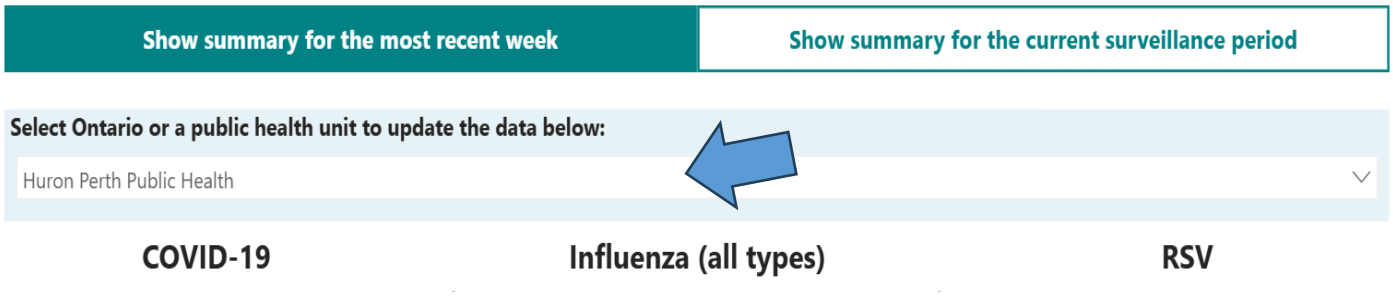
- Environmental services and other staff performing cleaning must wear appropriate personal protective equipment (PPE), including gloves and gowns.
- Hand hygiene with soap and water is required after cleaning areas affected by *C. difficile*, as alcohol-based hand rubs are not effective against spores.

De-escalation Measures for Respiratory Season

This guidance outlines key considerations for de-escalating respiratory-season measures in long-term care homes and congregate care settings. Facilities should continue to monitor provincial and local respiratory virus activity, maintain core IPAC practices, and use a risk-based approach when adjusting masking requirements. Decisions should be informed by trends in respiratory illness, outbreak activity, staffing capacity, and community transmission. Wellness screening for staff and visitors remains an essential tool to reduce the introduction of infection and support early detection.

Monitor Provincial and Local Respiratory Activity

Review Ontario Respiratory Virus Tool from Public Health Ontario for weekly updates on COVID-19, influenza, RSV, and other respiratory viruses. This includes information on case activity, outcomes, testing, and outbreaks.
Monitor additional data from your local public health unit, including outbreak summaries where available.



Local Tools:

Huron Perth Public Health Respiratory Data Tools

Middlesex-London Health Unit Respiratory Surveillance

Southwestern Public Health Respiratory Activity Dashboard

Transition From Universal Masking to a Risk-Based Approach

As respiratory virus activity declines, consider shifting from continuous masking to point-of-care risk assessments (PCRA) and targeted masking in direct-care areas. The need for ongoing universal masking depends on local transmission levels and population immunity. While continuous masking may reduce transmission, it also has potential drawbacks—particularly for residents who rely on facial cues or have hearing impairment. Decisions should consider HAI trends, ARI outbreak activity, staffing levels, and infection rates among staff and the community

Maintain Core IPAC Practices

Continue regular audits of hand hygiene, environmental cleaning, and PPE use. These foundational measures remain essential regardless of masking requirements.

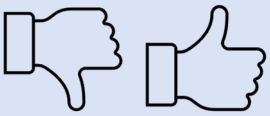
Sustain Staff and Visitor Wellness Screening

Robust screening helps prevent the introduction and spread of illness and is important to consider throughout the year and not only in times of high community transmission. Staff screening supports workforce stability and protects residents by ensuring potentially infectious individuals do not provide care. Visitors are important to resident well-being but may unintentionally introduce infections; clear messaging about not visiting when unwell helps reduce risk. Effective screening also supports broader IPAC measures by enabling early identification of concerns and timely intervention.

Reference:

Best Practices for the Prevention of Acute Respiratory Infections for All Health Care Settings. April 2025

Share your thoughts on this newsletter



Do you have a service request?

Do you have an IPAC story to share?

Do you have general feedback or suggestions?

Contact your local IPAC hub: Huron Perth Public Health IPAC Hub, Middlesex London Health Unit IPAC Hub **or** Southwestern Public Health IPAC Hub