



SOUTHWEST IPAC HUB

Summer Newsletter 2025

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 (CoP)
- ◆ Best practice recommendations and implementation support



WHAT SERVICES DO WE PROVIDE?

Upcoming CoP and Fall Preparedness Workshop

Contact your local IPAC Hub: [Huron Perth Public Health](#), [Middlesex London Health Unit](#) or [Southwestern Public Health](#)

HPPH IPAC Hub

Fall Preparedness workshop- Sept 17 in Mitchell. More information and link to register coming soon

LTCH/RH CoP- Oct 8 11 am to 12 pm
CLS CoP Oct 3 10-11 am

MLHU IPAC HUB & Southwestern PH IPAC HUB

MLHU Fall Preparedness Workshop-Sept 25
SWPH Fall Preparedness Workshop-Sept 24

LTCH/RH CoP – August 26, Oct 28 1-2pm
CLS CoP-Sept 18 11-12pm

Don't let foodborne illness be a guest at your summer barbecue!

Summer is the perfect time to gather and enjoy the outdoors while spending time with friends and family, both for staff and residents of congregate living settings. Summer is also a time where foodborne illness increases due to factors such as warmer weather and spending more times outdoors where food safety guidance may not be as closely followed.

Foodborne illness, or food poisoning, occurs when food or water is contaminated with harmful bacteria, viruses, parasites, or other contaminants. Symptoms include diarrhea, stomach pain, nausea, vomiting, and fever. Most people have mild symptoms, but some individuals, such as the elderly, immunocompromised, pregnant people, and children are at higher risk of severe illness.

Avoid having foodborne illness as a guest at your summer gathering by following these simple steps:

- ✓ Wash hands and clean your tools and surfaces often, using paper towels or clean cloth for surfaces to avoid spreading pathogens
- ✓ Wash fresh fruit and vegetables with potable water before use
- ✓ Avoid cross contamination by separating raw foods and ready to eat foods
- ✓ Keep hot foods hot (60° C or warmer) and cold foods cold (4° C or colder)

Barbecuing? Here are some additional tips:

- ✓ Use a digital food thermometer to ensure food is cooked thoroughly
- ✓ Use a clean plate when removing food from the grill

For further information, visit [PHO's Food Safety Tips to Keep you Safe this Summer](#) and [Health Canada's Food Safety and You](#).



Important Dates & New Resources

- September 12, [2025: IPAC SWO Chapter Meeting. IPAC](#)
- October 7, 2025: IPAC SWO Infection Prevention and Control (IPAC) Educational Workshop: Detectives in IPAC: UNCOVER. PROTECT. PREVENT. To register: [Detectives in IPAC: Uncover. Protect. Prevent. Tickets, Tue, Oct 7, 2025 at 8:45 AM | Event-brite](#)



- October 20 - 24, 2025: National Infection Control Week. Theme: Bridging Gaps, Building Bridges. [Activities to Support Infection Prevention and Control Practices in Congregate Living Settings](#)



- Public Health Ontario: [Appendix N: Clinical Syndromes and Required Precautions](#)
- IPAC Canada: [Environmental Stewardship, Sustainability, and Planetary Health Related to IPAC Position Statement](#)

Upcoming Webinars

- September 4, 2025 at 1 pm: IPAC Canada. Improving Hand Hygiene – A Human Factors Approach. [To register:](#)
- September 17, 2025 at 1 pm: IPAC Canada. Changing IPAC Practice: Resident Vaccination. [To register](#) (IPAC Canada members only):
- October 7, 2025 at 1:30 pm: IPAC Canada. What is so special about special pathogens? [To register](#) (IPAC Canada members only):
- IFIC Teleclass Empowering Nurses in Antimicrobial Stewardship July 24, 2025 8:30 AM EST. [Join the meeting AT THIS LINK](#)



Behind the Walls: IPAC & Construction, Renovation, Maintenance & Design (CRMD)



Whether it's a small repair or major construction, these projects can increase the risk of infection if not properly managed.

The infection control lead should be a part of every construction project.

Construction activities can pose serious infection risks in congregate settings. Soil, water and dust can be contaminated with fungal spores (e.g. *Aspergillus*, *Candida*) and bacteria (e.g. *Legionella*, *Bacillus*) and present a source of infection to residents who are often more vulnerable.

You play a key role at every stage of construction and renovation projects.

Get involved early:

- ✓ **Start with an Infection Control Risk Assessment (ICRA):** Every construction, maintenance and renovation project should begin with an ICRA to identify potential risks & guide decisions about required precautions.

A) Population Risk Group



B) Type of Construction Activity



C) Preventative Measures Required

- ✓ **Plan:** Ensure proper containment measures are in place to prevent contamination. Use HEPA filters, barriers, and proper airflow to control dust and debris, especially around vulnerable residents.
- ✓ **Monitor:** Provide guidance on daily cleaning, site inspections, and safe reoccupation of spaces.
- ✓ **Educate:** Ensure that all contractors and workers understand and follow protocols, including hand hygiene and personal protective equipment (PPE).
- ✓ **Protect:** Ultimately, proactive IPAC involvement protects residents and staff from avoidable exposure to harmful microorganisms.

Including infection control expertise in every stage of CRMD projects is a necessary and critical part of keeping residents safe and maintaining high-quality care.

Did you know?

- ✓ The Ministry of Long-Term Care must be notified about CRMD projects in Long Term Care Homes.

References & Helpful Resources

- ✓ Public Health Ontario: [Construction, Renovation, Maintenance and Design \(CRMD\)](#) (Toolkit)
- ✓ Public Health Ontario: [The Role of IPAC in Construction, Renovation, Maintenance and Design in Long-term Care Settings](#) (Video)
- ✓ CSA: [Z8000:24 Canadian Health Care Facilities](#) and [Z317.2:24 \(HVAC\)](#)
- ✓ IPAC Canada: [Healthcare Facility Design & Construction](#)



Cleaning of Resident Blueware and Medical Equipment

Cleaning + Low-level disinfection is required for all noncritical equipment.
Remember that visible soil must always be removed first.



Cleaning = Physical removal. This is accomplished with water, detergents and mechanical action.

Disinfection = inactivation of microorganisms

Cleaning and disinfection are two separate steps.

Be familiar with the products that are used in your facility.

**“You can clean without disinfecting, but you cannot disinfect without cleaning”
Dr. Earle Spaulding**

1-Step Disinfectant

Pre cleaning may not be required because these products include soap (detergent or emulsifier) to break up organics and disinfectant to inactivate microbes. Always follow manufacturer’s instructions for use.

2-Step Disinfectant

Cleaning is always required first. Once the surface or object has been cleaned, the disinfectant can be applied to kill the remaining microbes.

What is Contact Time and Why is it Important?

The contact time refers to the time a disinfectant is in direct contact with the surface or item to be cleaned.
For surface disinfection, this period is framed by the application to the surface until complete drying has occurred.

Knowing the contact time of the product you are using is important because this will tell you how long the surface needs to stay wet for disinfection to occur.

Always follow manufacturers instructions with any product you use.

What disinfectant are you using in your facility? Is it a 1-step or 2-step? What is the contact time of this disinfectant?

[The PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings](#) sets out the standard for cleaning/disinfecting blueware.



Bedpan and urinal: single patient	clean only	<ul style="list-style-type: none">• clean after each use if designated to patient	<ul style="list-style-type: none">• remove gross soil and fluids between cleaning
Bedpan and urinal: between patients	clean + low-level disinfect	<ul style="list-style-type: none">• between patients	<ul style="list-style-type: none">• remove gross soil and fluids before cleaning

Waste Management

Considerations:

- ✓ Discontinue the use of hoppers for rinsing soiled laundry and cleaning of personal care equipment
- ✓ Where hoppers are still in use, the spray wand shall be disconnected to ensure it is not used.
- ✓ Where hoppers are still in use, IPAC measures and strict policies for their use shall be in place to minimize the risk of infection to staff and soiling of surrounding area.
- ✓ Limit the carrying of reusable medical equipment (i.e., basins, urinals, commodes, bed pans etc.) to another location for emptying. The best practice is to empty reusable medical equipment in the resident's toilet and to use absorbent liners.
- ✓ Ensure staff have appropriate PPE and cleaning supplies to wipe down resident's toilets after flushing down urine or feces
- ✓ Rinse personal care equipment such as basins after each use. Dump rinse water in resident's toilet not in their sink. Wipe basin with a paper towel to dry followed by a disposable disinfectant wipe while in resident's washroom. (You may need to use more than one disposable wipe to clean and then one to disinfect).
- ✓ For bed pans where an absorbent liner is used, disinfect the bed pan with a disposable disinfectant wipe surface once liner is removed. If a liner is not used and the bedpan is visibly soiled, remove fecal material with toilet paper, dispose in the resident's toilet. Use disinfectant wipes to clean and disinfect the bedpan.
- ✓ Ensure you have policies and procedures in place that address the environmental aspects including the management of linens and waste.
- ✓ Ensure Routine Practices are used with all residents which includes Personal Care Risk Assessment (PCRA) when handling soiled linen and waste.

Resources:

[Routine Practices and Additional Precautions In All Health Care Settings, 3rd edition](#)

[Infection Prevention and Control \(IPAC\) Standard for Long-Term Care Homes](#)

West Nile Virus

The worst part of the best time of year: mosquitoes. Summer is finally here, and as the warm weather rolls in, so do mosquitoes — and with them, the risk of vector-borne diseases like West Nile Virus (WNV). While most people infected with WNV don't show symptoms, it can sometimes lead to health issues, especially in older adults and those with weakened immune systems.



Help reduce mosquito populations around your residence by eliminating standing water, which can act as a breeding ground. Check birdbaths, flowerpots, gutters, rainwater barrels, or anywhere that there's stagnant water.

Some other preventative measures you can take include covering exposed skin and using insect repellent containing DEET or Icaridin.

A few simple steps can make a big difference in keeping your residents, staff and community safe!

For more information on WNV feel free to use the resources below:

- [West Nile Virus – Southwestern Public Health](#)
- [West Nile Virus - Middlesex-London Health Unit](#)
- [West Nile Virus – Huron Perth Public Health](#)

Stay out of the Lyme-light!

Lyme disease is on the rise in Ontario and is spread through the bite of infected blacklegged ticks. They're often found in wooded areas, tall grass, or on leaves.

To protect yourself:

- Wear light-coloured long sleeves and pants when outdoors. Tuck your pants into your socks.
- Use insect repellent with DEET or Icaridin.
- Stay on marked trails.
- Check yourself, children, and pets for ticks after outdoor activities.
- Remove ticks promptly with tweezers.

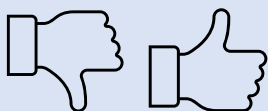
Early symptoms can include fever, fatigue, and a distinctive bullseye rash.

As well, [Public Health Ontario](#) has launched a new and interactive tool that's updated weekly with a year-to-date case count where you can filter by health unit for all reportable vector-borne diseases.

For a more detailed look into Blacklegged ticks and a deeper dive into the diseases they may cause, visit [Ontario's Tick-borne diseases](#).

If you capture a tick and are unsure whether it's a blacklegged tick or not, visit [eTick.ca](#) to submit a photo for identification from a professional.

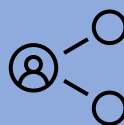
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story to share?**



**Do you have general
feedback or
suggestions?**



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or [Southwestern Public Health](#)**