A PUBLIC HEALTH GUIDE FOR CONGREGATE LIVING SETTINGS

York Region

Published by

York Region
Community and Health Services
Public Health

2023 Edition

york.ca/InfectionPrevention

Accessible formats or communication supports are available upon request.

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23-5442

Content Disclaimer

A Public Health Guide for Congregate Living Settings is an education and resource guide and is not intended to provide legal or medical advice.

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The Regional Municipality of York
Community and Health Services
Public Health

Introduction

Congregate living settings in York Region include a variety of facilities, such as children's residences, group homes, lodging houses, Community Homes for Opportunity (CHO) and shelters. These settings have common characteristics that include shared living spaces, communal food preparation and resident populations with varying levels of health needs. A good infection prevention and control program can help protect residents, staff, visitors and volunteers by preventing infections before they occur. ***A Public Health Guide for Congregate Living Settings*** *has been designed to help congregate living settings achieve this goal.*

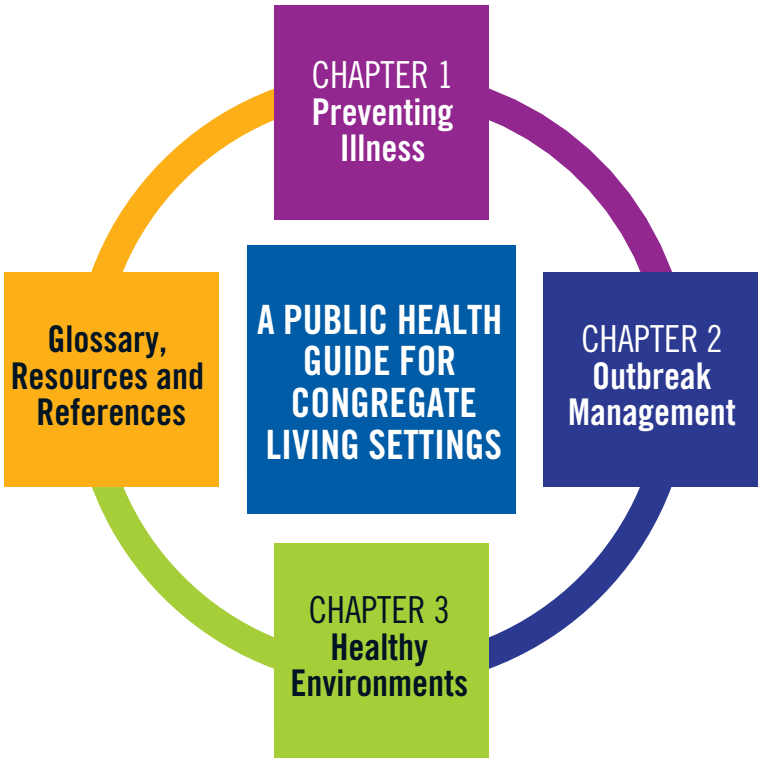
Who is this guide for?

A Public Health Guide for Congregate Living Settings is a resource specifically aimed at providing congregate living settings with current information on best practices in infection prevention and control. As new information becomes available, it is the responsibility of the congregate living setting's operator to keep this resource updated using information found online at york.ca

What is the guide about?

The guide is organized into four sections that are colour coded and includes information on:

- Preventing Illness
- Outbreak Management
- Healthy Environments
- Glossary, Resources and References



Who do I call if I have questions about the guide?

If you have any questions, please call York Region *Health Connection* at 1-800-361-5653 or
TTY: 1-866-512-6228
Email: health.inspectors@york.ca

Table of Contents

CHAPTER 1

PREVENTING ILLNESS

Infection Prevention and Control

Staff members in congregate living settings play a vital role in protecting residents from infection and illness. A good infection prevention and control program can help prevent and reduce the spread of illness in the residence.

Staff members are encouraged to consult with York Region Public Health to ensure infection prevention and control practices (IPAC) at the congregate living setting are comprehensive and address the following areas:

- Routine practices, including hand hygiene and proper use of personal protective equipment
- Cleaning and disinfection
- Incontinence care and toileting alternatives
- Proper storage and use of personal care items
- Appropriate precautions when handling laundry
- Rabies prevention
- Proper sleeping area arrangements
- Pest control and general sanitation
- Safe food handling practices
- Safe drinking water practices
- Outbreak management
- Residence structure and maintenance
- Policies and procedures for (IPAC) practices

Ensuring all staff are trained on these components is important to the success of the program.

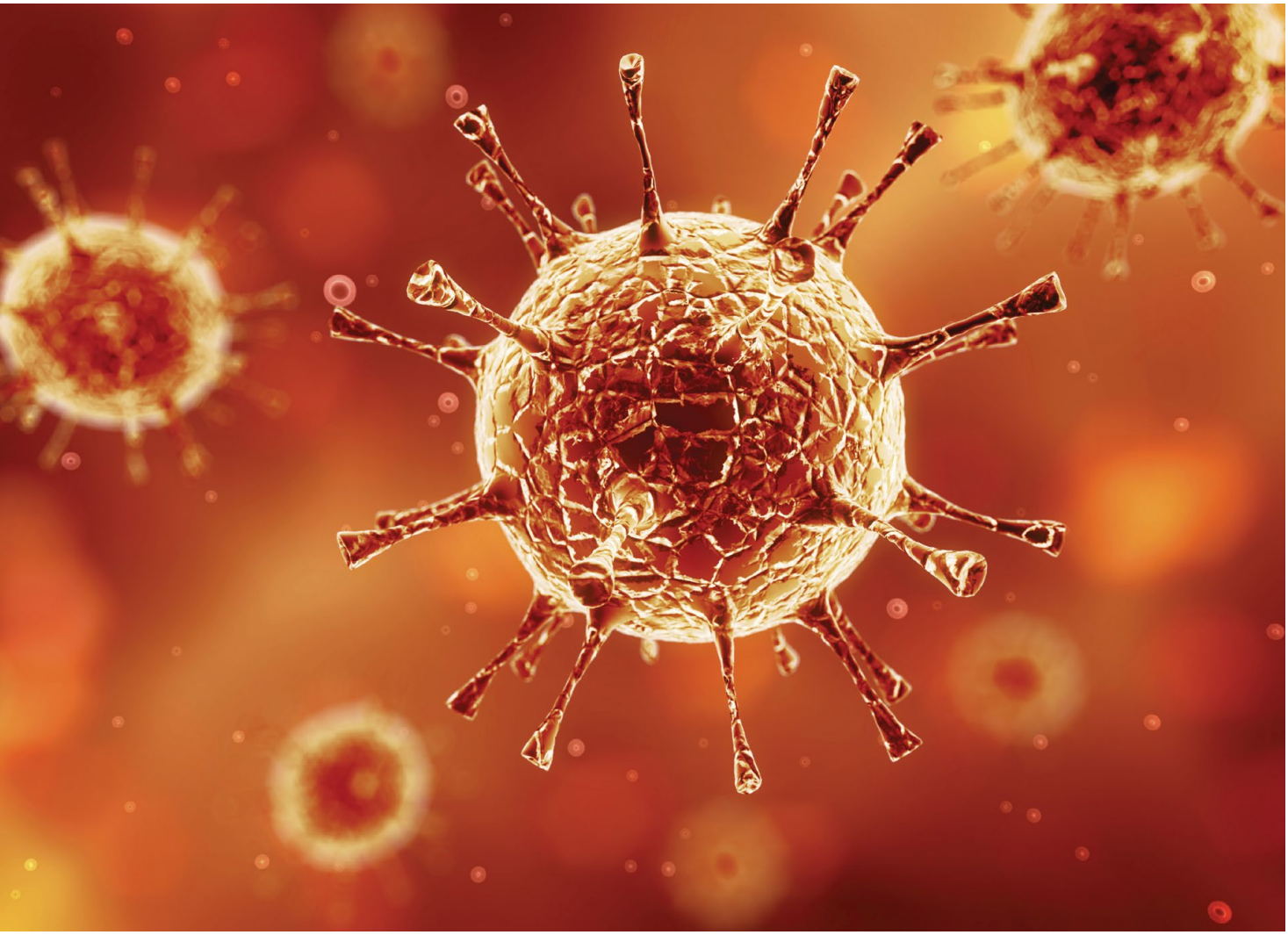
What causes an infection?

Microorganisms, commonly referred to as germs, are organisms that are too small to be seen with the naked eye. They are everywhere in the environment and are found in food, water, animals, air and soil. Viruses, bacteria, and parasites are types of microorganisms. Some microorganisms are harmful; those that cause disease in humans are called ***disease-causing microorganisms****.*

Disease-causing microorganisms can be found in body fluids such as saliva, urine, stool and mucous. Disease-causing microorganisms can cause a variety of illnesses such as the common cold, influenza and food-borne illness.

There is a potential of coming into contact with disease-causing microorganisms in the day-to-day interaction with other people and the environment.

If proper infection prevention and control practices are not followed, staff and residents are at risk of being infected and/or spreading the microorganism throughout the residence, possibly resulting in residents and staff members becoming ill.



Why do infections spread so quickly in a congregate living setting?

Enteric (gastrointestinal) and respiratory illnesses spread at a high rate in congregate living settings. Reasons for this include:

- Some residents are at a higher risk of acquiring infections because of weakened immune systems
- Residents spend a significant amount of time together in one place, and may be exposed to a wide range of disease-causing microorganisms
- When residents share health or therapeutic equipment, it increases the opportunity for the spread of disease-causing microorganisms from one resident to another
- Residents may not be capable of hygienic practices. Failing to cover their noses and mouths when they cough or sneeze, or to properly wash their hands allows for the spread of disease-causing microorganisms from one person to another

Following proper infection prevention and control measures is the simplest and most effective way to prevent infections and serious outbreaks from occurring in the congregate living setting.

How and when are infections spread in Congregate Living Settings?

In order to control the spread of infections in congregate living settings, it is important to understand how and when infections spread amongst residents and staff.

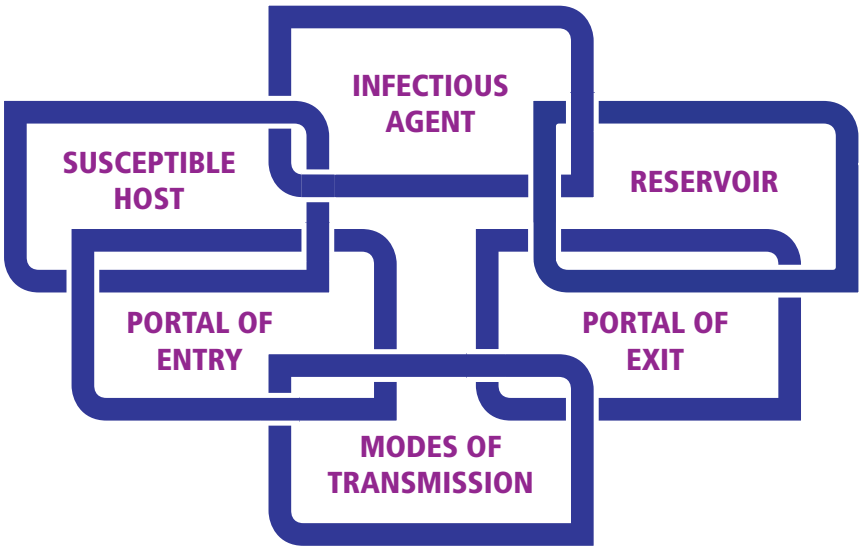
All infections have an **incubation period**. This is the time from the moment of exposure to the infectious microorganism, to when the first symptom of illness appears. Incubation periods range from a few hours to several weeks, depending on the disease. In some cases it is possible for an infected resident or staff member to spread the infection during the incubation period and before there are any symptoms. With these infections, the resident or staff member could look and feel well, yet still spread the microorganism to others. Infections also have a **period of communicability**. This is the time frame when a person with an infectious agent is contagious and capable of spreading the infection to others. For some infections, the period of communicability can overlap with the incubation period.

Example: A staff member infected with the influenza virus (the flu) is capable of infecting others with the virus one day before symptoms begin. This person is still communicable and able to infect others five to seven days after symptoms begin. Therefore, the flu can be passed onto someone else before a person even shows signs of illness and after symptoms begin.

This example helps to emphasize why it is important to understand and use infection prevention and control measures at all times, not just when symptoms begin.

The chain of transmission

The process of the spread of infections can be represented by a chain, along which disease-causing microorganisms are spread from person to person. The chain of transmission has six links.



The links include the infectious agent, reservoir, portal of exit, modes of transmission, portal of entry and susceptible host. All six links must be present for an infection to occur. If one of the links in the chain is missing, or is deliberately broken, the infection will not spread.

Handwashing is the single most effective way to break the chain of transmission and prevent the spread of illnesses in the congregate living setting.

Infectious agent: Disease-causing Microorganism

An infectious agent is any microorganism that is capable of causing a disease. Common examples include the influenza virus, and bacteria such as E. coli and salmonella. This link in the chain of transmission can be broken through various methods including cooking food to the proper internal cooking temperature, chlorination of drinking water and cleaning and disinfecting equipment and surfaces.

Reservoir: Where the microorganism resides

Reservoirs are places where disease-causing microorganisms reside, thrive and reproduce, such as on food, doorknobs and light switches. This link can be broken through cleaning and disinfection, water treatment and proper food storage.

Portal of exit: How the microorganism exits

The portal of exit is the means by which a microorganism leaves the reservoir. For example, enteric disease-causing microorganisms can leave the ill person by causing vomiting or diarrhea, or both. Disease-causing microorganisms that cause the common cold and flu can cause people to cough and sneeze allowing the microorganism to spread through the air to other people. This link can be broken by using a mask or with proper respiratory etiquette (covering your cough or sneeze).

Means of transmission: How the microorganism spreads

It is important to understand how disease-causing microorganisms spread to prevent further transmission of the infectious microorganism. The common illnesses that residents are exposed to in congregate living settings can be categorized depending on how they spread. Disease-causing microorganisms can spread through direct or indirect contact, droplets, by particles in the air or through a vector.

1. Contact transmission

Direct contact occurs when disease-causing microorganisms are transferred from person to person by direct physical contact through touching, coughing, sneezing, or kissing. Skin infections such as impetigo and ringworm are spread by this method. Hepatitis B and hepatitis C are infectious diseases that can be spread by direct contact with the blood and/or body fluids of an infected person.

Indirect contact occurs when objects like doorknobs, light switches, food, water or equipment are contaminated with a microorganism and a person acquires the microorganism by coming into contact with one of these objects. An example of indirect contact is when a symptomatic resident sneezes or coughs without covering their mouth. Droplets containing the microorganism then land on objects such as tables and doorknobs. A healthy resident or staff may catch the infection when they touch the contaminated objects and then touch their eyes, nose or mouth without washing their hands.

2. Droplet transmission

Respiratory illnesses such as colds and flu can be spread by droplets that are created when coughing or sneezing into the air. These droplets can propel up to two metres through the air, and enter the mucous membranes of the new host. Due to the high risk of infection in congregate living settings, it is crucial for staff, residents and all others entering this environment to perform respiratory etiquette by covering their mouths and noses when they sneeze or cough. This is the best way to prevent the spread of respiratory secretions to others.

3. Airborne transmission

Disease-causing microorganisms can be carried by dust or other small particles floating in the air. These disease-causing microorganisms remain suspended in the air and are carried by air currents. Residents or staff could be some distance away from the original source, inhale the infectious particles and become ill. Chicken pox, measles and tuberculosis can be spread this way.

4. Vector-borne transmission

An insect that transmits a disease is known as a vector. Vectors can spread disease-causing microorganisms to humans. Lyme disease and West Nile virus are vector-borne diseases spread through the bite of an infected insect.

Portal of entry: How the microorganism enters a person

The portal of entry is the means by which the microorganism gains access into the new host. Disease-causing microorganisms can enter a person through a cut, mouth, lungs, eyes and/or nose. Each type of microorganism has its own way of entry. For example, intestinal disease-causing microorganisms generally enter through the mouth. Respiratory disease-causing microorganisms enter through the mouth, nose or eyes. This link in the chain of transmission can be broken by procedures such as handwashing and the use of personal protective equipment. See page 8 of this guide for more information.

Susceptible host: A person at risk of infection

A susceptible host is a person who is at risk for developing an infection from a microorganism. Several factors make a person more susceptible to infection. These include, age (children and the elderly are more at risk) or people with underlying chronic diseases or conditions that weaken their immune system. Immunization is one way to help break this link in the chain of transmission.

Break the chain of transmission and stop the spread of infectious diseases:

1. Practice frequent and proper hand hygiene (washing hands with soap and water, or using alcohol-based hand rubs)
2. Isolate symptomatic residents, where possible
3. Exclude symptomatic staff
4. Practice effective environmental cleaning and disinfection
5. Follow proper cough and sneeze etiquette
6. Use personal protective equipment properly including gloves, gowns, eye protection and masks
7. Ensure immunizations are up-to-date

Remember: The goal of an infection prevention and control program is to reduce the transmission and spread of infectious disease-causing microorganisms in the congregate living setting.

Routine Practices

Routine Practices are a set of infection prevention and control practices designed to protect staff from exposure to potential sources of infectious diseases. Routine Practices are based on the assumption that all blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items are potentially infectious. These practices apply to staff who may become exposed to disease-causing microorganisms through contact with blood and body fluids.

In a congregate living setting, staff may be faced with the following situations:

- Cleaning and disinfecting areas contaminated by body fluids such as bloody nose or episodes of vomiting
- Daily cleaning and disinfecting of washrooms and other areas that may be contaminated with body fluid
- Handling soiled clothing and other items such as soiled linen
- Attending to symptomatic residents
- Outbreaks of illness

Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) refers to protective clothing or equipment such as gloves, gowns, eye protection and masks, that are used to prevent the transmission of disease-causing microorganisms from residents to staff/visitor by placing a barrier between the source of infection and the staff/visitor.

When selecting the appropriate PPE, it is important for staff to perform a risk assessment. The purpose of the risk assessment is to assess the risk of exposure to blood, body fluids and broken skin in order to select the appropriate PPE to prevent disease transmission.

It is the responsibility of staff within the congregate living setting to ensure there is an adequate, accessible supply of PPE at all times for staff to use when needed. It is important that staff are trained on the proper use of PPE.

Hand hygiene

Handwashing – Soap and water

The purpose of handwashing is to physically remove soil, organic material and disease-causing microorganisms from the hands and underneath the fingernail area. Chipped nail polish, artificial nails, and the crevices in jewellery can harbour microorganisms. It is recommended that staff keep their nails short and clean. The use of soap, warm running water and friction is an effective way to remove microorganisms.

Handwashing is the single most important infection control measure staff, visitors and residents can do to prevent the spread of infections.

Alcohol-based hand rub (ABHR)

Handwashing with soap and water is the preferred method for hand hygiene. If soap and water are unavailable, ABHR containing 70 to 90 per cent alcohol concentration can be used, only if hands are not visibly soiled. ABHR is commonly referred to as hand sanitizer. Apply enough ABHR to hands to effectively cover all surfaces, including the backs and under nails, rub until hands are dry. Ensure ABHR has a Natural Product Number (NPN) and that the product has not expired. Ensure hand hygiene products are not "topped up" or refilled. Residents may require supervision when using ABHR. If there is a possibility that residents might ingest the ABHR, alternative options such as ABHR foam products, wipes, lock mounted units, having staff carry ABHR, hand washing at a hand sink could be considered.

Is regular soap or antibacterial soap better?

Studies indicate there is no added benefit to using antibacterial soap. Regular soap and warm running water is all that is needed to wash hands effectively. Bar soap should not be used as it may support the growth of microorganisms. Always use liquid soap from a dispenser.

When to wash your hands

- When you arrive at work
- Before and after handling food
- Before and after eating
- After using the washroom
- After you cough or sneeze into your hands
- After providing incontinence care for residents
- Before and after wearing gloves
- Before giving any medication
- After handling garbage
- Anytime your hands feel dirty
- Anytime your hands are visibly soiled

How to wash hands

To properly wash hands use soap and warm running water.

1. **Wet hands**
   Remove jewellery and watches. Wet hands with warm water
2. **Apply soap**
   Be sure to use liquid soap from a dispenser
3. **Lather well**
   Lather for at least 15 seconds. Clean wrists, palms, back of hands, between fingers and underneath nails
4. **Rinse**
   Rinse with warm water
5. **Dry**
   Dry hands completely with a disposable paper towel or air dryer
6. **Turn off tap with disposable paper towel**
   Use the disposable paper towel to turn off the tap. This will prevent hands from becoming contaminated

Keeping hands healthy

Keeping hands healthy is the first line of defense against infection. Remember these simple tips to keep hands free from cracks and irritation:

- For persons with long nails, a nail brush may be needed. If nail brushes are used, only use those with bristles that are made of plastic. Nail brushes should be for personal use and not shared between staff members
- Pat hands dry on a disposable paper towel. This helps to prevent hands from chafing and cracking
- Use hand lotions on a regular basis to help keep skin healthy
- Don't use hand lotions that are petroleum-based, they can cause some gloves to break down

Remember: Some residents and staff have allergies and/or sensitivities to fragrances found in hand lotions. It is best to use products that are scent-free.

Glove use

There are different types of gloves that can be used in a congregate living setting depending on the task that is taking place. Gloves can be either single-use or multi-use. Multi-use gloves can be used for housekeeping, equipment cleaning and disinfection.

Single-use disposable gloves are task-specific and are not meant to be washed or reused. Single-use gloves should be worn by staff when providing incontinence care for residents. They should also be used when it is expected that staff will come into contact with broken skin, blood, body fluids, and excretions such as vomit, diarrhea and fecal matter.

Gloves should be comfortable, durable and fit well. Gloves that are too small may rip more easily and not provide adequate protection. Gloves that are too large may allow for entry of disease-causing microorganisms or chemicals. If you have any cuts or sores on your hands they should be covered with a waterproof bandage before putting on gloves.

Hands must be washed before putting on gloves. A staff member's hands may become contaminated when removing gloves; therefore, perform hand hygiene after glove removal. Gloves must be changed between tasks. Remember to check the expiration date on the box of gloves. Once expired, gloves may begin to lose integrity and are more prone to tearing when in use. The integrity of gloves may be affected by petroleum-based hand lotions or creams. Ensure staff and residents are not allergic or sensitive to the types of gloves that are being used at the residence.

The use of gloves does not replace proper hand hygiene!

Putting on Gloves

1. Remove all jewellery from hands and perform hand hygiene
2. Put on gloves – be careful not to tear or puncture them
3. Perform the task

Removing Gloves

It is important to use proper glove removal techniques to prevent contaminating hands when taking off gloves. Proper technique is referred to as "glove-to-glove/skin-to-skin" removal. This technique prevents hands from coming into contact with disease-causing microorganisms on the outside of the gloves.

1. Grasp the palm of one glove near the wrist. Peel the glove away from one hand, turning glove inside out
2. Hold the glove in the opposite gloved hand. Slip one or two ungloved fingers under the wrist of the remaining glove. Pull the glove until it comes off inside out
3. The first glove should end up inside the glove that was first just removed. Dispose of the gloves safely
4. Always perform hand hygiene after removing gloves

Masks, eye protection and gowns

Masks

Masks are worn to protect staff from disease-causing microorganisms that may enter the mucous membranes of the mouth and nose. Appropriate mask use includes the following:

- Wash hands prior to putting on the mask
- The nose and mouth should be securely covered by the mask
- Change the mask if it becomes wet, soiled or hard to breathe through
- Do not touch the mask when wearing it
- Do not allow the mask to hang or dangle around the neck
- Do not reuse single-use disposable masks
- Perform hand hygiene after removing the mask

Eye protection

Eye protection must be worn to protect the mucous membranes of the eyes when there is a chance of generating splashes or sprays of body fluids. Eye protection that is disposable is to be discarded after each use. If eye protection, such as goggles, can be reused, they must be cleaned and disinfected after each use. It is recommended that each staff member have their own dedicated eye protection.

Gowns

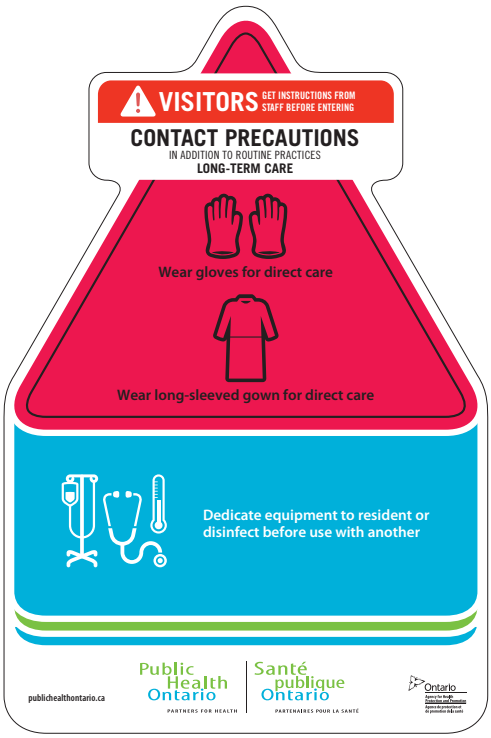
Long sleeve gowns must be worn by staff to protect uncovered skin and prevent the soiling of clothing during activities likely to generate splashes or sprays of body fluids. If gowns are single-use they must be discarded into a garbage bin after use. If gowns are multi-use they can be laundered after each use to ensure they are maintained in a clean and sanitary manner.

Proper use of PPE is everyone's responsibility and is the most effective way to minimize the chance of disease-causing microorganisms entering the body.

Additional Precautions

Occasionally, Routine Practices are not sufficient to interrupt the spread of disease-causing microorganisms and Additional Precautions may be required. Additional Precautions are extra practices used in combination with Routine Practices to protect staff and residents by interrupting transmission of disease-causing microorganisms. Additional Precautions must be implemented as soon as symptoms of an infection are noticed, such as vomiting or diarrhea.

Three categories of Additional Precautions that are commonly used include Contact Precautions, Droplet Precautions and Droplet Contact Precautions. The type of Additional Precautions required is dependent on the mode of transmission of the microorganism. For example, Contact Precautions are used to prevent disease-causing microorganisms that can be spread by touch, such as rotavirus. When a resident is placed on Additional Precautions, equipment such as commodes must be dedicated to the resident whenever possible. Extra cleaning and disinfecting measures may be required for the resident's environment, depending on the specific microorganism affecting the resident. Additional Precautions signage should be affixed to the entrance of the room indicating the type of Additional Precautions being used, as well as the type of personal protective equipment (PPE) required when carrying out activities inside the room. To ensure infection prevention and control measures are being followed, all staff and visitors should comply with these precautions when entering and leaving the room.



Contact Precautions

Contact Precautions should be used when caring for residents with enteric symptoms, such as diarrhea or vomiting. Contact Precautions should also be used when caring for residents who may or are known to be infected with disease-causing microorganisms that can be transmitted by direct or indirect contact, such as norovirus.

PPE including gloves and gown are required for activities that involve direct care where the staff member's skin or clothing may come in direct contact with the resident or items in the resident's room or bed space. Examples of direct care may include assisting residents with bathing, continence care and toileting.

PPE must be removed and disposed of into a garbage bin prior to leaving the room. Hand hygiene must then be performed by either handwashing or the use of ABHR.

Shown on the left is an example of Contact Precautions signage.

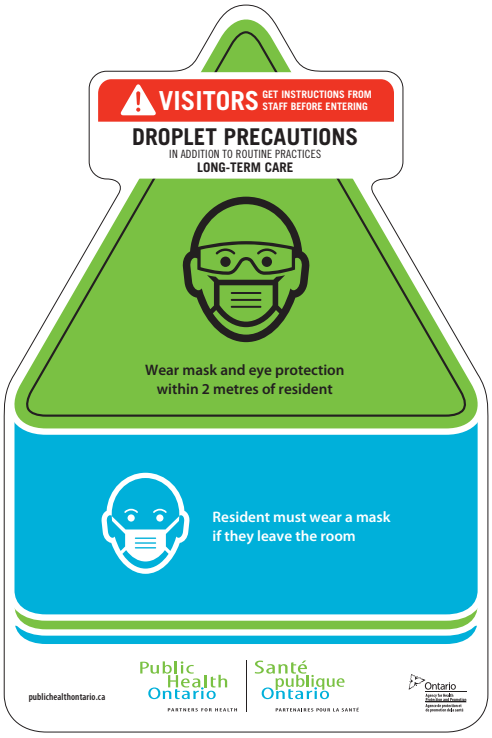
Droplet Precautions

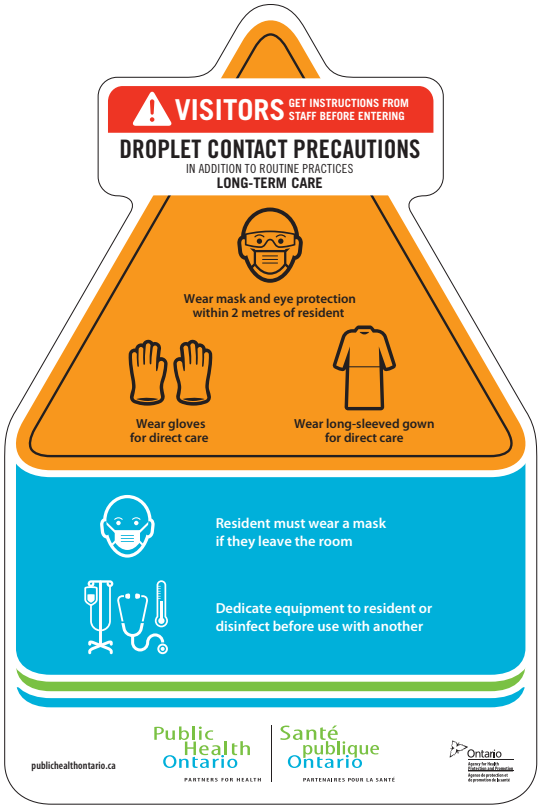
Droplet Precautions should be used when caring for residents infected with disease-causing microorganisms that can be transmitted via droplets, such as whooping cough or meningitis.

PPE including mask and eye protection must be worn by any individual who is within two metres of a resident on droplet precautions.

PPE must be removed and disposed of prior to leaving the room. If not possible, ensure that PPE is removed and disposed of into a garbage bin immediately after exiting the room.

Shown on the right is an example of Droplet Precautions signage.





Droplet Contact Precautions

Droplet Contact Precautions should be used when caring for residents with influenza and other unknown respiratory illnesses where disease-causing microorganisms can be transmitted by inhaling the disease-causing microorganisms or through contact with an environment contaminated by the disease-causing microorganisms.

PPE must be removed and disposed of prior to leaving the room. If not possible, ensure that PPE is removed and disposed of into a garbage bin immediately after exiting the room. Hand hygiene must then be performed by either handwashing or the use of ABHR.

Shown on the left is an example of Droplet Contact Precautions signage.

Cover Your Cough or Sneeze

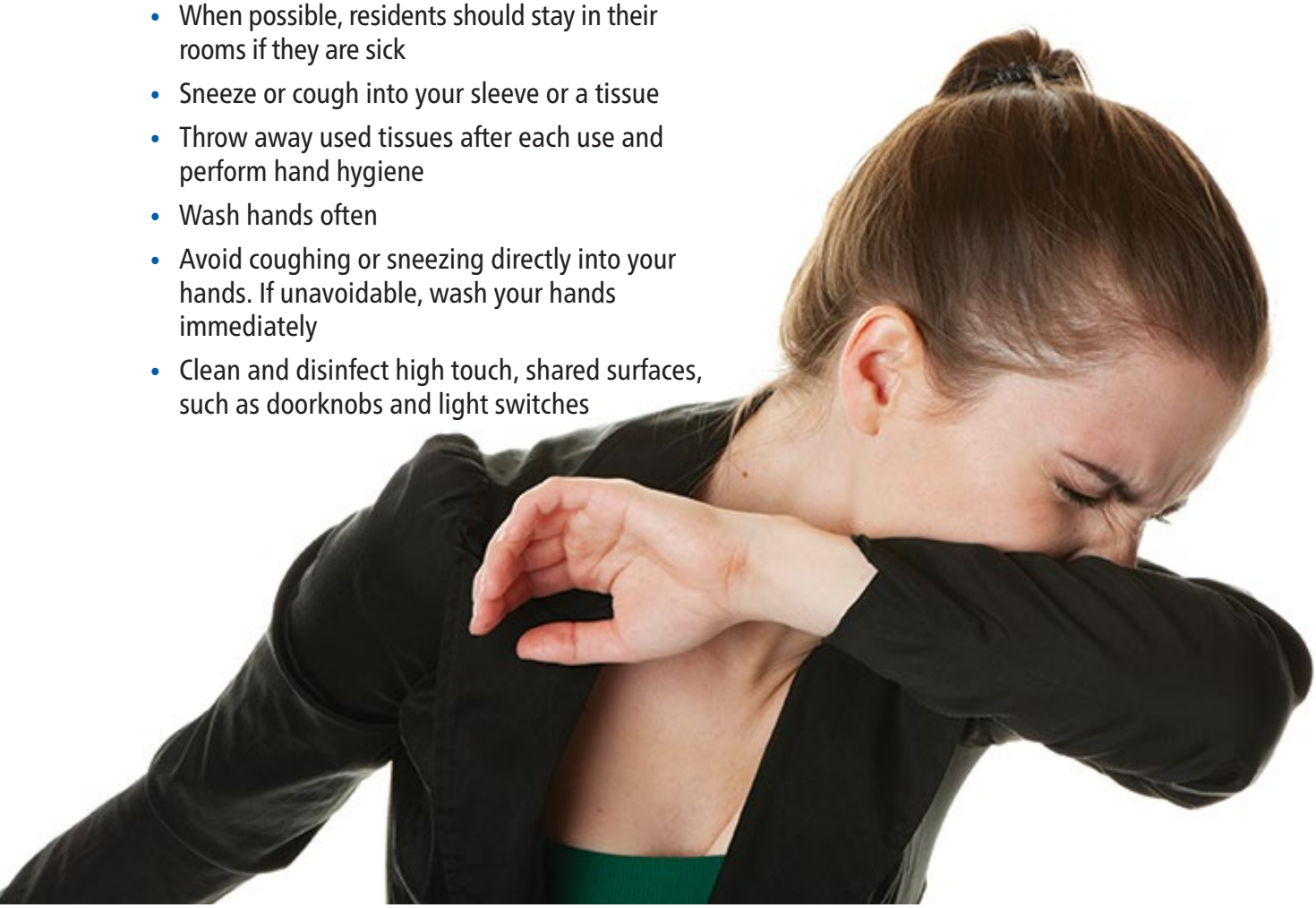
Sneezing helps protect your body by clearing the nose of disease-causing microorganisms. A sneeze that starts at the back of throat can produce thousands of droplets. If a person is ill and sneezes, you can potentially make others ill. Reduce the risk by covering a cough or sneeze.

Respiratory illnesses like influenza and the common cold are spread by coughing or sneezing. Residents, staff and visitors should be encouraged to cover their sneezes and coughs to help prevent the spread of disease-causing microorganisms.

To help prevent the spread of respiratory illnesses:

- Staff should stay home if they are sick
- When possible, residents should stay in their rooms if they are sick
- Sneeze or cough into your sleeve or a tissue
- Throw away used tissues after each use and perform hand hygiene
- Wash hands often
- Avoid coughing or sneezing directly into your hands. If unavoidable, wash your hands immediately
- Clean and disinfect high touch, shared surfaces, such as doorknobs and light switches

Keeping hands clean through proper and frequent hand hygiene is one of the most important steps we can take to avoid spreading disease-causing microorganisms. Proper handwashing involves the use of soap and warm running water. If soap and water are unavailable, use ABHR, containing 70 to 90 per cent alcohol concentration with a Natural Product Number (NPN) to clean hands.



Cleaning Up Blood and Body Fluids

Personal protective equipment (PPE) should be worn when cleaning up blood or body fluids such as vomit, feces or urine. Congregate living setting staff must protect their eyes, nose and mouth when cleaning up spills by wearing gloves, a mask and eye protection.

Follow these steps when cleaning up blood and body fluids

1. Immediately isolate the area around the spill
2. Assemble cleaning and disinfecting supplies
3. Put on gloves; if there is a possibility of splashing, wear an apron/gown, mask and eye protection
4. If broken glass or other sharp objects are present, put on a pair of heavy duty multi-use gloves. Otherwise, single-use gloves are satisfactory
5. Use a dust pan and brush to pick up sharp pieces
6. Soak up the blood and/or body fluids with disposable paper towels and discard into a plastic lined garbage container with a tight fitting lid
7. Clean the entire contaminated surface with soap and water. Ensure all blood/body fluids are thoroughly cleaned from the surface before starting disinfection
8. Rinse area with clean water. Dry area with disposable paper towels prior to applying disinfectant
9. Disinfect the area using a 1:10 bleach solution for a 10 minute contact time
10. Wipe up any excess disinfectant with a disposable paper towel and discard
11. Remove gloves first, followed by gown, eye protection and mask if used. Dispose of all items in a lined garbage container with a tight fitting lid. Refer to the Personal Protective Equipment poster at york.ca/InfectionPrevention
12. Perform hand hygiene

A 1:10 bleach and water solution can be used to disinfect a surface contaminated with blood and body fluid. To make this disinfectant:

- Add one part bleach to nine parts water, for example, 100 mL of bleach with 900 mL of water
- Ensure undiluted household bleach with a chlorine concentration of 5.25 per cent is used
- Bleach should not be used together or mixed with other household chemicals as this reduces its effectiveness in disinfection and could result in a dangerous chemical reaction

Cleaning and Disinfecting

Cleaning and disinfecting are the building blocks of an infection prevention and control program in a congregate living setting. Some disease-causing microorganisms can live for hours, days or even weeks on furniture, equipment and other surfaces. To reduce the spread of disease-causing microorganisms in the congregate living setting, follow a daily two-step cleaning and disinfecting process.

Cleaning

Cleaning must always be done prior to disinfecting. Cleaning is the physical removal of visible dirt and organic matter from furniture, equipment and surfaces. There are three steps in the cleaning process: **wash**, **rinse** and **dry**. All three steps must be done properly before items can be considered clean and ready for disinfection.

STEP 1 – Wash

To wash properly, you need detergent, warm water and scrubbing action.

Detergents are chemicals that break down dirt and grease and facilitate cleaning. Prepare cleaning solutions according to the manufacturer's directions and do not mix them with other chemicals. Scrubbing helps remove visible dirt and debris and allows the disinfectant to work properly.

STEP 2 – Rinse

The rinse step uses clean water to remove the dirt and detergent. If the item is not rinsed before it is disinfected, the presence of organic matter may prevent the disinfectant from killing the disease-causing microorganisms.

STEP 3 – Dry

The dry step requires furniture, equipment and surfaces to be either air dried or dried with a clean cloth or disposable paper towel. If the furniture, equipment and surfaces are not completely dried, the presence of water will dilute the disinfectant and it will not effectively destroy disease-causing microorganisms.

WHEN TO CLEAN

The amount of cleaning and disinfecting depends on the type of surface to be cleaned, frequency of contact and the type of soiling that occurs. For example, blood and bodily fluid spills require immediate cleaning. Bedpans or commodes must be cleaned and disinfected after each use. It is important that written policies and procedures are in place that clearly identify the frequency and level of cleaning and assign whose responsibility it is to do the cleaning. Cleaning should be carried out starting from the least soiled areas to the heaviest soiled areas and from low touch to high touch surfaces.

High touch surfaces are surfaces that are in frequent contact with hands. Examples include doorknobs, faucets, light switches and computer keyboards. Clean and disinfect high touch surfaces frequently and at a minimum on a daily basis.

Low touch surfaces are those that have minimal contact with hands. Examples include floors, walls and windows. Low touch surfaces require cleaning on a regular basis, but not necessarily daily, to ensure they are maintained in a clean and sanitary manner at all times.

CLEANING TOOLS

Multi-use gloves

Multi-use gloves, commonly referred to as rubber gloves, should be worn to protect the staff member's hands from cleaning solutions. Multi-use gloves can be reused, but must be properly cleaned and disinfected after each use. All gloves must be replaced if torn, cracked or showing signs of wear.

Eye protection

Eye protection should be worn to protect the staff's eyes from chemical splashes. Eye protection such as goggles can be reused, but must be cleaned and disinfected after each use.

Disposable paper towels and cloths

Disposable paper towels and cloths can be used for cleaning the surfaces of furniture and equipment such as tables, chairs, countertops, phones and doorknobs. Disposable paper towels should only be used once and then discarded. Cloths can be reused if they are laundered after each use.

Mops

Mops are used to clean large surfaces such as floors. Mop heads should be detachable, machine washable and replaced when they are showing signs of wear. Mopheads should be dried thoroughly before storage.

Clean and disinfect mop buckets after each use, then dry and store mop buckets upside down in a designated area.

Disinfecting

The purpose of disinfecting is to destroy most disease-causing micro-organisms on objects or surfaces by using chemical solutions. Disinfecting does not destroy bacterial spores.

Disinfectants are chemical products used for the process of disinfecting. These chemicals are applied to surfaces and other objects to kill most disease-causing microorganisms. These products are often purchased in a concentrated form and are diluted with water to the correct strength required to properly disinfect. Some disinfectants are designed for specific surfaces. Read the label and follow the manufacturer's directions to ensure the product is appropriate for the items that will be disinfected.

Disinfectants are only effective if the surfaces or equipment are thoroughly cleaned first. Disinfectants must be applied for the correct period of time, or **contact time**, and at the correct strength, or **concentration**, to achieve proper disinfection. Surfaces and equipment should always be air dried or dried with a clean towel or paper towel after cleaning and prior to disinfecting.

Disinfectants used in congregate living settings should have a Drug Identification Number, (DIN); the exceptions are common household bleach and isopropyl alcohol.

Disinfection levels

The required disinfection levels for congregate living settings are categorized as **"Everyday Use"** (non-outbreak) and **"Outbreak Situation"**.

Everyday Use (non-outbreak)

The **"Everyday Use"** disinfection level is to be used daily to disinfect equipment and surfaces such as doorknobs, chairs, tables, telephones, sink faucet handles, shared health equipment, vinyl mattress covers and wheelchairs. This disinfection level can also be used to clean up minor drops of blood/body fluid.

"Everyday Use" disinfection level can kill some bacteria, fungi and viruses such as hepatitis B, hepatitis C, human immunodeficiency virus (HIV), salmonella, influenza virus and staphylococcus.

Outbreak Situation

The **"Outbreak Situation"** disinfection level is to be used during outbreaks. It must also be used to clean up major blood/body fluid spills or when there is a confirmed viral or bacterial infection such as an outbreak of norovirus, confirmed cases of hepatitis A or whopping cough present in the residence.

Refer to the *Proper Cleaning and Disinfecting Practices* chart at york.ca/InfectionPrevention for disinfectant mixing directions.

Often during an outbreak the causative microorganism is unknown. Some disease-causing microorganisms are harder to kill than others. For example, non-enveloped viruses are more resistant to disinfectants. These viruses can survive for longer on environmental surfaces than enveloped viruses such as influenza. To ensure that disinfection is effective, "Outbreak Situation" disinfection level is required. This disinfection level kills all vegetative bacteria, enveloped and non-enveloped viruses and fungi. It does not kill bacterial spores.

Storage of chemicals

All chemicals including cleaning products and disinfectants must be labelled and stored in a designated area away from food preparation and food storage areas.

How to choose a disinfectant

When choosing a disinfectant, ensure the following information on the product label is reviewed.

Product label

The product label must always have the product's name and the manufacturer's name, location and contact information. If this information is not on the label do not purchase the product.

Drug Identification Number (DIN)

A DIN is an eight digit number assigned by Health Canada that permits the manufacturer to market the product in Canada. Health Canada looks at the testing, chemistry and safety data and approves the label wording, product name and active ingredients.

Only products with a DIN can make claims such as "Disinfection", "Fungicide", "Sanitize" or "Kills Germs". Any product intended for disinfecting that is sold in Canada without a DIN is not in compliance with Canadian law. Products without a DIN may not be effective at killing disease-causing microorganisms.

Active ingredients

Active ingredients are the components of a chemical product that help directly in achieving its performance objectives. Examples of active ingredients are sodium hypochlorite, isopropyl alcohol, quaternary ammonium compounds and hydrogen peroxide. Make sure the disinfectant is compatible with the surface or item being disinfected. Sodium hypochlorite (bleach) may be corrosive to some equipment and surfaces. The composition of the disinfectants and how rapidly the ingredients evaporate will determine how long the disinfectant is required to remain on the surface to achieve disinfection.

Mixing directions

Always follow the mixing directions indicated on the label. It cannot be determined by smell, colour or looking at the product if it has been mixed to the proper concentration. Potential toxicity can occur if too much of the chemical is used. All disinfectants have a concentration that maximizes their ability to disinfect. Using higher concentrations does not mean the product will work quicker or more effectively. In fact, it can increase the likelihood of injury or damage to surfaces and equipment. If too little is used, the disinfectant will not be effective at killing the disease-causing microorganisms. Using the proper concentration and application of the product for the correct contact time ensures that the disinfectant is effective at killing the disease-causing microorganisms. Provide a proper measuring tool to measure the product consistently. This will help ensure the disinfectant is prepared to the proper concentration. Pre-mixed products can be used directly from the container. Make sure health and safety training on the safe and proper use of the chemicals is provided to staff.

Contact time

Contact time is the time that a disinfectant must be in contact with a surface or equipment to ensure that appropriate disinfection has occurred. Some disease-causing microorganisms are harder to kill and require a longer contact time. Disinfectant contact times can range from one minute to 10 minutes or more. Contact time depends on the type of disinfectant used, strength of the product and type of disease-causing microorganisms to be killed. Disinfectants are only effective when applied for the correct contact time. If a surface disinfectant requires five minutes to be effective, it will not do its job if it dries on the counter or is wiped off in three minutes.

When applying a disinfectant, ensure each cloth is fully saturated with the disinfectant, do not use aerosol or trigger spray bottles to apply disinfectants, and use a bucket method and/or squirt/flip-top nozzle to ensure that contact time on surfaces are maintained.

Expiry date

Disinfectants should have an expiry date (with the exception of bleach). After the expiry date, the disinfectant may not effectively kill disease-causing microorganisms.

Test strips

Test strips are used to determine whether effective concentrations of the active ingredients are present in the disinfectant. Most chemicals must be stored at room temperature. Many cannot withstand high heat or freezing temperatures, which may affect their strength and effectiveness. Test strips are not considered a way of extending the use of a disinfectant solution beyond its expiry date.

First aid and precautionary statements

Appropriate personal protective equipment such as gloves, gowns, eye protection and masks must be provided when using the disinfectant. Read the label to determine which first aid measures to follow in case of accidental exposure or ingestion.

Other considerations

When choosing a disinfectant cownsider the following:

- Easy storage and use
- Staff tolerance and safety
- Ready to use/pre-mixed
- Disinfectants broad spectrum level (vegetative bacteria, enveloped and non-enveloped viruses and fungi)
- Cost effective
- Suitable wide range of materials
- Product with a shorter contact time

Remember: In the congregate living setting, a disinfectant is required for **"Everyday Use"** and for **"Outbreak Situation"**. Depending on the disinfectant that is selected, more than one product may be required.

Safety Data Sheets

Safety Data Sheets (SDS), distributed by product manufacturers, list the ingredients, health and safety requirements, such as what personal protective equipment is required when using a hazardous product, and first aid measures for the hazardous product. It is a requirement of the Ministry of Labour to have an on-site copy of the safety data sheets for all hazardous products being used in the workplace.

Cleaning and Disinfection of Equipment and Specialized Items

Cleaning and disinfection are important parts of an infection prevention and control program in a congregate living setting. Some disease-causing microorganisms can live for hours, days or even weeks on furniture, equipment and other surfaces. To reduce the spread of disease-causing microorganisms in a congregate living setting adhere to a two-step cleaning and disinfecting process.

The level and frequency of cleaning and disinfection will depend on the use and type of equipment. It is important that the congregate living setting has written policies and procedures in place that clearly identify the frequency and method for cleaning and disinfection, as well as the person that is responsible for the duty. Ensuring staff follow the instructions outlined in the policy will reduce the risk of spreading diseases in the residence.

Non-critical resident care equipment

Non-critical resident care equipment are items that are intended to only come into contact with a resident's intact skin. These include bath seats, commode chairs, hydraulic lifts, walkers or wheelchairs.

A piece of resident care equipment that is used by only one resident should be cleaned with detergent, and then disinfected using an "everyday level" disinfectant, on a regular basis or whenever the equipment becomes soiled. Equipment that is used by more than one resident must be cleaned and disinfected after each use. During an outbreak or if the equipment is contaminated with blood or body fluids, an "outbreak level" disinfectant should be used. Refer to *Cleaning up Blood and Body Fluids* on page 16 for more information.

Hydrotherapy Equipment

Hydrotherapy equipment such as hot tubs, whirlpools, and physiotherapy pools are used to help relieve pain, promote relaxation, mobilize joints and strengthen muscles. Hydrotherapy equipment can pose a risk of infection if the equipment is not cleaned and disinfected properly. For example, skin and wound infections may result from exposure to contaminated water. Inhaling sprays and aerosols from contaminated water in hydrotherapy equipment can cause respiratory infections, such as Legionnaire's disease.

A hydrotherapy tub that is not equipped with a continuous disinfectant feed needs to be drained, cleaned and disinfected after it is used by each client.

Procedures for cleaning and disinfecting hydrotherapy tubs:

After each resident:

1. Drain tub completely.
2. Clean with detergent and warm water. Use a brush to remove scum and oil adhering to the surface. Rinse with water.
3. Refill tub with detergent and warm water to just above the recirculating jets and activate the recirculation system to ensure distribution of the detergent. Drain and rinse with clean water to remove any leftover detergent.
4. Refill tub with warm, clean water to just above the recirculating jets.
5. Add a disinfectant as per the manufacturer's recommended dilution.
6. Activate jets to ensure all recirculation lines are flushed for the required contact time according to manufacturer's recommendations.
7. Drain tub and wipe dry with a clean towel or allow to air dry.

At the end of each day:

i. Remove all removable parts such as filter screens, jets, drain plug. Remove any debris trapped behind them. Clean tub and all removable parts with detergent and warm water using a brush. Rinse with clean water.

ii. Disinfect all removable parts using a disinfectant at manufacturer's recommended dilution.

iii. Put all removable parts back into the tub.

iv. Repeat steps required for cleaning and disinfecting after each resident (steps 1 through 7).

Always refer to the manufacturer's directions for cleaning and disinfecting of hydrotherapy equipment.

In order to reduce the risk of infection, an exclusion policy should be implemented for residents with fecal incontinence, open wounds, skin infections, urinary catheters, drainage tubes or a communicable disease.

Additional information on the risk of hydrotherapy equipment and Legionnaire's disease can be found on page 64.

Enteral Feeding Equipment

Enteral tube feeding is used to provide nutrition to residents who cannot attain an adequate intake orally from food, or who cannot eat or drink safely. Enteral feeding delivers food directly into the stomach, duodenum or jejunum of the resident through the insertion of a feeding tube.

There are potential hazards associated with enteral feeding because the feeding tube is inserted directly into a person's digestive organ in some cases. If handled improperly, enteral feeding can increase the risk of movement of bacteria from the gut to the bloodstream, causing systemic sepsis.

The design of many enteral feed bags and equipment limit the ability to adequately clean and dry the interior surfaces. As a result, feed can become trapped, allowing microorganisms to grow rapidly in feed bags and equipment.

It is important to have policies and procedures in place to address the storage, preparation and delivery of enteral feeds, as well as cleaning of feed bags and equipment.

Infection prevention and control best practices on safe handling and management of enteral feeding equipment include the following:

- Perform hand hygiene before handling the feeding tube and equipment
- Feed bags must be prepared in a clean environment to avoid contamination
- Do not let filled feed bags sit at room temperature for more than the length of time specified by the manufacturer
- Where possible, use commercially packaged, pre-filled, ready to hang feeds as they are least likely to become contaminated during preparation and use
- If feed bags are reusable, always follow the manufacturer's recommendations for proper cleaning of feed bags and equipment
- Rinsing a feed bag and equipment with water alone is insufficient and may lead to growth of bacteria in these items
- Equipment such as giving sets may have design features that cannot be completely dried between uses. As a result, they may harbour bacteria and should not be reused
- Some feed bags and equipment are considered single-use medical devices and should not be reused. Always follow the manufacturer's instructions

Sensory (calming) rooms

A sensory room, also known as a calming room, is a specially designed area which allows the individual using it to release excess energy and aggression. Padded walls and floors are common elements in a sensory room. In order to allow for proper cleaning and disinfection, materials used for padded walls and floors should be smooth, non-absorbent and easily cleanable.

Padded areas should be carefully inspected for damage prior to cleaning. If padded areas are torn, cracked or visibly stained, they should be repaired or replaced immediately. Repairs should be completed appropriately – simply placing tape over tears is not sufficient. If repairs cannot be done appropriately, damaged areas should be replaced as soon as possible.

Surfaces and equipment in a sensory room should be cleaned with detergent and disinfected with an "everyday use" level disinfectant on a weekly basis or whenever they become soiled. Increased frequency and disinfection level will be necessary when there is increased illness in the congregate living setting or if an outbreak is declared.

Maintenance of bathrooms

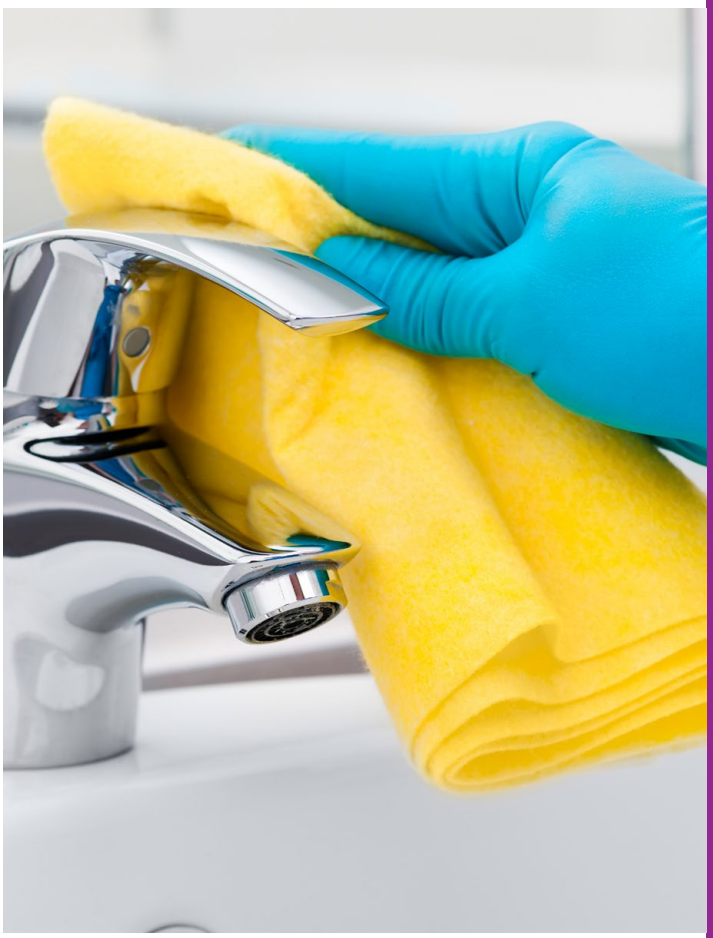
Bathrooms in a congregate living setting should be cleaned and disinfected daily, at a minimum. Cleaning and disinfecting should be done more frequently when a bathroom is used by more than one resident. An "everyday level" disinfectant can be used in the bathroom under normal circumstances. Always follow the manufacturer's directions for the correct contact time and concentration to achieve proper disinfection.

When cleaning a bathroom, always work from the area that is the least dirty, such as a light switch, to the dirtiest, such as a toilet. Doorknobs, light switches, call bells are high touch surfaces and should be cleaned and disinfected often.

Bath tubs and shower areas used by more than one resident should be cleaned and disinfected between resident uses. Bath tub interiors, shower walls, shower curtains, faucets and support railings should be thoroughly scrubbed at least weekly to remove any soap scum. While cleaning, grout in the tub area should also be inspected for mould or damage. Shower curtains should be checked for damage and replaced when torn. If a fabric shower curtain is used, it should be laundered weekly or whenever it becomes soiled.

Equipment used to clean toilets, such as toilet brushes, should not be carried around the residence. Toilet brushes should be replaced on a regular basis or as often as needed. Paper towels and toilet paper holders should be checked and replenished when required.

Additional information on maintenance of personal care items in the bathrooms can be found on page 31.



Congregate Living Settings

Cleaning and Disinfecting Schedule

General areas/surfaces	What to do	After each use	Daily	When soiled
Blood pressure cuffs	Clean and disinfect	Between residents		✓
Carpets	Vacuum		✓	✓
Chairs	Clean and disinfect		✓	✓
Floors	Dust mop and clean with detergent		✓	✓
Padded floors in sensory room	Clean and disinfect		Weekly	✓
Padded walls in sensory room	Clean and disinfect		Weekly	✓
Stethoscopes	Clean and disinfect	✓		
Tables	Clean and disinfect		✓	✓
Therapeutic equipment	Clean and disinfect	✓		
Walkers	Clean and disinfect	✓		✓
Wheelchairs	Clean and disinfect	✓		✓
Sleeping areas	**What to do**	**After each use**	**Daily**	**When soiled**
Beds			Weekly	
cloth pillow case or beddings	Launder		✓	✓
bed rails and extenders	Clean and disinfect	Between residents		✓
plastic mattresses cover	Clean and disinfect	Between residents		✓
plastic pillow cover	Clean and disinfect			✓
Bedpans, urinals or urine container				
single resident use	Clean and disinfect	✓		✓
multiple resident use	Clean and disinfect	✓		✓
Hydraulic lifts				
machines	Clean and disinfect			✓
slings	Launder	Between residents		✓
Washrooms	**What to do**	**After each use**	**Daily**	**When soiled**
Bathtubs	Clean and disinfect	✓		✓
Bath seats or raised toilet seats				
single resident use	Clean and disinfect			✓
multiple resident use	Clean and disinfect	✓		✓
Commode chairs				
single resident use	Clean and disinfect			✓
multiple resident use	Clean and disinfect	✓		✓
Handwashing sinks	Clean and disinfect		✓	✓
Hand rails	Clean and disinfect		✓	✓
Hydrotherapy equipment	Clean and disinfect	✓		✓
Garbage containers	Empty, clean and disinfect		✓	More often if needed
Shower curtain	Clean and disinfect	✓		✓
Toilets	Clean and disinfect		✓	✓

Chart adapted from *Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings,* 3rd Edition

Toys and Therapeutic Items

Toys and therapeutic items such as exercise balls and hand exercisers can become contaminated with disease-causing microorganisms from dirty hands, saliva, respiratory secretions or feces. Without proper cleaning and disinfection, they can be vehicles for the spread of diseases.

It is important that congregate living settings have written polices and procedures in place that clearly identify the frequency and method for cleaning and disinfection of toys and therapeutic items. Ensuring staff follow the instructions outlined in the policy will reduce the risk of spreading diseases in the residence.

Toys and therapeutic items should be nonporous and able to withstand frequent cleaning and disinfection. Ideally, these items should be dedicated to individual residents when possible, especially items that cannot be properly cleaned and disinfected, such as plush toys.

Encourage residents to wash their hands before and after playing with toys or handling therapy items. When a toy or an therapeutic item is contaminated by a resident's saliva, cough, sneeze or running nose, or appears dirty, it must be removed from use until it has been properly cleaned and disinfected.

Toys and therapeutic items that are touched frequently, such as hand exercisers, must be cleaned and disinfected daily. Storage containers and cupboards used to store toys and therapeutic items should also be cleaned and disinfected regularly, at a minimum on a weekly basis.

Cleaning and disinfecting of toys and therapeutic items

Before cleaning toys and therapeutic items, staff must inspect them to ensure there are no loose parts or broken/jagged edges that could pose a safety hazard. Proper cleaning is made up of three important elements: wash, rinse and dry. All toys and therapeutic items must be scrubbed with soapy water to remove any visible dirt and debris. Use a brush when cleaning toys and therapeutic items with small parts. Washed toys and therapeutic items must be rinsed with potable water and then air dried or dried with disposable paper towels or a clean cloth. Disinfect dried toys and therapeutic items with an approved disinfectant for the required contact time. Ensure that manufacturer's instructions for cleaning and disinfectant products are always followed.

Incontinence Care and Toileting Alternatives

Disease-causing microorganisms can be found everywhere, including in body fluids such as urine and fecal matter. Disease-causing microorganisms from urine and fecal matter can contaminate hands and the surrounding environment if appropriate precautions are not taken when offering residents assistance with incontinence care and toileting.

It is not uncommon for residents to rely on assistance from staff for toileting and incontinence care. Even in settings where residents do not require any assistance for toileting, it is important to monitor the washroom to ensure it is cleaned and disinfected regularly.

Written policies and procedures that clearly identify the proper procedures for incontinence care should be in place. It is important that staff follow the procedures outlined in the policies in order to prevent the potential spread of disease-causing microorganisms.

Incontinence care

Area and equipment

To minimize the opportunity for the spread of disease-causing microorganisms throughout the residence, where possible, incontinence care procedures should be completed in a designated area such as a washroom.

The area used to provide incontinence care must be separate from any food preparation area, and should never be used as a location for storing or serving food.

One of the most important features of the toileting and incontinence care area is the handwashing sink, which allows for staff to promptly wash their hands and help prevent the spread of infection. This sink must always have a supply of liquid soap in a dispenser, disposable paper towels and hot and cold running water.

The toileting and incontinence care area should be equipped with a garbage container that has a tight fitting lid and disposable liner. Empty, clean and disinfect the garbage container frequently.

Incontinence care procedure

- To minimize disease transmission, staff should assemble all care and cleaning supplies such as creams, ointments, wipes, disposable briefs, disinfectant, disposable gloves and disposable applicators prior to providing incontinence care
- Perform hand hygiene before putting on gloves
- Put on a new pair of disposable gloves
- Remove the soiled, disposable brief and immediately discard it in a garbage container. Avoid any unnecessary handling of the soiled, disposable brief because this increases the risk of contamination
- If the resident's clothing is soiled, dispose of fecal matter in the toilet
- Bag soiled clothing at point of collection and send to laundry area. Refer to page 34 of this guide for procedure for laundering linens and clothing
- When cleaning the resident's skin, staff should use disposable wipes to remove all soil from the skin and its creases
- Discard the disposable wipes in the garbage container, remove gloves and perform hand hygiene
- If cream or ointment is needed, put on a new pair of disposable gloves and apply skin product. Ensure products are dispensed in a manner that does not contaminate the original batch by using a disposable applicator. Double dipping is NOT allowed
- When complete, fasten the disposable brief and dress the resident
- Remove gloves using the proper removal method, discard them into the garbage container and perform hand hygiene immediately
- Wash resident's hands with soap and water as they may have been contaminated during the process
- If incontinence care takes place on a bed, check the bed sheets to ensure they are not soiled and change them as needed

If a change pad is used during incontinence care, the change pad can be contaminated with body fluids. The change pad should be cleaned and disinfected after each used by applying an appropriate disinfectant for the required contact time. If a paper liner is used to cover the change pad, discard after each use. The change pad must be cleaned and disinfected at the end of each day at a minimum or whenever it is visibly soiled. The paper liner must be discarded after each use and a new one provided for the next resident.

Toileting alternatives
bedpans or commodes

When bedpans or commodes are used as a toileting alternative, it is recommended that each resident have their own dedicated bedpan or commode. If this is not possible, at a minimum, residents experiencing diarrheal symptoms should have their own dedicated bedpan or commode. This will help prevent the potential spread of disease-causing microorganisms from one resident to another via a contaminated bedpan or commode.

Procedures for cleaning and disinfecting bedpans or commodes

- Clean and disinfect bedpans or commodes after each use
- Staff should always wear disposable gloves when cleaning and disinfecting bedpans or commodes
- Empty contents from bedpans or commodes in the toilet and flush
- Wash with detergent and warm water. Scrub bedpans or commodes to remove visible dirt and debris
- Rinse with clean water
- Allow bedpans and commodes to air dry or dry with a disposable paper towel
- Apply disinfectant. Follow manufacturer's directions for the correct contact time and concentration to achieve proper disinfection
- Safely remove and dispose of contaminated PPE and perform hand hygiene.

For more information about cleaning and disinfecting, refer to the Proper Cleaning and Disinfecting Practices chart at york.ca/InfectionPrevention

Personal Care Items

Personal care items such as toothbrushes, combs, creams and lotions are essential to maintaining good hygiene. However, if not stored properly, these items can contribute to the spread of disease-causing microorganisms from one resident to another.

It is recommended that personal care items be clearly labelled with the resident's name and stored properly to prevent cross contamination. A resident's personal care items must not be shared with another resident.

It is important that written policies and procedures are in place that clearly identify proper infection prevention and control practices for the use, handling and storage of personal care items.

Toothbrushes, toothpastes, razors and denture boxes

Toothbrushes, toothpastes, razors and denture boxes are personal care items that should not be shared by residents. Toothbrushes should be rinsed, air dried and stored in an upright position after each use. If a resident mistakenly uses another resident's toothbrush or if two toothbrushes come into contact, throw them away and replace with new ones.

Soap

It is preferable to use liquid soap and body wash from a dispenser as microorganisms can grow on bar soap. Do not top up liquid soap dispensers because they can become contaminated this way. Always clean and disinfect the dispenser before filling it with new liquid soap.

Creams and lotions

Products that are shared between residents must be dispensed properly to prevent contamination. Creams and lotions must be dispensed in a manner that prevents contamination of the original batch. When dispensing cream or lotion from a pump or squeeze style container, leave space between the container and your hands. Coming into contact with the container can transfer disease-causing microorganisms that are on your skin to the product, resulting in its contamination.

If the product is dispensed from a jar, a new applicator must be used every time. Double-dipping is NOT allowed.

Face cloths and towels

Face cloths and towels must not be shared among residents. Diseases such as MRSA (an infection caused by antibiotic resistant staphylococcus aureus), scabies, conjunctivitis, and certain types of fungal infections can be spread by sharing of towels with an infected person. Face cloths and bath towels should be hung to dry after each use and stored in a manner that prevents them from coming into contact with each other. They should also be laundered frequently, approximately after two to three uses. Face cloths and towels must be discarded when they become worn.

Combs and brushes

Sharing items such as combs and brushes that are in direct contact with hair should be discouraged. If a resident's comb or brush is accidentally used by another resident, it must be properly cleaned and disinfected before being used again. To avoid possible contamination, combs and brushes are to be stored in a manner that prevents them from coming into contact with each other.

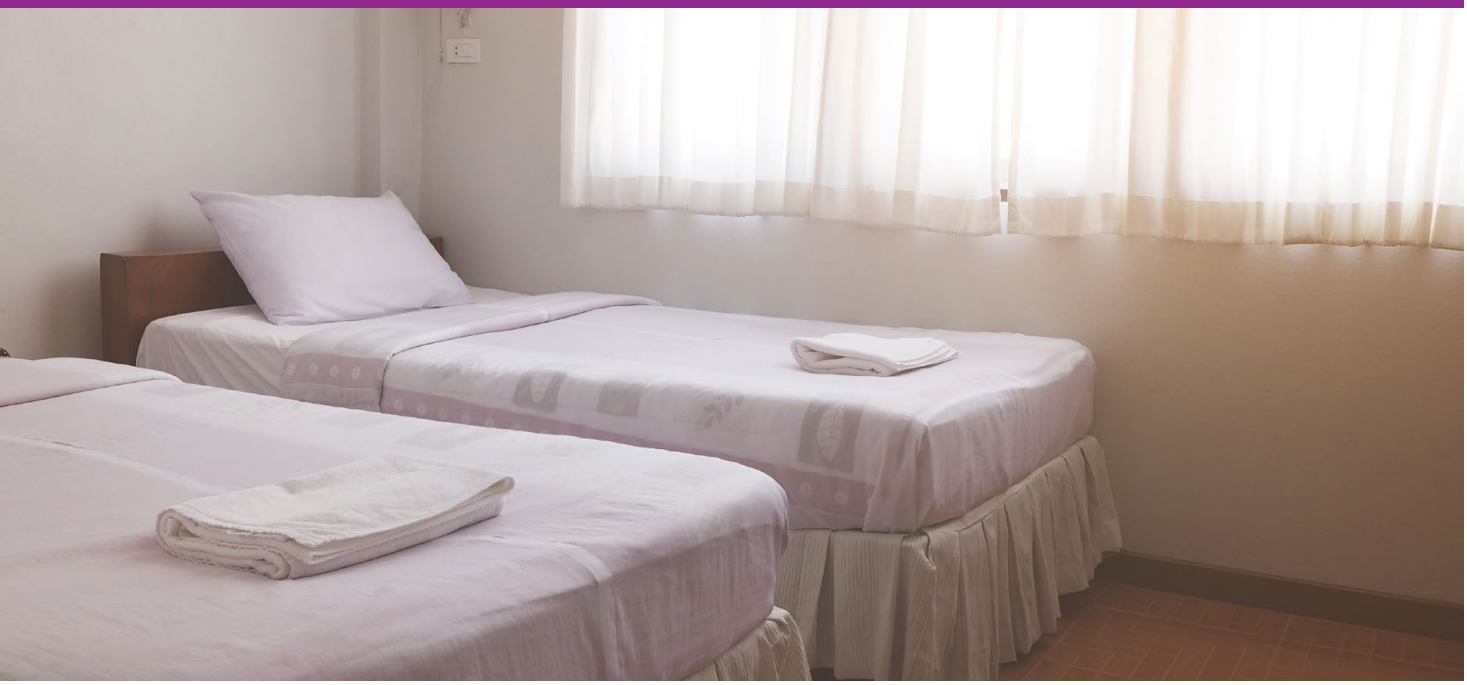
Hats

It is recommended that residents not share personal items such as sun and winter hats. If a hat is accidentally used by another resident, it should be laundered before being used again.

Storage units

Storage units that are used to store residents' personal care items such as coats, hats, shoes and clothing should be clearly labelled with the residents' names. Items stored in these units should not overflow and come into contact with the adjoining storage unit. These units must be emptied on a routine basis and properly cleaned and disinfected. They are to be maintained in a sanitary manner at all times.

Sleeping Area Recommendations



Sleep is very important for residents' health and well-being. In congregate living settings, sleep equipment such as bedframes and bedsheets must be routinely cleaned and disinfected. Beds should be properly positioned to minimize the opportunity for disease transmission between residents.

To minimize respiratory disease transmission, it is important to provide adequate space between each person in the sleeping area by arranging beds at least 2 metres (6 ft) apart. When space is limited and this minimum distance of separation cannot be achieved, alternating beds such that adjacent beds have opposite head/foot positioning is recommended. Partitions/barriers are other options to consider, for separation between beds.

Additional recommendations include:

- Clean and disinfect sleeping equipment,including bedframes, bed rails and headboards properly prior to use by another resident
- Keep mattresses clean and in good repair
- Use non-absorbent mattress covers to help protect mattresses from contamination by residents
- Clean and disinfect mattress covers on a regular basis
- Replace mattress covers and pillow covers when torn, cracked or when there is evidence of liquid penetration

All bed linens, including bed sheets and blankets should be maintained in a clean, dry and sanitary condition, and laundered when soiled or at least once per week. If bed linens are shared by residents, these items should be laundered between each use.

Laundry

Dirty clothes, towels and bed linens may carry microorganisms from body fluids such as sweat, urine and stool. It is important that residents and staff take appropriate precautions when handling laundry.

To reduce the chance of infections spreading in the congregate living setting, policies and procedures should be in place to address the collection, handling, washing, drying and storage of laundry. Anyone in the residence that handles laundry should receive training on procedures for handling soiled and clean laundry, as well as routine practices and protective measures to be used when handling laundry.

Laundering of dirty items must be carried out in a designated laundry area that is separate from the food preparation area. Ideally, a handwashing sink and alcohol-based hand rub should be readily available in the laundry area. Eating and drinking should be prohibited in the laundry area.

Storage methods, for clean and dirty laundry, are important to prevent the potential spread of infection in the residence. Clean laundry and dirty laundry should be kept in separate containers/baskets that are properly labelled. If this is not possible, the laundry container/basket should be cleaned and disinfected immediately after holding dirty linens. Ensure dirty laundry containers/baskets are not overfilled. Always store clean laundry in a clean, dry area away from the soiled laundry.

Procedure for laundering linens and clothing

- All dirty laundry should be collected in containers/baskets that are designated for dirty laundry. If this is not possible, the laundry container/basket should be cleaned and disinfected immediately after holding dirty linens
- Clothing and linens must be laundered in separate cycles from environmental cleaning items such as cleaning rags and mop heads
- Handle dirty laundry with gloves and avoid shaking to prevent contamination of air, surfaces and people

- Care should be taken to identify objects, such as needles, that may injure people or damage appliances
- Follow the manufacturer's instructions to ensure a complete wash and rinse cycle is achieved for proper cleaning of laundry
- When washing heavily soiled laundry, a disinfectant, such as bleach, can be added to wash water if material is bleach tolerant
- Ensure all equipment, including machines, laundry containers/baskets, storage areas, and working surfaces are routinely cleaned and disinfected
- Store clean laundry in a clean, dry area away from dirty laundry and handled in a way that prevents contamination

Personal protective equipment, such as gloves and gowns or aprons, must be worn while handling soiled linens and clothing

All linen or clothing that is soiled with blood, body fluids, secretions or excretions should be handled using the following precautions:

- Contain wet laundry by wrapping in a dry sheet or towel before placing in a laundry basket
- Bag or contain contaminated laundry at the point-of-care
- If linen or clothing is soiled with feces, remove soil with gloved hands and dispose into toilet. Do not remove soil by spraying with water
- After handling soiled laundry, ensure personal protective equipment is removed using the proper removal method and perform hand hygiene
- If multi-use gown/apron is used, it must be cleaned after each use and stored in a clean and sanitary manner

Management and Disposal of Sharps

Used sharps, such as needles or blades, may carry blood borne disease-causing microorganisms. A needlestick injury or a cut from a contaminated sharp can result in the transmission of disease-causing microorganisms such as hepatitis B, hepatitis C and the human immunodeficiency virus (HIV).

Needles that are incorrectly disposed of are the cause of most needlestick injuries. To prevent incidents of needlestick injuries, sharps should be disposed in an approved sharps disposal container located at or near the point-of-use.

Never over-fill sharps disposal containers. Over-filling can allow contact with sharps and cause injury. Sharps disposal containers should be replaced when they are three-quarters full or when sharps have reached the fill line. Once filled, sharps disposal containers must be sealed, secured and stored in a safe manner until they can be collected by or disposed of at a designated facility.

Written policies and procedures for the management of sharps should be developed and available to all staff. Staff must be provided with information about the risks associated with sharps, proper disposal of sharps and the procedure to follow if sharps are found in areas such as laundry, waste receptacles, bedsides or the floor. Staff must also be educated on the procedures that need to be followed in the event of a sharps injury.

What is the best way to remove a needle and blade that has been disposed of incorrectly?

- Put on a pair of heavy duty, puncture resistant gloves
- Use tongs, or similar implement, to pick up the needle and syringe. If an implement is not available, carefully pick up the needle and syringe with the needle furthest away from your fingers and body
- Once retrieved, carefully place the needle and syringe in the sharps container
- Properly remove gloves. If they are multi-use gloves, they need to be properly cleaned and disinfected
- Perform hand hygiene using the proper handwashing method
- Report the incident to your supervisor or manager

NEVER attempt to re-cap a needle even if a cap is available

Safe Water

Drinking water

Ontario's Safe Drinking Water Act *identifies a congregate living setting as being a "designated facility". Under this Act and its associated regulations, the congregate living setting's drinking water is regulated by the Ministry of the Environment, Conservation and Parks. Testing, treatment and reporting requirements are detailed in these regulations and apply to designated facilities using municipal water or private wells.*

The operator of a designated facility is responsible to provide safe and potable water to users of the system including staff and residents. If there are any questions regarding the testing, treatment and reporting requirements, contact the Ministry of the Environment, Conservation and Parks at ontario.ca/contact-us

What is an adverse drinking water quality incident?

Adverse drinking water quality incidents are listed in the reporting requirements of the *Safe Drinking Water Act* and its associated regulations. Contact the Ministry of the Environment, Conservation and Parks at ontario.ca/page/ministry-environment-conservation-parks for further information.

What happens if the water isn't safe to drink?

A Boil Water Order or Drinking Water Order may be issued by York Region Public Health to any congregate living setting where the drinking water is deemed to be unsafe. If an advisory is issued, York Region Public Health will contact you and let you know what actions you must take.

Who do I contact if the water isn't safe to drink?

When you become aware of any adverse drinking water quality incident, you must contact:

- The Ministry of the Environment, Conservation and Parks, Spills Action Centre at
  Tel: 416-325-3000 Toll-free: 1-800-268-6060
  Toll-free TTY: 1-855-889-5775
- York Region *Health Connection* at
  1-800-361-5653

Make a contingency plan

Have a contingency plan in place for when you are under a Boil/Drinking Water Order, or in the event of a water shortage.

The contingency plan should include:

- Identifying possible sources/supplies of alternate safe water such as bottled water or municipally treated water
- Information related to the amount of water needed for the residence, including water for drinking, cooking, cleaning, handwashing, showering and operating toilets
- What to do if the residence is experiencing a prolonged water outage

Food Safety

It is important to make food safety a top priority in the congregate living setting. When food is not handled properly it poses a risk of food-borne illness.

Staff at the congregate living setting must fully understand the risks involved in food handling and the need to adhere to food safety requirements, such as avoiding food contamination and keeping food at safe temperatures. Staff that handle food must comply with personal hygiene requirements, including proper washing of hands, wearing clean clothing and ensuring head and facial hair are covered.

The responsibility for safe food belongs to everyone in the residence.

All congregate living settings that serve food to 10 or more residents are required to comply with the requirements set out in the Ontario Food Premises Regulation 493/17. Under this regulation, congregate living settings that serve food to 10 or more residents are required to have at least one certified food handler on-site at all time.

Food allergies

Food allergies are a serious problem for many people. The Canadian Food Inspection Agency (CFIA) has identified the following foods as causing the most common and severe allergic reactions: eggs, milk, mustard, peanuts, seafood such as fish, crustaceans, and shellfish, sesame, soy, sulphites, tree nuts and wheat.

To protect residents from allergic reactions, staff must make every effort to prevent allergen cross-contamination. Ensure that any food provided by staff is appropriate for consumption by residents who have food allergies.

Posting of food allergies

If a resident has food allergies, obtain as much detail as possible regarding the food items that cause the allergies and the resident's reaction to them. Arrange for the parent/legal guardian/power of attorney to provide their own substitute food when it is the safest option. Posting a *Food Allergies Chart* in the cooking and serving areas of the residence can be helpful.

The Food Allergies Chart should clearly identify the following information:

- The resident's name
- The food item(s) that the resident is allergic to
- The type of allergic reaction the resident experiences
- Procedures to take in case resident experiences allergic reaction

Food recalls

A food recall is an action taken by a company to remove potentially unsafe food products or products that do not comply with relevant laws, from the market. The CFIA makes recall information available on its website and through email and social media. York Region Public Health monitors the CFIA's web-based Food Recall and Allergy Alerts and recommends signing up to ensure you are aware of current recalled food products. For more information and to sign up for *Food Recall Warnings and Allergen Alerts*, visit CFIA's website at **recalls.canada.ca**

Food from an inspected source

Under the Ontario Food Premises Regulation 493/17, all food served to the residents at the congregate living setting must be from an "inspected source". Inspected sources are food premises such as restaurants, supermarkets and bakeries that are inspected by York Region Public Health. For premises located in York Region, inspection reports can be viewed at york.ca/YorkSafe. Food products prepared at the homes of staff are not considered to be from an inspected source, and are not permitted to be served in congregate living settings.

Exception

- If visitors or family members bring in food for one of the residents, ensure food is only provided to the intended resident. Ensure all food that is brought in for a resident is clearly labelled with the resident's name, date of delivery and description of the food. Record all food that is brought in for residents in a logbook.

Catered food

Congregate living settings that receive catered food should record the temperatures of hazardous foods in a logbook when they arrive at the residence and again prior to serving. Food is classified as either hazardous or non-hazardous. Non-hazardous food is food that does not require refrigeration or heating such as cookies, uncut fruits or vegetables. Hazardous food is food that is capable of supporting the growth of harmful organisms and requires proper refrigeration. Examples of hazardous foods include, but are not limited to, cut fruits or vegetables, cakes/pastries with cream fillings, cheese, meatballs, and yogurt. It is the responsibility of the staff at the congregate living setting to ensure that hot hazardous food is delivered and kept at 60°C (140°F) or above, and cold hazardous food is delivered and kept at 4°C (40°F) or lower. Food must be kept at the proper cold hold or hot hold temperature until it is served. Food that is within the range of 5°C (41°F) to 59°C (138°F) should not be accepted as there is a potential the food can cause a food-borne illness.

Ensure the caterer is an inspected premises by checking with your local health department. If the caterer is changed, notify a public health inspector immediately.

When creating a chart to document catered food to the congregate living setting, the following criteria should be recorded:

- The date when the food was brought into the residence
- The time of arrival
- A name or description of the food
- The temperature of the food at arrival
- The time the food was served
- The temperature of the food
- Any additional comments

Food Safety at Home

Some residents in congregate living settings may buy groceries on their own or even prepare their own meals. Residents should be educated on safe food handling practices including cleaning, separating, cooking and chilling food properly to reduce the risk of food-borne illness. More information can be found on the Home Food Safety Guide, accessible at york.ca/FoodSafety

Food brought
in from other sources

If the congregate living setting permits a resident's family or staff to bring in outside food for a special event or holiday such as a birthday party, it should be purchased from an inspected source. Food products brought in by a resident's family or staff poses too great a risk to serve to residents because there is no way to track if the food was properly stored and maintained at the required temperature prior to its arrival at the residence.

Records

It is recommended that the congregate living setting maintain records for all food purchased from an inspected source. Keep a binder with all of the information. These records will assist the health department in the event of a food-borne illness investigation and/or food recall. For congregate living settings that serve food to 10 or more residents, the *Ontario Food Premises Regulation 493/17* requires records of food purchase to be maintained at the premises, for not less than one year from date of purchase.

It is a best practice to ensure your records reflect the following:

- The date when the food was brought into the congregate living setting
- Who purchased the food - staff member responsible
- Where the food was purchased including the name of the restaurant, supermarket, bakery, etc.
- A copy of the receipt or invoice
- A name/description of the food item(s)
- To whom the food was served, including the resident's name

Pest Control

Pests are insects or animals that can contribute to the spread of disease-causing microorganisms (microorganisms that cause disease) in the congregate living setting.

Pests such as cockroaches, flies, mice and rats can contaminate food supplies, cause electrical fires and potentially cause structural damage to the residence. Pests survive and thrive only if they have access to food, water and shelter.

Exposure to pests, pest residue and the chemicals used to control them can aggravate or cause health problems for residents and staff.

Integrated pest management system

An integrated pest management (IPM) system is an effective and environmentally sensitive approach to pest management. In an IPM system, the congregate living setting works closely with a licensed pest control operator.

The principles of IPM include:

- Deny pests food, water and shelter by following good cleaning and disinfecting practices
- Keep pests out of the congregate living setting by pest-proofing the building
- Work with a licensed pest control company

Tips to develop an IPM system

- Provide screened and tight-fitting doors and windows to protect against the entry of insects and rodents
- Ensure clutter and accumulation is reduced inside and outside the building to eliminate potential shelter sites for rodents
- Inspect all deliveries for signs of infestation such as rodent droppings, cockroaches and insects
- Have a cleaning schedule to eliminate food debris. Clean under stoves, refrigerators and dry storage areas on a regular basis
- Inspect the exterior of the building and eliminate a pest's access to the building by sealing gaps, cracks and openings
- Store garbage in pest-proof containers with lids
- Inspect dried food for the presence of pests such as moths, beetles and worms. If pest or rodent droppings are found in food products, throw out the entire product
- Use care when cleaning surfaces that have been contaminated with urine or rodent droppings. Ensure that all contaminated surfaces are properly cleaned and disinfected
- If pest control requires the application of pesticides or rodenticides, it must be carried out by a licensed pest control company

Pest control companies should be used not only when there is an infestation in the residence, but also as a measure of routine prevention. When contracting a pest control company, ensure that its pest control program includes a combination of sanitation, non-chemical controls (such as traps, glue boards, poison baits, destroying nests and breeding places), building maintenance and, as a last resort, chemical treatments. Ensure the program includes an inspection system, treatment procedures, record keeping and follow up. It is best to arrange for the pest control services at a time when residents are not present in the residence.

Policies and Procedures

A policy outlines a plan of action in a specific situation. A procedure outlines step-by-step instructions as to how a policy will be achieved. Policies and procedures are an important part of an Infection Prevention and Control (IPAC) program. It is critical that staff have the information needed to ensure IPAC best practices are followed.

To ensure information is up-to-date and reflects best practices, policies and procedures should be reviewed and updated on a continuous basis, and at a minimum, annually. Staff working at a congregate living setting must receive ongoing training to ensure that policies and procedures are understood and followed.

In order to maintain a safe environment for residents, staff, volunteers and visitors, it is recommended that policies and procedures are created for the following activities:

- Cleaning and disinfection practices for furniture, equipment and environmental surfaces
- Hand hygiene practices
- Routine practices and additional precautions such as the use of personal protective equipment
- Clean-up of blood and body fluid spills
- Emergencies, including situations such as water and power outages or flooding
- Required reporting of cases of reportable diseases and outbreaks to York Region Public Health
- Management of outbreaks and infectious diseases
- Exclusion of ill staff and volunteers
- Management of animals residing in or visiting the congregate living setting

The Influenza Vaccine

One of the best ways to avoid the flu is to get the influenza vaccine, commonly referred to as the flu shot. Since the viruses that cause flu change frequently, congregate living setting staff and residents are recommended to get a flu shot each year.

The influenza vaccine:

- Reduces the risk of serious flu complications
- Results in production of antibodies against both influenza virus types A and B (both types contribute to influenza illness)
- Has varying effectiveness from year to year. During years when there is a good match between the flu shot and circulating viruses, the flu shot can prevent the flu in up to 60 per cent of the overall population
- Is provided at no cost to anyone who lives, works or attends school in Ontario
- Takes about two weeks after it is administered to start working
- Does not cause the flu
- For more information on the flu, the flu vaccine, and where to get a flu shot, visit york.ca/Flu

Getting the flu shot each year provides the best protection against the flu throughout flu season

Self-Auditing Checklist for Congregate Living Settings

Public health inspectors conduct inspections in congregate living settings to recommend applicable infection prevention and control measures, provide guidance and education on environmental issue, and assess compliance with food safety requirements.

Congregate living settings that prepare or serve meals to 10 or more residents are required to comply with the requirements set out in the Ontario Food Premises Regulations 493/17. Residences that have fewer than 10 residents are also encouraged to follow these requirements to ensure safe food handling.

Staff at congregate living settings are encouraged to use the self-auditing checklist on page 48, to ensure that proper infection prevention and control measures are implemented and that the necessary policies are in place to reduce the risk of disease transmission in the residence. Another self-auditing tool can be found on the Public Health Ontario website.

Food safety inspection

During the food safety inspection, the York Region public health inspector will look for the following:

Food Handling

- [ ] Potentially hazardous food, such as meat, eggs, cheese and milk, is held at 4°C (40°F) or less or 60°C (140°F) or higher
- [ ] Frozen food is kept frozen until it is ready to be used
- [ ] Thermometers are used to verify food preparation and storage temperatures
- [ ] All food must be processed in a manner that makes the food safe to eat

Handwashing and Personal Hygiene of Food Handlers

- [ ] Washing hands thoroughly before and after handling food
- [ ] Separate handwashing basin provided for food handlers
- [ ] Handwashing basins equipped with supplies of soap in a dispenser and paper towels
- [ ] Tobacco not used while food handling
- [ ] Food handler shall be clean, wear clean outer garments and confine hair
- [ ] Food handler is free of infectious disease/ skin disease. Submits medical exams and tests as required

Protection of Food from Adulteration & Contamination

- [ ] Food protected from potential contamination
- [ ] Constant supply of potable hot and cold running water under pressure
- [ ] Toxic/poisonous substances (chemicals/ pesticides) to be stored separately from food

Food Sources – Approved Supply of Meat, Eggs, and Milk Products

- [ ] Meat obtained from an animal inspected under the Meat Inspection Act. Manufactured meats: processed properly to destroy disease-causing microorganisms
- [ ] Operator maintains records of all food purchase for at least one year
- [ ] Only Grade A or B eggs permitted
- [ ] Premises does not sell or use foods from an uninspected source

Equipment and Utensils

- [ ] Proper storage of clean utensils (including single-service utensils)
- [ ] Racks, shelves or pallets that are used to store food must be designed to protect the food from contamination and must be readily cleanable
- [ ] No room with food is used for sleeping purposes
- [ ] Cloths and towels used for cleaning, drying or polishing utensils or cleaning food contact surfaces must be in good repair, clean and used for no other purpose

Equipment and Utensils Sanitation/ Dishwashing

- [ ] Either manual or mechanical dishwashing provided
- [ ] Mechanical dishwasher is certified by NSF International, or able to maintain wash temperature (60°C -71°C or 140°C -170°F); rinse temperature (at least 82°C or 180°F), proper timing cycle for rinse (at least 10 seconds) and correct sanitizer concentration used
- [ ] Manual dishwashing: Wash, rinse and sanitize method properly carried out

Washroom Facilities

- [ ] Sanitary maintenance of washrooms. Provision of required supplies such as hot and cold running water, liquid soap in a dispenser, paper towels and toilet paper, in both staff/residents' washroom facilities

Garbage and Waste Management

- [ ] Frequency of garbage removal adequate to maintain the premises in a sanitary condition
- [ ] Liquid wastes handled and collected in sanitary manner

Pest Control

- [ ] Adequate protection against the entrance of insects, vermin, rodents, dust and fumes

Sanitary Maintenance and Construction of Premises

- [ ] Floor or floor coverings are tight, smooth and non-absorbent in food preparation or storage area, dishwashing area and bathroom
- [ ] Floors clean and in good repair
- [ ] Walls clean and in good repair

- [ ] Ceilings clean and in good repair
- [ ] Ventilation system is maintained to eliminate odours, fumes, vapours, smoke and excessive heat
- [ ] Lighting adequate for food preparation and cleaning
- [ ] Exclusion of live animals on the premises, subject to exemptions
- [ ] The premises is maintained free from every condition that may be a health hazard, adversely affect the sanitary operation of the premises or adversely affect the wholesomeness of the food

Food Handler Certification

- [ ] At least one certified food handler present at all times

Infection control audit

Congregate living settings staff are encouraged to review at the following to ensure infection prevention and control measures are in place:

General Maintenance and Sanitation

- [ ] Floors, walls and ceilings are clean and in good repair
- [ ] Surfaces, equipment, furniture are clean and in good repair

- [ ] Precautions taken during construction & renovations
- [ ] Facility indoor spaces are well ventilated
- [ ] Frequency of garbage removal is adequate to maintain the premises in a sanitary condition
- [ ] Window coverings are cleaned and maintained
- [ ] Adequate protection against the entrance of insects, vermin, rodents, dust and fumes

No Smoking on Premises

- [ ] Congregate living setting is 100 per cent smoke and vape free. Staff must refrain from smoking and vaping while at work

Water Supply

- [ ] Potable, hot and cold running water provided

General Infection Prevention and Control

- [ ] All handwashing sinks are fully equipped and accessible with hot and cold running water, liquid soap in a dispenser and paper towels
- [ ] Handwashing sink maintained in good repair and sanitary manner

Cleaning and Disinfection Requirements

- [ ] Approved disinfectants are maintained and adhere to appropriate contact times
- [ ] Shared equipment, such as wheelchair, is cleaned and disinfected after each use
- [ ] Washrooms, showers and toilets are cleaned and disinfected
- [ ] All chemicals are properly used, stored, labelled and maintained
- [ ] Humidifiers/dehumidifiers & water coolers are cleaned as per manufacturers recommendations

Personal Care Item Requirements

- [ ] Personal care items are stored in a sanitary manner to prevent cross-contamination
- [ ] Sleeping space is properly maintained
- [ ] Residents' medication is stored in a safe and sanitary manner

Laundry Requirements

- [ ] Linens are laundered frequently and stored in a sanitary manner

Routine Practices

- [ ] Staff follow proper routine practices and additional precautions
- [ ] Staff follow proper hand hygiene and practice infection prevention and control policies and procedure requirements
- [ ] Emergency response, illness, outbreak, cleaning and disinfection policies and procedures are developed and implemented

Animal Management

- [ ] Pets are in good health and cage is well maintained
- [ ] Rabies vaccination records are kept up-to-date for dogs and cats residing in or visiting the congregate living setting

Overall Condition of Premises

- [ ] The premises is maintained free from every condition that may be an immediate health hazard

Notes

CHAPTER 2

OUTBREAK MANAGEMENT

Management of Outbreaks

Guidelines for Congregate Living Settings

Congregate living settings such as children's residences and homes for special care are considered an "institution" under the Health Protection and Promotion Act. *These residences are responsible for reporting to the local medical officer of health details regarding a person(s) lodged in the institution and any reportable diseases including suspected outbreaks of gastrointestinal or respiratory illness. In addition, they are required by the regulation to develop and maintain written policies and procedures in preparation for responding to infectious disease outbreaks.*

Surveillance

Daily surveillance of symptoms in residents and staff will give the congregate living setting a clear picture of the baseline rate, which is the usual number of illnesses at the residence. An outbreak may occur when there are an increased number of residents and/or staff present with similar symptoms, such as diarrhea and vomiting. Keeping a daily logbook of illnesses will assist in recognizing if there is an increase in illness at the residence. Early reporting of the suspect outbreak to York Region Public Health, as well as practicing proper infection prevention and control measures, will help to decrease the number of residents and/or staff who become ill, and will help reduce the duration of an outbreak.

Identifying a potential outbreak

Early detection of signs and symptoms of illness through observation of resident's health, and accurate timely reporting of illness by staff, as well as good record keeping, are crucial to the control of an outbreak.

What is an outbreak?

An outbreak may be occurring when there is an unusual increase in the number of symptomatic residents and/or staff presenting with similar signs and symptoms of illness within a specified period of time.

An enteric outbreak occurs when:

- Two or more residents experience symptoms of enteric infection on a specific unit or floor with an initial onset of symptoms within a 48 hour period

If an enteric outbreak is suspected, notify York Region Public Health to support the investigation and management of the outbreak

A respiratory outbreak occurs when:

- Two or more residents experience symptoms of acute respiratory infection within 48 hours on a specific unit or floor with at least one of the cases being laboratory-confirmed; **OR**
- Three residents are experiencing symptoms of acute respiratory infection within 48 hours on a specific unit or floor (laboratory confirmation not necessary)

If a respiratory outbreak is suspected, notify York Region Public Health (YRPH). YRPH will assess whether an outbreak may be declared.

Typical symptoms of enteric illness include:

- Diarrhea
- Bloody diarrhea
- Vomiting
- Nausea
- Stomach cramps
- Fever
- General irritability
- Malaise
- Headache

Typical symptoms of respiratory illness include:

- Runny nose or sneezing
- Stuffy nose
- Sore throat
- Dry or productive cough
- Fever
- Tiredness
- Muscle ache
- Headache
- Chills

York Region Public Health's role in outbreak control

When an outbreak is declared, the congregate living setting will work closely with York Region Public Health staff to manage the outbreak.

An outbreak investigator, for example a public health nurse or public health inspector, will assist in assessing the symptoms reported for symptomatic residents/staff to:

- Determine the need to declare an outbreak within the residence
- Establish a case definition
- Provide direction regarding control measures for cases and contacts
- Provide daily review of the line lists detailing symptoms of ill individuals
- Collect specimens and assist with the delivery of specimens to the Public Health Ontario Laboratory
- Interpret laboratory reports
- Declare the outbreak over
- Provide recommendations to improve future response to an outbreak event within the residence

A public health inspector will also assist by providing recommendations on the required control measures. This includes an on-site inspection, the review of cleaning and disinfection procedures and hand hygiene practices.

The congregate living setting's role in outbreak control

Once an outbreak has been declared, the congregate living setting is required to:

- Follow all recommendations and requirements provided by York Region's Public Health staff
- Provide York Region Public Health with details regarding symptomatic residents and staff as well as overall information relating to the size and staffing within the facility
- Facilitate the collection of specimens from symptomatic residents after obtaining consent from the residents or their legal guardians
- Immediately report changes associated with the outbreak such as new cases of illness among the staff/residents, hospitalization and complications
- Provide daily updated information about each ill staff/resident associated with the outbreak using the established line list
- Communicate outbreak information to anyone attending or visiting the congregate living setting

If you suspect there is an outbreak at the residence, notify York Region Public Health, Infectious Diseases Control Division immediately.
Call 1-877-464-9675 ext. 73588, Monday to Friday between 8:30 a.m. and 4:30 p.m.
After hours, including weekends and holidays, call 905-953-6478.

Resources are available online

Operators of the congregate living setting are encouraged to view outbreak related resources available at york.ca/Health – Infectious Diseases and Prevention/Infectious Diseases and Outbreak Management.

How to control an outbreak STEP 1

Addressing early stages of an outbreak

Notify York Region Public Health as described on the previous page

Create a line list

The 'line list' is a tool that allows the congregate living setting to document the details of all staff and residents who have recently or are currently experiencing illness. York Region Public Health outbreak investigators use the information provided on the 'line list' to evaluate the extent of the outbreak by monitoring the number of new cases each day. Any individual presenting with compatible symptoms should be added to the line list. Include individuals with compatible symptoms on the line list (even with one episode). Your outbreak investigator will determine who meets case definition. Ensure there are separate line lists for the congregate living residents and staff.

The Enteric or Respiratory Outbreak Line Listing form is available from the outbreak investigator or online at york.ca/Health

- List all ill persons chronologically in order of the date of illness onset (one list for residents, one list for staff)
- Complete all information required on the line list. For residents under 18, contact the parents/legal guardians to obtain accurate information
- Update the line list daily and report new information to the outbreak investigator
- Do not remove names of resolved cases from the line list; simply add each new case to the existing line list

What is a "case definition"?

A case definition helps the outbreak investigator identify who is included as a case in the outbreak. It contains information including the start date of the illness, the symptoms and the location of the outbreak. At the start of the outbreak the case definition may be broad to include all possible cases. As the outbreak continues, a pattern of illness may be observed and the definition may be narrowed. The outbreak investigator will assist in developing the case definition using information from the line list.

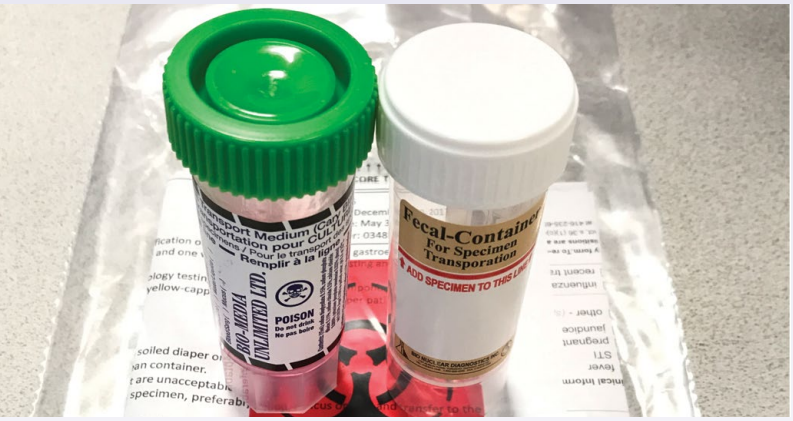
Identify the source of the outbreak:

1. Enteric Outbreak

In order to identify the source of an enteric outbreak, it is important to collect stool, water and/or food specimens. The outbreak investigator will assist in the collection of environmental samples and will provide specimen collection containers with the request that clinical samples from residents be collected by the residence or staff and ill staff collect their own samples. Occasionally, other specimens may be required and the outbreak investigator will provide information on how these samples should be collected. For symptomatic residents under 18, parents/legal guardians of these residents must be notified if clinical samples (stool specimens) are being collected. Consent must be received prior to collection of the sample. Results from lab specimens will always be released to the parents/legal guardians of the resident.

Collect stool samples during an enteric outbreak:

- Encourage all residents and staff who meet the case definition to provide a stool sample for laboratory testing
- Obtain stool kits and instructions for correct collection of samples from the outbreak investigator. Contact the outbreak investigator if more sample collection kits are needed
- Fill out all information on each vial within the kit and the information required on the outside packaging of the kit
- Store the samples in a cooler with ice until they are ready for pick-up. It is very important to make sure that the filled containers are not stored in a fridge that is used for food
- If a separate fridge is not available, store the sealed kit at the bottom of the fridge away from food items, and clean and disinfect the area following pick up of stool. Follow the Proper Cleaning and Disinfecting Practices chart for information



The Enteric Outbreak Kit includes two bottles with a tiny spoon attached inside each cap:

The green-capped bottle (used for testing bacteria) has a red-colored liquid in it. This is a preservative. The liquid protects the bacteria so the lab can detect them. Please do not pour it out and DO NOT DRINK the liquid in the bottle. This liquid is poisonous for humans. Keep it out of children's reach.

The white-capped bottle (used for testing viruses) is a sterile and empty bottle with no preservative in it.

Collect food samples

- If an enteric outbreak is suspected, keep leftover food samples for the public health inspector, as they may be sent for laboratory testing
- Store all leftover food in the refrigerator or freezer. The date of collection and the name of the food must be clearly indicated on the food sample container

NOTE: All menus, listing the foods served 7 days prior to illness onset of the first case, must be made available in the event of an outbreak

Collect water samples

- In the event of an enteric outbreak, a water sample will be collected by a public health inspector and sent for laboratory testing if the congregate living setting is on private well water. Ensure the well water sampling records are kept on-site and available for the public health inspector to review

2. Respiratory Outbreak

If a respiratory outbreak is suspected, please ensure that residents and/or staff are assessed by a physician. Physicians will order appropriate testing to be conducted to determine the causative organism for the outbreak. Public Health will also provide recommendations for the types of specimens to be collected and the testing to be performed by the laboratory. Similarly, if nurses are available at the residence, the nurse may obtain a nasopharyngeal swab from the symptomatic resident, or from ill staff who begin to feel unwell while at work and agree to submit to specimen collection prior to going home.

STEP 2

Establish control measures

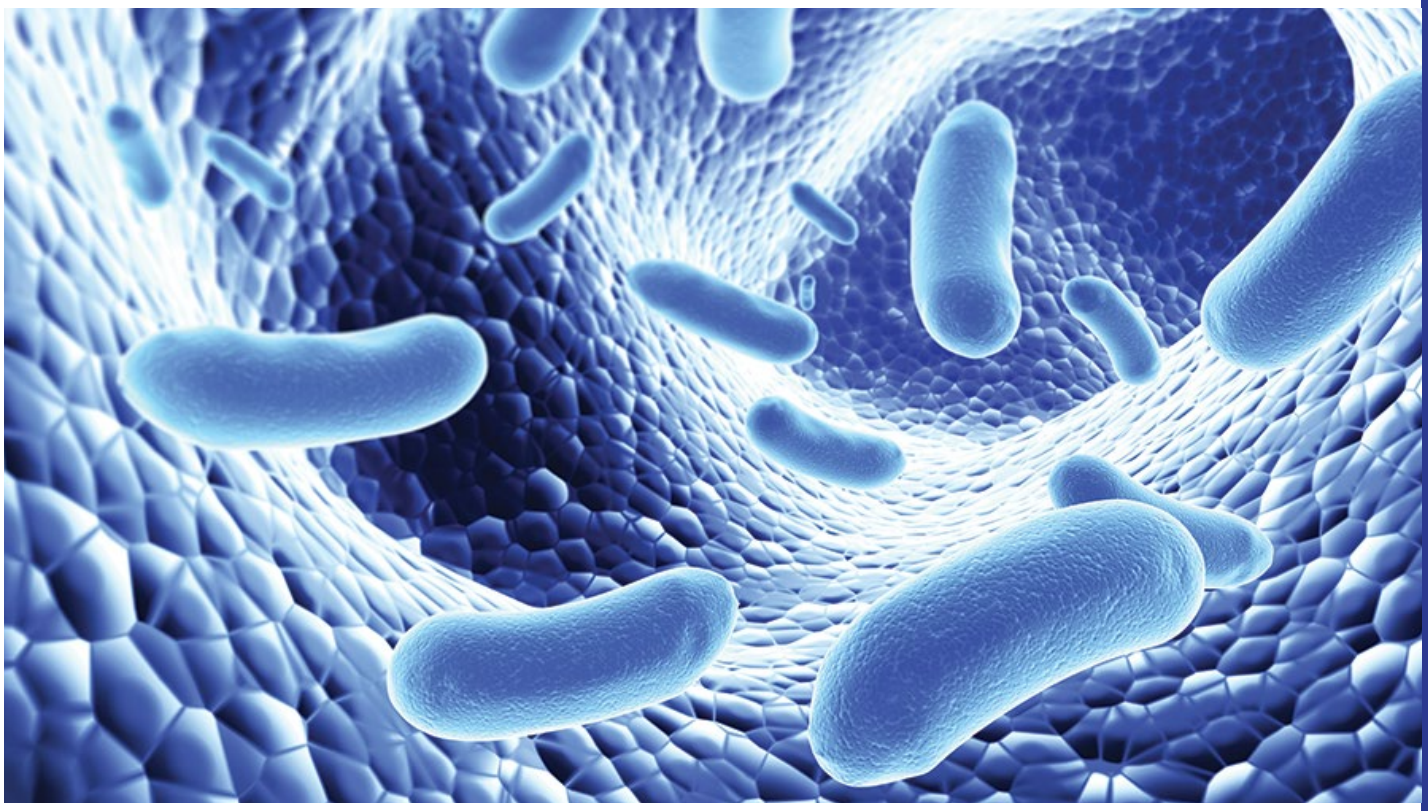
The operator of a congregate living setting must communicate to all staff and visitors the required control measures as detailed by York Region Public Health, to help control further spread of illness within the facility.

- Symptomatic residents should be encouraged to stay in their rooms, so long as it does not cause undue stress or agitation of the resident
- Where possible, assign a staff member to provide care to the symptomatic residents

Exclusion

- Staff members who experience illness onset while at work must report illness to the person monitoring for new cases of illness
- Staff who experience illness onset while at home should provide the residence with details of illness including symptoms experienced and onset date of illness
- Ill staff should be advised that they are not allowed to work at the residence or any other congregate living setting until they have met the criteria as defined by York Region Public Health allowing them to return to work
- The outbreak investigator will provide direction as more information becomes available

Some disease-causing microorganisms can continually to be shed by residents or staff even as they are getting better. If there is laboratory confirmation that a specific microorganism is the cause of the outbreak, this may affect the period during which control measures must be implemented. The outbreak investigator will provide direction regarding next steps for the outbreak.



Control measures (continued)

- Encourage good personal hygiene practices with residents, visitors and staff
- Advise visitors and family of residents not to visit when they are ill
- Remind staff to practice proper and frequent handwashing, especially before eating and after using the toilet and before and after providing care to a resident
- Educate staff and visitors on performing hand hygiene, following the proper handwashing method
- Encourage residents, staff, and visitors to receive annual influenza immunization as recommended by the Ministry of Health and Long-term Care
- Increase the concentration level of the disinfectant used in the residence to "outbreak situation" level for the duration of the outbreak. York Region Public Health will provide direction regarding cleaning and disinfection requirements
- Increase the frequency of cleaning and disinfecting of common areas and high touch surfaces, such as door handles, handrails, sinks, taps and toilet handles
- Assign staff to dedicated rooms and minimize movement between rooms
- Assign staff when there is a potential risk of contact with body fluids. Staff and visitors must ensure that personal protective equipment, such as gloves, gowns, masks, eye protection, are worn during activities when there is potential for exposure to blood, stool or vomitus including procedures such as assisting with incontinence care, toileting or cleaning up vomit
- If a resident's clothing is soiled with blood or body fluid, such as feces or urine, handle the soiled clothing with gloves and place the soiled clothing in a securely tied plastic bag at the point of collection (see laundry section on page 34 for more information)
- Encourage visitors to take extra infection prevention and control measures, such as good hand hygiene and respiratory etiquette, to help limit the spread of illness
- Discontinue group or sensory play activities
- Do not involve symptomatic residents/staff in food preparation

STEP 3

Declaring an outbreak over

The outbreak will be declared over by the York Region Public Health outbreak investigator when the congregate living setting is clear of new cases for the time specified by the investigator. The outbreak investigator will determine this period of time based on the causative micro-organism, if identified, in the outbreak.

CHAPTER 3

HEALTHY ENVIRONMENTS

Building Structure and Maintenance

The design and maintenance of the built environment, including the building structure, floors, walls, ceilings and windows can have a significant impact on the well-being and safety of residents and staff. An improperly maintained built environment can result in injury or transmission of diseases in congregate living settings.

Construction and renovation

Construction or renovation activities may produce dust contaminated with disease-causing microorganisms which can cause illnesses in residents with weaken immune systems or underlying medical conditions. Before undertaking any construction or renovation activities, notify York Region Public Health to review the plan or blueprint of the layout. Contact your municipal office to schedule any additional inspections necessary to ensure compliance with municipal codes such as fire and building codes. Having the plans reviewed before construction begins can save money by preventing the need for changes after they are built.

Floors, walls and ceilings

Maintain all floors, walls and ceilings in good condition. Materials used for floors, walls and ceilings in the food preparation and storage area as well as washrooms should be smooth, easy to clean and non-absorbent.

Staff should regularly inspect all floors, walls and ceilings to ensure they are in good condition. Areas in need of repair are difficult to properly clean and disinfect. These areas can provide harbourage for pests and pose safety hazards to residents and staff.

Carpet Care

Carpets are not recommended in areas where spills or contamination are expected, such as in a dining area. In areas where a carpet is used, it should be cleaned and maintained as often as necessary. Since vacuuming and shampooing can scatter microorganisms into the air, carpeting should be avoided in areas where residents with weakened immune systems or underlying medical conditions have access. When possible, vacuuming of carpets should be done with a High Efficiency Particulate Air (HEPA) filtered vacuum to prevent the release of contaminants and allergens back into the air. Torn carpets should be promptly repaired or replaced because they cannot be properly cleaned and disinfected.

If a spill of blood or body fluid occurs on a carpet, disinfect the entire spill area with a disinfectant and allow it to stand for the amount of time recommended by the manufacturer. Arrange for the carpet to be cleaned with an industrial carpet cleaner as soon as possible. If the spill is heavy, replacement of the affected area might be needed.

Windows and doors

In addition to the requirements listed in the Ontario Building Code and municipal by-laws, all windows and exterior doors should be tight fitting and in good condition. Windows that open to the outside should have screens installed to prevent pests from entering the residence. Window screens should be inspected on a regular basis to ensure they are intact and not torn or heavily soiled.

Window sills can be a common place for mould growth. Ensure they are checked regularly for condensation, particularly during the cold months. If condensation is noticed, wet surfaces should be cleaned and dried immediately to prevent mould growth.

For more information on maintenance tips for windows and doors, visit Canadian Mortgage and Home Corporation website: cmhc-schl.gc.ca

Indoor Air Quality

Canadians spend close to 90 per cent of their time indoors. Breathing in indoor pollutants such as mould, dust, tobacco smoke and fumes from cleaning products can harm anyone's health.

Poor indoor air can cause symptoms such as headaches, fatigue, shortness of breath, worsening of pre-existing allergies and asthma, sinus congestion, coughing, sneezing, eye, nose, throat and skin irritation, dizziness and nausea. In order to minimize risks associated with exposure to indoor air pollutants, it is important to recognize and control potential sources of pollutants.

Major indoor air pollutants and their sources include:

- By-products of combustion, for example, carbon monoxide, from unvented gas heaters, wood and gas burning fireplaces
- Cleaning products
- Volatile organic compounds from paints, solvents and air fresheners
- Asbestos from acoustical materials, tiles and insulation, if damaged or not intact
- Mould from excessive humidity, inadequate ventilation and flooding

Tips to reduce and control exposure to indoor air pollutants:

- Clean floors, such as tiles and hardwood, with a damp mop and vacuum carpeted areas often
- Use non-toxic cleaning products more often
- Ensure that rooms are well ventilated by opening windows when weather permits and/or turning on exhaust fans (in bathrooms and stove vents)
- Reduce the amount of dust by minimizing clutter
- Make sure air vents are not blocked by objects such as furniture to maintain good air flow
- Avoid chemicals used to mask odours like air fresheners, moth balls, and toilet deodorizer blocks
- Check ventilation systems and replace or clean the filters and fans often
- Ensure that outdoor shoes are not worn throughout the residence

Mould

Mould growth in congregate living settings may pose a health hazard. Health risks depend on exposure and individual sensitivity. To reduce exposure it is important to remove mould, regardless of the mould species found to be growing, and eliminate the source of moisture that leads to its growth. Moisture can occur due to leaks, running taps and high humidity. Mould can release spores that if inhaled may cause health effects such as asthma and asthma-like symptoms, upper respiratory tract symptoms, coughing and wheezing.

Clean small areas of mould with water and mild detergent as soon as possible. Dry the area quickly and completely. For areas bigger than one square metre, plan to clean and fix the problem. Discuss how to fix and mitigate the problem with your public health inspector. For specific information on mould removal and clean-up, refer to Health Canada's Addressing Moisture and Mould Indoors website.

Tips to prevent mould growth:

- Look around the building structure for damage
- Repair leaks and structural deficiencies that can lead to moisture problems
- Reduce condensation indoors
- Increase air circulation
- Clean and dry wet surfaces immediately

Surfaces that have been damp for more than 48 hours, such as drywall should be inspected for mould growth and replaced if they cannot be dried completely.

Questions pertaining to mould and/or indoor air quality can be directed to York Region *Health Connection* at 1-800- 361-5653 or visit york.ca

Legionella

What is *Legionella*?

Legionella is a species of bacteria that can be found almost everywhere in nature, especially in aquatic environments. Outbreaks and sporadic cases have been linked to air-conditioning cooling towers, evaporative condensers, humidifiers, whirlpool spas, respiratory therapy devices, decorative fountains and portable water systems. *Legionella* grows well in water with temperatures between 25°C to 50°C, especially when the water is stagnant with a build-up of scale and sediments.

How can I reduce my risk?

The risk of exposure to *Legionella* can be reduced by proper maintenance of water systems and mist-producing devices. Plumbing systems must be installed and maintained properly to prevent area where water may stagnate. Flush water pipes and shower heads for at least two minutes on a regular basis to prevent water stagnating. Mist-producing devices including ventilators, nebulizers, and face masks or nasal cannulas must be cleaned and disinfected regularly according to manufacturer's directions.

Who's at risk for Legionnaires' disease?

When water droplets containing the *Legionella* bacteria are inhaled into the lungs, they can cause a serious complication called Legionnaires' disease. People with a weakened immune system are at a greater risk of acquiring the infection. Legionnaires' disease may be life-threatening if not treated promptly.

Hazardous Substances

Poisonous Plants

Residents can encounter poisonous plants from indoor house plants or through their activities in parks, gardens and outdoor areas. Common routes of exposure include contact with the skin and ingestion with these plant parts.

Some of the most common outdoor poisonous plants found in York Region include wild parsnip, cow parsnip, poison ivy and giant hogweed. Many common garden plants are also poisonous including: crocus, daffodil, lily-of-the-valley, holly, yew, unripe tomatoes, all green parts of potatoes, oak and horse chestnut. Several of the most common houseplants, including caladium (also known as elephant's ear), Dieffenbachia, Jerusalem cherry and philodendron are poisonous.

Tips to consider:

- Plants that are known to be hazardous should be removed from the congregate living setting
- Inform residents about the dangers of certain plants and how to recognize these plants
- Do not allow residents to taste or eat the nectar from flowers
- Identify all plants in the congregate living setting. Be sure you know both their common and botanical names. This information will greatly assist the physician in case of accidental poisoning

Inspect outside areas for poisonous plants and wild mushrooms before residents go outdoors. Remove and properly discard all wild mushrooms and remove or restrict access to poisonous plants.

For more information refer to the Ontario Poison Centre at OntarioPoisonCentre.ca or visit the Canadian Association for Poison Centres and Clinical Toxicology at InfoPoison.ca

Pesticides

A pesticide is any substance used to repel, destroy or prevent the development of a pest.

Pesticides, if misused, can be poisonous to humans. People can be exposed to pesticides by inhaling them, by absorption through the skin or by ingestion. It is important to store all hazardous substances out of reach.

Indoor pesticide products should be used only as a last resort. Follow an Integrated Pest Management (IPM) approach. If a pesticide is required, contact a pest control company licensed by the Ministry of Environment, Conservations and Parks.

It is best practice not to apply pesticides when the residents are in the congregate living setting. Seek immediate medical attention if a resident has been accidently exposed to a pesticide. Refer to page 42 of this guide for more information on the IPM approach.

Other common hazardous substances

- Read the label on any chemical products and follow the instructions for handling, storage and use
- Do not mix chemicals such as bleach and ammonia, as this can create toxic fumes
- Ensure the cap of any chemical product is on tightly after each use
- Keep chemical products in their original containers
- Keep chemical products in a locked cupboard or in a location inaccessible to residents
- Consider teaching residents about the warning symbols found on containers and to avoid such hazardous chemicals
- Ensure the room is well-ventilated when arts and crafts activities are taking place. Use liquid, gel and paste art materials rather than powders and sprays to that can leave chemicals in the air longer
- For arts and crafts activities use paints labelled "non-toxic". Do not let residents use copper enamel, powdered clay and paint, ceramic glaze and solder for stained glass (may contain cadmium or lead). Check Health Canada's *Information for Art Class Teachers: Chemical Safety*
- Treat items containing mercury such as broken thermometers and compact fluorescent light bulbs (CFLs) as hazardous waste. See Environment and Climate Change Canada: What to Do if A Fluorescent Lamp Breaks and York Region's Household Hazardous Waste site for more information.

For more information about poison control and safety, visit OntarioPoisonCentre.ca or call the toll-free number, 1-800-268-9017.

Protection from Air Pollution

Air pollution can affect everyone's health. Those most at risk include children and those with respiratory and cardiovascular medical conditions.

Signs and symptoms associated with air pollution include coughing, wheezing, difficulty breathing, chest tightness and eye irritation. Air pollution has also been linked to increases in asthma symptoms, hospital admissions and premature death.

The air quality health index: Be air aware

The Air Quality Health Index (AQHI) is a tool that can help staff protect the health of residents by limiting their exposure to air pollution.

Tips to consider:

- Check the AQHI each morning at airhealth.ca or download the Environment and Climate Change Canada (ECCC) WeatherCan app on your phone and check the AQHI for your area
- Schedule outdoor activities during periods of the day when air pollution levels are low
- Avoid strenuous outdoor exercise or activities during periods of poor air quality and when traffic volumes are high
- Monitor residents who have medical conditions such as asthma, respiratory allergies, heart or lung diseases that make them more sensitive to air pollution, especially during periods of moderate to high air pollution
- Seek medical attention for residents who experience chest tightness, wheezing or difficulty breathing
- Keep residents away from high traffic areas to reduce their exposure to vehicle exhaust
- Designate the congregate living setting as an idle-free zone

Congregate living settings can help reduce emissions that contribute to local air pollution and climate change by reducing their environmental footprint and conserving energy whenever possible.

Sign up for air quality alerts by visiting airqualityontario.com/alerts/signup.php

Air Quality Health Index

1 2 3 4 5 6 7 8 9 10 +

Low Risk (1 to 3)

Moderate Risk (4 to 6)

High Risk (7 to 10)

Very High Risk

Extreme Temperatures

Extreme temperatures can affect everyone; however children and the elderly are more at risk for health impacts. It is important to think about the residents' indoor and outdoor environments and take steps to keep them healthy and safe throughout the year.

Extreme heat

Heat related illnesses include heat rash and muscle cramps, heat stroke and heat exhaustion.

Tips to stay safe and keep cool:

- Check the local weather forecast at weather.gc.ca for temperature, humidex, heat warnings the Air Quality Health Index and Ultraviolet (UV) Index
- Stay indoors in cool, well-ventilated areas
- Keep residents hydrated. They should drink plenty of water before they feel thirsty
- Reduce outdoor activities or reschedule them when the temperature is cooler
- Reduce residents' activities in areas with direct sun exposure and rest often in shady areas
- Promote the use of lightweight, light-coloured, loose fitting clothing, wide brimmed hats, sunglasses with both UVA and UVB protection and sunscreen with an appropriate Sun Protection Factor (SPF)
- Ensure outdoor areas have sufficient shade. Consider planting trees or using built shade structures
- Know the symptoms and treatment of heat related illness

For more information, go to york.ca/ExtremeHeat

Extreme cold

Serious health problems can result from prolonged exposure to the cold, such as frostbite and hypothermia. Many factors play a role in how a person's body reacts to the cold. These include environmental factors such as temperature, wind and sun, as well as individual factors such as clothing and level of activity.

Tips to stay safe and warm:

- Check the local weather forecast at weather.gc.ca for temperature, wind chill and weather warnings
- Limit exposure to extreme cold weather. If it's too cold outside, consider staying indoors or rescheduling outdoor activities
- Ensure residents are dressed appropriately for the weather conditions. Frequently check that they remain appropriately dressed
- Make sure that residents' head, face, ears, neck, hands and feet are well protected. Use hats, scarves, gloves, mittens and warm socks to prevent heat loss and protect from frostbite
- Promote the use of layered, windproof and waterproof clothing
- Check residents' hands, feet and face frequently
- Know the symptoms and treatment of frostbite and hypothermia

For more information, go to york.ca/ExtremeCold

Addressing and Adapting to Climate Change

Extreme temperatures can affect everyone; however, seniors and people with certain medical conditions are at greater risk for health impacts.

Actions can be taken to adapt to climate change, making communities safer and more resilient. Congregate living settings can take steps to protect their residents, such as developing extreme heat response or flood preparedness plans; and incorporating natural and built shade to reduce the health impacts of extreme heat. Measures such as conserving energy and reducing vehicle use also helps to reduce emissions of greenhouse gases, mitigating future climate change.

To learn more about how climate change impacts health in York Region, visit york.ca/ClimateAndHealth

A Smoke-Free and Vape-Free Environment

The *Smoke-Free Ontario Act* (SFOA) is a provincial law enacted in 2017 to protect Ontarians from the harmful effects of second-hand tobacco smoke, cannabis smoke and vapour from e-cigarettes.

Congregate living settings that are regulated and funded by the Ministry of Health and Long-Term Care or the Ministry of Community and Social Services are defined as residential care facilities by the SFOA. Operators of Congregate living settings are required to ensure the residence is smoke-free and vape-free. They must also post "No Smoking" and "No Vaping" signs at all entrances, exits and washrooms of the residence. "No Smoking" and "No Vaping" signs are provided free of charge by York Region Public Health. Operators are also required to ensure that there are not any ashtrays or similar items remaining in the residence. Congregate living settings may have an outdoor smoking shelter for staff and residents to smoke and vape in. The shelter must not have more than two walls and a roof.

Tobacco and Electronic Cigarette Control Team inspectors conduct random, routine inspections of residential care facilities to encourage operators to comply with the SFOA. An individual who violates the prohibition on smoking or vaping in the smoke-free and vape-free areas of a residential care facility may be charged with an offence, and upon conviction could be subject to a maximum fine of $1,000 (for a first offence) or $5,000 (for any subsequent offence).

Should any staff member or resident wish assistance to quit smoking, help is available. The smoker's helpline can be contacted at 1-877-513-5333 or on the web at smokershelpline.ca

For more information on the *Smoke-Free Ontario Act*, please visit the Ministry of Health and Long- Term Care's Smoke-Free Legislation webpage at www.ontario.ca/page/smoke-free-ontario or contact York Region *Health Connection* at 1-800-361-5653 and ask to speak to the Tobacco and Electronic Cigarette Control team.

Animals in Congregate Living Settings

Providing opportunities for residents to interact with animals that reside in the residence or visit for a short time contributes to residents' mental, physical and emotional well-being. However, animals can pose a risk of exposure to infectious diseases. While there are measures that can be taken to reduce these risks, some animals may present a higher risk of disease transmission and are therefore not recommended for the congregate living setting.

The following animals are not recommended for Congregate Living Settings:

- Animals that are ill
- Birthing or pregnant animals
- Dangerous animals
- Predatory birds
- Venomous or toxin producing spiders or insects
- Reptiles such as turtles, snakes and lizards
- Amphibians such as frogs, toads and salamanders
- Aggressive animals
- Wild animals
- Exotic animals
- Animals less than one year
- Stray animals with unknown vaccination status

Infection prevention and control recommendations

Prior to animals visiting or residing in the residence, all staff should be educated on infection prevention and control measures related to animal contact. Ensure proper handwashing after animal contact by both staff and residents.

All animals residing in or visiting the residence should be healthy and have up-to-date rabies vaccinations. Dogs, cats and ferrets, three months of age or older, are legally required to be immunized against rabies. A copy of the certificate of immunization must be readily available.

Animals should be kept away from all food preparation, storage and dining areas in the residence. Staff should be assigned to ensure pet enclosures are kept clean at all times. Pet enclosures should be part of the residence's routine cleaning and disinfection schedule.

If an animal that resides at the facility exhibits any of the following, remove the animal from the facility or have the animal seen by a veterinarian:

- Vomiting or diarrhea
- Sneezing or coughing of unknown origins
- Any unusual behavior

During an outbreak at the congregate living setting, pet visitation programs should be cancelled.

Rabies

Rabies is a disease that affects warm blooded animals, including humans. It is almost always fatal if treatment is not provided. The rabies virus is spread by contact with saliva from an infected animal, generally from a bite, scratch or a lick on broken skin. In Ontario, the most common animals that carry the virus are bats, raccoons, skunks and foxes, however, domestic animals such as dogs and cats are also at risk.

Animal bites and scratches

In the event a resident is exposed to the saliva of an animal through a bite or scratch, or licked on an area of broken skin, follow these steps:

- Put on disposable gloves
- Immediately wash the wound thoroughly with soap and water for several minutes. Avoid splashing the water into the resident's eyes, nose and mouth
- Apply an antiseptic
- Take the victim to his/her family doctor or to the nearest hospital
- Where applicable, contact the victim's parent/legal guardian/power of attorney
- Report the incident to a Public Health Inspector immediately by calling York Region Health Connection at 1-800-361-5653
- For more information, please visit york.ca/Rabies

All animal exposures are required to be reported to York Region Public Health. Where possible, provide the following information:

- Name of the victim and parent/legal guardian/ power of attorney address and phone number
- Animal owner's name, home address and phone number
- Description of animal including species, breed, colour, size and pet name
- Description of circumstances leading up to the incident

Exposure to Bats

The most common carriers of rabies are: bats, skunks, foxes and raccoons. If a person comes into direct contact with a bat, they are at risk of exposure to the rabies virus.

Direct contact is defined as:

- A bat touching the skin of a person
- Saliva from a live bat entering a person's mouth, nose, eyes or open wound
- A person handling a dead bat

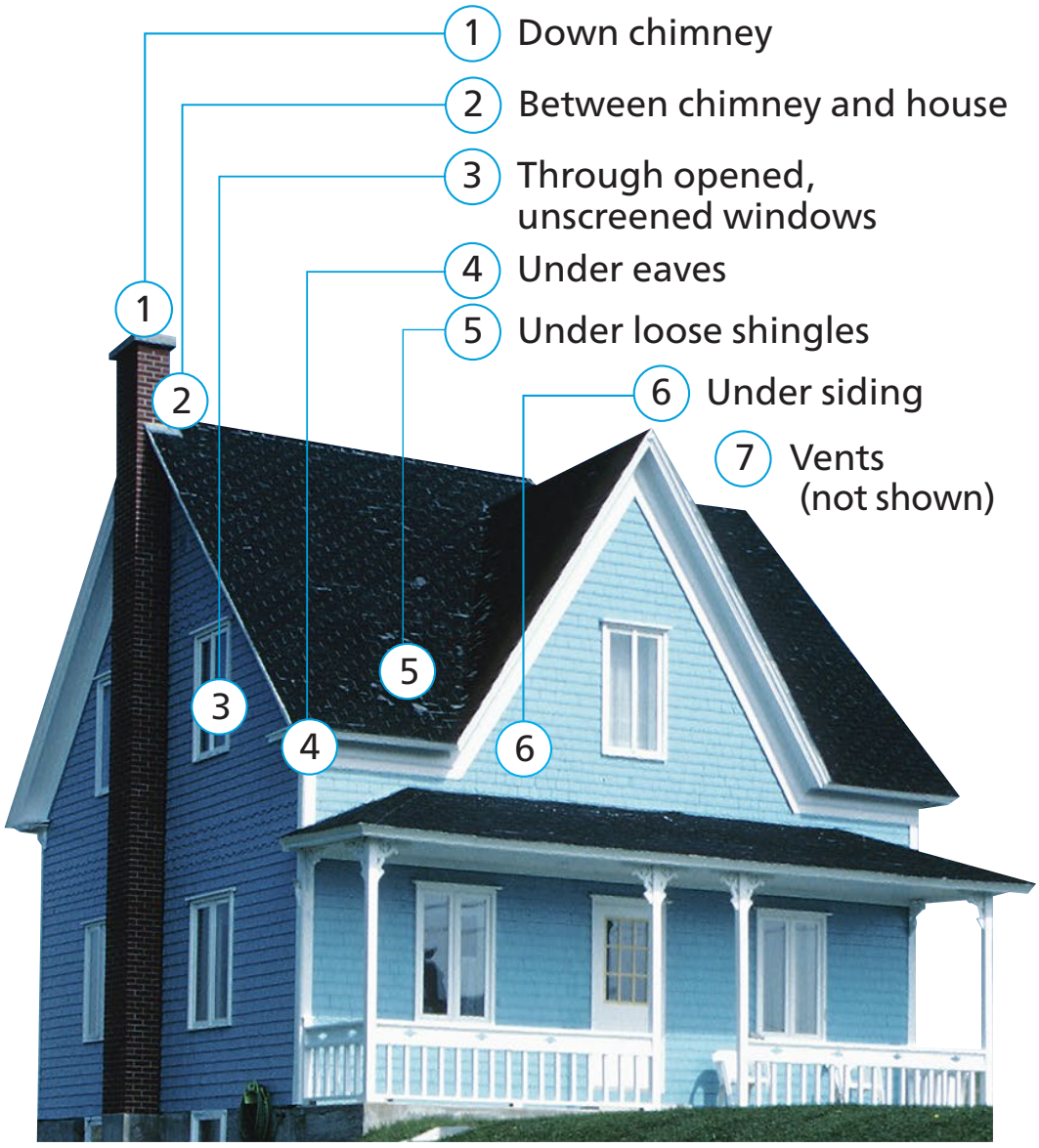
If contact with a bat was through clothing, an assessment is required to assess whether direct contact with skin may have occurred. If someone is unsure or unable to provide details about a bat landing on them, the following steps should be followed:

- Wash the affected area thoroughly and seek medical attention immediately
- If the bat is alive, try to restrict its movement to a single room and place a towel along the base of the door to prevent it from escaping till York Region Public Health can arrange its removal by a professional pest control or wildlife removal company
- If the bat is dead, avoid direct contact and place it in a box or container, Keep the bat in a cool location away from residents and pets until York Region Public Health can arrange to pick it up
- Report the incident to York Region Public Health by calling 1-800-361-5653

How to "bat proof" the residence

Bats find their way into a building through small cracks and crevices. Their small size makes it possible for them to squeeze through holes as small as six millimetres or about the size of a dime. To develop a plan on how to bat proof the congregate living setting, contact a professional pest control or wildlife removal company for advice. The following are some general suggestions to prevent bat entry into the residence

- Carefully inspect for holes that might allow bats to enter. Possible entry points are often near the edge of the roof, under the eaves, loose boards, openings in the roof or vents or cracks around the chimney.
- Caulk any openings larger than a quarter-inch by a half-inch
- Repair or replace damaged window screens, chimney caps and draft guards beneath doors
- Seal openings with stainless steel wool or caulking. Ensure all exterior doors close tightly



West Nile Virus and Lyme Disease

From spring to fall, when residents spend more time outdoors, there are simple precautions that can be taken to minimize the risk of West Nile virus and Lyme disease. West Nile virus is an illness spread through the bite of an infected mosquito. Lyme disease is spread through the bite of an infected blacklegged tick.

How to prevent mosquito and tick bites

- Cover up and wear light-coloured long-sleeved shirts and pants
- Consider using an insect repellent when outdoors containing DEET or icaridin
- Follow instructions on insect repellent labels carefully

Clean up standing water

- The best way to keep mosquitoes away is to clean up areas of standing water where mosquitoes like to breed
- Clean up and empty containers where water collects including planters and storage bins
- Clear eaves troughs and roof gutters
- Unclog drainage ditches

Removing ticks

If you find a tick on a resident, prompt removal is very important to reduce the spread of Lyme disease.

- Put on personal protective equipment (PPE) such as gloves
- Use tweezers to gently grasp the tick as close to the skin as possible. Pull the tick straight out
- After removing the tick, use soap and water to wash the bite area
- Remove PPE appropriately. Refer to the Personal Protective Equipment poster at york.ca
- Discard PPE and place in a plastic lined garbage container with a tight fitting lid
- Wash hands for 15 seconds using soap and warm water
- Save the tick in a moistened paper towel in a plastic container and store in a refrigerator. Take care to store the tick away from food or drinks
- Provide the tick to the parent/legal guardian and advise them to contact York Region Public Health
- Contact York Region Public Health to arrange for identification and testing of the tick. Free tick identification services are available through etick.ca

For more information about West Nile virus and Lyme disease contact York Region *Health Connection* at 1-800-361-5653 or visit york.ca/WestNile or york.ca/LymeDisease

Bed Bugs

What are bed bugs?

Bed bugs are small insects that feed on blood of people, other mammals and birds. Bed bugs will most often hide in beddings, upholstered furniture but can hide almost anywhere when an infestation is well established.

How do bed bugs get into the residence?

Bed bugs can be carried into a congregate living setting on objects like furniture and clothing. They can also enter by travelling along pipes, electric wiring and other openings. Once they are established, bed bugs can be difficult to eliminate. Prevention is the key to avoiding a bed bug infestation in a congregate living setting.

How to prevent bed bugs?

The following recommendations can help prevent a bed bug infestation in a congregate living setting:

- Use bed bug proof covers for all mattresses and box springs
- Remove all unnecessary clutter, especially in sleeping areas
- Caulk cracks and crevices in walls, ceiling and floors. Bed bugs can hide behind peeling wall paper and paint. Repair walls and ceilings if paint is peeling or chipped
- All second hand furniture should be carefully inspected for the presence of bed bugs before they are brought into the facility

What can I do if there are bed bugs in the congregate living setting?

The best way to deal with bed bugs is through integrated pest management (IPM) system, which is a combination of different techniques and products with the least risk to human health and the environment.

1. Talk with a professional pest control operator to confirm the presence of bed bugs in the residence
2. Inspect mattresses and bed frames, especially in the folds, crevices and underside
3. Use a nozzle attachment on a vacuum to capture bed bugs and their eggs
4. Vacuum all crevices on mattresses, bed frames, baseboards and any objects close to beds
5. Vacuum daily and empty the vacuum afterwards into a tightly tied garbage bag
6. Wash all bedsheets in hot water and place them in a hot dryer for 30 minutes
7. Consider using bed bug covers for pillows and mattresses
8. Remove all unnecessary clutter
9. Seal cracks and crevices between baseboards, on wood bed frames, floors and walls with caulking
10. Repair or remove peeling wallpaper, tighten loose light switch covers and seal any openings where pipes, wires or other utilities come into the residence including shared walls
11. Monitor daily by setting glue boards, sticky tape or carpet tape to catch bed bugs
12. Inspect donations of furniture and clothing for bed bugs. Vacuum or steam clean upholstered furniture and mattress before using. Donated clothing should be put through the dryer treatment before using

For more information on bed bugs prevention and management, visit york.ca or Health Canada website

Emergency Preparedness

Emergencies can arise at any time and it is important that staff in congregate living settings are prepared.

- Know the risks. Staff need to know what to do in different emergency situations such as fire, flood, tornadoes, loss of power or pandemic
- Develop an emergency plan with specific roles for staff to follow. Share the emergency plans with local emergency service providers, such as fire department, police department, and with the families of residents
- Where possible, test emergency plans through an exercise with staff and relevant partners
- Develop a business continuity plan to determine strategies and plans to ensure continued operation during and after a disruption
- Provide cross training for staff to ensure readiness to respond to any emergency or disruption
- Encourage staff to develop a personal home emergency kit and consider developing a kit for the congregate living setting

For more information visit york.ca/Emergencies and EmergencyManagementOntario.ca

GLOSSARY, RESOURCES AND REFERENCES

Glossary

Alcohol-Based Hand Rub (ABHR)

A liquid, gel or foam formulation of alcohol which is used to reduce the number of microorganisms on hands when the hands are not visibly soiled.

Allergen

A substance, such as pollen or a food, that causes an allergy.

Allergy

An abnormally high sensitivity to certain substances, such as pollens, foods or micro-organisms. Common symptoms of an allergy may include sneezing, itching and skin rashes.

Bacteria

Plural of bacterium. Any of a group of single-celled microorganisms that live in soil, water, the bodies of plants and animals, or matter obtained from living things. They are important because of their chemical effects and disease-causing abilities.

Body Fluid

Human body fluids including blood, saliva, mucous, stool and urine.

Cleaning

The physical removal of foreign material such as dust and soil, and organic material such as blood, secretions, excretions and microorganisms, accomplished with water, detergents and mechanical action.

Communicable

Capable of being transmitted or carried from one person or item to another.

Communicable Disease

An illness caused by a microorganism that is transmitted from an infected person, animal or vector.

Contact Time

The time that a disinfectant must be in contact with a surface or equipment to ensure that appropriate disinfection has occurred.

Contamination

The unintended introduction of foreign materials such as disease-causing microorganisms or allergens to another surface, such as clothes, bedding, or other inanimate articles or substances including water, and food.

Cross Contamination

The transfer of microorganisms from a contaminated source to a non-contaminated source.

Detergent / Soap

A synthetic cleansing agent that breaks down oil and soil.

Disinfectants

Products used for the process of disinfecting. They are applied to inanimate surfaces or objects such as work surfaces, shared health equipment, commodes and toilet seats to kill most disease-causing microorganisms.

Disinfecting

The process of destroying most disease-causing microorganisms on objects or surfaces, using high temperatures or chemical solutions.

"Everyday Use" Disinfection Level (non-outbreak)

The disinfection level to be used on a daily basis to disinfect, equipment and surfaces such as doorknobs, chairs, tables, telephones, sink faucet handles, shared health equipment, vinyl mattress covers and commodes. This level of disinfection can be used to clean up minor amounts of blood/body fluid (drops of fluid).

Hand Hygiene

The removal or killing of disease-causing microorganisms on the hands. Hand hygiene may be accomplished using soap and running water or an alcohol-based hand rub.

Infection

The entry and multiplication of an infectious microorganism in a susceptible person.

Integrated Pest Management (IPM)

A broad based approach to pest control that emphasizes prevention for the effective, economical and environmentally-sound suppression of pests.

Infection Prevention and Control

Evidence-based practices and procedures that when applied consistently prevent or reduce the transmission and spread of disease-causing microorganisms.

Microorganisms

Microorganisms, commonly referred to as germs, are organisms that are too small to be seen with the naked eye. They are found in food, water, animals, air and soil. Viruses, bacteria, mould, and parasites are types of microorganisms.

Multi-use Items

Items meant to be used more than once. They must be cleaned and disinfected after each use.

Outbreak (Enteric)

An enteric outbreak may occur when two or more residents experience symptoms of enteric infection on a specific unit or floor with an initial onset of symptoms within a 48 hour period.

"Outbreak Situation" Disinfection Level

This disinfection level is to be used in an outbreak. It must also be used to clean up major blood/body fluid spills OR when there is a confirmed viral or bacterial infection (non-outbreak situation) present in the congregate living setting.

Disease-causing microorganisms

Microorganisms that cause disease in humans.

Personal Protective Equipment (PPE)

Refers to protective clothing or equipment such as gloves, gowns, eye protection and masks that are used to prevent transmission of disease-causing microorganisms from residents to staff by placing a barrier between the source of infection and the staff.

Risk Assessment

The first step in the effective use of Routine Practices. A risk assessment must be done before each interaction with a resident or their environment in order to determine which interventions are required to prevent transmission during the interaction due to the possibility that the resident's status can change.

Routine Practices

A set of infection prevention and control practices designed to protect staff from exposure to potential sources of infectious diseases. Routine practices are based on the assumption that all blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items are potentially infectious.

Resources

Chapter 1

Cleaning and Disinfecting

York Region Public Health. *Proper Cleaning and Disinfecting Practices*. Available from york.ca/InfectionPrevention

Public Health Ontario. *Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings*, (3rd Edition). Available from publichealthontario.ca/en/eRepository/Best_Practices_Environmental_Cleaning.pdf

Food Safety

Canadian Food Inspection Agency. *Food Recalls Warnings and Allergens Alert*. Available from inspection.www.canada.ca/en/services/health/food-recalls-alerts.hmtl

York Region Public Health. *YorkSafe Foodhandler Certification Program.* Available from york.ca/FoodSafety

Incontinence Care and Toileting Alternatives

York Region Public Health. *Proper Cleaning and Disinfecting Practices* chart at york.ca/InfectionPrevention

Infection Prevention and Control

York Region Public Health. *When to Wash Your Hands*. Available from york.ca/InfectionPrevention

Inspection Reporting Program

York Region Public Health. *YorkSafe*. Available from york.ca/YorkSafe

Routine Practices and Additional Precautions

Public Health Ontario. *Routine Practices* and *Additional Precautions*. Available from publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/Routine_Practices_Additional_Precautions.aspx

York Region Public Health. *Personal Protective Equipment*. Available from york.ca/InfectionPrevention

Safe Water

Ministry of the Environment, Conservation and Parks. A guide for operators and owners of drinking water systems that serve designated facilities. ontario.ca/page providing-safe-drinking-water-public-guide-owners-and-operators-non-residential-and-seasonal

The Influenza Vaccine

York Region Public Health. *The flu vaccine.* Available from york.ca/Flu

Chapter 2

Management of Outbreaks

York Region Public Health. *Enteric Outbreak Control Measures – Information package for Institutions*. Available from york.ca/InfectionPrevention

York Region Public Health. *Infectious Disease and Outbreak Management*. Available from york.ca/Health

York Region Public Health. *Disease of Public Health Significance*. Available from york.ca/wps/wcm/connect/yorkpublic/3abf7372-6ce5-4906-bb46-b2a96ab47542/Reportable_Diseases_List.pdf?MOD=AJPERES

Chapter 3

Addressing and Adapting to Climate Change

York Region. Climate Change and Health. Available from york.ca/ClimateAndHealth

A Smoke-Free Environment

Canadian Cancer Society. *Smokers' Helpline*. Available from smokershelpline.ca

Where you cant smoke or vape in Ontario: ontario.ca/page/where-you-cant-smoke-or-vape-ontario

Bed Bugs

Health Canada. Bed Bugs. Available from canada.ca/en/health-canada/services/pest-control-tips/bedbugs-what-are-they.html

York Region Public Health. Bed Bugs. Available from york.ca/wps/portal/yorkhome/environment/yr/environmentalhealth/bedbugs

Building Structure and Maintenance

Canada Mortgage and Housing Corporation. *Mould in Housing* cmhc-schl.gc.ca/en/professionals/industry-innovation-and-leadership/industry-expertise/indigenous-housing/develop-manage-indigenous-housing/maintenance-solutions/mould-in-housing

Emergency Preparedness

Ontario Ministry of Community Safety & Correctional Services. *Emergency Management Ontario: Be Prepared*. Available from emergencymanagementontario.ca/english/beprepared/beprepared.html

York Region Public Health. *Emergency Preparedness*. Available from york.ca/york-region/emergencies/emergency-preparedness

York Region Public Health Fact Sheets
Flooding york.ca/media/92191
Sewage Back-up york.ca/resource/sewage-backup-factsheet
Power Outages york.ca/search?search=power+outage+fact+sheet

Extreme Temperature

Government of Canada. Weather Information. Available from weather.gc.ca

York Region Public Health. *Extreme Heat*. Available from york.ca/ExtremeHeat

York Region Public Health. *Extreme Cold*. Available from york.ca/ExtremeCold

Hazardous Substances

Canadian Association for Poison Centres and Clinical Toxicology. *Poison Control and Safety.* Available from infopoison.ca

Canadian Biodiversity Information Facility. *Information for Art Class Teachers: Chemical Safety.* Available from canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/industry-professionals/art-class-teachers.html

Government of Canada. *Compact Flourescent Lamps.* Available from canada.ca/en/health-canada/services/health-risks-safety/radiation/everyday-things-emit-radiation/compact-flourescent-lamps.html

Ontario Poison Control. *Plants*. Available from www.ontariopoisoncentre.ca/common-poisons/poisonous-plants/plants.aspx

Ontario Poison Control. *Poison Control and Safety*. Available from ontariopoisoncentre.ca/common-poisons/plants/

York Region. *Household Hazardous Waste.* Available from york.ca/environment/garbage-and-recycling/hazardous-waste-and-special-items-disposal

Indoor Air Quality

Health Canada. *Guide to addressing moisture and mould indoors* canada.ca/en/health-canada/services/publications/healthy-living/addressing-moisture-mould-your-home.html

York Region Public Health. *Indoor Air Quality*. Available from york.ca/health/environmental-health/indoor-air-quality

Legionella

Health Canada. *Legionella*. Available from www.canada.ca/en/public-health/services/infectious-diseases/legionella.html

Protection from Air Pollution

Environment and Climate Change Canada. *Air Quality Health Index.* Available from www.airhealth.ca

Ministry of the Environment, Conservation and Parks. *Air Quality Ontario*. Available from www.airqualityontario.com

West Nile Virus and Lyme Disease

York Region Public Health. *Lyme Disease*. Available from york.ca/LymeDisease

York Region Public Health. *West Nile Virus*. Available from york.ca/WestNile

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City of Toronto Shelter, Support and Housing Administration. *A Handbook For Shelter Operators*. Retrieved from www1.toronto.ca/city_of_toronto/shelter_support__housing.../bedbug.pdf

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Notes

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