

# SOUTHWEST IPAC HUB

NEWSLETTER - Winter 2025 Update

## WHAT IS THE IPAC HUB?



The Southwest IPAC Hub is a collaboration between **Middlesex-London Health Unit**, the **Huron Perth Public Health** and **Southwestern Public Health**. We provide advice, guidance and direct supports to IPAC leads and those responsible for IPAC in congregate living settings including Long-Term Care Homes, Retirement Homes, Group Homes, Shelters, Supportive Housing.

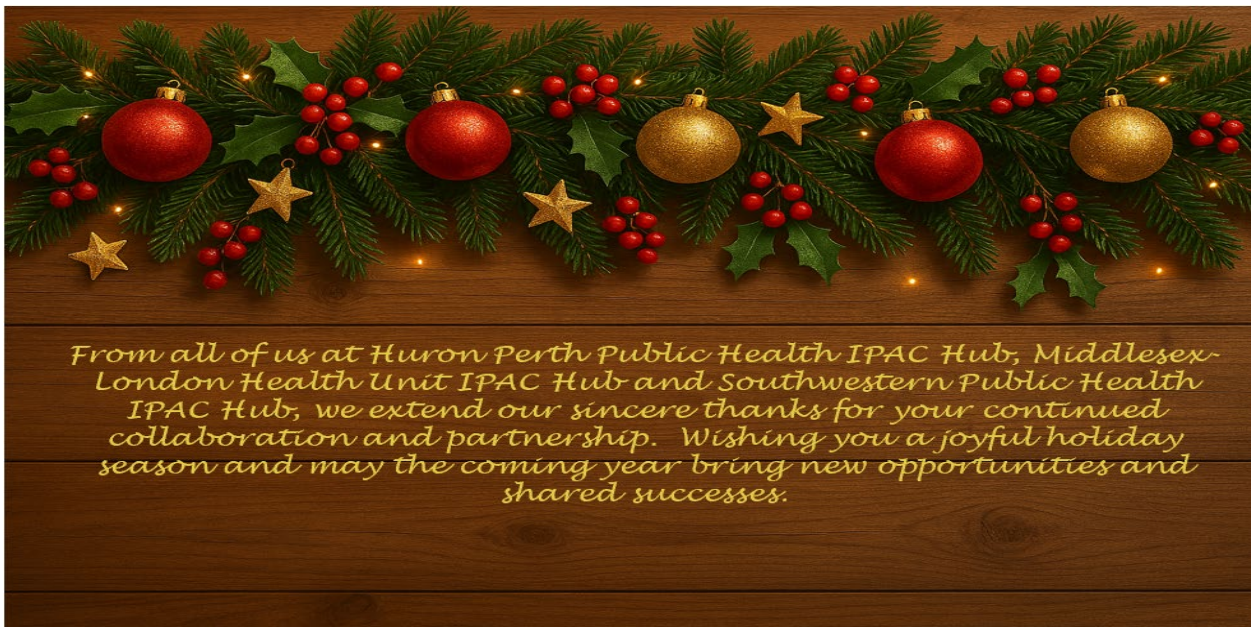
## WHAT SERVICES DO WE PROVIDE?



Our team works collaboratively with partners to provide the following IPAC services and supports:

- ◆ Development of education and training programs and materials
- ◆ Supportive visits and consultations
- ◆ Assistance with IPAC self-assessments
- ◆ Coaching/mentoring on IPAC practices
- ◆ Outbreak management planning
- ◆ Communities of Practice (CoP)
- ◆ Best practice recommendations and implementation support

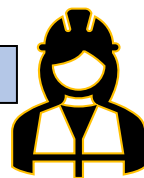
The e-newsletter is distributed electronically to Long-Term Care Homes, Retirement Homes and Congregate Living Settings in the Southwest IPAC Hub region.



*From all of us at Huron Perth Public Health IPAC Hub, Middlesex-London Health Unit IPAC Hub and Southwestern Public Health IPAC Hub, we extend our sincere thanks for your continued collaboration and partnership. Wishing you a joyful holiday season and may the coming year bring new opportunities and shared successes.*



## Getting Ready for Cooler Weather: Heating, Ventilation and Air Conditioning (HVAC) Maintenance



To ensure effective performance, HVAC systems must be designed, installed, operated, and maintained according to facility engineering protocols, manufacturer instructions for use, and all applicable regulatory standards.

### HVAC Checklist

- ☐ **There is an up-to-date policy for HVAC preventive maintenance at my facility.**
- ☐ **All parts of the air handling unit are easily accessible for inspection, cleaning and disinfection.**
- ☐ **An HVAC inspection is scheduled every 6 months by a qualified HVAC professional.**
  - Under O. Reg. 246/22: s. 96 (2). The licensee shall ensure that procedures are developed and implemented to ensure that, (c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection.
  - Per section 19 of the Health Care and Residential Facilities Regulation O. Reg 67/93, under the Occupational Health and Safety Act, a mechanical ventilation system shall be inspected every six months to ensure it is in good condition.
- ☐ **A semi-annual HVAC inspection checklist has been completed.**
  - [www.ontario.ca/page/ventilation-inspection-and-report-health-care-and-residential-facilities](http://www.ontario.ca/page/ventilation-inspection-and-report-health-care-and-residential-facilities).
- ☐ **A record of the HVAC inspection & maintenance is maintained.**
  - The qualified HVAC professional who completed the semi-annual inspection is required to file a report with the employer and with the joint health and safety committee (JHSC) or the health and safety representative (HSR), if any.
  - The report should state what was inspected, when and by whom and it should describe any deficiencies observed. If any deficiencies are found, action must be taken to correct them.
- ☐ **Natural ventilation strategies (e.g., opening doors and windows) are used, as appropriate.**
  - Consult with your HVAC professional to ensure that natural ventilation does not compromise the direction of airflow, the efficiency of your HVAC system or indoor humidity.
  - Ensure that opening doors or windows doesn't compromise resident or staff safety.
- ☐ **If portable air filter devices are used:**
  - Ensure that they are certified by a recognized body such as the Association of Home Appliance Manufacturers.
  - Select devices with a clean air delivery rate high enough for the intended location of use.
  - Follow manufacturer's instructions for appropriate placement to ensure good airflow.
  - Follow manufacturer's recommendations for operating, maintaining and cleaning the unit, including regular filter changes.

### UPDATE: MLTC Notification about CRMD Projects

#### CRMD Projects

- ✓ **The LTCH administrator should contact a Technical Specialist/Planner at the Capitol Program Management Branch, Capital Development Division of the MLTC ([contact us](#)) IF a project requires any of the following:**
  - Residents will be displaced,
  - Residents' routine of daily living to be altered (bathing, dining, path of travel from room to common areas, toileting),
  - Contractors will be within the home and in resident areas,
  - Replacement or installation of sprinklers, flooring, windows, walls, removal of fixed equipment, cabinets, or any type of renovation or change of use of a space in the home.
- ✓ **After connecting with the MLTC technical specialist, you will be provided with a form to complete.**

## References & Helpful Resources

### ✓ HVAC Inspection and Maintenance Requirements:

- [Fixing Long-Term Care Home Act \(O. Reg. 246/22: s. 96 \(2\)\)](#)
- [Regulation for Health Care and Residential Facilities \(O. Reg. 67/93, s. 19\)](#)
- [Occupational Health and Safety Act](#)
- [CSA Z317.2](#) (National Standard for special requirements for heating, ventilation, and air-conditioning (HVAC) systems in health care facilities)
- [ANSI/ASHRAE/ASHE Standard 170, Ventilation of Health Care Facilities](#)

### ✓ Ministry of Labour, Immigration, Training and Skills Development

- [Ventilation inspection and report for health care and residential facilities](#)

### ✓ Public Health Ontario:

- [Construction, Renovation, Maintenance and Design \(CRMD\)](#) (Toolkit)
- [Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings](#), 2025

### ✓ IPAC Canada: [Healthcare Facility Design & Construction](#)

## Antibiotic Stewardship

Antimicrobial stewardship is an effective strategy for limiting inappropriate and excessive antibiotic use. Overuse of antibiotics, particularly in older adults, has been associated with an increased risk of harm. Fifty percent of antibiotics in long-term care (LTC) are not needed. Residents in homes with higher antibiotic use experience a twenty-four percent increased risk of antibiotic-related harm.

Older adults present unique challenges to antimicrobial stewardship as it may be difficult to identify infections in this population. Infections may present differently due to their aging immune system.

Other risk factors to consider include:

- lower ability to fight off infections (poor immune systems from heart disease, diabetes, or old age)
- decreased ability to make safe decisions (i.e. dementia)
- increased routes of transmission (i.e. open wounds).



Increased antibiotic use in LTC has also been attributed to limited resources to diagnose infections, lower staff-to-resident ratios and increased dependence on diagnostic tests, such as urinalyses or chest radiographs for suspected infections.

Antimicrobial stewardship promotes the appropriate use of antibiotics to optimize clinical outcomes, limit development of AROs, and preserve the efficacy of antibiotics for future generations.

Antimicrobial stewardship programs (ASPs) have been shown to be effective in reducing unnecessary antimicrobial use by implementing “coordinated interventions designed to improve and measure the appropriate use of antimicrobial agents.”

It is important to promote and support antimicrobial stewardship as an effective strategy for limiting inappropriate and excessive antimicrobial use, while improving and optimizing antimicrobial therapy and clinical outcomes for residents in LTC.

LTC residents and older adults present unique challenges to antimicrobial stewardship. See some resources below that you can use to encourage antimicrobial stewardship in your congregate setting.

There are many resources available to support the implementation of an ASP.

## Antimicrobial Stewardship Essentials

[Antimicrobial Stewardship Essentials checklist](#): A checklist that supports the implementation or expansion of an ASP with examples of resources and practical tools.

[Antimicrobial Stewardship Essential Primer](#) A primer meant to guide the planning and/or expanding an ASP in LTC.

## Shorter is Smarter: Reducing Duration of Antibiotic Therapy

Sometimes antibiotics are necessary. The following resources are available to guide you through choosing the shorter duration of antibiotics possible.

[Factsheet: Shorter is Smarter: Reducing Duration of Antibiotic Therapy](#)

[Factsheet: Shorter is Smarter: Reducing Duration of Antibiotic Treatment](#)

To see more resources, please visit Public Health Ontario’s [Antimicrobial Stewardship in Long Term Care | Public Health Ontario](#)

### Important Dates

#### Upcoming IPAC Communities of Practice (CoP)

- ✓ **January 27, February 24 and March 31 at 1 – 2 pm:** MLHU & SWPH CoP for **Long-Term Care & Retirement Homes**
- ✓ **February 19, April 16:** MLHU & SWPH CoP for **Other Congregate Living Settings**
- ✓ **January 7, February 11 and March 11** HPPH CoP for **Long-Term Care & Retirement Homes**
- ✓ **February 6 and March 6** HPPH CoP for **Other Congregate Living Settings**

#### Upcoming Educational Webinar and Opportunities

- ✓ **IPAC CANADA: The G.R.O.W. Framework - From Reflection to Revolution: Leading the Future of Healthcare, A leadership session with Celina Caesar-Chavannes** **Date: Tuesday, January 20, 2026 Time: 1300 ET Duration: 3 hours**  
*This webinar is free for IPAC Canada Members; Non-Member fee is \$150 CAD. 3 IPU's will be provided by the Certification Board of Infection Control. Preregistration is required, by January 16, 2026. Please see the [informational flyer](#) for more information.*
- ✓ **IPAC CANADA: CLABSI Prevention: Surveillance, Reporting, Prevention and the Role of Vascular Access Care and Maintenance**  
**Date: Wednesday, February 11, 2026 Time: 1300ET Duration: 1 hour**  
*Registration is required by Monday, February 9, 2026. 1 IPU will be provided by the Certification Board of Infection Control*  
*Click [HERE](#) for more information*



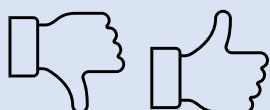
## RECOMMENDATIONS FOR TUBERCULOSIS (TB) SCREENING IN LONG TERM CARE AND RETIREMENT HOMES

The Canadian Tuberculosis Standards (8th Edition) provide updated TB screening recommendations for LTC home residents. These recommendations should also be applied for RH residents as per Tuberculosis Program Guideline, 2023 (Ontario Ministry of Health).

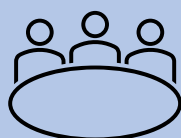
Recommendations for Residents	Recommendations for Staff/Volunteers
<ul style="list-style-type: none"> <li>history and physical examination by a physician or nurse practitioner within 90 days prior to or on admission (Fixing Long-Term Care Act (2021) also permits the TB assessment to be done within 14 days after admission, Ontario Regulation 246/22 102-12)</li> <li>A symptom review for active pulmonary TB disease</li> <li>A review of risk factors for TB infection</li> <li>If there are indications of potential active pulmonary TB, such as signs and symptoms, the resident should have a chest x-ray and referral completed for further medical assessment</li> <li>Tuberculin skin tests are no longer recommended upon admission</li> <li>➤ <b>Suspicion of active TB disease in a resident based on chest x-ray or symptoms requires immediate action to isolate the resident</b></li> </ul>	<ul style="list-style-type: none"> <li>a symptom evaluation</li> <li>an evaluation of risk factors for TB infection</li> <li>a TB skin test for those without documented prior TB disease or latent TB infection. A baseline 2-step TST should be done unless there is prior documentation of a previous negative 2 step; in this case a single step TST is sufficient</li> <li>Staff members with known previous positive TST may be screened for pulmonary TB disease by chest x-ray and symptom/risk screen as required</li> <li>Volunteers should be screened for symptoms and risk factors for active TB disease; consideration could be given to providing TST only to those who expect to be present more than 1 half day/week or have significant risk factors for TB infection</li> </ul>

**REPORTING REQUIREMENTS REMINDER:** UNDER THE HEALTH PROMOTION AND PROTECTION ACT, R.S.O. 1990, C. H. 7, DIAGNOSES OF TB INFECTION (POSITIVE TB SKIN TESTS) AND CASES OF SUSPECTED AND/OR CONFIRMED ACTIVE TB DISEASE ARE REPORTABLE TO PUBLIC HEALTH.

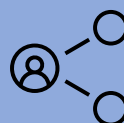
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Do you have a service request?



Do you have an IPAC story to share?



Do you have general feedback or suggestions?



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