IPAC Hub Update

To:	Chair and Members of the Board of Health
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Recommendations

It is recommended that the Board of Health receive this report for information.

Key Points

- Between April 2024 and March 2025, the Infection Prevention and Control (IPAC) Hub engaged with congregate living settings (CLS's) on 378 topics, delivering 768 services across Wellington, Dufferin, and Guelph.
- The majority of services focused on education, mentoring, and program development, reflecting a continued shift from reactive outbreak response to proactive prevention.
- Fifty-six percent of supports were Hub-initiated, demonstrating increasing proactive outreach and engagement with congregate settings.
- Eighty-one percent of services were provided virtually, supporting flexible scheduling and consistent access to IPAC expertise, while on-site visits (19 percent) provided hands-on, in-depth collaboration.
- Looking ahead, 2025–26 priorities include enhanced fall preparedness, strengthened collaboration between CLS's, continued webinars on emerging topics (for example, Candida auris), and a new Champion Program cohort.

Background

The Wellington-Dufferin-Guelph Public Health (WDGPH) IPAC Hub was established in 2020 under Ontario's *Keeping Ontarians Safe* plan to strengthen IPAC in CLS's.

The IPAC Hub model dedicates part of the Infection Control team to proactive support, including IPAC training, audits, program development, and outbreak response. Integration within WDGPH enables seamless referrals from Infection Control Team to Hub staff, ensuring facilities receive timely, intensive and tailored support. The goal of the WDGPH IPAC Hub is to build capacity within congregate living settings, creating a safer and more proactive environment for residents.

Services can be offered virtually or on-site depending on the type of service and preference of the facility IPAC lead. The IPAC Hub may initiate services proactively or CLS's may reach out directly to the hub to request services.

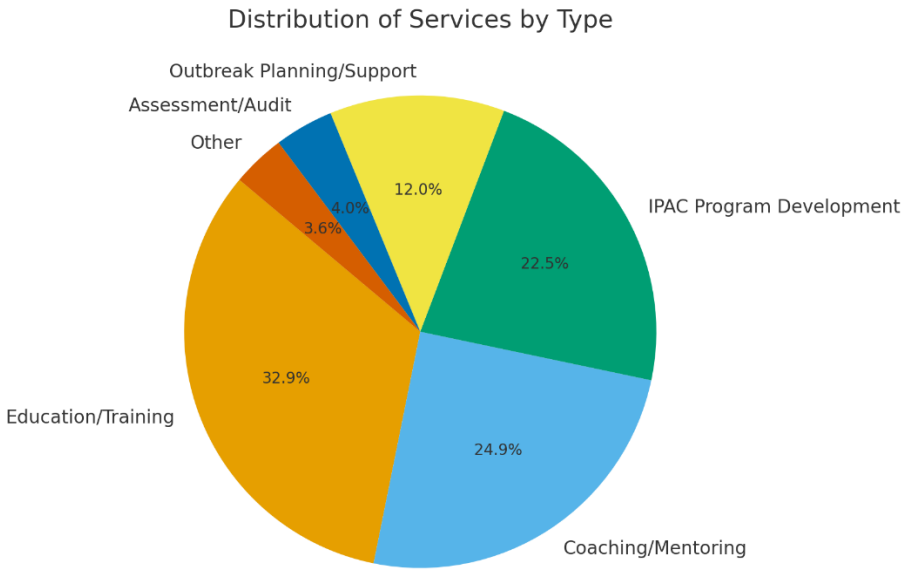
Types of Services offered:

1. **Education and Training:** Services that directly educate IPAC leads, staff, or residents on infection prevention and control practices. Examples include resident information sessions, educational webinars, and practical demonstrations like PPE use or hand hygiene training. These activities strengthen knowledge at all levels and promote consistent, evidence-based practice.
2. **Coaching and Mentoring:** Services focused on building long-term IPAC capacity among leads. Coaching may involve joint completion of an audit/education session or shadowing as the IPAC lead implements the work independently. Mentoring also includes one-on-one consultation for process development or product procurement, fostering confidence and autonomy within facilities.
3. **IPAC Program Development:** Support directed at building or enhancing formal IPAC programs within facilities. This includes the creation of auditing frameworks, policies, implementation strategies, and resource tools. Program development services help standardize IPAC practices and embed sustainability within organizational processes.
4. **Outbreak Planning and Support:** When a CLS experiences an outbreak, the IPAC Hub provides personalized support in tandem with the ongoing outbreak management team. Referrals are triggered for outbreaks with high attack rates, enteric illnesses, uncommon pathogens, or when requested by the CLS. Support can also include pre-season outbreak planning or post-outbreak debriefs to strengthen future readiness.
5. **Assessment and Audit:** Hands-on assessments conducted in collaboration with IPAC leads, designed to be both evaluative and educational. These often involve on-site audits of environmental cleaning, PPE use, or general IPAC practices to identify improvement opportunities and reinforce compliance.

Discussion

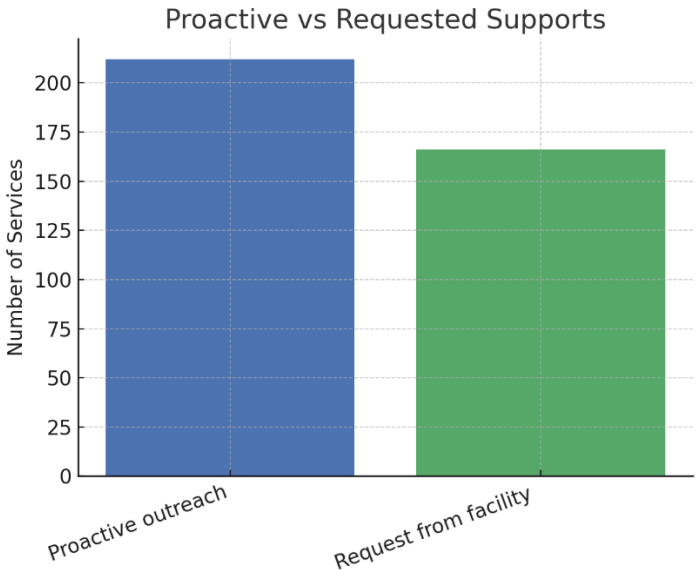
IPAC Hub Services (2024–2025):

Between April 2024 and March 2025, the IPAC Hub engaged with congregate living settings on **378 different subjects** which involved delivery of **768 services** to congregate living settings across Wellington, Dufferin, and Guelph.



Proactive vs. Requested Supports

- 56% of services were Hub-initiated and 44% were services requested by facilities.
- This highlights a growing focus on anticipatory engagement, with the Hub reaching out before issues escalate as well as an increase in CLS's wanting IPAC Hub services.



Delivery Mode

Between April 2024 and March 2025, the majority of IPAC Hub supports were delivered remotely (81%), with 19% provided on-site. This reflects the Hub's flexible approach to meeting facilities' needs while accommodating the busy schedules of IPAC leads, who often have limited capacity to host in-person sessions.

- The decision of whether to provide virtual or in-person supports is determined by the nature and intensity of the support being offered, as well as the IPAC Hub's knowledge of the CLS's history and needs.
- Virtual delivery is often completed through phone consultations, email guidance, and resource development support which enables the Hub to respond quickly and maintain consistent engagement across multiple facilities.
- On-site visits typically span several hours and involve more intensive, hands-on collaboration, such as education sessions, audits, and policy development.

IPAC Hub Service Highlights (2024-2025)

New Outbreak Management "Cheat sheet"

A new *Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings* guidance document was released in February 2025. Information was synthesized into an easy to digest cheat sheet and disseminated to the CLS's for a quick reference when managing outbreaks (see Appendix A).

Educational Webinars

In 2025, the IPAC Hub started offering regular webinars on emerging issues, common gaps in knowledge or practice, or refreshers for some less common, yet detrimental, IPAC concerns. Two webinars were held within the reporting period (April 2024-March 2025), moving forward webinars will be held on a quarterly basis.

Examples of Educational and Process Resources the IPAC Hub developed this year:

- Housekeeping auditing implementation package and self-auditing tool
- Personal protective equipment (PPE) quick reference chart (see Appendix B).
- PPE Donning and Doffing Audit Tool (see Appendix C).

IPAC Champion Program (2025 cohort):

The **IPAC Champion Program** is a four-month capacity-building initiative for IPAC leads in long-term care and retirement homes. Each month focuses on a key IPAC topic, combining resource review, virtual learning, on-site visits, and opportunities for Champions to deliver training within their own facilities.

- 9 homes participated in the 2025 cohort (Feb–May).
- Champions from the 9 homes delivered **32 education sessions**, reaching **183 front-line staff**.
- 11 new IPAC policies/protocols were implemented across facilities.
- Participants reported increased knowledge, confidence, and stronger relationships with the IPAC Hub.
- Overall program satisfaction reported by participants: 4.7/5.

What to expect from IPAC Hub in 2025-2026:

- **Enhanced Fall Preparedness:** Increased focus on proactive fall campaign support through targeted educational webinars, on-site visits, and development of tailored resources to strengthen outbreak readiness.
- **Strengthening Collaboration:** Continued efforts to connect and foster collaboration among CLS's, building a stronger sense of community and shared learning across IPAC leads.
- **Ongoing Education and Training:** Regular webinars and learning sessions will continue, including emerging topics such as *Candida auris* management—one of Ontario's newest diseases of public health significance.

- **Next IPAC Champion Program Cohort:** Launch of a new cohort for the IPAC Champion Program, supporting additional IPAC leads in developing confidence, knowledge, and capacity within their facilities.
- **Greater focus on group homes and other smaller CLS's:** Increasing engagement with group homes, shelters, treatment centres and other smaller CLS's to ensure equitable access to IPAC support across all sectors.

Health Equity Implications

- Congregate setting residents continue to face disproportionate risk of infectious disease outbreaks.
- IPAC Hub services help address inequities by building in-house capacity, providing outbreak response, and ensuring access to training for facilities with limited resources.
- Smaller retirement homes and non-licensed congregate settings that often lack dedicated IPAC staff have access to IPAC support through the WDGPH IPAC Hub.

Conclusion

The 2024–25 data demonstrate that the IPAC Hub continues to evolve from reactive response toward a proactive, prevention-focused model that builds lasting capacity within congregate living settings. Facilities are increasingly seeking education, mentorship, and program development rather than relying solely on outbreak support.

The Hub's growing role as a trusted, embedded partner underscores its impact in improving infection control practices, strengthening system resilience, and enhancing health outcomes for residents and staff across the region.

Ontario Public Health Standards

Foundational Standards

- ☐ Population Health Assessment
- ☐ Health Equity
- ☒ Effective Public Health Practice
- ☒ Emergency Management

Program Standards

- ☐ Chronic Disease Prevention and Well-Being
- ☐ Food Safety
- ☐ Healthy Environments
- ☐ Healthy Growth and Development
- ☐ Immunization
- ☒ Infectious and Communicable Diseases Prevention and Control
- ☐ Safe Water
- ☐ School Health
- ☐ Substance Use and Injury Prevention

2024-2028 WDGPH Strategic Goals

More details about these strategic goals can be found in WDGPH's 2024-2028 Strategic Plan.

- ☒ Improve health outcomes
- ☐ Focus on children's health
- ☒ Build strong partnerships
- ☐ Innovate our programs and services
- ☐ Lead the way toward a sustainable Public Health system

Appendices

Appendix A

Quick Reference to Outbreak Control and Management in Long Term Care and Retirement Homes

	Gastrointestinal	Respiratory
Case Definition	2 or more episodes of vomiting or diarrhea **OR** A combination of vomiting and diarrhea within 24 hours **OR** Lab confirmation of a pathogen with one symptom	2 or more respiratory symptoms with or without fever (case definitions should be developed for each individual outbreak as symptoms may vary) **Clinical Compatible Signs and Symptoms:** Fever or chills, new or worsening cough, shortness of breath, runny nose or nasal congestion, sore throat, or muscle aches/joint pain
Outbreak Definitions	**Suspect:** At discretion of Public Health **Confirmed:** 2 or more cases within 48 hours with a common epidemiological link (e.g., specific unit or floor, same caregiver)	**Suspect:** 2 cases with symptom onset within 48 hours with an epidemiological link (e.g. same unit/floor/service area) **AND** testing is not available or all negative **Confirmed:** 2 or more cases of test-confirmed acute respiratory infection with symptom onset within 48 hours **AND** an epidemiological link (e.g. same unit/floor/service area) **OR** 3 or more cases within 48 hours and an epidemiological link **AND** testing is not available or all negative
Reporting	**During business hours:** 1-800-265-7293 ext. 4752 or 519-822-2715 ext. 4752 or email congregatesetting@wdgpublichealth.ca **After hours, weekends, and holidays:** 1-877-884-8653 **Must call after hours, on weekends, or holidays- do not email*	
Monitoring (Surveillance)	Perform on-going surveillance to identify new cases at least once daily, twice daily if feasible Complete and update line list; email daily to congregatesetting@wdgpublichealth.ca before noon (including weekends and holidays)	
PPE	**Contact precautions** (gown, gloves) **Droplet precautions** (mask, eye protection) may also be needed to protect from splashes (vomiting, explosive diarrhea) **Droplet/Contact precautions must be used until COVID-19 ruled out*	**Droplet/Contact precautions** (gown, gloves, eye protection, mask (well-fitting medical mask or fit-tested N95 respirator)
Signage	Post outbreak signs at all entrances Place additional precaution and PPE donning/doffing signage at eye level on doors of ill residents' rooms	
Case Management	**Residents/Clients:** Remain on additional precautions until **symptom-free** for 48 hours **If COVID-19 is being ruled out the resident should remain on additional precautions until you receive PCR swab result*	***Respiratory (Including Influenza):*** **Residents/Clients:** On additional precautions for 5 days or until symptom-free, whichever is sooner (length of time may be extended depending on the pathogen(s) involved). Mask for 10 days, if tolerated. **Roommates:** Remain on additional precautions for 5 days from case's symptom onset. Monitor daily for signs and symptoms. Mask for 10 days, if tolerated. ***COVID-19:*** **Residents/Clients:** On additional precautions for 5 days from symptom onset with consistent masking from day 6-10. If unable to mask, they should remain on additional precautions until day 10. No communal dining for 10 days. **Roommates:** On additional precautions for 5 days from case's symptom onset. Monitor daily for signs and symptoms. Mask for 10 days, if tolerated.
Environmental Cleaning	Enhanced daily cleaning/disinfecting of high touch surfaces at least twice daily and when visibly dirty. Cleaning and disinfecting of shared medical equipment after each use. Ensure products being used are effective against any confirmed or suspect organism (e.g., norovirus), contact time is short (less than 5 minutes), and the product is not expired	

Testing	Collect stool samples (bacterial/green lid and virology/white lid) as directed by Public Health Refrigerate sample and use regular facility courier **PCR testing to be completed on a total of 4 individuals during a gastrointestinal outbreak unless individuals develop respiratory symptoms**	**PCR testing should be completed on individuals with one or more respiratory symptoms** Collect nasopharyngeal (NP) swabs (pink transport medium) if resident/client is symptomatic. Check that swabs are **not** expired. Refrigerate sample and use regular facility courier
Treatment (Antivirals)	Based on physician assessment	***Influenza:*** Contact Public Health for further directions. Most effective if started within 48-hours of symptoms onset If antiviral prophylaxis is initiated and resident/client becomes symptomatic, they should be reassessed for antiviral treatment dose ***COVID-19:*** Based on physician assessment
Visitor Restrictions	If a visitor is symptomatic or unwell, they are **NOT** recommended to enter the setting Well visitors should visit only one resident/client in their room, use PPE as appropriate, perform hand hygiene, and not visit communal areas	
Ill Staff and Staff Exclusion	Ill staff should be sent home immediately at onset of symptoms **AND** should not work at any facility until they have been symptom-free for at least 48 hours.	Ill staff should be sent home immediately and remain off work until they are fever free, and signs/symptoms have been resolving for at least 24 hours (*COVID-19: signs/symptoms must be improving for at least 24 hours*). Staff should wear a well-fitting medical mask or an N-95 respirator for 10 days from symptom onset. **Staff Exclusion During Influenza Outbreaks:** Staff or volunteers who have not received influenza vaccine and who refuse antivirals should be excluded for the duration of the outbreak (refer to institutional exclusion policy). Unimmunized staff may resume work at the affected setting as soon as they are taking antiviral prophylaxis.
New Admissions	New admissions are generally not advised during gastrointestinal outbreaks. If deemed necessary, all parties must be informed and give consent when being admitted/transferred to a facility in outbreak.	Public Health approval is **not** required for admissions/transfers, but consultation is recommended when IPAC advice or risk mitigation is needed. If deemed necessary, all parties must be informed and give consent when being admitted/transferred to a facility in outbreak. ***Influenza:*** It is recommended that if a resident/client is entering an outbreak area that is using antiviral prophylaxis as a control measure, the resident/client should be started on the antiviral prophylaxis prior to coming into the outbreak area.
Resident Transfers • To and from hospital • To another facility	Consult with medical staff on a case-by-case basis to ensure the returning resident/client is protected.	If necessary, residents/clients who do not have respiratory symptoms may be admitted or transferred to a floor/unit with an outbreak, provided the following conditions are met: • Resident/client (or substitute decision-maker) is made aware of the risks of the admission or transfer and consents to the admission or transfer • Resident/client is admitted or transferred to a private room • Attending physician should be consulted

Appendix B

PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

Additional Precautions

PPE REQUIRED	Contact	Droplet	Droplet Contact	Airborne
Gloves	✓		✓	
Gown	✓		✓	
Medical Mask		✓	✓	
N95 Respirator				✓
Eye Protection		✓	✓	
ABHR	✓	✓	✓	✓

Appendix C

Name of Facility – Personal Protective Equipment Audit Form

Template prepared by Wellington-Dufferin-Guelph IPAC Hub. This template may be modified by the user as needed.

PPE DONNING Floor/Neighbourhood: Staff member role being observed:				
DATE:	**YES**	**NO**	**N/A**	**COMMENTS**
All required PPE supplies available at point of care? (mask/gown/multiple sizes of gloves/eye protection)				
Alcohol based hand rub (ABHR) (70-90% alcohol content) available at point of care and where PPE donned?				
Cleaning and disinfectant wipes available in the donning/doffing area (if reusable eye protection used)				
Additional precaution signage and PPE donning signage is visible at eye level before entering the room or bed space (if applicable). Doffing signage posted above garbage can within the resident room.				
Hand hygiene performed prior to donning PPE (minimum 15 seconds)				
PPE donned in the correct sequence? (Gown, medical mask/N95 respirator, eye protection, gloves)				
Gown donned correctly • Donned with opening to the back, not pretied, tied at both the neck and waist, waist strap tied at the back and gown covering all skin and clothing				
Medical mask or N95 respirator donned correctly • Adjusted securely, in place by ear loops, ties or straps and fully covering both nose and mouth. Moldable bridge shaped to fit nose; no double masking • Seal check performed on N95 respirator				
Eye protection donned correctly • Goggles or face shield applied appropriately (eye glasses are not considered eye protection)				
Gloves are donned correctly (use indicated by PCRA and/or additional precautions) • Are an appropriate size and are pulled up over the cuff of the gown • Gloves are task specific and only donned when required				
Staff Initials				

Name of Facility – Personal Protective Equipment Audit Form

Template prepared by Wellington-Dufferin-Guelph IPAC Hub. This template may be modified by the user as needed.

PPE Doffing Floor/Neighbourhood: Staff member role being observed:				
DATE:	**YES**	**NO**	**N/A**	**COMMENTS**
PPE removed in the correct sequence and hand hygiene performed when required? (Gloves, hand hygiene, gown, hand hygiene, eye protection, mask, hand hygiene)				
Gloves are doffed correctly • Removed/replaced after intended task requiring gloves • Removed using the "glove to glove/skin to skin" technique and discarded directly into the garbage bin at the resident's doorway (not carried in the hallway). • Hand hygiene is performed immediately after removing gloves				
Gown doffed correctly • Removed immediately upon exiting the resident's environment • Untied at neck and waist and rolled away from body; not ripped off • Gown is placed directly into laundry hamper or garbage bin, as appropriate				
Eye protection doffed correctly • Removed from behind the head/ears using the arms or strap. • Discarded single use eye protection • If reusable - clean and disinfect in a manner that goes from clean (inside) to dirty (outside) following the required contact time				
Medical mask or N95 respirator doffed correctly • Removed slowly and carefully using the ear loops or ties/straps. • Avoid touching the front of the mask. • Discard immediately into garbage. • A new source control mask is donned if staff is working in an outbreak area				
Was PPE doffed in the most appropriate area away from the resident? • At the doorway, prior to entering another bedspace or the hallway				
Staff Initials				