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| **#** | **Criteria** | **Guidelines** | **Evidence Examples** |
| 2.6 | Where food handling occurs, the organization follows applicable standards for food safety to prevent food-borne illnesses. | * Team members and volunteers receive training in food handling
* Roles and responsibilities of external contractors are defined and quality of services verified
* Inspected by PHIs.
 | * **MB Health Standard 14.01-14.09** (re: food handling certificates, procurement, storage and handling, department org chart and responsibilities, authority and communication).
* IP&C Operational Directive for food handlers - under review via LTC Dietary. Historical in the evidence folder.
* PHI inspections completed
* Public Health: <https://www.gov.mb.ca/health/publichealth/environmentalhealth/protection/docs/rcfg.pdf>
 |
| 4.2 | There are policies and procedures that are in line with the applicable regulations, evidence, and best practices, and organizational priorities.  | * Policies and procedures are clear & concise.
* Topics include HH, work restrictions related to infection, aseptic technique when handling injectable products, appropriate use of PPE and handline contaminated items
* Seek input from clients/residents/families when developing policies and procedures.
 | * [Regional Policy 90.00.005 Infection Prevention & Control (IP&C) Manuals](https://policies.wrha.mb.ca/policy/120/infection-prevention-control/3063/90-00-005.pdf)
* Stakeholder consultation record is used- provided as PDF
 |
| 4.4 | There are policies and procedures for the use of loaned, shared, consigned, and leased medical devices, when applicable. | * If applicable, policies and procedures are developed to address their transport to and from the organization or other point of use and to handle items that are delivered unclean or unsterilized or with missing parts. (CSA standard Z314.22).
 | * Acute care document that might be referenced by WRHA IPC in LTC: [Regional level 1 policy; Management of Loaned, Shared or Leased Sterile Devices used for Surgical Procedures (Critical and Semi-critical),](https://professionals.wrha.mb.ca/files/Management-of-Critical-and-Semi-Critical-Loaned-Shared-or-Leased-Medical-Devices-June-2023.pdf)
* [Operational Directive: Transportation, Distribution, and Storage of Contaminated, Clean and Sterile Medical Devices (on and off-site)](https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/acutecare/operational-directive-90-00-090.pdf)

  |
| 4.7 | Infection prevention and control policies and procedures are updated regularly based on changes to applicable regulations, evidence, and best practices. | As written. | Per policy [90.00.005](https://policies.wrha.mb.ca/policy/120/infection-prevention-control/3063/90-00-005.pdf) item # 3.5 "IP&C Manual shall be regularly updated based on changes to the applicable regulations, evidence, and best practices according to Accreditation Canada Infection Prevention and Control Standard 4.7”.* [IPC website page has a section for LTC](https://professionals.wrha.mb.ca/old/extranet/ipc/manuals-ltc.php). Sites are aware and have access. As revisions are made and posted, sites are made aware via the LTC IP&C Committee.
* Provincially: [IP&C guidelines](https://healthproviders.sharedhealthmb.ca/services/ipc/#outbreaks) and [Covid-19 LTC guidelines](https://sharedhealthmb.ca/covid19/providers/ltc-and-pch-resources/) are posted on the Shared Health website
 |
| 6.2 | Clients/residents, families, and visitors are provided with information on how to access hand hygiene resources and personal protective equipment based on risk of infection. | * HH resources include hand-washing facilities and ABHR; supplies are provided.
 | * [Information for Families and Visitors During an Outbreak](https://healthproviders.sharedhealthmb.ca/files/info-visitors-during-outbreak.pdf)
* [Clean Hands Saves Lives](https://healthproviders.sharedhealthmb.ca/files/clean-hand-pamphlet.pdf) / [French](https://healthproviders.sharedhealthmb.ca/files/clean-hand-pamphlet-fr.pdf)
* [Respiratory Hygiene brochure](https://healthproviders.sharedhealthmb.ca/files/respiratory-hygiene-pamphlet.pdf)  / [French](https://healthproviders.sharedhealthmb.ca/files/respiratory-hygiene-pamphlet-fr.pdf)
* [IP&C Public Website](https://wrha.mb.ca/infection-prevention-control/)
* [Public Fact sheets](https://wrha.mb.ca/infection-prevention-control/fact-sheets/)
* [You’ll Like clean hands – public website](https://wrha.mb.ca/infection-prevention-control/youll-like-clean-hands/)
* [Hand hygiene for General Public](https://professionals.wrha.mb.ca/infection-prevention-control/hand-hygiene-resources/)
* [Routine Practices – Page 51; section 12: Visitor, Designated Caregiver, Family Management and Education](https://professionals.wrha.mb.ca/files/ipc-Routine-Practices.May2024Revisions.FINAL_-1.pdf)
* [HCW IP&C Core Competencies in LTC](https://healthproviders.sharedhealthmb.ca/files/ipc-core-competencies-hcw.pdf)
* [ICP Core Competencies](https://healthproviders.sharedhealthmb.ca/files/icp-core-competencies.pdf)
* [IPC guidelines for LTC](https://sharedhealthmb.ca/files/covid-19-ipc-guidance-for-pch.pdf) outlines IP&C measures including education and PPE requirements for visitors.
* See 7.1 below for additional resources
 |
| 6.3 | Clients/residents are screened to determine if additional precautions are required based on the risk of infection. | * Team members are trained to identify when additional precautions are required.
* This is documented in the client record.
* Policies and procedures are in place
 | * [Routine Practices – Point of Care Risk Assessment (PCRA)](https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/acutecare/RP_PCRA.pdf)
* LTCF do not routinely screen for AROs per the [MB Health Guidelines for the Prevention and Control of ARO’s](https://www.google.com/search?q=Manitoab+ARO+guidelines&oq=Manitoab+ARO+guidelines&gs_lcrp=EgZjaHJvbWUyBggAEEUYOdIBCDM1MTlqMGoxqAIAsAIB&sourceid=chrome&ie=UTF-8), instead rely on PCRA
* [Daily patient/resident/client screening tool – respiratory virus](https://sharedhealthmb.ca/files/covid-19-resident-screening-tool.pdf)
 |
| 7.1 | There are occupational health and safety policies and procedures to reduce the risk of transmission of infections to staff, service providers, and volunteers. | * Policies and procedures are in place based on the setting, level of care and risk of infection.
* Key precautions include: Immunization policy, access to appropriate PPE, sharps safety promotion, preventing exposure to blood-borne pathogens and setting work restrictions as needed.
 | The majority of LTC sites in the Wpg Health Region do not have Occupational and Environmental Safety and Health (OESH) support. Facility leadership can use these policies, Operational Procedures and Guidelines as a resource* LTC IPC manual points to provincial PEP protocol [Post-exposure Prophylaxis for HIV, HBV and HCV (gov.mb.ca)](https://www.gov.mb.ca/health/publichealth/cdc/protocol/hiv_postexp.pdf)
* [COVID-19 OESH Health Services Information](https://sharedhealthmb.ca/covid19/providers/oesh-resources/)
* WRHA OESH website: [Policies - WRHA Professionals](https://professionals.wrha.mb.ca/safety/policies/)
 |
| 7.2 | An immunization policy is developed or adopted that includes providing information to clients/residents, staff, and service providers about how to access vaccinations. | * Vaccinations that may be recommended include: tetanus, diphtheria, influenza and Hepatitis B.
* Policy addresses how organization will handle situations in which team members refuse immunization.
 | * [Respiratory season checklist](https://professionals.wrha.mb.ca/files/ipc-pch-respiratory-season-checklist-2024-25-UPDATE-Aug-1-2024_FINAL.pdf)
* [Immunization Administration for Residents in LTC; Influenza and Pneumococcal Vaccines](https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/ltc/immunization.pdf)
* [Immunization (Vaccination) | Health | Province of Manitoba](https://www.manitoba.ca/health/publichealth/cdc/div/)
 |
| 7.4 | Work restrictions are set for team members, volunteers or students who have transmissible infections, in line with national, provincial, or territorial occupational health and safety guidelines. | * Restrictions prevent staff from having direct contact with clients/residents, food or sterile supplies, devices and equipment when they have a transmissible infection.
* Restrictions may include limiting the person’s roles and responsibilities and/or having them wear PPE.
 | Facility leadership can use these policies, Operational Procedures and Guidelines as a resource [Policies - WRHA Professionals](https://professionals.wrha.mb.ca/safety/policies/) |
| 7.5 | Policies, procedures, and legal requirements are followed when handling bio-hazardous materials. | * E.g., blood and body fluids, sharps, specimen cultures.
* Handling includes collection, storage, transportation and disposal of bio-hazardous materials.
 | Medical Device Reprocessing:* [Transportation, Distribution, and Storage of Contaminated, Clean and Sterile Medical Devices (on and off-site)](https://professionals.wrha.mb.ca/files/Transportation.Distribution-Sterile-Storage-of-Contaminated-Clean-Sterile-Medical-Devices-onoff-site-OD-Final-May-09-23.pdf)
* [Single Use Medical Devices](https://professionals.wrha.mb.ca/files/Single-Use-Devices-OD-FINAL-May-09-23.pdf)
* [Pre-Purchase Assessment of Multi-use Medical Devices (Instruments and Equipment)](https://professionals.wrha.mb.ca/files/Pre-Purchase-Assessment-of-Multi-use-Medical-Devices-FINAL-May-09-23.pdf)
* Acute care document that might be referenced by WRHA IPC in LTC: [Management of Critical and Semi-Critical Loaned, Shared or Leased Medical Devices used for Surgical Procedures](https://professionals.wrha.mb.ca/files/Management-of-Critical-and-Semi-Critical-Loaned-Shared-or-Leased-Medical-Devices-June-2023.pdf)
* [Management of the Patient/Resident/Client Care Environment](https://professionals.wrha.mb.ca/files/RP_11.Mgmt_Pt_Care_Enviro.pdf) – page 5: Handling of Waste
* [Best Practices for environmental cleaning for prevention and control of infections in all healthcare settings](https://professionals.wrha.mb.ca/download/902/b/14852/best-practices-for-environmental-cleaning-for-prevention-and-control-of-infections-in-all-health-care-settings.pdf)

 |
| 7.6 | There are policies and procedures for the disposal of sharps at the point of use in appropriate puncture-, spill-, and tamper-resistant sharps containers. | * Sharps include needles and blades.
 | * [Sharps, Safe Handling, Use and Disposal](https://policies.wrha.mb.ca/wp-admin/admin-ajax.php?juwpfisadmin=false&action=wpfd&task=file.download&wpfd_category_id=143&wpfd_file_id=2993&token=&preview=1) – Regional Policy
* Routine Practices – [Sharps Safety and Prevention of Bloodborne Transmission](https://professionals.wrha.mb.ca/files/RP_10.Sharps_Blood_Transmission.pdf)
 |
| 8.1. | Hand Hygiene education is provided to team members and volunteers | ROP: HH auditor training is based on the 4 moments of hand hygiene. | * [Hand hygiene posters](https://professionals.wrha.mb.ca/old/extranet/ipc/hand-hygiene.php)
* Audit tools: <https://professionals.wrha.mb.ca/old/extranet/ipc/audit-tools.php>
* All staff are required to be educated on Hand Hygiene on hire and minimum every 2 years after hire: Hand hygiene education. Training materials are available on the WRHA IPC Insite page which is accessible by LTC facilities: [Hand Hygiene Resources | Routine Practices | Infection Prevention & Control | WRHA Insite](https://professionals.wrha.mb.ca/old/extranet/ipc/hand-hygiene.php)
* WRHA [Hand Hygiene Powerpoint](https://professionals.wrha.mb.ca/old/extranet/ipc/files/routine-practices/HH-PowerPoint.ppt) (based on LMS) Note: some sites can access content on LMS)
* [HCW IP&C Core Competencies](https://healthproviders.sharedhealthmb.ca/files/ipc-core-competencies-hcw.pdf)
* [ICP Core Competencies](https://healthproviders.sharedhealthmb.ca/files/icp-core-competencies.pdf)
* [Routine Practice tools](https://professionals.wrha.mb.ca/infection-prevention-control/routine-practices/)
* WRHA [Infection Prevention and Control Routine Practices Learning Booklet](https://professionals.wrha.mb.ca/old/extranet/ipc/files/routine-practices/Booklet.pdf)
* [Education Requirements](%E2%80%A2%09https%3A/professionals.wrha.mb.ca/old/extranet/ipc/files/routine-practices/EducationRequirements.pdf)
* [Tracking of Hand Hygiene Training document provided for Managers](https://professionals.wrha.mb.ca/old/extranet/ipc/files/routine-practices/HH-TrainingTracking.pdf)
* ICSA Orientation Modules - PDF in evidence folder
* [Hand Hygiene Soiled Hands and ABHR](%E2%80%A2%09https%3A/professionals.wrha.mb.ca/files/Hand-Hygiene-Soiled-Hands-ABHR-.mp4)
* [Hand Hygiene and ABHR](https://professionals.wrha.mb.ca/files/Hand-Hygiene-with-ABHR.mp4)
* [Hand Hygiene and Soap and Water](https://professionals.wrha.mb.ca/files/Hand-Hygiene-with-Soap-and-Water.mp4)
 |
| 8.4. | Compliance with accepted hand hygiene practices is measured  | ROP: * Compliance is measured via direct observation=audits.
* The organization shares the results of measuring hand hygiene compliance with staff, service providers, and volunteers.
* The organization uses the results of measuring hand hygiene compliance to make improvements to its hand hygiene practices.
 | * Region provides HH auditor training and validation shifts (buddy shifts) for all PCHs/LTC facilities. [4 Moments-HH Auditor Training (wrha.mb.ca)](https://professionals.wrha.mb.ca/old/extranet/ipc/4Moments-HHAuditorTraining.php)
* Audit data are reviewed by sites and improvement plans developed and actioned – Sample PDF added to folder
* PCHs data from HandyAudit is submitted to Manitoba Health for Moment 1 and 4 Quarterly
* [Becoming a Hand Hygiene Auditor](https://professionals.wrha.mb.ca/files/ipc-HH-Auditor-July-22-24.pdf)
* Hand Hygiene reports – Sample PDF added to folder
* [Hand Hygiene Auditor Training](https://professionals.wrha.mb.ca/infection-prevention-control/hand-hygiene-auditor-training-schedule/)
* **MB Health Standards 21.13-21.16**
 |
| 9.1 | Areas of the physical environment are categorized based on the risk of infection to determine frequency of cleaning, and the level of disinfection required. | * Responsible for areas under its control (e.g., not community spaces used by clients/residents).
* Environment may be divided into areas based on risk, e.g., office/administrative areas; care areas.
 | * Housekeeping SOPs are specific to areas of the environment, e.g., resident room. (see 9.3)
* [Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings](https://professionals.wrha.mb.ca/wp-admin/admin-ajax.php?juwpfisadmin=false&action=wpfd&task=file.download&wpfd_category_id=902&wpfd_file_id=14852&token=&preview=1)
 |
| 9.3 | There are policies and procedures for cleaning and disinfecting the physical environment and documenting that cleaning has been done. | * Cleaning activities cover all surfaces within the organization with the primary focus on high-touch areas in care areas. Documentation includes date and cleaners and disinfectants used.
* Distinction between hotel and hospital clean.
 | 3.1 [regular-occupied-patient-room-cleaning-and-disinfecting](https://healthproviders.sharedhealthmb.ca/files/regular-occupied-patient-room-cleaning-and-disinfecting.pdf)3.2 [regular-discharge-patient-room-cleaning-and-disinfecting](https://healthproviders.sharedhealthmb.ca/files/regular-discharge-patient-room-cleaning-and-disinfecting.pdf)3.3 [isolation-occupied-patient-room-cleaning-and-disinfecting](https://healthproviders.sharedhealthmb.ca/files/isolation-occupied-patient-room-cleaning-and-disinfecting.pdf)3.4 [isolation-discharge-patient-room-cleaning-and-disinfecting](https://healthproviders.sharedhealthmb.ca/files/isolation-discharge-patient-room-cleaning-and-disinfecting.pdf)4.1 [generic-bed-cleaning-and-disinfecting](https://healthproviders.sharedhealthmb.ca/files/generic-bed-cleaning-and-disinfecting.pdf)4.2 [stretcher-cleaning-and-disinfecting](https://healthproviders.sharedhealthmb.ca/files/stretcher-cleaning-and-disinfecting.pdf) 5.1 [washroom-cleaning-and-disinfecting](https://healthproviders.sharedhealthmb.ca/files/washroom-cleaning-and-disinfecting.pdf) 10.2 [environmental-services-cart-cleaning-and-disinfecting](https://healthproviders.sharedhealthmb.ca/files/environmental-services-cart-cleaning-and-disinfecting.pdf) * Regional and provincial guidelines are in place for facility approved disinfectants.
* **MB Health Standard 21.09**
 |
| 10.1 | For each contaminated device and piece of equipment, a recognized classification system is used to determine what level of disinfection or sterilization is required. | * Spaulding Classification System is used: items are identified as critical, semi-critical and non-critical and each has requirements for decontamination, cleaning, and disinfection or sterilization that reduces risk of infection. E.g., BP cuff is non-critical; items contacting mucous membranes e.g., respiratory equipment, are semi-critical and items contacting non-intact skin are critical, e.g., foot care equipment.
 | * [Routine Practices](https://professionals.wrha.mb.ca/files/ipc-Routine-Practices.May2024Revisions.FINAL_-1.pdf)
* [Management of Critical and Semi-Critical Loaned, Shared or leased Medical Devices used of Surgical Procedures](https://professionals.wrha.mb.ca/files/Management-of-Critical-and-Semi-Critical-Loaned-Shared-or-Leased-Medical-Devices-June-2023.pdf)
* Acute care document that might be referenced by WRHA IPC in LTC: [Cleaning and Disinfection of Reusable Instruments that Contact the Surface of the Eye](https://professionals.wrha.mb.ca/files/ipc-Cleaning-and-Disinfection-of-Reusable-Instruments-that-Contact-the-Surface-of-the-Eye-OD-FINALMay-2024-2.pdf)
* [WRHA LTC IPC policy re: non-critical devices and re-usable equipment](https://professionals.wrha.mb.ca/files/ipc-LTCCDof.NonCrit.Reusable.Med_.Equip_.pdf)

 Appendix A: [Facility Approved Disinfectants](https://professionals.wrha.mb.ca/files/ipc-facility-approved-disinfectants.pdf)Appendix B: [Cleaning Table for Non-Critical Reusable Resident Equipment](https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/ltc/ManualPCH_Sec06_C_Cleaning-AppendixB.pdf)* [Equipment Cleaning and Disinfection Sign Off Sheet - Therapy](https://professionals.wrha.mb.ca/files/ipc-Recreation-and-Therapeutics-Equipment-Sign-Off-Sheet-Final-May-3-2024-1.pdf) / [Fillable](https://professionals.wrha.mb.ca/files/ipc-Recreation-and-Therapeutics-Equipment-Sign-Off-Sheet-Final-May-3-2024.pdf)
* Audit: [IPAC Annual Site Visit Audit Tool](https://healthproviders.sharedhealthmb.ca/files/ipc-annual-site-visit-audit.pdf)
* Audit: [Equipment Cleaning Audit Tool](https://healthproviders.sharedhealthmb.ca/files/cleaning-disinfecting-non-critical-equipment-ltc.pdf)
 |
| 10.2 | A designated individual is accountable for quality oversight and for coordinating cleaning, disinfection and sterilization of devices and equipment in the organization. | * Designated team member has the training and competence to understand key issues in reprocessing. Accountability is clearly written; designated person reports directly to leadership team.
 | Regional MDR policies and operational directives  |
| 10.7 | Cleaning, disinfection and sterilization of critical and semi-critical single-use devices (SUD) is not permitted on site in line with the organization’s policy and regional regulations. | * As written.
 | * [Single Use Medical Devices](https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/acutecare/operational-directive-90-00-010.pdf)
 |
| 10.8 | If reprocessing services are contracted to external providers, a written agreement or contract is maintained with each provider that outlines requirements and roles and responsibilities.  | * The agreement requires that contracted service providers adhere to accepted standards of practice, e.g., CSA standards, and monitoring the quality of reprocessing services. E.g., daily monitoring of printouts or electronic records, maintaining records of each sterilization cycle and a process to report issues with reprocessed devices.
 | * Regional MDR policies and Operational Directives:
* [Regional (Level 1) Policies](https://policies.wrha.mb.ca/infection-prevention-control/) and recommendations are in place for: Purchase, storage, handling and reprocessing of devices and equipment and apply to funded organizations including LTCFs.
* 90.00.050 Sterilizer Quality Assurance Monitoring
* 90.00.060 Routine Practices for Reducing the Risk of Infection Transmission
* 90.00.080 Flexible Endoscopes, Reprocessing (undergoing High Level Disinfection)
* MDR Operational Directives:
* [Transportation, Distribution, and Storage of Contaminated, Clean and Sterile Medical Devices (on and off-site)](https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/acutecare/operational-directive-90-00-090.pdf)
* [Single Use Medical Devices](https://professionals.wrha.mb.ca/files/Single-Use-Devices-OD-FINAL-May-09-23.pdf)
* [Pre-Purchase Assessment of Multi-use Medical Devices (Instruments and Equipment)](https://professionals.wrha.mb.ca/files/Pre-Purchase-Assessment-of-Multi-use-Medical-Devices-FINAL-May-09-23.pdf)
* Acute care document that might be referenced by WRHA IPC in LTC: [Management of Critical and Semi-Critical Loaned, Shared or Leased Medical Devices used for Surgical Procedures](https://professionals.wrha.mb.ca/files/Management-of-Critical-and-Semi-Critical-Loaned-Shared-or-Leased-Medical-Devices-June-2023.pdf)
* LTC specific policies for [cleaning and disinfection of Resident equipment/items.](https://professionals.wrha.mb.ca/files/ipc-LTCCDof.NonCrit.Reusable.Med_.Equip_.pdf)
* [IPAC Auditing Framework](https://healthproviders.sharedhealthmb.ca/files/ipc-audits-in-ltc.pdf)
* Audit: [Equipment cleaning audit tools](https://professionals.wrha.mb.ca/old/extranet/ipc/audit-tools.php)
* MB Health PCH standards require auditing
 |
| 10.9 | When reprocessing services are contracted to external providers, the organization regularly monitors the quality of the services provided. | * The organization verifies that the external provider follows accepted standards of practice to monitor the quality of services (as above); the organization reviews copies of reports and other documentation demonstrating the quality monitoring performed by the provider.
 | * Regional MDR policies and Operational Directives
* [Transportation, Distribution and Storage of Contaminated, Clean and Sterile Medical Devices (on and off-site)](https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/acutecare/operational-directive-90-00-090.pdf)
 |
| 10.11 | When an organization cleans, disinfects, and/or sterilizes devices and equipment in-house, there are designated and appropriate area(s) where these activities are done. | * Adequate space, separate from areas where clean devices and equipment are handled and stored.
* Areas should be equipped with HH facilities and air exchanges, temperature and humidity should be appropriate to the activity and the cleaning products being used (per mfr recommendations).
* Cleaning, disinfection and sterilization done outside the designated area should be kept to a minimum.
 | * Audit: [IPAC Annual Site Visit Audit](https://healthproviders.sharedhealthmb.ca/files/ipc-annual-site-visit-audit.pdf)
* Audit: [Clean and Soiled Storage Utility Rooms Audit](https://healthproviders.sharedhealthmb.ca/files/clean-and-soiled-storage-utility-ltc.pdf)
* [Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings](https://professionals.wrha.mb.ca/wp-admin/admin-ajax.php?juwpfisadmin=false&action=wpfd&task=file.download&wpfd_category_id=902&wpfd_file_id=14852&token=&preview=1)
 |
| 10.12 | Eating and drinking, food storage, cosmetics application and contact lens handling are all prohibited in the area where cleaning, disinfection and/or sterilization of medical devices and equipment are done. | * As written
 | * Regional MDR policies and Operational Directives.
* [Routine Practice Protocol](https://professionals.wrha.mb.ca/files/ipc-Routine-Practices.May2024Revisions.FINAL_-1.pdf)
* [Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings](https://professionals.wrha.mb.ca/wp-admin/admin-ajax.php?juwpfisadmin=false&action=wpfd&task=file.download&wpfd_category_id=902&wpfd_file_id=14852&token=&preview=1)
 |
| 10.13 | Items that require cleaning, disinfection, and/or sterilization are safely contained and transported to the appropriate area(s). | * Used devices are considered contaminated.
* Follow regulations for transporting contaminated equipment and devices, environmental conditions controlled, and clean and appropriate bins, boxes, bags and transport vehicles used.
* Contaminated items are transported separately from clean items and away from care delivery areas and high traffic areas.
 | * [Transportation and Distribution of Contaminated, Clean and Sterile Medical Devices (on and off-site)](https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/acutecare/operational-directive-90-00-090.pdf)
* Audit: [Clean and Soiled Storage / Utility Room in LTC](https://healthproviders.sharedhealthmb.ca/files/clean-and-soiled-storage-utility-ltc.pdf)
 |
| 10.14 | Appropriate PPE is worn when cleaning, disinfecting, or sterilizing medical devices and equipment. | * As written: e.g., may require fluid-resistant gown or cover garment, fluid impervious face mask, full face shield and gloves appropriate to the task.
 | * [Cleaning and Disinfecting of Non-Critical Reusable Resident Equipment/Items](https://professionals.wrha.mb.ca/files/ipc-LTCCDof.NonCrit.Reusable.Med_.Equip_.pdf)
 |
| 10.17 | For each detergent, solution, sterilant, and disinfectant, manufacturers’ instructions for use are followed. | * Ventilation requirements, contact time, shelf life, storage requirements, appropriate dilution, how to test concentration and effectiveness, appropriate PPE.
 | * Regional MDR policies and Operational Directives.
* [Facility Approved Disinfectants](https://professionals.wrha.mb.ca/files/ipc-facility-approved-disinfectants.pdf)
 |
| 10.18 | Each device or set of devices that are intended for sterilization are prepared according to manufacturer’s instructions | * As written
 | * Regional MDR policies and Operational Directives
 |
| 10.19 | When devices are being sterilized, an internal chemical indicator is placed in each package or container, according to the organization’s quality control processes, to verify that sterilizer penetration has occurred | * As written
 | * Regional MDR policies and Operational Directives
 |
| 10.20 | Sterilized packages are clearly identifiable and distinguished from non-sterilized items | * Prevents the release and use of non-sterilized medical devices.
 | * Regional MDR policies and Operational Directives
 |
| 10.21 | The integrity of each sterile package is maintained | * Sterility is event based not time based. Integrity is key. Factors include: wrapper type, method of sealing, type of shelving, location and other events, conditions including temperature, humidity, ventilation, cleanliness and control and monitoring of access to storage areas.
 | * Regional MDR policies and Operational Directives
* Audit: [Clean and Soiled Utility Rooms Audit Tool](https://healthproviders.sharedhealthmb.ca/files/clean-and-soiled-storage-utility-ltc.pdf)
* Audit: [IPAC Annual Site Visit Audit Tool](https://healthproviders.sharedhealthmb.ca/files/ipc-annual-site-visit-audit.pdf)
 |
| 10.22 | There is a written process that allows for the tracking of medical devices associated with a sterilizer or sterilization cycle | * Record includes information that may be required for recall action.
 | * Medical devices are not sterilized in the LTC sector, however regional policy in place that could have impact for LTC should a resident be involved in the investigation of a sterility event is available at: [Sterilizer Quality Assurance Monitoring](file:///C%3A//Users/dconrod/Downloads/90.00.050-Sterilizer-Quality-Assurance-Monitoring.pdf)
 |
| 10.23 | Processes for cleaning, disinfecting and sterilizing medical devices and equipment are monitored and improvements made when needed. | * ROP:
* Level of reprocessing depends on risk.
* Criteria for monitoring effectiveness of cleaning and disinfection and sterilization must be in place.
* Must have a process to ensure equipment has been appropriately reprocessed prior to use.
* There is evidence processes and systems for cleaning, disinfection and sterilization are effective.
* Action has been taken to examine and improve processes for cleaning, disinfection, and sterilization where indicated.
 | * Regional MDR policies and Operational Directives
* [Cleaning and Disinfecting of Non-Critical Reusable Resident Equipment/Items](https://professionals.wrha.mb.ca/files/ipc-LTCCDof.NonCrit.Reusable.Med_.Equip_.pdf)
* Audit: [Clean and Soiled Utility Rooms Audit Tool](https://healthproviders.sharedhealthmb.ca/files/clean-and-soiled-storage-utility-ltc.pdf)
* Audit: [IPAC Annual Site Visit Audit Tool](https://healthproviders.sharedhealthmb.ca/files/ipc-annual-site-visit-audit.pdf)
* IPAC Annual Site Visit Audit Tool – Regional Report – PDF added to evidence folder
 |
| 11.1 | There is an infection monitoring plan that is in line with the applicable regulations, evidence and best practices, and organizational priorities. | * Infection monitoring plan will vary depending on its setting, level of care provided, and risk of infection.
* The results of monitoring can be used to respond to outbreaks and make improvements to IPAC activities.
 | Currently launching a multi-phase targeted surveillance plan that maximizes the scope of practice for all IP&C roles in the region. Information on the plan can be found here: [HAI LTC Surveillance – Quick Reference Guide](https://professionals.wrha.mb.ca/files/ipc-HAI-Surveillance-Quick-Reference-Guide-FINAL-June-13-2024UPDATE.pdf)* Nursing/clinical staff: PAPER Line Lists for Data Collection
	+ [PAPER Respiratory Surveillance of HAIs Line List](https://professionals.wrha.mb.ca/files/ipc-PAPER-Respiratory-Surveillance-of-HAIs-Line-List.May28.2024.pdf)
		- [Education resource](https://professionals.wrha.mb.ca/files/ipc-PAPER-Respiratory-Surveillance-of-HAIs-Line-list-Education-Resource-Final-Feb_1_24.pdf)
	+ [PAPER UTI, Wound & Skin, and Scabies Surveillance of HAIs Line List](https://professionals.wrha.mb.ca/files/ipc-PAPER_UTI_WS_surveillance_of_HAI_line_list_LTC_May_28_2024-b.pdf)
		- Education resource – sample added in PDF to evidence folder
* [LTC HAI Surveillance Case Definitions](https://professionals.wrha.mb.ca/files/ipc-LTC-HAI-case-defintions-combined-FINAL-May-31-2024.pdf)
* [Appendix A: CDC National HSN Master Organism List for a List of Common Commensals](https://professionals.wrha.mb.ca/files/ipc-Appendix_A_CDC_National_Healthcare_Safety_Network_Master_Organism_List_for_a_list_of_common_commensals_April_23_2024.pdf)
* ICSA/IPC: Electronic Line List HAI Surveillance (outbreaks)
* [Respiratory Surveillance of HAIs Line List](https://professionals.wrha.mb.ca/files/ipc-Respiratory-Surveillance-of-HAIs-Line-list.Wider-Columns.May27.2024.xls)
* [UTI, Wound & Skin, and Scabies Surveillance of HAIs Line List](https://professionals.wrha.mb.ca/files/ipc-UTI_WS_-Surveillance_of_HAI_Linelist_LTC_May_28_2024.xls)
* Data base – Sample added in Excel to evidence folder
* [Reporting of a Communicable Disease to Manitoba Health by Infection Prevention & Control in PCHs/LTCFs](https://professionals.wrha.mb.ca/files/ipc-Reporting-of-a-Communicable-Disease-to-MB-Health-by-IPC-FINAL-May2024-1.pdf)
* ICSA Action Summary Reports Template (Action Plan). Sites may use this to track IPC actionable, or one track via their own internal tracking process – Sample added in Excel to evidence folder
* **Also covered in MB Health Standards under 21.02-04**
 |
|   | Health care associated infections are tracked, information analyzed to identify outbreaks and trends and this information is shared throughout the organization. | ROP: * HAI rates are tracked
* Outbreaks are analyzed and recommendations made to prevent recurrences
* Information about relevant HAIs and recommendations from outbreak reviews are shared with team members, senior leadership and the governing body.
 | * See above HAI surveillance links
* [Outbreak management for Infection Prevention & Control](https://professionals.wrha.mb.ca/files/ipc-Outbreak-Management-OD-Final-April-24.pdf)
* [Influenza Outbreak Quick Reference Guide](https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/ltc/influenza-outbreak-management-quick-reference.pdf)
* [Outbreak Management Evaluation Questionnaire](https://healthproviders.sharedhealthmb.ca/files/ipc-outbreak-management-ltc-evaluation.pdf)
* Outbreaks posted publicly: [Current Outbreaks in WRHA Facilities | Winnipeg Regional Health Authority](https://wrha.mb.ca/infection-prevention-control/outbreaks/)
* Outbreaks are posted on Shared Health site provincially see ‘Current Outbreaks’ tab: [Infection Prevention & Control - Shared Health - Health Providers (sharedhealthmb.ca)](https://healthproviders.sharedhealthmb.ca/services/ipc/)
* ICSA Orientation Modules
* **MB Health Standards 21.07 and 21.08**
 |
| 11.3 | There is a process to promptly detect suspected health care-associated infections among its clients/residents. | * Passive or active methods may be used. (passive, e.g., lab reporting; detections during provision of routine services).
 | * See 11.1 section for HAI surveillance documents
 |
| 11.5 | The source or cause of any health care-associated infections is investigated | As written. | * Disease specific protocols, process to engage WRHA IP&C. ICSA on site.
* See 11.1 section for HAI surveillance documents
 |
| 11.6 | Infection prevention and control or public health experts are consulted with to control HAIs and the necessary information is reported to the appropriate authorities in line with the applicable regulations.  | As written | * WRHA IP&C Coordinator is contacted, reporting to MH Public Health is completed by site as required.
* OD for reporting to Manitoba Health: [Reporting of a Communicable Disease to Manitoba Health by Infection Prevention & Control in PCHs/LTCFs](https://professionals.wrha.mb.ca/infection-prevention-control/manuals/long-term-care/)
 |
| 12.1 | There are policies and procedures for identifying and responding to outbreaks; these are in line with the applicable regulations. | As written | * [Influenza Outbreak Quick Reference Guide](https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/ltc/influenza-outbreak-management-quick-reference.pdf)
* [Infection Prevention and Control Outbreak Management Guidelines Respiratory (including Influenza and COVID-19) and Gastrointestinal](https://healthproviders.sharedhealthmb.ca/files/outbreak-management-guidelines-resp-and-gi.pdf)
* [Respiratory Illness and Gastrointestinal Illness Outbreak Management](https://healthproviders.sharedhealthmb.ca/files/respiratory-and-gastrointestinal-outbreak-management-acute-ltc.pdf)
* [Outbreak management for Infection Prevention & Control](https://professionals.wrha.mb.ca/files/ipc-Outbreak-Management-OD-Final-April-24.pdf)
* ICSA Orientation Modules
 |
| 12.2 | Team members and volunteers are provided information about the organization’s role during an outbreak. | As written | * [Respiratory Illness and Gastrointestinal Illness Outbreak Management](https://healthproviders.sharedhealthmb.ca/files/respiratory-and-gastrointestinal-outbreak-management-acute-ltc.pdf)
* [Outbreak management for Infection Prevention & Control](https://professionals.wrha.mb.ca/files/ipc-Outbreak-Management-OD-Final-April-24.pdf)
* [Quick Reference: Outbreak Management](https://healthproviders.sharedhealthmb.ca/files/outbreak-management-qrg.pdf)
* [Quick Reference: Outbreak Preparedness](https://healthproviders.sharedhealthmb.ca/files/outbreak-preparedness-qrg.pdf)

[Outbreak Management Evaluation Questionnaire](https://healthproviders.sharedhealthmb.ca/files/ipc-outbreak-management-ltc-evaluation.pdf)* [Information for Families and Visitors During an Outbreak](https://healthproviders.sharedhealthmb.ca/files/info-visitors-during-outbreak.pdf)
* [Outbreak Signage – Bilingual](https://healthproviders.sharedhealthmb.ca/files/ipc-outbreak-poster.pdf)
* [Respiratory Virus Fact Sheet](https://healthproviders.sharedhealthmb.ca/files/rvi-fact-sheet.pdf)
* [Clean hands save lives brochure](https://healthproviders.sharedhealthmb.ca/files/clean-hand-pamphlet.pdf) | [French](https://healthproviders.sharedhealthmb.ca/files/clean-hand-pamphlet-fr.pdf)
* [Respiratory hygiene brochure](https://healthproviders.sharedhealthmb.ca/files/respiratory-hygiene-pamphlet.pdf) | [French](https://healthproviders.sharedhealthmb.ca/files/respiratory-hygiene-pamphlet-fr.pdf)
* ICSA Orientation Modules
* PPE audit tools:
* [Enhanced droplet contact precautions PPE audit tool](https://professionals.wrha.mb.ca/files/ipc-Enhanced-Droplet-Contact-Precautions-PPE-Audit-Tool-Jun7.2024.v1.xlsx)
* [Enhanced droplet contact precautions PPE donning analysis tool](https://professionals.wrha.mb.ca/files/ipc-Enhanced-DC-Precautions-PPE-Donning-Audit-Analysis-Tool.May14.2024.v2.xlsx)
* [Enhanced droplet contact precautions PPE doffing analysis tool](https://professionals.wrha.mb.ca/files/ipc-Enhanced-DC-Precautions-PPE-Doffing-Audit-Analysis-Tool.Jun3_.2024.v2.xlsx)
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|  |  |  | * [PPE education videos](https://professionals.wrha.mb.ca/infection-prevention-control/personal-protective-equipment-resources/ppe-videos/)
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