

SOUTHWEST IPAC HUB

Fall 2026 Update

WHAT IS THE IPAC HUB?



The Southwest IPAC Hub is a collaboration between **Middlesex-London Health Unit IPAC Hub**, the **Huron Perth Public Health IPAC Hub** and **Southwestern Public Health IPAC Hub**. 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.

IMPORTANT DATES

IPAC SWO 45th Anniversary AGM and Education Day Sept 18 Boler Mtn London ON

Link to register (although this might be over by the time the newsletter goes out)

NEW RESOURCES

- Elevated Indoor Temperatures and Health PHO
- Public Health Ontario [Infection Prevention and Control \(IPAC\) Checklist for Animal Presence in Health Care Settings](#).

PHO Online learning:

- <https://www.publichealthontario.ca/en/Education-and-Events/Online-Learning/IPAC-Courses>

Educational Opportunities and Resources

- Exploring the role of rapid respiratory diagnostics in acute and long-term care settings. Tuesday Sept 8, 2026 – deadline to register is Sept 4 [Click here for more info](#)
- Unseen Vectors and the Sterile Truth: Rethinking Infection Control for the Anesthesiologist. Sept 10 (IPAC Canada members only) Please [Click HERE](#) for more information.
- Flexible Endoscope Basics for the Reprocessing Technician: Tuesday Sept 15, Please [Click HERE](#) for more information
- The Bug Flies: Navigating Multidrug- Resistant Gram-Negative Bacilli (MDR-GNB)

Session 1: Sept 22, Session 2: Oct 27

- Breaking down Abstracts: A Practical Approach for IPAC Professionals October 22

[Webinars](#) to register for any of the above

Bug Day 2026, Date: October 22, 2026 Click [here](#) for more information

ARCHIVED

[Rooted in Trust: Infection Prevention as a Relational Practice, Not Just a Technical One](#)

[Leading and Lagging Your Way to Hand Hygiene Improvements](#)
[IPAC Canada Mentorship Program](#)

Outbreak Readiness

As summer winds down, now is a great time to get ready for outbreak season. A little planning now can help your team respond quickly and confidently when it matters most. Here are a few key areas to review.

Outbreak Preparedness Plan	Infection Prevention and Control Program
Make sure your plan clearly outlines roles, when to start outbreak response steps, who to contact for support, and how to manage staffing, supplies, and essential services.	Take time to review key IPAC practices, including hand hygiene, PPE supply and use, cleaning and disinfection, respiratory etiquette, screening, isolation, cohorting, and staff/volunteer training.
Specimen Collection	Antivirals and Prophylaxis
Check that swabs, collection tubes, requisitions, transport media, labels, biohazard bags, and other supplies are stocked, stored properly, and not expired. Plan who will collect specimens, how they will be labelled and transported, how results will be tracked, and how collection will continue after hours or during staffing shortages.	Review process for rapid deployment of treatment and prophylactic antivirals for residents including advance completion of eligibility assessments, consents, and prescriptions. Make sure accurate resident and staff vaccination records are available.
PPE Supply	Communication Plan
Keep an eye on PPE supplies and have a plan to restock when needed. Support staff with refresher training on personal risk assessments, choosing the right PPE, and donning and doffing safely.	Decide who will prepare and approve messages, how updates will be shared, and how often communication will occur. Plan how to keep staff, clients, patients, residents, and families informed throughout an outbreak.
Staff Exposures and/or Staff Shortages	Public Health Unit (PHU)
Make sure staff know how to report symptoms or exposures, follow work restrictions and return-to-work steps, use PPE and precautions, and receive staffing updates.	Keep local PHU contact information easy to find for leadership and anyone responsible for reporting. Include the PHU name, key phone numbers, after-hours reporting steps, and preferred reporting methods.
Outbreak Management Team	IPAC Hub Contact
Identify team members who can make decisions and help coordinate the response. Keep a current list of main and backup members, including their roles and contact information.	Keep IPAC Hub contact details handy, including key contacts, email or phone numbers, and the types of support available.

Source: [Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings](#)

Resources:

[Ontario Respiratory Virus Tool | Public Health Ontario](#)
[Seasonal Respiratory Pathogen Guide Version 2.0](#)

Long-Term Care and Retirement Homes Resources:

[IPAC Checklist for Long-Term Care and Retirement Homes](#)
[IPAC Self-Assessment Audit for Long-Term Care and Retirement Homes](#)

Other Congregate Living Setting Resources:

[Outbreak Preparedness, Prevention and Management in Congregate Living Settings](#)
[IPAC Self-Assessment Audit for Congregate Living Settings](#)

Environmental Cleaning Audits – Why They Matter?

Environmental cleaning audits are a structured method to assess whether cleaning and disinfection practices are being carried out **consistently and according to best practices**. PHO describes these audits as a form of **process surveillance** that supports Infection Prevention and Control (IPAC) programs and continuous quality improvement.

Audits help organizations to:

- Confirm that high-touch surfaces are cleaned and disinfected appropriately
- Identify gaps in practices, education, or resources
- Support feedback and ongoing education for EVS staff
- Reduce the risk of transmission, particularly for PHO-identified significant organisms

Roles and Responsibilities

PHO guidance and the Ontario Ministry of Health stress the importance of clearly defined roles within an IPAC program.

- **Environmental Services (EVS)** staff are responsible for completing routine and enhanced cleaning according to organizational policies and procedures.
- **IPAC leads or trained delegates (where possible)** are responsible for planning and implementing environmental cleaning audits, selecting appropriate tools, reviewing results through an IPAC lens, and supporting improvement efforts.

Audits should be collaborative and non-punitive, with a focus on system improvement rather than individual performance.

Key Elements of an Environmental Cleaning Audit

According to PHO guidance, effective environmental cleaning audits typically include:

- Use of a standardized audit tool
- Assessment of high-touch surfaces and shared equipment
- Direct observation and/or surface assessment
- Routine scheduling, with increased frequency during outbreaks
- Documentation of results, timely feedback, and follow-up actions

Auditing helps ensure that enhanced cleaning measures are implemented when significant organisms are present and supports safe care delivery during outbreak management.

Helpful Resources

Trusted resources to support environmental cleaning and auditing include:

- **PHO – Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings** [PHO – Environmental Cleaning Best Practices](#)
- **PHO – Significant Organisms in Environmental Cleaning** [PHO – Significant Organisms in Environmental Cleaning](#)
- **PHO – Introduction to Implementing Environmental Cleaning Auditing** [PHO – Environmental Cleaning Auditing](#)
- **Environmental Cleaning Performance Observation Audit** [Environmental Cleaning - Performance Observation Audit](#)



UNDER THE MICROSCOPE:

Legionella



Legionella is a group of bacteria that can be found in natural water sources, such as lakes, streams and groundwater, as well as in human-made water systems and devices, including plumbing systems, cooling towers, showerheads, hot tubs, humidifiers, medical and dental equipment and ice machines. Legionella can also be found in soil.

Legionella pneumophila causes most (90%) human disease.

Legionella can cause two types of illness in humans: **Legionnaires' disease** & **Pontiac fever**.

Risk Factors

- **Age 50+**
- Current or former **smokers**
- **Chronic lung disease** (i.e., asthma, emphysema, COPD)
- **Other chronic diseases** (i.e., diabetes, kidney disease, heart disease)
- **Use of respiratory therapy equipment** (e.g., nebulizer, CPAP, BiPAP)
- **Weakened immune system**

Signs and Symptoms

Legionnaires' disease:

- High fever, pneumonia, cough, muscle aches and headache. Stomach pain or diarrhea may also occur. Symptoms typically begin 2–10 days after exposure.

Pontiac fever:

- A milder illness causing fever, muscle aches, headache and cough, without pneumonia. Symptoms typically begin 1–2 days after exposure.

Laboratory Testing Information:

- [Legionella – Respiratory PCR and Culture](#)
- [Legionella – Urine antigen](#)

INFECTION PREVENTION & CONTROL

Implement measures that prevent Legionella growth in water systems & reduce exposure to water aerosols.

Precautions should include:

1. Maintain water temperatures outside of the **20°C–45°C range**, which supports Legionella growth. Ideally, for health care facilities, the temperature at the water heater outlet should be $\geq 60^{\circ}\text{C}$, and the distributed hot water temperature above 55°C .
2. Avoid water stagnation and low flow, which can promote biofilm formation.
3. Avoid use of materials, such as rubber washers & hoses, that can harbour Legionella & support microbial growth.
4. Minimize the release of water spray and aerosols.
5. Keep systems clean and free of sediment that may harbour Legionella.
6. Disinfect systems regularly to control biofilm and Legionella growth.
7. Ensure water systems are properly operated and maintained. [CSA Z317.1:26](#) Special requirements for plumbing installations in health care facilities.
8. Locate cooling towers to prevent emissions from entering building air intakes. [CSA-Z317.2-24](#) requires consideration of prevailing winds and air intake locations when choosing the location of cooling towers.
9. Manage risks during thermal flushing, system restarts & construction, including aerosolization, scalding & the release of biofilm.

Having a detailed water management plan is essential to reducing the risk of Legionella growth and transmission.

RESOURCES

ASHRAE:

- [Standard 188-2018 -- Legionellosis: Risk Management for Building Water Systems \(ANSI Approved\)](#)
- [Guideline 12-2023: Managing the Risk of Legionellosis Associated with Building Water Systems](#)

US Centers for Disease Control & Prevention (CDC):

- [CDC-Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings](#)
- [Steps to Develop a Water Management Program](#)
- [Legionella Environmental Assessment Form](#)

References:

- Public Health Ontario. Legionella: questions and answers, 2nd edition. www.publichealthontario.ca/-/media/Documents/F/2019/faq-legionella.pdf?rev=7bec9a7b5bc044d688bebb64171c4362&sc_lang=en
- Public Health Agency of Canada: Infographic: What is Legionella. www.canada.ca/en/health-canada/services/publications/healthy-living/infographic-what-is-legionella.html
- Ministry of Health. Ministry of Health Legionella Investigation Reference Document. www.ontario.ca/files/2025-01/moh-ophs-legionellosis-en-2025-01-06.pdf

Upcoming Communities of Practice (CoP)

HPPH:

- Sept 4 at 10 am- CLO's
- Sept 9 1100 am- LTCH/RH- Guest Speaker- Kerri Ryan- Balancing IPAC with compassion
- Oct 7- HPPH Fall workshop for LTCH/RH and CLO's- in person at the Mitchell Community Centre

SWPH

- September 17th 1:00 p.m. CLS
- September 29th 1:00 p.m. LTCH & RTH
- October 27th 1:00 p.m. LTCH & RTH

LONG-TERM CARE HYBRID COURSE

REGISTRATION NOW OPEN FOR THE SEPTEMBER TO NOVEMBER 2026 Course!

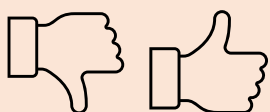
This intensive hybrid course provides specialized training for IPAC professionals in long-term care (LTC). Certification for LTC Infection Control Practitioners is required in Ontario, but the knowledge gained benefits professionals nationwide.

The online portion begins **September 20, 2026**, followed by a **two-day in-person session in Toronto, November 7 & 8, 2026**. Participants receive a Certificate of Completion.

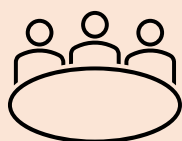
Tuition: \$2,499 (GST exempt), including lunches and refreshments during the in-person days. Travel and accommodation are the student's responsibility. Full course details, registration, and hotel information for the Sandman Hotel available [here](#).

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

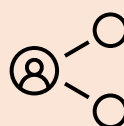
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Do you have a
service request?



Do you have an IPAC
story to share?



Do you have general
feedback or
suggestions?

