NWT Infection Prevention and Control (IPAC) Standards

Overarching goals of the Northwest Territories (NWT) Infection Prevention and Control (IPAC) Program

1. To protect residents from healthcare-associated infections, resulting in improved survival rates and reduced morbidity associated with infections.
2. To prevent the transmission of communicable diseases among residents/clients, healthcare providers, visitors, and others within the healthcare environment.
3. To prevent the spread of communicable diseases between healthcare settings and/or communities.
4. To ensure evidence-based standards of care and excellence are maintained throughout NWT healthcare settings.

Definitions

- **Infection**: The state produced by the establishment of one or more pathogenic agents (such as a bacteria, protozoans, or viruses) in or on the body of a suitable host.
- **Communicable Disease**: An infection in humans that is caused by an organism or micro-organism or its toxic products and is transmitted directly or indirectly from an infected person or animal, or from the environment. Reportable communicable diseases are defined within the *NWT Disease Surveillance Regulations (R-096-2009* under Schedule 3.
- **Health & Social Services Authority (HSSA):** This includes all three NWT Health & Social Services Authorities – Northwest Territories HSSA, Hay River HSSA and Tłı̨chǫ Community Services Agency.
- **Healthcare Facilities**: A facility that provides health services pursuant to the *Hospital Insurance and Health and Social Services Administration Act*. A facility means a premises in or from with health services or social services are provided and equipment in or associated with the premises or associated with the provision of health services or social services from the premises. Examples of this would be a hospital, health centre, corrections facility, long term care facility or extended care unit.
- **Healthcare Setting:** A broad array of services and places where healthcare occurs, including healthcare facilities but expanding to private offices, homes, or ambulatory care settings where healthcare services are provided.
- **IPAC Lead/Representative:** A HSSA employee that has identified IPAC duties within their regular job duties as a HSSA employee. The lead must maintain a current IPAC Canada membership and either has or is enrolled in the IPAC Canada Essentials in IPAC Course within a year with the completion of the course within 3 years of starting in an IPAC role. Exceptions can be made for equivalencies or approval from the Chief Public Health Officer (CPHO). The role of the IPAC Lead is to enable HSSA staff to follow already approved policies, procedures or processes. When an event that requires IPAC involvement occurs within a health facility they coordinate appropriate IPAC measures, training and work closely with an IPAC Subject Matter Expert(s) (IPAC SME) to address any questions or program gaps within the authority. They support organizational

communication to staff regarding IPAC changes and help coordinate audits or capturing system improvements to ensure the IPAC Program is meeting NWT IPAC Standards.

- **IPAC Subject Matter Experts (IPAC SME):** A subject matter expert who maintains a CIC® Certification from the Certification Board of Infection Control and Epidemiology, Inc. and is a current member of IPAC Canada. The role of an IPAC SME is to ensure the review and approval of new policies, procedures or processes related to an authorities IPAC Program are using appropriate IPAC resources. Where the IPAC SME does not have the necessary qualifications to provide approval over a specific area of expertise they would provide recommendations on where to gather that expertise from. During exigent circumstances or where equivalent expertise in IPAC can be demonstrated an HSSA may request the Chief Public Health Officer for approval on a case-by-case bases.
- **Nosocomial Infection:** Also referred to as healthcare associated infections, are infections acquired during the process of receiving health care that were not present during the time of admission.
- **Quality Care:** Care that is delivered in an equitable, evidence-based, acceptable, and timely manner.

Legislative Authority and Roles

- **Health and Social Services Authority**

  The Chief Executive Officer of a Board of Management for a hospital or healthcare facility shall take measures to ensure compliance with standards approved by the Minister for the control of infections in hospitals and healthcare settings.

  -*Section 59 of the Northwest Territories HOSPITAL AND HEALTHCARE FACILITY STANDARDS REGULATION, 2009 (R-036-2005)*

  A person in charge of a health facility where a person with a reportable disease or suspected reportable disease is examined, monitored, tested, or treated shall, ensure the specific control measures for the disease, including treatment and monitoring, are carried out; and ensure compliance with directions from the CPHO.

  Section 9 of the *NWT Reportable Disease Control Regulations (R-128-2009)*

- **Chief Public Health Officer**

  The CPHO may take such reasonable measures they consider necessary in the circumstances to protect the public's health.

  -*Section 7 and 8 of the Northwest Territories Public Health Act (SI-007-2009)*

  Reportable communicable diseases and other health conditions are listed in Schedule 3. A healthcare professional who diagnoses a reportable disease, or who is of the opinion that a person who they examine or treat is infected with a reportable disease, shall provide the CPHO with the information required as defined in the Communicable Disease Manual.

  -*Section 6 and 7 within the NWT Disease Surveillance Regulations (R-096-2009)*

The CPHO shall ensure that a person infected with a reportable disease receives any necessary treatment and monitoring until the person is no longer infected, no longer contagious, or no longer presents a significant risk to the public health.

-*Section 11 within the NWT Reportable Disease Control Regulations (R-128-2009)*

Where a diagnosis, opinion or direction given by a healthcare professional or direction given by a person in charge of a health facility who is carrying out his or her duties under these regulations conflicts with that of the CPHO, the direction given by the CPHO prevails.

-*Section 19 within the NWT Reportable Disease Control Regulations (R-128-2009)*

Approved IPAC Resources

Unless otherwise directed by the NWT CPHO the NWT IPAC programs will adopt all IPAC Canada Program Standards as amended from time to time. Where standards and direction contradict, direction from the NWT CPHO supersedes. Additional direction will be provided through:

- Direct communication with CPHO (phone, email, meeting minutes, etc.)
- NWT Communicable Disease Manual
- Clinical Practice Information Notice
- CPHO Practitioner Alert

The following resources are approved resources for NWT IPAC Programming:

- Accreditation Canada
- Canadian Standards Association
- Public Health Agency of Canada
- Provincial Infectious Diseases Advisory Committee (ON)
- Provincial Infection Control Network (BC)
- Provincial Infection Prevention & Control (AB)
- National Institute for Health and Clinical Excellence
- Society for Healthcare Epidemiology of America
- Association for Professionals in Infection Control and Epidemiology
- APIC Text Online
- World Health Organization (WHO)
- International Society for Quality in Health Care
- International Society for Infectious Diseases (ISID)

Standard 1.0 Indicators and Auditing

1.1 NWT IPAC programs must audit compliance with IPAC Canada Program Standards and provide a final report to CPHO	
Purpose/Rationale: • Health and Social Services Authorities (HSSAs) maintain accountability to NWT IPAC standards. • Flags concerns or gaps within the health system that may require NWT specific guidance, additional resources, or system improvements. • Ensures that HSSAs are addressing IPAC using evidence-based practice that is informed by national standards.	
Deliverables	**Indicators**
1.1.1 All HSSA policies and procedures related to IPAC will follow IPAC Canada standards or follow CPHO direction where NWT specific guidance is required. 1.1.2 Program is regularly audited against IPAC Canada standards using IPAC Canada Auditing Tools or approved equivalent and shared with CPHO annually. 1.1.3 HSSAs track audit recommendations, develops plans to address gaps within their audit and shares a report with the CPHO annually.	• # of NWT IPAC operational polices use approved resources or follow CPHO direction. • Annual delivery of program audit to CPHO provided by March 31 each year. • Annual report on addressing audit recommendations and gaps to CPHO provided by March 31 each year.

Standard 2.0 HSSA IPAC Team

2.1 HSSAs must have access to an IPAC SME	
Purpose/Rationale: • CIC® Certification from the Certification Board of Infection Control and Epidemiology, Inc. and membership with IPAC Canada allows for necessary expertise in IPAC. It is crucial to the IPAC program to have access to nationally and internationally recognized education, best practice research, and IPAC specific tools that assist the health system. This ensures policies and procedures will follow the most up to date, evidence-based information, and best practices. • The foundation of any sustainable cultural shift is understanding current challenges and strategically working on improvements. Having a dedicated position with the education, experience, and training that is informed with current best practice ensures a consistent approach to systemic change. Note: IPAC SME role requirements are defined under definitions.	
Deliverables	**Indicators**
2.1.1 An IPAC SME role is maintained within the HSSA organization. Where the role is not within the organization this role can be contracted out provided there are structures in place within the organization to communicate and implement new IPAC Program guidance. 2.1.2 IPAC SME ensures that the review of policies, procedures, and continuous quality improvement initiatives regarding the IPAC programs are following NWT IPAC Program Standards. A) IPAC SME review is not necessary if IPAC policies or procedures are being adopted from another HSSA where this review has already been completed. Documentation providing background related to IPAC SME functions are per definition and approval of final policy, procedure or guideline must be kept.	• Evidence that HSSA has regular access to IPAC SME. • Evidence that all IPAC policies or procedures are either adopted from another HSSA that has had an IPAC SME review completed or that their own IPAC SME has reviewed and approved. • Evidence of referral to another SME has been completed where IPAC SME does not have required expertise.

2.1.3 Where appropriate IPAC SME works with CPHO and provides regular updates on policy changes, IPAC concerns and seeks CPHO direction on new policies. 2.1.4 Where IPAC SME does not have adequate qualifications regarding a specific set of expertise they may refer HSSA to another expert in the appropriate field to provide guidance.	

2.2 HSSAs must asingn an IPAC Lead/Representative to support healthcare facilities

- Having an IPAC lead/representative that is informed by IPAC Canada membership, has IPAC competencies and access to a CIC certified IPAC SME supports better coordination of IPAC programs throughout the health system.
- Having a role with dedicated time allows for better communication, more effective and timely response to IPAC concerns and helps identify systematic improvements throughout healthcare facilities.

Note: IPAC Lead/Representative role requirements are defined under definitions.

Deliverables	Indicators
2.2.1 IPAC lead/representative duties are reflected within an actively held position in the HSSA. Note: This does not mean that there must be an IPAC position created within the authority but that there is an employee who has IPAC as part of their regular duties and meets the conditions necessary for an IPAC lead/representative as per definition. 2.2.2 IPAC lead/representative answers any IPAC related questions from staff or directs staff to the appropriate approved resource. If there is no approved resource or policy to direct staff, the IPAC lead/representative will raise it as a concern either at an IPAC committee meeting or to the IPAC SME for consideration of improvements needed. 2.2.3 IPAC lead/representative must attend HSSAs IPAC committee meetings and liaises with the IPAC SME and regular operations within healthcare facilities.	• # of IPAC lead/representative whose duties are reflected as part of their regular job duties. • Evidence that HSSA staff members know how to access IPAC information and have regular access to IPAC Coordinator. • Evidence of staffs IPAC questions being responded to or brought forward for discussion.

2.3 HSSAs have regular IPAC meetings and changes to IPAC Programs are effectively communicated

- Ensuring all key staff within HSSAs have an awareness of NWT IPAC concerns and practices is key to having timely and effective measures in place.
- Regular communication between IPAC team members helps identify improvements, keeps the team up to date on best practices and ensures the IPAC Program is being followed.
- The IPAC team should consist of at minimum the IPAC lead/representative, IPAC SME (when applicable), and any HSSA staff who have a role in maintaining IPAC standards within a healthcare facility.
- Regular updates to HSSA staff regarding IPAC helps all healthcare facilities be proactive and aware of best practices and changes occurring in the field.

Deliverables	Indicators
2.3.1 HSSAs maintain an IPAC Committee to review policies, procedures, and operations. As well as participates in IPAC audits and follow-up on recommendations. 2.3.2 IPAC SME and/or IPAC lead/representative sits on regular standing meetings with CPHO and disseminates information back to the committee, to the field and stakeholders as appropriate. 2.3.3 IPAC Program changes are communicated effectively to all necessary HSSA staff after being approved for use.	• Each IPAC committee has a minimum of 4 meetings occurring annually. • Evidence that IPAC lead/representative and/or IPAC SME representing HSSA attends regular standing meetings with CPHO or provides a written update as necessary, if unable to

	attend. • Evidence of regular communications to HSSA staff regarding program changes.

Standard 3.0 IPAC for Deceased with Communicable Disease

3.1 Policies and procedures regarding the care of the deceased with a communicable disease must be in place.	
Purpose/Rationale: • To ensure high standards of infection control, while maintaining protection of healthcare providers, families, and others involved with handling the remains of persons who have died with a communicable disease. • The handling of human remains with a communicable disease may still pose a risk of transmission post-mortem depending on the infectious agent. • Community members or individuals outside the health system often provide services to the deceased and therefore additional regulations regarding the release of human remains needs to be in place to protect the public from communicable disease. • Family and community members can be at risk if burial practices involve touching or washing the body.	
Deliverables	**Indicators**
3.1.1 CPHO must review all policies and procedures related to the care of the deceased with a communicable disease. 3.1.2 All HSSAs must have specific post-mortem care considerations for the communicable diseases listed in Appendix A.	• % of approved policies and procedures that the CPHO has reviewed related to care of the deceased with a communicable disease. • Evidence there are specific considerations for post-mortem care in the communicable diseases listed in Appendix A

Standard 4.0 Reporting to CPHO

4.1 Mandatory reporting to the CPHO must occur at several points regarding communicable diseases and IPAC.
Purpose/Rationale: • Reportable diseases are set out in the *NWT Public Health Act, Reportable Disease Control Regulations (Section 4) and Disease Surveillance Regulations (Sections 6-10 and Schedule 3)*. • Reporting data is used for territorial and national surveillance and informs public health planning and interventions. • CPHO requires reporting data to maintain a current centralized communicable disease registry. • The NWT communicable disease registry is a secure confidential source of client history that can impact future clinical guidance for clients. • Reporting on protective measures/precautions in place impacts public health decision making and population safety. • Understanding the level of communicable disease in the healthcare environment allows for better system planning especially when a surge response is necessary. • Though not the responsibility of the IPAC team having the IPAC lead/representative and/or IPAC SME aware and involved with communicable disease reporting within a healthcare facility can help ensure the correct precautions are followed and reduce the spread of facility acquired (nosocomial) infections.

Deliverables	Indicators
4.1.1 The IPAC SME and/or IPAC lead/representative is alerted to any clients with a communicable disease requiring special precautions or any facility acquired infections within **24 hours**. 4.1.2 IPAC SME or IPAC lead/representative will support the validation of admissions data and provide corrections as necessary related to the presence of communicable diseases within a healthcare facility.	• # of facility acquired infections. • Evidence of process to alert IPAC SME and/or IPAC lead/representative of client with communicable disease requiring precautions within facility. • Evidence of validation of data related to presence of communicable diseases within a healthcare facility provided to OCPHO.

Appendix A

Communicable Diseases with Specific Post-Mortem Care Considerations

- Acquired immunodeficiency syndrome (AIDS)
- Amoebic and bacillary dysentery
- Anthrax
- Brucellosis
- Cholera
- Diphtheria
- Diseases caused by a novel coronavirus, including Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), and Severe Outcomes of SARS-CoV-2 (COVID-19)
- Group A streptococcal infections, invasive, including toxic shock syndrome, necrotizing fasciitis, myositis, and pneumonitis.
- Hemorrhagic fevers, including Ebola, Marburg Virus, Lassa Virus, and Sudan Virus
- Hepatitis (any type)
- Human immunodeficiency virus (HIV) infections
- Meningitis
- Methicillin-resistant staphylococcus aureus (MRSA)
- Orthopoxvirus, including Mpox, and smallpox
- Plague
- Prion disease, including Creutzfeldt Jakob-disease
- Rabies
- Scarlet fever
- Tuberculosis disease
- Typhoid and paratyphoid fevers
- Typhus
- Vancomycin-resistant enterococci (VRE)
- Yellow fever
- Unusual clinical manifestations of a disease