
Registrant Handbook

POLICY 12

Prevention and Control of Infectious Diseases

12.1 Introduction

The purposes of this policy are:

- to explain how registrants (operators of registered residences) can meet outcome 1.6.1 of the *Health and Safety Standards* regarding the prevention and control of infectious diseases; and
- to outline the role of public health in response to infectious diseases in assisted living residences.

12.2 Policy Statement

The *Health and Safety Standards* require that registrants must:

1. Provide a safe, secure and sanitary environment for residents¹;
2. Ensure hospitality services do not place the health or safety of residents at risk²; and
3. Ensure sufficient staff is available to meet the service needs of residents and that staff has the knowledge and ability to perform the assigned tasks³.

The health and safety outcomes specifically associated with infection are:

1.6.1 Registrants must have a plan in place to prevent and control the spread of infectious diseases in assisted living residences in accordance with *Prevention and Control of Infectious Diseases*.

3.2.2 Registrants must have plans in place to address situations where there is a disruption to the residence's regular work force.

Registrants must conduct and document staff orientation and ongoing training in each element of the plan set out below.

12.3 Policies and Procedures for Preventing Infection

The *Health and Safety Standards* for the prevention and management of the spread of infection focus on the content of the registrant's written policies and procedures and scope of staff training and resident education. To prevent the spread of infection, registrants must have written policies and procedures for staff that include:

- good health practices that everyone should follow;
- a protocol for hand washing;
- basic hygiene and infection control practices associated with laundry and housekeeping (frequency of service and the products to be used);

¹ Office of the Assisted Living Registrar, *Registrant Handbook*, Policies Tab 4, Health and Safety Standard #1, (August 31, 2007).

² Standard #2.

³ Standard #3.

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- safe practices for the preparation and delivery of meals;
- how staff illness will be handled; and
- asking for guidance from public health on infection control as needed.

Registrants must provide residents with general information about basic hygiene and infection prevention and control. Registrants should also have a policy to recommend staff and residents receive the influenza vaccine annually. Registrants may also have a policy to recommend staff and residents receive other appropriate immunizations.

12.4 Recognizing a Change from Normal Conditions

Early recognition of infectious illness in an assisted living residence is generally beneficial in minimizing its impact on residents, visitors, staff and other service providers. Registrants must have written policies and procedures for staff to understand the importance of recognizing a change from normal conditions affecting residents and/or staff⁴. Registrants are expected to keep a watchful eye⁵ over residents and, if aware of one or more cases of infectious disease among residents and/or staff, follow written policies and procedures and consult with public health in the geographic area of the residence as needed⁶.

12.5 Contacting Public Health

Public health and/or case managers within each health authority may provide registrants with information about which infectious illnesses or situations to report, how to report, to whom to report, when to report and why reporting is expected⁷. Registrants should contact public health as soon as possible when a change from normal conditions is recognized and needs consultation. Informing public health does not mean that public health takes over management of the situation. This responsibility remains with the registrant.

If public health receives laboratory results that suggest one or more assisted living residents may have an infectious disease, it may contact the registrant.

⁴ Although the mandate of the Assisted Living Registrar under the *Community Care and Assisted Living Act* is to ensure the delivery of assisted living services does not jeopardize *resident* health and safety, the health of staff can affect the health and safety of residents.

⁵ As a standard of care, 'keeping a watchful eye' is higher than the responsibility expected of operators of independent housing (where the person receives only housing from the operator) or supportive housing (where the resident receives housing and one or more hospitality services, for example, meals or laundry, but no personal assistance, from the operator) but not as high as that expected of operators of community care facilities. In other words, if a registrant notices a problem in relation to a resident's health or safety, they have a responsibility to follow up with the resident.

⁶ Some health authorities have developed infection prevention and control toolkits, which registrants with publicly subsidized units should use to manage the spread of infection.

⁷ The health authorities' infection prevention and control toolkits may specifically state notification is not required.

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12.6 Reporting to the Case Manager

In assisted living residences with publicly subsidized units, registrants must also advise and consult with the health authority case manager about any change in normal conditions and the management of publicly subsidized residents who have increased personal assistance needs.

12.7 Management When a Change from Normal Condition

- Registrants must have written policies and procedures in place for staff concerning hygiene and infection control during a change from normal conditions.
- Registrants must educate and encourage residents about how to minimize the spread of infection.
- Registrants can also recommend residents get (annual) influenza and other recommended vaccinations.
- Registrants should follow written policies and procedures about how to control the spread of infection and include when to consult with public health and/or the case manager for the residence as needed. Whether public health is aware of anything unusual at an assisted living residence depends on the information it receives from registrants, laboratories and physicians.
- Registrants must consider the advice they receive from public health. In certain limited circumstances (e.g., a staff member or resident with active tuberculosis), public health may require certain control measures. Registrants should avoid ineffective or unnecessary restrictions on residents.
- The public health advice about an unexpected increase in the number of cases of infectious illness among residents or staff at an assisted living residence will be similar to its advice when this situation occurs at any other congregate, unlicensed setting in the community⁸.
- The public health advice about a change from normal conditions will recognize the infrastructure and resources available to the registrant. For example, registrants would not be asked to conduct surveillance in the same way as it is conducted at community care facilities or to make diagnoses. Diagnosis and required laboratory testing should be arranged by the resident's physician as it is in any other community setting.
- Whether meals are cooked on or off-site, public health has some oversight over the preparation of meals through the issuance of Food Premises Permits.
- Registrants and public health accept that restrictions on new residents are less likely to be of value in assisted living residences than in community care facilities. However, a registrant can choose to close an assisted living residence temporarily to new residents moving in, or take other control measures, during the occurrence of a respiratory or gastrointestinal illness.
- Registrants should keep contact information up-to-date and accessible to facilitate timely contact with public health and/or case managers.

⁸ Examples of similar settings to assisted living residences, where people live semi-independently, include supportive housing and boarding schools. In assisted living residences, there is limited infrastructure and staff is not necessarily on site 24/7. Staff is mainly non-health professional, although a registered nurse or licensed practical nurse provides clinical oversight of nonprofessional staff.