



# **Infection Prevention & Control Plan 2026-27**

*Reviewed January 2026*

## **Introduction**

An effective infection control plan is paramount in ensuring the health and safety of patients, physicians, staff, and volunteers at Hanover & District Hospital (HDH). In a busy and fast-paced environment, the risk of hospital-acquired infections (HAIs) poses a constant challenge. The introduction of a comprehensive infection control plan is instrumental in mitigating these risks and maintaining a standard of care that prioritizes patient safety.

The infection control plan serves as a proactive and systematic approach to identify, prevent, and control the spread of infections within the hospital setting. By integrating evidence-based practices, guidelines, and protocols, the infection control plan aims to create a robust framework that aligns with the Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control (PIDAC-IPC) standards, and other accredited Infection Prevention and Control (IPAC) guidelines. The plan is a dynamic strategy that is responsive to emerging infectious threats, technological advances, and healthcare trends.

Under the direction of the Infection Control Manager, the infection control program fosters a culture of accountability, education, and continuous improvement. It recognizes the collaborative effort required across all disciplines and departments to effectively manage and control the negative outcome potential from improper execution of IPAC practices. HDH promotes the belief that infection control is everyone's responsibility. Regular training, communication and monitoring mechanisms are integral components of this plan, supporting HDH's commitment to preventing the spread of infections and enhancing patient outcomes.

This infection control plan is the cornerstone of patient safety and quality healthcare. It reflects a commitment to excellence, ensuring the hospital remains a place of healing, where patients can receive high-quality care with confidence.

## **Specific Components**

The infection control plan includes the following components:

### **Infection Prevention and Control Committee**

All infection prevention and control activities are overseen by the hospital's Infection Prevention and Control Committee. The committee is comprised of representatives from the hospital (frontline staff and management), local long-term care facilities, primary care, Grey Bruce Public Health (GBPH) and the medical consultant. The committee meets on a bi-monthly basis.

### **Infection Control Medical Consultant**

HDH retains the services of Dr. Michael Gardam as a Medical Consultant to the Infection Prevention and Control Committee and the Infection Control Manager.

### **Hand Hygiene**

Hand hygiene audits are performed on a regular basis by trained auditors. These results are reported on a monthly basis. The monthly results are reviewed by the Infection Control Manager and the relevant departmental managers. The results are posted throughout the hospital for staff and patient viewing.

The Infection Control Manager also collates and reports monthly, quarterly and annual hand hygiene metrics. These reports are provided to the following committees: Infection Control, Patient Safety and Risk Management, Professional Practice, Medical Advisory Committee, Patient and Family Advisory Committee and, the Quality Governance and Risk Management Committee of the Board of Directors. These statistics are also placed on the website and at various locations around the hospital for full transparency to the public. Annually, this information is reported to Ontario Health (OH) through the Self-Reporting Initiative (SRI).

### **Appropriate Use of Personal Protective Equipment (PPE)**

PPE, including masks, gloves, isolation gowns, and face shields, are located throughout the hospital and clinical areas for use by physicians, staff, volunteers, visitors and patients. Signage is used at the entrance to patient rooms to signal when isolation precautions are in place. Healthcare professionals, staff, and visitors are required to comply with any precautions that are in place.

There are also organizational policies that outline the requirements of appropriate PPE use.

PPE audits are performed monthly to assess staff compliance and ability to don and doff PPE appropriately. These audits are compiled by the Infection Control Manager and reported at the Infection Control Committee. Education opportunities are given at time of observation if required and hospital-wide education is provided when multiple areas are assessed to need reminders.

### **Universal Screening and Surveillance of Antibiotic Resistant Organisms**

Universal screening is required on all patients admitted to HDH's inpatient units. Samples are collected to screen for Antibiotic Resistant Organisms as outlined in the IPAC policy. Any positive results are recorded in the patients' chart for ease of identification to initiate additional precautions on any subsequent interactions.

In addition, patients are assessed using the Febrile Respiratory Illness (FRI) screening tool and will have all travel history documented to rule out any contagious endemic diseases.

Based on the results of the above-noted screening, appropriate additional precautions are implemented with signage placed at the entrance to the patient's room.

### **Surveillance Reporting and Reportable Communicable Diseases**

HDH complies with all mandatory infection control reporting. Positive confirmation of infectious diseases are reported to Grey Bruce Public Health in accordance with all applicable regulations.

On a monthly basis, hospital-acquired cases of Clostridium Difficile (C. Difficile), Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia and Vancomycin-resistant Enterococci (VRE) bacteremia are reported to Ontario Health (OH) through the Self-Reporting Initiative (SRI). Quarterly, Surgical Safety Checklist compliance is reported to OH through the SRI.

The pressure rate and nosocomial transmission of MRSA and C. Difficile is monitored and reported to the Infection Control Committee, Patient Safety and Risk Management Committee, Professional Practice Committee, Medical Advisory Committee, Patient and Family Advisory Committee, and the Quality Governance and Risk Management Committee of the Board of Directors. If any increase of transmission is noted, steps are taken to increase cleaning practices, perform point prevalence studies for admitted patients, and increase hand hygiene practices through education and increased audits.

### **Surgical Site Infection Surveillance**

Selected surgeries performed at HDH are monitored by the Infection Control Manager for any surgical site infections that may arise subsequently. Any potential surgical site infections are brought to the attention of the surgeon, and feedback is received on the case. There is appropriate follow-up and remediation, if required. The surgical site infection rates are reported to the following committees: Infection Control, Patient Safety and Risk Management, Professional Practice, Medical Advisory Committee, Patient and Family Advisory Committee and, the Quality Governance and Risk Management Committee of the Board of Directors.

### **Outbreak Management**

When a potential outbreak is recognized, the Infection Control Manager notifies the appropriate parties according to the Outbreak policy. The Outbreak Management Team works collaboratively with GBPH to provide the best possible outcome for all patients, staff, and visitors.

### **Environmental Audits**

In collaboration with the Environmental Services department, the Infection Control manager performs environmental audits on a regular basis to assess the effectiveness of cleaning and infection control practices. These audits are completed throughout the hospital using an ATP meter. The results of these audits are provided to the relevant department managers, the Environmental Services Manager, as well as the Infection Control Committee.

The audits are utilized for educational purposes. The Infection Control Manager, in conjunction with the Environmental Services Charge, will provide education and training on cleaning practices to Environmental Services staff, and staff within the impacted department to ensure those involved are knowledgeable and engaged in all infection control practices.

### **Use of UV Sanitizers and Cleaning Practices**

HDH has invested in three (3) Clean Slate UV sanitizers, 2 UV washroom sanitizers, and 2 UV tower sanitizers for use throughout the hospital.

Clean Slate equipment provides a quick and effective solution for sanitizing handheld devices, includes mobile phones, pens, ID badges and stethoscopes and promotes hand hygiene and infection control. The devices are situated in areas for convenient use by staff.

The washroom sanitizers and tower sanitizers do not replace the need for routine or additional precaution cleaning, but are utilized as an adjunct to ensure that all potentially infectious/contagious microorganisms have been removed from the patient care area.

All cleaning practices and products utilized by HDH comply with PIDAC standards.

### **Educational Activities**

The infection control manager will provide or facilitate education for all employees. These activities include:

- Infection control orientation for all new employees, students and volunteers on hand hygiene and donning/doffing of PPE

- Annual training on patient screening and isolation requirements through Brain Train program
- Informal feedback for staff regarding PPE donning and doffing practices
- Annual review of policies and cleaning practices in conjunction with IPAC guidelines
- IPAC education courses purchased by the hospital and distributed to employees
- Additional training, as required, based on results of environmental audits

### **Construction or Facilities Projects**

Plans for all construction and/or renovation projects undertaken by Facilities or an outside contractor are required to be reviewed by the infection control manager to ensure all IPAC guidelines are followed for the duration of the project. These projects may also be subject to inspection by the infection control manager.

### **Communication**

Major policy changes, outbreak notification, changes in applicable practice and any reminders needed are communicated to all staff, physicians, and occupants of the building using a multi-faceted approach, including memos, departmental huddles, email communication, signage posted throughout the building.

There is also an IPAC communication board located in the service hallway that also displays these changes, the statistics collected by the Infection Control Manager and any other relevant information from GBPH.

### **Reports to the Governing Body via Quality Governance and Risk Management Committee**

The following reports are provided quarterly to the Quality Governance and Risk Management Committee through the risk manager:

- Hand Hygiene
- Hospital Acquired Infections
- Surgical Site Infections
- Surgical Safety Checklists

### **Review of the Infection Control Plan**

The infection prevention and control plan will be reviewed, updated, and approved annually, or as needed.