

# CENTRAL EAST IPAC HUB

Newsletter – July 2025

SAFE TODAY, HEALTHY TOMORROW:  
Together in Infection Prevention.



## IPAC Hub Education

The Central East IPAC Hub offers education training sessions for your home and/or staff on a variety of topics. To request a session or learn more, complete the [IPAC Education Request Form](#). For general inquiries, contact your regional IPAC Hub Lead via email at [ipachub@peterboroughpublichealth.ca](mailto:ipachub@peterboroughpublichealth.ca), or call 705-743-1000 ext. 230.

### Update to Routine Practices and Additional Precautions in All Health Care Settings, 3<sup>rd</sup> Edition

Appendix N: Clinical Syndromes/Conditions with Required Level of Precautions has been revised by PIDAC-IPC to reflect current evidence and best practices. Appendix N outlines the minimum required precautions for each disease type, including avian influenza, *Candida auris*, measles, and Mpox. This appendix can be used as a standalone, easy-to-reference resource.

## Info Session



Info session on **environmental cleaning** will be held via Microsoft Teams.

**Date:** July 23, 2025

**Time:** 12:00pm-12:30pm

Session will be recorded and posted to website.

## Changes to LTC-CIP Requirements

The Ministry of Long-Term Care has updated the regulations around IPAC leads in LTC homes. Here's what you need to know:

### New Certification Timeline

Designated IPAC leads must either:

- Already hold LTC CIP, (from the Certification Board of Infection Control and Epidemiology), or
- Obtain it **within 3 years of being designated**.
- Leave of absence (e.g. parental leave or sick leave) don't count toward the 3 years.

#### For Current IPAC Leads

If someone is already in the IPAC lead role, the 3-year countdown **starts April 11, 2025**. That means certification must be completed by **April 11, 2028**.

#### For Future IPAC Leads

Anyone designated **after April 11, 2025**, will have **3 years from their start date** to become certified.

# Tuberculin Skin Testing (TST): Administration, Reading and Documentation

## Let's Review

As part of TB prevention and screening efforts, it's critical that TSTs are properly administered, read, and documented. Below is a quick refresher to support staff involved in TST administration and follow-up:

### 1. Administration:

- Store PPD solution at 2–8°C, away from light. Label with puncture date and discard one month after opening. Check expiry dates.
- Only the Mantoux technique should be used (intradermal injection on the inner forearm).
- Use 0.1 mL with a 26- or 27-gauge needle. A wheal of 6–10 mm should form.
- Draw up the solution immediately before use to preserve potency.
- If the test is administered incorrectly (e.g., subcutaneous), re-administer correctly at a new site.

### 2. Reading and Interpretation:

- TSTs must be read 48 to 72 hours after administration by a trained health care professional. Maximum induration typically occurs by 48 hours, and results become less reliable after 72 hours.
- **Interpretation focuses on induration, not redness.** Use your fingertips to gently palpate the site to determine if a raised, firm area (induration) is present. Redness alone is not clinically significant and should not be measured or recorded.
- To improve accuracy, use the pen method to mark the edges of the induration before measuring:
- Support the forearm on a firm surface with the elbow slightly flexed.
- Move the tip of a pen laterally toward the injection site at a 45° angle.
- The pen will stop when it meets the edge of the induration—this is where the skin texture changes.
- Repeat from the opposite side to identify the second edge.
- Using a flexible ruler or caliper, measure the widest transverse diameter (across the forearm, not lengthwise) between the two marks.

### 3. Documentation: Date, dose, manufacturer, lot number, expiry, injection site, name of administering staff

- Record the measurement in **millimetres (mm)**—e.g., 0 mm, 7 mm.
- Do not label results as "positive" or "negative"—clinical interpretation depends on individual risk factors and exposure history.
- Avoid rounding measurements to the nearest 5 mm. If the size falls between two markings, record the lower number.

Report [positive results](#) to public health!

# SPOTLIGHT

## Understanding Antibiotic Resistant Organisms (AROs)

Antibiotic resistance is one of the world's most urgent public health problems. Many disease treatments depend on the ability to fight infection using antibiotics. However, as we continue to use antibiotics, microbes develop defense strategies against them, making the antibiotics less effective.

When a resident takes antibiotics to treat an infection, their normal skin and gut flora ("good bacteria") are also killed, allowing opportunity for harmful bacterial (AROs) to take over.

## Spotlight on Methicillin-Resistant *Staphylococcus aureus* (MRSA)

*Staphylococcus aureus* is a common bacterium that lives on the skin and mucous membranes of 20% of healthy adults without causing harm.

If *S. aureus* becomes resistant to antibiotics, such as methicillin, it is called MRSA. If it causes an infection, symptoms like redness, swelling, or fever may occur.

It is spread from contact with colonized or infected individuals by the hands of healthcare workers.

### When can staff return to work after illness?

Symptomatic staff should self-isolate at home and not go into work. Staff should report being ill to their employer.

### Colonized

Individuals have the bacteria but don't show signs of illness. It can still be spread to others.

### Infected

Individuals have the bacteria, and they present with signs and symptoms.

## Preventative Measures

- Conduct admission screening
- Cohort staff and residents
- Enforce strict hand hygiene and cleaning of all shared equipment after use
- Initiate contact precautions

## Helpful Resources

Public Health Ontario: [Annex A: Screening, Testing and Surveillance.](#)

Public Health Ontario: [Screening Checklist.](#)

# Upcoming

Community of Practice sessions for Fall preparedness will be held in September and October. Stay tuned for more information!

	HKPR	Peterborough Public Health
Outbreak Reporting	During business hours: <a href="mailto:outbreaks@hkpr.on.ca">outbreaks@hkpr.on.ca</a> Outside of business hours: 1-888-255-7839	During business hours: <a href="#">Outbreak form</a> Outside of business hours: 705-760-8127
Vaccine Information	<a href="mailto:immunization@hkpr.on.ca">immunization@hkpr.on.ca</a>	<a href="mailto:schoolvaccines@peterboroughpublichealth.ca">schoolvaccines@peterboroughpublichealth.ca</a>
Outbreak Alerts	Click <a href="#">here</a> to sign up.	Click <a href="#">here</a> to view updates.
IPAC Inquiries	<a href="mailto:ipachub@peterboroughpublichealth.ca">ipachub@peterboroughpublichealth.ca</a>	

## Central East IPAC Hub Team

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