

SUBMISSION TO THE CANADIAN STANDARDS ASSOCIATION GROUP ON PROPOSED NATIONAL STANDARDS FOR OPERATION AND INFECTION PREVENTION AND CONTROL OF LONG-TERM CARE HOMES

Submitted by: The Regional Municipality of York

Date: April 11, 2022

Introduction

This submission to the Canadian Standards Association Group on the proposed new National Standard for Operation and Infection Prevention and Control of Long-term Care Homes (New Standard) (CSA Z8004) presents important considerations that build on York Region's existing advocacy:

- Submission to the [Ontario Long-Term Care COVID-19 Commission](#) and
- Submission to the Ministry of Long-Term Care on our [Analysis of Ontario's Long-Term Care COVID-19 Commission's Final Report and Recommendations for Urgent Provincial Action](#)
- [Submission](#) to the Ministry of Long-Term Care on Proposed New Regulation Under the Fixing Long-Term Care Act, 2021
- [Submission](#) to the Health Standards Organization on draft National Standards for Long-Term Care Services ([CAN/HSO 21001:2022](#))

The new National Standard for Operation and Infection Prevention and Control of Long-Term Care Homes are an important step towards strengthening long-term care service delivery and protecting residents if implemented.

Recommendations for amendments to the proposed new long-term care standards

York Region's general comments on the proposed standards are structured to align with the format of the online public review site (respondents can submit a comment or a proposed change or both where applicable). Where applicable, York Region's proposed amendments to the wording of national standard criteria are highlighted yellow.

1. Recommendations

Section	National Standard Criteria	York Region Comments	Proposed Change
General	<p>This Standard provides requirements for the safe operation and infection prevention and control of long-term care homes. This Standard is intended for use by operational staff, infection prevention and control personnel, directors of care, architects, designers, engineers, governmental bodies, and residents and families.</p> <p>Engineers, architects, and designers will likely benefit from using this Standard alongside other detailed Canadian Standards Association Standards (see Clause 2). Long-term care homes in Canada can be subject to local, provincial, or territorial building and fire regulations, or in the absence of, the National Building and Fire Code of Canada.</p>	<p>Each reference to a Canadian Standards Association standard within this standard (CSA Z8004) should include additional language regarding meeting requirements set by local applicable Acts, Regulations relevant standards, protocols and directives.</p> <p>This Standard refers to Public Health in various ways (public health, local public health, public health unit, regional public health authority). Language should be streamlined for consistency throughout the Standard to appropriately reflect the role of local public health across provinces (such as the use of one term throughout the Standards).</p>	None
Overview	<p>The Standard provides an overview of operations including, but not limited to, visitor policies, nutrition and food, waste management, and communication. Guidance is provided for a transdisciplinary assessment team, and quality improvement including risk management and quality auditing.</p>	<p>Consider developing a Federal/Provincial Standard for creating policies and procedures, to create standardization amongst all long-term care homes (such as policy templates).</p>	None

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	Infection prevention and control requirements are incorporated regarding program elements, hand hygiene, personal protective equipment, cleaning and disinfection, procurement, laundry, considerations for resident belongings, infection prevention and control and design considerations for resident bedrooms and washrooms, and anti-microbial stewardship.		
3.1	Definition of “Authority having jurisdiction” — a federal or provincial regulatory body responsible for enforcing the requirements of a specific codes or standards, or for approving equipment, materials, an installation, or a standard operating procedure for personnel.	Definition should include local/regional authorities.	Definition of “Authority having jurisdiction” — a federal, provincial or local/regional regulatory body responsible for enforcing the requirements of a specific codes or standards, or for approving equipment, materials, an installation, or a standard operating procedure for personnel.
3.1	Definition of “Transdisciplinary assessment team” — a group comprising representatives from various disciplines in the long-term care home that work together so that appropriate infection, prevention and control measures, cleaning and disinfection measures and operations policies and procedures are followed. This includes directors, managers, and leaders from various disciplines in	Include language regarding “consultation with local public health (as appropriate in relation to infection, prevention and control and communicable diseases).”	Definition of “Transdisciplinary assessment team” — a group comprising representatives from various disciplines in the long-term care home that work together so that appropriate infection, prevention and control measures, cleaning and disinfection measures and operations policies and procedures are followed. This includes directors, managers, and leaders from various disciplines in

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	the long-term care home, including risk management team representatives, infection control professionals, occupational health professionals, residents, families, and others to oversee that the appropriate cleaning and disinfection measures are followed.		the long-term care home, including risk management team representatives, infection control professionals, occupational health professionals, residents, families, and others such as consultation with local public health to oversee that the appropriate cleaning and disinfection measures are followed.
4.1.2	The core principles shall be based on residents and families as partners in care.	We support this Standard. The Province has yet to implement the Ontario's Long-Term Care COVID-19 Commission recommendation 28 that advocates for Ontario Health to work with the Ministry of Long-Term Care as local/regional Ontario Health Teams are implemented to ensure a coordinated continuum of care that includes all long-term care homes. Having an integrated health care system would help to ensure core principles are based on residents and families as partners in care.	None
4.3.4	long-term care homes shall respect that residents who do not have capacity to consent to sexual and intimate acts are still sexual beings with sexual and intimacy needs.	We support this Standard. As suggested by the Health Standards Organization's draft National Standards for Long-Term Care Services (CAN/HSO 21001:2022 ; sections 2.3.5 and 4.1.4), an ethical decision-making framework should be developed for the sector along with standardized education and training provided for management and staff.	None
4.3.5	long-term care homes should support staff to adopt approaches to	We support this Standard. As suggested by the Health Standards Organization's draft	None

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	resident sexual expression and intimacy that avoids making assumptions and recognizes people's diversity and individual choice, while assisting staff to address their own attitudes and behaviour towards sexual expression.	National Standards for Long-Term Care Services (CAN/HSO 21001:2022 ; sections 2.3.5 and 4.1.4), an ethical decision-making framework should be developed for the sector along with standardized education and training provided for management and staff.	
5.1.1	long-term care homes shall establish policies and procedures to create an operating environment that focuses on the people-centred perspective. long-term care homes should incorporate resident and family input into the creation of operating policies and procedures as these are important to health and quality of life.	We support this Standard. Developing people-centred or emotional models of care requires additional funding and support. The City of Toronto identified costs associated with implementing these models at around \$5 million for its 10 homes. We have not undertaken an analysis of the cost to implement this at our homes.	None
5.1.4	long-term care homes should establish formal and informal partnerships and collaborations with other parts of the healthcare system such as local hospitals, community services, primary care, and public health so that expertise and resources are shared to prevent avoidable hospitalizations, promote access to specialized supports (for example, geriatric specialists, palliative care, spiritual health, and mental health services), and in specific situations such as infectious	We support this Standard. We believe that the Ontario Government should consider identifying and establishing a service system manager for seniors' care to coordinate and bring together the currently fragmented seniors' services sector (such as the one that exists for housing and children's services).	None

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	disease outbreaks, epidemics, and pandemics.		
5.3.1	Visitor policies and procedures should include education around infection, prevention and control requirements (for example, routine practices for non-isolated residents, hand hygiene, personal protective equipment, donning and doffing and additional precautions as required).	None	Visitor policies and procedures should include education around infection, prevention and control requirements (for example, routine practices for non-isolated residents, hand hygiene, personal protective equipment, screening, cleaning, disinfection, donning and doffing and additional precautions as required).
5.3.4	long-term care homes shall have an operational plan in place for visitor management during regular operations (for example, personal protective equipment, hand hygiene and infection, prevention and control education), and during outbreaks, epidemics, or pandemics that shall include provisions prescribed by the authority having jurisdiction.	None	long-term care homes shall have an operational plan in place for visitor management during regular operations (for example, personal protective equipment, hand hygiene and infection, prevention and control education), and during outbreaks, epidemics, or pandemics that shall include provisions prescribed by the authority having jurisdiction. The operational plan for visitor management should be reviewed with the Residents' Council and Family Councils annually at a minimum.
5.3.5	long-term care homes shall have an operational plan in place that enables safe access to a resident, while mitigating exposure to other residents within a building, to	None	long-term care homes shall have an operational plan in place that enables safe access to a resident, while mitigating exposure to other residents within a building, to

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	support visitation during outbreaks, epidemics, or pandemics.		support visitation during outbreaks, epidemics, or pandemics. The operational plan shall include a visitor log for contact tracing purposes.
5.3.6	The transdisciplinary assessment team shall establish a program that prevents staff, family, essential caregivers and visitors from entering the long-term care home when they are ill with a transmissible enteric or respiratory infection.	Passive screening if part of the Acute Respiratory Infection screenings, such as those recommended by Provincial Infectious Diseases Advisory Committee (PIDAC): https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/best-practices-ipa . Ongoing active screening requires additional provincial funding as staffing and supplies for pandemic measures are temporary.	Add a note: Passive and active screening to be in place for all staff and visitors
5.4.4	Policies and procedures shall be developed and implemented for cleaning of the long-term care home and supply of housekeeping equipment and cleaning supplies.	None	Add a section: Policies and procedures shall be developed and implemented for monitoring and auditing of cleaning and disinfecting processes (results to be shared with infection, prevention and control team or committee at the home). Add a section: Policies and procedures shall be developed and implemented for waste and water maintenance
5.5.3	long-term care homes shall accommodate dietary restrictions and create tailored culturally appropriate meal plans.	We support this Standard. While our homes strive to ensure quality, appropriate and sufficient meals for residents as described,	None

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		achieving this requires additional Ontario Government funding .	
5.7.3	The transdisciplinary assessment team shall undertake a formal, comprehensive risk assessment and management exercise. This exercise shall be documented and shall consider all risk elements associated with the form and function of the long-term care home.	None	The transdisciplinary assessment team shall undertake an annual formal, comprehensive risk assessment and management exercise. This exercise shall be documented and shall consider all risk elements associated with the form and function of the long-term care home.
5.7.4	For occupied buildings the transdisciplinary assessment team shall conduct a re-assessment process yearly at a minimum. Changes to the original assessment shall be clearly justified and documented.	None	For occupied buildings the transdisciplinary assessment team shall conduct a re-assessment process yearly at a minimum an annual Infection, Prevention and Control organizational assessment . Changes to the original assessment shall be clearly justified and documented.
5.7.7	The transdisciplinary assessment team shall determine the types of care needs which the long-term care home will provide. The long-term care home shall have specific provision of heating, ventilation, and air conditioning systems for airborne infectious isolation, medical gas systems, electrical systems, IT	Due to existing infrastructure in a current home, the requirement for “specific provision of heating, ventilation, and air conditioning systems for airborne infectious isolation” may be a challenge. This should be incorporated into new designs or renovations alongside negative pressure rooms for airborne pathogens (these should also be included in the Long-Term Care Home Design Manual 2015). The current Provincial	The transdisciplinary assessment team shall determine the types of care needs which the long-term care home will provide. The new long-term care homes shall have specific provision of heating, ventilation, and air conditioning systems for airborne infectious isolation, medical gas systems, electrical systems, IT

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	systems, communication systems, and plumbing.	funding is insufficient to undertake larger infrastructure modification projects.	systems, communication systems, and plumbing.
5.8.2	<p>Where catastrophic events create staffing shortages (for example, snowstorms and flooding, but also including during outbreaks, epidemics, and pandemics), plans for the following operations shall be assessed for implications in both the short term and long term:</p> <ol style="list-style-type: none"> 1. staff re-assignment and re-deployment; 2. additional hours; 3. clinical management working; 4. use of essential caregivers to be engaged in resident care; and 5. use of contract staff. 	None	<p>Where catastrophic events create staffing shortages (for example, snowstorms and flooding, but also including during outbreaks, epidemics, and pandemics), plans for the following operations shall be assessed for implications in both the short term and long term:</p> <ol style="list-style-type: none"> 1. staff re-assignment and re-deployment; 2. additional hours; 3. clinical management working; 4. use of essential caregivers to be engaged in resident care; and 5. use of contract and specialty staff.
5.9	<p><u>Waste Management</u></p> <p>Note: See Z317.10 for more information on waste management processes and procedures. Waste handling includes the following components:</p> <ol style="list-style-type: none"> 1) waste handling within the long-term care home (generation, storage, collection, transportation, segregation, etc.) and 	None	<p>Add a note: Waste Management plans should incorporate cleaning and disinfection of transport containers and outlines routes of travel for safe waste transport within the long-term care home</p>

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	2) waste disposal to a licensed facility (landfill, transfer station, etc.).		
5.9.1.1	The waste management system shall incorporate requirements for packaging, collection, storage, handling, treatment, segregation, and disposal of waste materials within the long-term care home.	None	The waste management system shall incorporate requirements for packaging, collection, storage, safe handling of waste within the facility , treatment, segregation, and disposal of waste materials within the long-term care home.
5.9.4.6	Environmental services shall consult transdisciplinary assessment team for assistance and direction on proper waste management operations.	None	Environmental services shall consult with transdisciplinary assessment team for assistance and direction on proper waste management operations.
6.2.3	long-term care home shall establish a process to collect equity, diversity, and inclusion data appropriate to residents and the external environment. long-term care home shall use this data in correlation with infection, prevention and control data and measure results achieved. long-term care home shall analyze the data to determine any areas of disparity.	Consider defining or providing examples of equity, diversity, and inclusion data to be collected.	None
6.3.3	Audit reports shall be publicly posted, and accessible for residents and family.	We support the increased transparency, accountability and enforcement driving the current legislative changes in the Ontario long-term care sector.	A summary of audits reports shall be publicly posted, and accessible for residents and family.

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7	Infection Prevention and Control	None	<p>Add section:</p> <p>Personal Service Settings in long-term care homes:</p> <ul style="list-style-type: none"> • long-term care homes should ensure Personal Service Settings in long-term care homes follow legislative and regulatory requirements or best practice, including ensuring compliance among independent operators providing Personal Services • long-term care homes should keep a log of independent operators providing Persons Services to residents
7.1.2	infection, prevention and control policies and procedures shall be reviewed annually and revised as needed, when practices from the authority having jurisdiction are updated (for example, from local jurisdictions, national and provincial bodies, international agencies).	None	infection, prevention and control and outbreak management policies and procedures shall be reviewed annually, at a minimum or as new best practice and or directives are released, and revised as needed, when practices from the authority having jurisdiction are updated (for example, from local jurisdictions, national provincial, and local/regional bodies, international agencies).
7.1.3	The infection, prevention and control program shall be based on best practices, guidelines and	We support this Standard. Provincial Governments should be responsible for	The infection, prevention and control program shall be based on best practices, guidelines,

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	recommendations from national and provincial bodies and international agencies, as well as incorporate significant findings from the current scientific literature.	identifying the significant findings from the current scientific literature.	recommendations and significant findings from current scientific literature outlined by national and provincial bodies and international agencies (for example included in standards and protocols).
7.1.4	Each long-term care home shall have an infection, prevention and control trained representative who can assist in infection, prevention and control processes and procedures. The infection, prevention and control trained representative should be a dedicated role based on the organizational risk assessment.	The proposed <i>Fixing Long-Term Care Act, 2021</i> Regulations identify this new position. This new position requires new and sustainable funding from the Ontario Government.	Each long-term care home shall have an infection, prevention and control trained representative who can assist in infection, prevention and control processes and procedures. The infection, prevention and control trained representative should be a dedicated role based on the organizational risk assessment, and in accordance with any legislative and regulatory requirements or best practice.
7.1.5	The infection, prevention and control program should describe the culture, scope and foundational framework necessary for the development of a successful infection, prevention and control program.	None	The infection, prevention and control program should describe the culture, scope and meet requirements set by legislative and regulatory requirements or best practice to achieve a foundational framework necessary for the development of a successful infection, prevention and control program.
7.1.6	infection, prevention and control program elements shall include:	None	infection, prevention and control program elements shall include:

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	<p>1. infection, prevention and control program impact, collaboration and engagement;</p> <ul style="list-style-type: none"> • development of relationships with other departments within the organizations (for example, Occupational Health and Safety, Environmental Services as well as between internal and external partners (for example, residents, families, essential caregivers, contracted services); 		<p>1. infection, prevention and control program impact, collaboration and engagement;</p> <ul style="list-style-type: none"> • development of relationships with other departments within the organizations (for example, Occupational Health and Safety, Environmental Services as well as between internal and external partners (for example, residents, families, essential caregivers, contracted services, local public health unit);
7.1.6	<p>infection, prevention and control program elements shall include:</p> <p>2. infection, prevention and control Education;</p> <ul style="list-style-type: none"> • Educational programs tailored to the infection, prevention and control program priorities, services and resident populations; • Core competencies continuing education for all staff in infection, prevention and control at onboarding and annually; and • education for residents, families, and visitors. 	None	<p>infection, prevention and control program elements shall include:</p> <p>2. infection, prevention and control Education;</p> <ul style="list-style-type: none"> • Educational programs tailored to the infection, prevention and control program priorities, services and resident populations; • Core competencies continuing education for all staff and volunteers in infection, prevention and control at onboarding and annually; and • education for residents, families, and visitors; and

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			<ul style="list-style-type: none"> providing “just in time” supplementary education when a home is in outbreak.
7.1.6	infection, prevention and control program elements shall include: 5. hand hygiene program (see Clause 7.2);	None	infection, prevention and control program elements shall include: 5. hand hygiene and routine practices program (see Clause 7.2);
7.1.6	12. outbreak, epidemic, pandemic management; <ul style="list-style-type: none"> Outbreak Management Team have been identified specific to an outbreak, epidemic, pandemic response plan. Persons involved may include a director of care/manager, medical director, Infection Control Professional (infection control professional), public health liaison, Occupational Health and Safety experts, and any other long-term care home-specific leadership roles; 	None	12. outbreak, epidemic, pandemic management; <ul style="list-style-type: none"> Outbreak Management Team have been identified specific to an outbreak, epidemic, pandemic response plan. Persons involved may include a director of care/manager, medical director, Infection Control Professional (infection control professional), public health liaison, environmental services, Occupational Health and Safety experts, and any other long-term care home-specific leadership roles; Add an annex: template infection, prevention and control policy and procedures for long-term care home use

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7.2.1.1	Hand hygiene shall be the responsibility of the organization and all individuals involved in healthcare.	None	Hand hygiene shall be the responsibility of the organization and all individuals involved in healthcare in accordance with local legislative acts and regulations.
7.2.1.3	<p>All Health Care Workers shall perform hand hygiene according to the World Health Organization five moments of hand hygiene:</p> <ol style="list-style-type: none"> 1. Before touching a resident or their environment 2. Before clean/aseptic procedures 3. After bodily fluid exposure/risk 4. After touching a resident 5. After touching resident environment 	Best practices for hand hygiene varies between jurisdictions, for example Ontario uses a best practice of the four moments of hand hygiene.	<p>All Health Care Workers shall perform hand hygiene according to the World Health Organization five moments of hand hygiene, or in accordance with legislative and regulatory requirements or best practice:</p> <ol style="list-style-type: none"> 1. Before touching a resident or their environment 2. Before clean/aseptic procedures 3. After bodily fluid exposure/risk 4. After touching a resident 5. After touching resident environment
7.2.1.5	<p>Hand hygiene shall be performed at the point of care. When hands are not visibly soiled, alcohol-based hand rub containing 70% to 90% alcohol should be used. When hands are visibly soiled, hands shall be washed with soap and water.</p> <p>Notes:</p> <ol style="list-style-type: none"> 1) The Public Health Agency of Canada's Hand Hygiene Practices in Healthcare Settings 		Add a note: For certain pathogens, for example during clostridium difficile or norovirus outbreaks, the soap and water method is the preferred method

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	<p>recommends 60 to 90% alcohol; however, 70% is preferred.</p> <p>2) In long-term care homes, the point of care can include the bedside, resident chair, or common areas.</p>		
7.2.1.6	Hand hygiene sinks shall be dedicated to that purpose and not used for any other purpose.	Dedicated hand hygiene sinks are not currently included in the Long-Term Care Home Design Manual 2015 .	In new long-term care homes, hand hygiene sinks should be required on every Home Area and shall be dedicated by Staff to that purpose and not used for any other purpose.
7.2.2 7.2.2.2	<p><u>Hand Hygiene Program</u></p> <p>Compliance results of hand hygiene audits and strategies shall be posted in areas where staff, residents and families are able to access and participate.</p>	We support the increased transparency, accountability and enforcement driving the current legislative changes in the Ontario long-term care sector.	<p><u>Hand Hygiene Program</u></p> <p>A summary of compliance results of hand hygiene audits and strategies shall be posted in areas where staff, residents and families are able to access and participate.</p>
7.2.2.4	<p>Education programs should include, but not be limited to, the following topics:</p> <ul style="list-style-type: none"> • why hand hygiene is so important; • the moments when hand hygiene shall be performed; • how to perform hand hygiene; • up to date practices; • skin care; • factors that impact the effectiveness of hand hygiene; and 	None	<p>Education programs should include, but not be limited to, the following topics:</p> <ul style="list-style-type: none"> • why hand hygiene is so important; • the moments when hand hygiene shall be performed; • how to perform hand hygiene; • up to date practices; • hand care program including topics such as, skin care, barrier creams, jewellery, nail enhancement, allergic reactions to alcohol-based hand rub;

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	<ul style="list-style-type: none"> how hand hygiene practices are the responsibility of everyone in long-term care 		<ul style="list-style-type: none"> factors that impact the effectiveness of hand hygiene; and how hand hygiene practices are the responsibility of everyone in long-term care
7.2.2.5	<p>long-term care homes should have safety coaches assigned to encourage and support hand hygiene compliance for staff, residents and families.</p> <p>Notes:</p> <ol style="list-style-type: none"> These safety coaches will serve as role models for the organization and will be instrumental in driving safety related change in LTC. See Canadian Standards Association Z317.12 for more information on resident and family engagement. Resident and family engagement has been shown to increase resident safety by identifying risks and innovations; playing a role in reducing transmission of infections; and increasing hand hygiene rates in health care workers when they are invited to monitor hand hygiene. 	Consider adding a definition for a safety coach.	None

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7.2.3.4	Resident hand hygiene shall occur before and after meals and toileting.	This would be difficult for staff to police.	Resident hand hygiene shall occur before and after meals (including snacks) and toileting (if eating and toileting are supported by staff or volunteers).
7.3	<u>Personal Protective Equipment (personal protective equipment)</u> Note: See Public Health Agency of Canada's Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings for more information.		Add note: Add a list of Provincial best practice Documents from all provinces that have local best practices on Routine Practices and Additional Precautions
7.3.1.2	long-term care homes shall establish policies and procedures for: <ul style="list-style-type: none"> • adequate resourcing, • training, • audits and feedback, • safety and personal protective equipment coaches, • buddy programs, • appropriate doffing locations, and • safe disposal of used personal protective equipment. 	There is new one-time provincial funding to back-fill some educational requirements at homes (such as the preceptor resource and education program). However, a permanent, formal buddy program would require additional base funding from the Ontario Government.	long-term care homes shall establish policies and procedures using Provincial or Federal best practices for: <ul style="list-style-type: none"> • adequate resourcing, • training, • audits and feedback, • safety and personal protective equipment coaches, • buddy programs, • appropriate doffing locations, and • safe disposal of used personal protective equipment.
7.3.1.3	personal protective equipment shall be worn according to the resident risk assessment and in accordance	personal protective equipment is worn when conducting a point of care or risk assessment.	personal protective equipment shall be worn according to the resident risk assessment and in accordance

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	<p>with Routine Practices and Additional Precautions.</p> <p>Prior to initiating resident care activities, a risk assessment shall be conducted to determine the likelihood of contact with bodily fluids, excretion, secretion, non-intact skin or mucous membranes or equipment or environmental surfaces contaminated with the above.</p> <p>The selection of personal protective equipment shall be based on the nature of the interaction with the resident and/or the likely mode of transmission of infectious agents.</p> <p>Personal protective equipment should be donned just prior to the interaction with the resident and removed immediately following the interaction for which the personal protective equipment was required and disposed on the appropriate receptacle.</p>		<p>with Routine Practices and Additional Precautions.</p> <p>Prior to initiating resident care activities, a point of care risk assessment shall be conducted to determine the likelihood of contact with bodily fluids, excretion, secretion, non-intact skin or mucous membranes or equipment or environmental surfaces contaminated with the above.</p> <p>Personal Protective Equipment is worn when conducting a point of care or risk assessment.</p> <p>The selection of personal protective equipment shall be based on the nature of the interaction with the resident and/or the likely mode of transmission of infectious agents. Personal protective equipment should be donned just prior to the interaction with the resident and removed immediately following the interaction for which the personal protective equipment was required and disposed on the appropriate receptacle.</p>
7.3.1.5	long-term care home shall have a personal protective equipment committee for evaluation, selection and usage of personal protective equipment. Membership shall	None	long-term care home shall have a personal protective equipment committee for evaluation, selection and usage of personal protective equipment. Membership shall

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	<p>include infection control professional, Occupational Health, and purchasing personnel.</p> <p>Note: personal protective equipment selection needs to comply with guidelines from the authority having jurisdiction.</p>		<p>include an infection, prevention and control designate, infection control professional, Occupational Health, and purchasing personnel.</p> <p>Note: personal protective equipment selection needs to comply with guidelines from the authority having jurisdiction.</p>
7.3.1.6	<p>personal protective equipment shall be readily accessible for staff and available at point of care outside of resident rooms and stored in a manner that prevents contamination (for example, covered carts, closed cabinets).</p>	None	<p>personal protective equipment shall be readily accessible for staff and essential caregivers and be available at point of care outside of resident rooms and stored in a manner that prevents contamination (for example, covered carts, closed cabinets).</p>
7.3.1.9	<p>long-term care home staff shall be properly fitted for items such as eye protection, masks, respirators, gloves, gowns.</p>	<p>Staff should be able to choose certain personal protective equipment from a selection available (such as gloves being available in common sizes: small, medium and large).</p>	<p>long-term care home staff shall be properly fitted for respirators. Suitable sizes of other items such as eye protection, masks, gloves and gowns should be available.</p>
7.3.2.2	<p>long-term care home shall provide personal protective equipment donning and doffing education to all staff, students, and essential care providers upon onboarding and yearly thereafter.</p>	None	<p>long-term care home shall provide personal protective equipment donning and doffing education to all staff, students, and essential care providers upon onboarding and yearly thereafter. “Just in time” education should be provided during outbreaks.</p>

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7.3.2.3	<p>personal protective equipment donning and doffing shall be audited regularly and results reported to a quality and risk or joint health and safety committee. Practice improvement activities shall be documented.</p>	<p>Hand hygiene, personal protective equipment and cleaning and disinfection auditing and process improvements should be discussed at transdisciplinary assessment team meetings, in consultation with local public health as appropriate. Settings should set organizational goals when low compliance is noted, and this should be shared and monitored.</p>	None
7.3.3.2	<p>long-term care homes shall store additional personal protective equipment supplies in the event of an outbreak, epidemic, pandemic or catastrophic event.</p> <p>Note: This storage can be off-site, but must be readily available.</p>	<p>Standards and protocols need to provide for definitions of the type and number of resources, supplies and personal protective equipment to be made available. Feasibility cannot be assessed without a clearer definition of what is required.</p>	None
7.3.3.4	<p>Appropriate and proper use of personal protective equipment shall include:</p> <ul style="list-style-type: none"> • point-of-care risk assessment to determine need for personal protective equipment • using the correct technique for putting on and taking off personal protective equipment • using the correct technique when wearing personal protective equipment (for example, not to self-contaminate) 	<p>Standards need to use consistent terminology and avoid repetition.</p> <p>A list of Provincial best practice documents from all provinces that have local best practices on Routine Practice and Additional Precautions should be available.</p>	<p>Appropriate and proper use of personal protective equipment shall include:</p> <ul style="list-style-type: none"> • point-of-care risk assessment to determine need for personal protective equipment • using the correct technique for donning and doffing personal protective equipment • using the correct technique when wearing personal protective equipment (for example, not to self-contaminate)

Section	National Standard Criteria	York Region Comments	Proposed Change
	<ul style="list-style-type: none"> discarding personal protective equipment 		<ul style="list-style-type: none"> discarding personal protective equipment
7.4.1.1	<p>The transdisciplinary assessment team shall create cleaning and disinfection policies and procedures in compliance with Canadian Standards Association Z317.12. These include, but are not limited to:</p> <ul style="list-style-type: none"> incorporating input from residents and families in cleaning and disinfection processes; assessing residents and families' satisfaction with cleaning and disinfection policies and procedures; quality management system and auditing; cleaning and disinfection technologies; education, training, and monitoring; cleaning and disinfection of specialized areas; care, maintenance, and storage of personal protective equipment related to cleaning; health and safety for cleaning and disinfection procedures; pest control management; cleaning and disinfection of sinks and drains; and 	None	<p>The transdisciplinary assessment team shall create cleaning and disinfection policies and procedures in compliance with Canadian Standards Association Z317.12 and requirements set legislative and regulatory standards, protocols and directives. These include, but are not limited to:</p> <ul style="list-style-type: none"> ensuring there is staff engagement on development of cleaning and disinfection protocols within the setting incorporating input from residents and families in cleaning and disinfection processes; assessing residents and families' satisfaction with cleaning and disinfection policies and procedures; quality management system and auditing; cleaning and disinfection technologies; education, training, and monitoring; cleaning and disinfection of specialized areas;

Section	National Standard Criteria	York Region Comments	Proposed Change
	<ul style="list-style-type: none"> waste handling. 		<ul style="list-style-type: none"> care, maintenance, and storage of personal protective equipment related to cleaning; health and safety for cleaning and disinfection procedures; pest control management; cleaning and disinfection of sinks and drains; and waste handling.
7.4.1.4	All common areas, both resident and staff (for example, lounge spaces, locker rooms, showers and change areas, meditation rooms) shall be on a regular cleaning and disinfection schedule.	None	Following the requirements set by local applicable Acts, Regulations, relevant standards, protocols and directives, all common areas, both resident and staff (for example, lounge spaces, locker rooms, showers and change areas, meditation rooms) shall be on a regular cleaning and disinfection schedule.
7.4.1.5	Dusting should be done at a time that residents are not in the associated room.	None	Add a note: Wet dusting should be recommended opposed to dry dusting.
7.4.1.6	A long-term care home shall adopt national, provincial or territorial best practice guidelines that are based on emerging scientific evidence, and shall be reviewed and incorporated in cleaning and disinfection policies and procedures (for example, Public Health Agency of Canada).	None	A long-term care home shall adopt national, provincial or territorial best practice guidelines that are based on emerging scientific evidence, and shall be reviewed and incorporated in cleaning and disinfection policies and procedures (for example, Public Health Agency of Canada, provincial

Section	National Standard Criteria	York Region Comments	Proposed Change
			cleaning, disinfection and sterilization best practices).
7.4.2.2	The transdisciplinary assessment team shall standardize the selection of cleaning and disinfection products.	None	The transdisciplinary assessment team shall standardize the selection of cleaning and disinfection products. The transdisciplinary assessment team should review all new equipment purchased and ensure appropriate cleaning and disinfection protocols are in place for new equipment as outlined in the organizations policy and procedures.
7.4.2.5	The use of automated dispensing systems or ready-to-use products shall be preferred over manual dilution. Automatic dispensers shall be calibrated according to the manufacturer's instructions for use. Calibration may be completed by a third-party company.	Automated dispensing systems may be cost prohibitive for some Homes. This section should focus on auditing practices are in place to ensure cleaning and disinfection processes are followed, testing of disinfectant levels are checked and logs are maintained	The use of automated dispensing systems or ready-to-use products shall be preferred over manual dilution. Automatic dispensers shall be calibrated according to the manufacturer's instructions for use. Calibration may be completed by a third-party company. Compliance and auditing of product use and dilutions systems should be completed and logged daily.
7.4.3	Subsection title: <u>Care and storage of cleaning, disinfection and medical supplies</u>	None	Add a note: Cleaning products and disinfectants to be safely stored away from other medical supplies/food
7.4.4.2	Cracked or torn furnishings shall be removed and repaired so that they	None	All furnishings should be composed of smooth non-absorbent material. The Organization/Operator must

Section	National Standard Criteria	York Region Comments	Proposed Change
	can be effectively cleaned, or replaced.		<p>purchase furnishings that can be cleaned and disinfected frequently and can withstand the purchased products used by the Facility.</p> <p>Cracked or torn furnishings shall be removed and repaired so that they can be effectively cleaned, or replaced. An infection, prevention and control Audit should include inspection of all surfaces including furnishings in areas like the nursing station.</p>
7.4.4.3	Decluttering of resident rooms should occur on a regular basis (for example, every 2 months).	Decluttering should occur more often when surveillance indicates an increase in illness, during outbreaks, when resident is placed on precautions or when items impede proper cleaning and disinfecting of surfaces.	<p>Decluttering of resident rooms and nursing stations should occur on a regular basis (for example, every 2 months).</p> <p>Add a note: Nursing stations should always be free from clutter.</p>
7.4.4.4	<p>Items that are brought into the home by residents for their bedrooms shall not be shared between residents.</p> <p>Note: See Clause 8.2.2 for more guidance on personal items.</p>	long-term care homes should have policy and procedures on what items are acceptable to be brought into the home and this should be shared with families.	None
7.4.5.1.1	Washroom cleaning and disinfection policies and procedures shall be in compliance with Canadian Standards Association Z317.12.	None	Washroom cleaning and disinfection policies and procedures shall be in compliance with Canadian Standards Association Z317.12 and follow the requirements set by local applicable Acts, Regulations,

Section	National Standard Criteria	York Region Comments	Proposed Change
			relevant standards, protocols and directives.
7.4.5.1.4	<p>Cleaning and disinfection of bedpans and urinals shall:</p> <ol style="list-style-type: none"> 1. not be done manually; 2. be cleaned and disinfected in conformance with Canadian Standards Association Z314; and 3. Be done in a soiled utility room, and not in a resident washroom. 	None	<p>Cleaning and disinfection of bedpans and urinals shall:</p> <ol style="list-style-type: none"> 1. not be done manually; 2. be cleaned and disinfected in conformance with Canadian Standards Association Z314; and 3. Be done in a soiled utility room, and not in a resident washroom by safely transporting waste from a resident's room to a soiled utility room (for example, through the use of kick doors vs hand opening systems and/or touchless entry).
7.4.5.2.3	<p>Toilet brushes and swabs shall not be shared between resident washrooms and shall be discarded:</p> <ol style="list-style-type: none"> 1. Upon resident discharge; 2. Daily for enteric symptomatic residents (for example, diarrhea, vomiting); and 3. When visibly soiled or damaged. 	None	<p>Toilet brushes and swabs shall not be shared between resident washrooms and shall be discarded:</p> <ol style="list-style-type: none"> 1. Upon resident discharge; 2. Daily for enteric symptomatic residents (for example, diarrhea, vomiting); and 3. When visibly soiled or damaged; and 4. For residents with Clostridium difficile or when residents are placed on any precautions.
7.4.5.2.4	LTCHs shall have a system in place to identify the cloth for use in		LTCHs shall have a system in place to identify the cloth for use in

Section	National Standard Criteria	York Region Comments	Proposed Change
	bathroom cleaning and disinfection (e.g., color coded system such as “red for bed and blue for the loo”, labelling).		<p>bathroom cleaning and disinfection (e.g., color coded system such as “red for bed and blue for the loo”, labelling): (e.g., Red for blood and body fluids (Toilets), Blue for high touch surfaces and Green for low touch surfaces):</p> <ul style="list-style-type: none"> • Clothes to be changed frequently with no double dipping into disinfectant, • Cleaning should be conducted in a manner from clean to dirty and cleaning supplies to be changed between room cleaning (e.g., from unaffected rooms to affected rooms in an outbreak or when illness is reported) • Within room from cleaning should be conducted in areas clean to dirty areas, with bathroom areas being last
7.4.5.3.1	Visitor bathrooms shall be cleaned regularly at least once per day or as needed.	None	Visitor bathrooms shall be cleaned regularly at least once per day or as needed. Cleaning frequency should be increased when bathrooms are soiled. A log should be posted indicating when bathroom was last cleaned.

Section	National Standard Criteria	York Region Comments	Proposed Change
7.4.5.3.2	Visitors shall not use resident bathrooms.	We support this Standard. However, this would be difficult for the homes to police.	Visitor policies shall advise visitors that they are not to use resident bathrooms.
7.4.6.1	Shared medical equipment (for example, bath lifts, slings) used in the long-term care home, including purchased, rented, borrowed or donated equipment and equipment used for research purposes, shall be cleaned and disinfected between each resident use.	Dedicated equipment is best practice if not able to, then shared medical equipment (such as bath lifts and slings) used in the Home, including purchased, rented, borrowed or donated equipment and equipment used for research purposes, shall be cleaned and disinfected between each resident use, following the manufacturers instructions for use for cleaning and disinfectant of shared equipment.	<p>Add the following sections:</p> <ul style="list-style-type: none"> long-term care home to have a tagging system or way to log that shared equipment has been cleaning and disinfected Disinfectants (such as wipes) to be provided close to or attached to shared equipment if feasible to support cleaning and disinfection.
7.4.6.8	<p>Hallway and circulation areas must always be kept free and clear of all equipment (for example, cleaning and disinfection supplies).</p> <p>Note: personal protective equipment donning and doffing supplies and equipment may have to be placed in hallways during periods of outbreak, epidemic or pandemic.</p>	None	Add to note: If in outbreak, all personal protective equipment supply carts and equipment should be designated to the outbreak area (such as a cohorted home area).
7.5.1.3	long-term care homes shall establish policies and procedures for laundry services, including safe work practices for processing of soiled and clean laundry so that clean textiles remain hygienically clean. These policies and	None	long-term care homes shall establish policies and procedures for laundry services, including safe work practices for processing of soiled and clean laundry so that clean textiles remain hygienically clean. These policies and procedures should follow the

Section	National Standard Criteria	York Region Comments	Proposed Change
	<p>procedures should include, but not be limited to:</p> <ul style="list-style-type: none"> • area design including adequate ventilation; • provisions for strict separation of soiled laundry from clean laundry; • detergent dispensing; • temperature regulation; • handling; • transport, • receiving and storage of soiled laundry and handling; and • transport and storage of clean textiles. <p>Notes: Laundry in long-term care homes includes textiles (for example, sheets, towels, face cloths, pillow cases, blankets), reusable isolation gowns provided by the long-term care home, and resident clothing.</p>		<p>requirements set by legislation and regulatory standards or best practice and include, but not be limited to:</p> <ul style="list-style-type: none"> • area design including adequate ventilation; • provisions for strict separation of soiled laundry from clean laundry; • detergent dispensing; • temperature regulation; • handling; • transport, • receiving and storage of soiled laundry and handling; and • transport and storage of clean textiles, and PPE
7.5.1.7	Staff and residents shall be instructed in the appropriate procedures for commercial and domestic washer and dryer use.	None	Staff and residents shall be instructed in the appropriate procedures for commercial and domestic washer and dryer use. This includes having procedures for families who take home residents' clothes to clean and then bring them back.
7.5.2.1	Care shall be taken in the handling of soiled laundry to prevent	None	Care shall be taken in the handling of soiled laundry to prevent

Section	National Standard Criteria	York Region Comments	Proposed Change
	<p>dispersal of microorganisms including the following procedures:</p> <ol style="list-style-type: none"> 1. soiled textiles shall be handled as little as possible with minimum agitation and shaking; 2. staff shall gently remove one piece of laundry at a time to avoid dispersal of microorganisms and skin cells; 3. staff shall check each piece of laundry for foreign objects (for example, sharps, dentures, hearing aids) at point of use prior to being placed in soiled textile hamper; 4. staff shall remove heavy soiling before placing laundry in soiled textile hamper; and 5. soiled laundry shall be placed directly into the soiled laundry hamper or container and not on the floor, window sill, chair etc. 		<p>dispersal of microorganisms including the following procedures:</p> <ol style="list-style-type: none"> 1. Conducting risk assessments, personal protective equipment and storage requirements for soiled laundry 2. soiled textiles shall be handled as little as possible with minimum agitation and shaking; 3. staff shall gently remove one piece of laundry at a time to avoid dispersal of microorganisms and skin cells; 4. staff shall check each piece of laundry for foreign objects (for example, sharps, dentures, hearing aids) at point of use prior to being placed in soiled textile hamper; 5. staff shall remove heavy soiling before placing laundry in soiled textile hamper; and 6. soiled laundry shall be placed directly into the soiled laundry hamper or container and not on the floor, window sill, chair etc.
7.5.2.6	<p>Segregation and special considerations shall be taken in the handling of heavily soiled laundry (for example, special washing, or discarding).</p>	<p>Changes are needed to the Long-Term Care Home Design Manual 2015 to support the implementation of these Standards.</p>	<p>Segregation and special considerations shall be taken in the handling of heavily soiled laundry (for example, special washing, or discarding). Laundry areas should be equipped with a hand wash basin.</p>

Section	National Standard Criteria	York Region Comments	Proposed Change
7.5.4.2	If it is necessary to use a laundry chute, policies and procedures shall be established, in consultation with infection control professional, for its use.	None	If it is necessary to use a laundry chute, policies and procedures shall be established, in consultation with infection control professional, for its use. Chutes must be closed during increased illness/outbreak
7.7.2	A long-term care home audit shall be conducted at least every two years, and more often for specific situations. A third party may be used to complete the organizational audit. Auditors shall be credible, objective, precise, and motivating.	None	<p>A long-term care home audit shall be conducted at least every two years, and more often for specific situations. A third party may be used to complete the organizational audit. Auditors shall be credible, objective, precise, and motivating. infection, prevention and control organizational risk assessment should be conducted annually:</p> <ul style="list-style-type: none"> • Environmental Services Program should be audited yearly as part of the infection, prevention and control Organizational Risk Assessment; • Environmental Services Procedure Audits should be done at least quarterly or when there is an increase in illness/infection; and • During an outbreak audit should be done weekly or at least once during the span of the outbreak
8.1.2.1	The location and design of hand hygiene sinks and alcohol-based	None	The location and design of hand hygiene sinks and alcohol-based

Section	National Standard Criteria	York Region Comments	Proposed Change
	hand rub products shall be developed by new and existing long-term care homes via an organizational risk assessment in consultation with transdisciplinary assessment team and shall be consistent with the infection control risk assessment.		hand rub products should be developed by new and existing long-term care homes via an infection, prevention and control organizational risk assessment in consultation with transdisciplinary assessment team and shall be easily accessible at point of care and consistent with the infection control risk assessment.
8.1.2.2	Health care workers shall have access to dedicated hand hygiene sinks.	None	Add notes: <ul style="list-style-type: none"> • Ideally hand hygiene wash basins should be touchless and equipped with liquid soap and paper towels and • hand air dryers are not recommended.
8.2.1.4	<p>For existing long-term care homes with multi-resident bedrooms, a single bedded room shall be incorporated on each resident household or within each neighborhood.</p> <p>The single room may be used as a short-term palliative care bedroom, to allow management of residents with transmissible infections, or as an activity and multi-purpose room (for example, for ritual and prayers).</p> <p>Where single bedded rooms are provided for these purposes, they</p>	<p>We support this Standard. The use of isolation rooms during the COVID-19 pandemic has assisted the continuity of admissions, the management of residents with transmissible infections and for short-term palliative care accommodations. These spaces have been fully funded at 100% of the level of care funding while occupancy targets are suspended. However, pre-pandemic funding policies would not provide for this, so the cost of unoccupied rooms would need to be funded by each Home.</p>	<p>For existing long-term care homes with multi-resident bedrooms, a single bedded room shall be incorporated on each resident household or within each neighborhood.</p> <p>The single room may be used as an isolation or short-term palliative care bedroom, to allow management of residents with transmissible infections, or as an activity and multi-purpose room (for example, for ritual and prayers).</p>

Section	National Standard Criteria	York Region Comments	Proposed Change
	<p>shall be designed as acute respiratory infections in accordance with Canadian Standards Association Z8000 and shall incorporate heating, ventilation, and air conditioning requirements in accordance with Canadian Standards Association Z317.2.</p> <p>The single bedded room should be of a residential character, and provided with a nurse call system.</p>		
8.2.2.1	All resident bedrooms in new long-term care homes should be single resident bedroom	We support this Standard. The funding arrangements for long-term care homes in Ontario need to be re-envisioned. We have advocated for the Ontario government to urgently implement an enhanced funding model for long-term care.	None
8.2.3.1	<p>Each resident bedroom should have a dedicated 3-piece washroom.</p> <p>Note: See Canadian Standards Association Z8000 for guidance on resident washroom design and construction.</p>	3-piece washrooms are not included in the Long-Term Care Home Design Manual 2015 and would incur substantial retrofit costs for existing Homes who do not comply.	None
8.2.4.1	All residents shall have direct access to the outdoors without having to leave the household.	This change would need to be included in the Long-Term Care Home Design Manual 2015 and would incur substantial retrofit costs for existing Homes who do not comply.	None
8.2.6.2	The laundry room shall be accessible and should resemble a small lounge or café style	This change would need to be included in the Long-Term Care Home Design Manual	None

Section	National Standard Criteria	York Region Comments	Proposed Change
	laundromat where residents can socialize, and visit with each other or family and friends.	2015 and would incur substantial retrofit costs for existing Homes who do not comply.	
8.3.3.2	<p>Staff rooms shall be designed for rest, and include:</p> <ul style="list-style-type: none"> • lockers • 2-piece washroom; • reclining seating, • dining table for shared meals • view to the outdoors • general purpose sink, • coffee station and • warming station (for example, microwave and toaster oven) that may be placed behind lockable closed doors. Full instructions of how appliances work shall be provided and updated regularly 	None	<p>Staff rooms shall be designed for rest, and include:</p> <ul style="list-style-type: none"> • lockers • 2-piece washroom; • reclining seating, • dining table for shared meals • view to the outdoors • general purpose sink and dedicated hand wash sink equipped with liquid soap and paper towels, • coffee station and • warming station (for example, microwave and toaster oven) that may be placed behind lockable closed doors. Full instructions of how appliances work shall be provided and updated regularly <p>Add notes:</p> <ul style="list-style-type: none"> • Entry to breakrooms to set up personal protective equipment stations and hooks within breakrooms to store clean eye protection; and • Breakrooms should be set up in a manner to allow for 2 meters between tables and capacity

Section	National Standard Criteria	York Region Comments	Proposed Change
			limits should be posted in these areas.
9.5.2.1	Perimeter protection for resident exploring management will provide an audio-visual alarm at the door, elevator door access at the location, and the nearest nurse call system.	Additional funding is required to support Homes using innovative and current technologies to promote resident safety and wellbeing.	None
10.1.9	<p>Considerations for selecting information technologies shall include:</p> <p>12. Audits:</p> <ul style="list-style-type: none"> a) hand hygiene; b) education; and c) environmental audits. 	None	<p>Considerations for selecting information technologies shall include:</p> <p>12. Audits:</p> <ul style="list-style-type: none"> a) hand hygiene; b) Routine practices c) personal protective equipment audits d) Breakroom areas e) education; and f) environmental audits.
11.1.3	Environmental services and housekeeping activities shall be enhanced and auditing outbreak, epidemic, or pandemic protocol compliance (for example, hand hygiene and personal protective equipment) shall be initiated during outbreaks, epidemics, and pandemics.	None	Environmental services and housekeeping activities shall be enhanced and auditing outbreak, epidemic, or pandemic protocol compliance (for example, hand hygiene and personal protective equipment) shall be initiated during outbreaks, epidemics, and pandemics. infection, prevention and control self-assessments should be completed weekly during an outbreak and every 2 weeks when not in outbreak.

Section	National Standard Criteria	York Region Comments	Proposed Change
11.2.3	<p>The transdisciplinary assessment team shall identify all building utility systems for the long-term care home that can be interrupted during a catastrophic event. These may include:</p> <ol style="list-style-type: none"> 1. Natural gas; 2. Fuel oil; 3. Electrical power; 4. Domestic water; 5. Sanitary service (for example, sewer or onsite sewage handling and/or treatment); 6. Storm water service; 7. Telephone; and 8. Internet. 	None	<p>The transdisciplinary assessment team shall identify all building utility systems for the long-term care home that can be interrupted during a catastrophic event. These may include:</p> <ol style="list-style-type: none"> 1. Natural gas; 2. Fuel oil; 3. Electrical power; 4. Domestic water; 5. Sanitary service (for example, sewer or onsite sewage handling and/or treatment); 6. Storm water service; 7. Telephone; and 8. Internet; and 9. Backup generators for power.
11.2.4	<p>The transdisciplinary assessment team shall identify all critical external support services for the operation of the long-term care home. These may include:</p> <ol style="list-style-type: none"> 1. Food services; 2. Home care; 3. Medical supplies; 4. Textiles; 5. personal protective equipment; 6. Waste management; and 7. Third party building maintenance. 	None	<p>The transdisciplinary assessment team shall identify all critical external support services for the operation of the long-term care home. These may include:</p> <ol style="list-style-type: none"> 1. Food services; 2. Home care; 3. Medical supplies; 4. Textiles; 5. personal protective equipment; 6. Waste management; and 7. Third party building maintenance; and 8. Staffing.

Section	National Standard Criteria	York Region Comments	Proposed Change
11.3.3	Plans for outbreak, epidemic, and pandemic management in a household, neighbourhood or throughout the long-term care home, shall include protocols and procedures for detection, identification, investigation, response, control, staffing levels and stakeholder communication including external reporting.	None	Plans for outbreak, epidemic, and pandemic management in a household, neighbourhood or throughout the long-term care home, shall include protocols and procedures for detection, identification, investigation, response, control, staffing levels, supplies required, consultation with Local Public Health Units and stakeholder communication including external reporting.
12.6.1	<p>Upon hire, on-the-job training is an integral part of the learning process and should (at minimum) cover the following topics:</p> <ol style="list-style-type: none"> 1. EVS-specific policies and procedures; 2. fundamentals of EVS, including cleaning and disinfection of resident areas; 3. cleaning and disinfection of administrative/public areas; and 4. IPAC policies and procedures such as: <ol style="list-style-type: none"> a. Routine practices; b. additional precautions; and c. hand hygiene; 5. OHS; 6. WHMIS; 7. EVS equipment; 8. quality auditing program; and 		<p>Upon hire, on-the-job training is an integral part of the learning process and should (at minimum) cover the following topics:</p> <ol style="list-style-type: none"> 1. EVS-specific policies and procedures; 2. fundamentals of EVS, including cleaning and disinfection of resident areas; 3. cleaning and disinfection of administrative/public areas; and 4. IPAC policies and procedures such as: <ol style="list-style-type: none"> a. Routine practices; b. additional precautions; and c. hand hygiene; 5. OHS; 6. WHMIS; 7. EVS equipment; 8. quality auditing program; and 9. hands-on training; and

Section	National Standard Criteria	York Region Comments	Proposed Change
	9. hands-on training.		10. Cleaning and disinfection of multi-use medical equipment.
Annex F	<p>The following risk reduction strategies should be adopted by long-term care homes:</p> <p>2. personal protective equipment including</p> <p>a. Gowns:</p> <ul style="list-style-type: none"> i. use a gown when it is anticipated that a procedure and resident care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions; ii. use long sleeve gowns if contamination of uniform, clothing or skin is anticipated; iii. the gown should be put on immediately before the task and must be worn properly (i.e. tied at the top and around the waist); iv. discard used gown immediately after removal into appropriate receptacle; and v. do not re-use gown or go room to room wearing the same gown. 	<p>Information about proper disposal of reusable gowns and handling and transporting of reusable gowns should be included here.</p>	<p>The following risk reduction strategies should be adopted by long-term care homes:</p> <p>2. personal protective equipment including</p> <p>a. Gowns:</p> <ul style="list-style-type: none"> i. use a gown when it is anticipated that a procedure and resident care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions; ii. use long sleeve gowns if contamination of uniform, clothing or skin is anticipated. Use fluid resistant gowns where there is a risk of outerwear becoming wet; iii. the gown should be put on immediately before the task and must be worn properly (i.e. tied at the top and around the waist); iv. discard used gown immediately after removal into appropriate receptacle; and

Section	National Standard Criteria	York Region Comments	Proposed Change
			v. do not re-use gown or go room to room wearing the same gown.
Annex F	The following risk reduction strategies should be adopted by long-term care homes: 3. Safe handling of sharps	Information on procedures for sharps disposable should be included here.	Add a note: Bring sharps container to sharps. Do not carry sharps to container.
Annex F	The following risk reduction strategies should be adopted by long-term care homes: 7. Waste: i. Handle waste carefully to prevent personal contamination and transfer to other residents; and ii. waste handlers should wear protective apparel appropriate to their risk (for example, gloves, protective footwear).	None	The following risk reduction strategies should be adopted by long-term care homes: 7. Waste: i. Handle waste carefully to prevent personal contamination and transfer to other residents; and ii. waste handlers should wear protective apparel appropriate to their risk (for example, gloves, protective footwear); and iii. Utilize transport carts; bring cart to waste and not carry waste in hallway.