

Infection Prevention and Control
Operational Readiness
for
Continuing Care Homes

July 2025

Adoption and implementation of Infection Prevention and Control (IPC) policies, procedures, and/or process to facilitate operational readiness in continuing care homes may include but is not limited to:

- Alberta Health Services (AHS) IPC [external webpage](#)
- AHS IPC [Routine Practices](#)
- AHS IPC [Resource Manuals](#) applicable to the care area
- AHS IPC [Best Practice Recommendations](#)
- AHS IPC [Education & Training](#)
- [Alberta Health Standards for Infection Prevention and Control – Accountability and Reporting](#)

Notes:

1. Please refer to the [Continuing care health service standards: information guide](#) for CCHSS Standard 11 requirements.
2. Please refer to the master service agreement or legislation pertaining to the type of facility.
3. Policies, procedures, and/or processes should be in place to ensure others providing care in the environment/facility, e.g., third party providers of foot care, oral care, hair care, etc., are required to adhere to facility IPC requirements.
4. AHS IPC recommends adopting existing Alberta Health/Government of Alberta, Provincial Healthcare Authorities and Provincial Healthcare Corporations documents whenever possible. When doing so, information contained in these documents should not be altered or removed. Regular, routine review of documents, e.g., policies, procedures, and processes, is recommended to ensure the most current version is available. National standards such as CSA and Accreditation Canada are recommended if there is nothing Alberta specific on IPC topics.
5. Most documents are available through AHS external webpages. Resources that are not available through AHS external webpages are indicated by “CCC” and available through [Continuing Care Connection](#). Staff and operators can create a personal account to access these resources at the link provided.

Additional information regarding IPC terminology can be found in the [Glossary](#) for the [IPC Diseases and Conditions Table Recommendations for Management of Residents Continuing Care](#).

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CCHSS Standard 11.1 Requirements	Documentation evidence may include:	Supporting Resources
11.1 a) IPC Risk Assessment (IPC RA) - IPC RA processes may contain, but is not limited to: - Routine Practices policy, procedure, and resource documents. - IPCRA process for staff to evaluate the risk factors related to interactions with a resident and the resident's care environment. - Processes for staff to evaluate the resident's immunization and screening status to determine their potential for exposure to infectious agents and identify risks for transmission. <i>Please see 11.1 i) "Guidelines for the implementation of additional precautions" for Processes to facilitate the appropriate management of residents with known colonization or infections with antimicrobial resistant organisms (ARO).</i>	Policies, procedures, and or processes	IPC Routine Practices Routine Practices Info Sheet Chain of Infection IPC Risk Assessment IPC RA infographic IPC RA Break the Chain of Infection: Every Person, Task, Environment, Time IPC RA Action Worksheet IPC RA for Personal Protective Equipment (PPE) Selection Gastrointestinal Illness in Continuing Care Managing Rash in Continuing Care Respiratory Illness in Continuing Care Wound Draining in Continuing Care Resident Immunization and Screening Outbreak Management <i>*The list below is a sampling of relevant documents and is not exhaustive. Please consult the Immunization Program Standards Manual for the full list of resources.</i> Alberta Immunization Policy COVID-19 COVID-19 Immunization Information Package Influenza Influenza Immunization Alberta Influenza Immunization Policy 2022 (Archived) Pneumococcal Pneumococcal Polysaccharide Immunization Vaccine Ordering, Reporting, and Storage Alberta Vaccine Inventory System Vaccine Provider Registration Form & Ordering Adverse Event Following Immunization (AEFI) Reporting AEFI Policy for Alberta Immunization Providers - AEFI Report Form – link available on the AEFI Reporting page Vaccine Storage and Handling
11.1 b) Hand Hygiene Program	Policies, procedures, and/or processes	AHS Hand Hygiene Homepage AHS Hand Hygiene Policy AHS Hand Hygiene Procedure

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CCHSS Standard 11.1 Requirements	Documentation evidence may include:	Supporting Resources
- A hand hygiene program for staff, residents, volunteers, and visitors may contain, but is not limited to the following components: - Assessment of Staff readiness and cultural influences related to hand hygiene. - Assessment of education provided to residents and families about performing hand hygiene. - Easy access to alcohol-based hand rub (ABHR) and hand hygiene sinks. - Education. - Resident engagement. - Process for monitoring, evaluating, and improving compliance to hand hygiene.		Policy & Procedure FAQ Artificial Nails in the Healthcare Environment Hand Hygiene Improvement Resources Improvement Toolkit FAQ Sticker Set Hand Hygiene Compliance Review Process Guide to Conducting Hand Hygiene Review Appendix B: Departments/Programs – Guide to Conducting Hand Hygiene Reviews in Continuing Care, Supportive Living, and Lodges Paper Review Tool Paper Review Tool Definitions & Instructions Hand Hygiene Compliance Poster (template) <i>Note: New contracted service provider sites cannot be added to the AHS Clean Hands system; however, they have access to online resources and can utilize these to build their own hand hygiene compliance review process. The IPC Hand Hygiene Program can be contact at hand.hygiene@ahs.ca for additional assistance.</i> Placement and use of Alcohol-Based Hand Rub and Hand Hygiene Sinks Fire Safety and Hand Hygiene in Healthcare Settings (archived) Please connect with your local Authority Having Jurisdiction (AHJ) / Fire Department for guidance. Dispenser Placement Algorithm Dispenser Placement Alcohol-based Hand Rub Safety - Frequently Asked Questions Product Ingestion Care Management Product Ingestion Risk Screening Hand Hygiene Sink Requirements
	Posters/Signage	AHS Hand Hygiene Posters
	Educational Resources	AHS Hand Hygiene Home Page for education information regarding hand hygiene, alcohol-based hand rub, hand health and handwashing: - Interactive Hand Hygiene Module - Hand Health Video - Hand Health FAQ - Handwashing Video - How to Handwash Video - How to Handwash - The A-B-Cs of Handwashing Information for Residents and Families

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CCHSS Standard 11.1 Requirements	Documentation evidence may include:	Supporting Resources
		• My Health Alberta: Hand Hygiene: A guide to clean hands
11.1 c) Source Control <i>Source control is a method for reducing or eliminating the transmission of infectious organisms by containing infectious agents from an infectious source.</i> • The operator must have processes that include but are not limited to: ○ Use of physical barriers, spatial separation, and workflow to contain infectious organisms. ○ Implementation of a respiratory hygiene process. <i>Please see 11.1 i) "Guidelines for the implementation of additional precautions" and 11.1 j) "Outbreak identification, management and control for staff, residents, volunteers, and visitors" for processes to facilitate staff assessment, early recognition, diagnosis, and treatment of infectious diseases.</i> <i>Please see 11.1 i) "Guidelines for the implementation of additional precautions" for processes for posting appropriate additional precautions signage.</i> <i>Please see 11.1 e) "Personal Protective Equipment Program" for appropriate PPE use.</i>	Policy, procedure and/or processes Posters/Signage	General: • Additional Precautions without Walls in Shared Patient Care Space • Spatial Separation – Position Statement • Cover Your Cough
11.1 d) Aseptic Technique <i>Asepsis is the practice of protecting the resident from infection by reducing their exposure to infectious organisms.</i> • The operator must have processes that include but are not limited to: ○ Processes to facilitate staff awareness of aseptic technique. ○ Processes for single use and reusable medical devices that support aseptic technique. ○ Processes that support documentation and provision of care for activities requiring aseptic technique. <i>Please see 11.1 m) "Single Use Medical Devices" and 11.1 n) "Reusable Medical Devices" for further requirements relating to single use and reusable medical devices.</i>	Policy, procedure and/or processes	• Selection, Handling, Application, Use and Storage of Patient Antiseptic Products for Invasive Procedures Outside the Operating Room ○ Frequently Asked Questions <i>Note: invasive procedures include injections, vascular access, and urinary catheter management.</i> Management of Clean and Sterile Supplies: • Storage of Clean and Sterile Supplies in Clinical Areas • Cleaning of Clinical Storage Areas for Clean and Sterile Supplies (Refer to Additional Resources) • Sample Storage Checklist Urinary Catheters • Clinical Care Topic: Intermittent Catheter Insertion with Aseptic Technique Checklist • Clinical Care Topic: Urinary Catheter Management, All Ages – All Locations • Urinary Drainage Bags: Home Living, Supportive Living, Long-term Care Information Sheet • Cleaning Intermittent Urinary Catheters Information Sheet Wound Care (CCC) • Clinical Care Topic: Wound Care & Prevention – Infection Prevention & Control (CCC) • Clinical Care Topic: Wound Care & Prevention – Wound Care Products (CCC)

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CCHSS Standard 11.1 Requirements	Documentation evidence may include:	Supporting Resources
		<i>Note: when dressings are supplied / funded by the care facility, open items labeled single use by the manufacturer must be discarded after wound care is completed.</i>
11.1 e) Immunization and Screening Requirements for Staff - The operator must have processes that include but are not limited to: - Determining Fitness to Work during a confirmed influenza outbreak. - Managing unimmunized staff during influenza outbreak. - Staff immunization, screening, and documentation thereof.	Policy, procedure and/or processes	Guides for Outbreak Prevention and Control Health Care Worker Immunizations: Frequently Asked Questions Recommended Immunization for Health care Workers Standard for Immunization of Health Care Workers
11.1 f) Use of Personal Protective Equipment by Staff - The operator must have processes that include but are not limited to: - Processes to support staff competency regarding appropriate use of PPE, donning, and doffing. - Availability of PPE at point of care <i>Please see 11.1 i) "Guidelines for the implementation of additional precautions" for the Resource Guide, Diseases and Conditions table, and when to implement additional precautions.</i>	Policy, procedure, and/or process	Workplace Health & Safety Policy Selection and Management of Isolation Carts General Instructions for Putting on and taking off N95 Respirator (Mask) PPE for Assisting Residents to Shower or Bath Glove Use and Selection Donning and Doffing Non-Sterile Gloves Donning and Doffing of Sterile Gloves When a Sterile Gown is Not Worn Glove Box Placement Glove Selection Algorithm Protective Gloves Continuing Care Communicable Disease Emergency Response Guide (CDERP) PPE Request Form <i>Note: PPE recommendations relating to Hazardous Medication handling and administration are not directed by IPC as they are an occupational health and safety concern. For resources please see: Medication Management (CCC)</i>
	Posters/Signage	Donning Poster Doffing Poster
	Educational resources	Personal Protective Equipment and You Module Donning and Doffing Personal Protective Equipment Video Guide to Personal Protective Equipment Narrated Slide Show Use and Re-Use of Eye Protection Video Glove Use – Practice Scenarios
	Quality monitoring and improvement	Provincial PPE Safety Coach Program
11.1 g) Sharps Program A sharps program may contain, but is not limited to the following components:	Policies, procedures, and/or processes	Occupational Exposure to Blood and Body Fluids Policy A Guide to Potential Patient Exposures: Blood and Body Fluid Exposure Decision Chart

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CCHSS Standard 11.1 Requirements	Documentation evidence may include:	Supporting Resources
○ Assessment of the current setting (review of safety devices used, i.e. safety engineered needles), ○ Access to sharps containers, ○ Staff readiness and cultural influences; ○ Education; ○ Process for selecting and evaluating devices; ○ Process for reporting and analyzing injuries related to sharps; ○ Process for monitoring, evaluating and improving outcomes of the sharps program (i.e. reduction in needle stick injuries).		• Safety Engineered Devices ○ Waiver Process for Safety Engineered Devices
	Plans for placement and handling of sharps containers	• Disposal of Biomedical Waste (CCC) • Infection Prevention and Control Healthcare Facility Design Requirements Appendix B
	Educational resources	Safety Engineered Device – refer to Manufacturer’s Instructions for Use (MIFU)
11.1 h i) iii) Management of the resident care environment • Processes must include, but are not limited to: ○ Cleaning of the resident care environment inclusive of facility, resident rooms, high and low touch surfaces. ○ Handling of waste and linen inclusive of biomedical waste disposal. ○ Protection of clean supplies from the general healthcare environment. ○ Separation of clean and dirty supply rooms. ○ Appropriate cleaning/disinfection product being used per manufacturer’s instructions for use. 11.1 n) The cleaning, disinfection and sterilization of reusable medical devices • Appropriate chemicals are used for cleaning and disinfection including associated MSDS information and DIN number. <i>Please see 11.1 n) “Reusable Medical Devices” for 11.1 h ii) “Cleaning and disinfection of non-critical medical devices in accordance with manufacturer’s instructions for use”</i>		Principles for Environmental Cleaning and Disinfection • Key points for Ready-to-use Disinfectant Wipes Waste Management Policy • Biomedical Waste Procedure • Human Waste (Feces) Management Other Considerations • Decorations, Costumes, and Celebrations Information Sheet • Recreational Comfort, Therapeutic, and Play Items • Selection of Furniture and Other Non-Medical Items for Patient Care Areas • Tips for Personalizing Spaces in Continuing Care • Use of Fans and Portable Air Conditioners in Healthcare Settings • Use of Portable Bedside Humidifiers in Facility and Supportive Living • Selection, Cleaning and Disinfection, and Maintenance of Patient Care Tubs <i>Note: Please contact your local AHS Infection Control Professional for support with renovation and remediation projects at your site as they require preventive measures to protect site occupants.</i>
11.1 i) Guidelines for the implementation of additional precautions • Processes must include but are not limited to: ○ Process for early identification and timely initiation of additional precautions. ○ Process for discontinuation of additional precautions including appropriate cleaning.	Policy, procedure, and/or process	IPC Resource Manuals (Continuing Care Tab) • The Continuing Care IPC Resource Manual Diseases and Conditions Table • Management of ARO Positive Residents in Continuing Care • MRSA Screening Practices in Continuing Care
		Posters • Biomedical Waste Poster (CCC) • Corrugated Cardboard • Cytotoxic Waste (CCC) • Laundering Personal Patient Items in washing Machine • Multi Stream Waste Disposal Poster (CCC) • Tub Cleaning Sign

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CCHSS Standard 11.1 Requirements	Documentation evidence may include:	Supporting Resources
- Processes to facilitate the appropriate management of residents with known colonization or infections with antimicrobial resistant organisms (ARO). 11.1 a) IPC Risk Assessment 11.1 c) Source Control - Processes for posting appropriate signage relating to additional precautions, appropriate PPE use, and respiratory hygiene. 11.1 j) Outbreak identification, management and control for staff, residents, volunteers, and visitors - Documentation process for management of clients with antibiotic resistant organisms		Additional Precaution Types and Recommendations Airborne Precautions in Continuing Care Airborne and Contact Precautions in Continuing Care Contact Precautions in Continuing Care Droplet Precautions in Continuing Care Droplet and Contact Precautions in Continuing Care Communicable Disease Control Notifiable Disease & Outbreak Management
	Posters/Signage	Aerosol Generating Medical Procedures (AGMP) in Progress Sign Airborne Precautions Airborne and Contact Precautions Contact Precautions Droplet Precautions Droplet and Contact Precautions Contact Precautions - Sporidical Clean
	Educational resources	Continuing Care Resource Manual Practice Scenarios Resident and Family Information Methicillin-resistant Staphylococcus Aureus (MRSA): What it is and how to stop the spread
11.1 j) Outbreak identification, management and control for staff, residents, volunteers, and visitors - Processes must include but are not limited to: - Preparedness for outbreak management. - Identification, management, and control of outbreaks. - Identification of roles and responsibilities for staff, residents, volunteers, students, and visitors. 11.1 c) Source Control - Processes to facilitate staff assessment, early recognition, diagnosis, and treatment of infectious disease. <i>Please see 11.1 i) "Guidelines for the implementation of additional precautions" for documentation process for management of clients with antibiotic resistant organisms</i>	Policy, process, and/or procedure	Communicable Disease Control Notifiable Disease & Outbreak Management Risk Assessment Matrix to Determine MOH Pre-Approval (Respiratory Only) Risk Assessment Worksheet Surveillance Case Tracking Sheet Checklists available on the Continuing Care Homes and Supportive Living Accommodations: - Outbreak Prevention Checklist - Respiratory Outbreak Checklist - Visiting During Respiratory Illness Outbreaks - Gastrointestinal Outbreak Checklist
	Poster/Signage	Outbreak Spotlight Sign (Colour Version)
11.1 k) Target surveillance and reporting of notifiable diseases in accordance with the Notifiable disease guidelines	Policy, process, and/or procedure	Notifiable Disease Report (NDR) Manual
11.1 l) Pets and animals	Policy, process, and/or procedure	Animals in Healthcare Facilities Animal Interactions, Personal Pet Visitation, and Qualified Assistance Dogs

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CCHSS Standard 11.1 Requirements	Documentation evidence may include:	Supporting Resources
11.1 m) Single Use Medical Devices - The operator must have processes in place that evidence adherence to the Reusable & single-use medical devices standards : standards for the reprocessing of reusable medical devices and for the use of single-use medical devices in all health care facilities and settings - Processes must also include, but are not limited to: - Processes to ensure single use medical devices are discarded after a single use. - Processes to ensure single client use medical devices are cleaned and disinfected per manufacturer's instructions for use. - Processes to ensure single client use medical devices are labeled and stored in a clean manner that prevents use by another. <i>Please see 11.1 d) "Aseptic technique" for clean and sterile supply storage as well as wound care resources.</i>	Policy, process, and/or procedure	- Alberta Health Reusable & single-use medical devices standards - AHS Critical and Semi-Critical Single-Use Medical Devices Frequently Asked Questions Foot Care Devices List of Approved Exceptions Cleaning Intermittent Urinary Catheters in Home Living and Supportive Living Cleaning Urinary Drainage Bags in Home Living, Supportive Living, and Long-Term Care
	Poster/Signage	New Needle, New Syringe Is it Single Use?
	Education	New Needle, New Syringe Video Safe Injection Video
11.1 n) The cleaning, disinfection, and sterilization of Reusable Medical Devices - The operator must have processes in place that evidence adherence to the Reusable & single-use medical devices standards - Processes must also include, but are not limited to: - Processes to ensure reusable medical devices are cleaned in accordance with manufacturer's instructions. - Documented cleaning schedule. - Processes for distinguishing clean vs. dirty items. - Process for flow of transport and storage of clean and dirty items. - Processes to ensure appropriate labeling, storage, cleaning and disinfection of resident-owned reusable medical devices.	Policy, process, and/or procedure	Management of Loaned, Reusable Critical and Semi-Critical Medical Devices Frequently Asked Questions Management of Patient Supplies on Discharge or Transfer Equipment Cleaning Cleaning, Storage and Selection of Mechanical Patient Lifts and Handling Aids Best Practice Recommendations Care of Ear Cleaning Equipment

Additional resources:

Antimicrobial Stewardship

- [Appropriateness of Care: Asymptomatic Bacteriuria](#)
- [Optimizing Urinary Tract Infection & Asymptomatic Bacteriuria Slides](#) (for educational purposes)
- [Urinary Testing Algorithm in LTC/DSL](#)
- [Evidence-based criteria for urinary infection testing: Adults](#)

Influenza Outbreak – Resident Prophylaxis

- [Advance Prescription for Oseltamivir \(Tamiflu®\)](#)
- Supportive Living Oseltamivir (Tamiflu) Planning and Implementation (insite only)
- [Outbreak Antiviral Prophylaxis in Supportive Living Accommodation and Continuing Care Homes Type B Site Worksheet](#)