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## South East IPAC Hub Update

**April 2024**

Our Hub team is very excited to share that the Ministry of Health has announced that permanent funding will be available for IPAC Hubs! This funding commitment highlights the importance of supporting IPAC efforts in congregate living settings. Our team is exploring how our program will continue to support our partners in a meaningful and sustainable way.

Our team has now launched 3 monthly IPAC Lead Community of Practices (COPs) in collaboration with Kingston Frontenac Lennox and Addington (KFLA), Leeds Grenville and Lanark (LGL), and Hastings Prince Edward (HPE) Public Health Units. These COPs offer IPAC Leads valuable opportunities to network, learn from one another and build IPAC capacity across the regions. This quarter, we have discussed topics ranging from enteric and respiratory outbreaks, foot care device reprocessing and IPAC Champions!

Next month we will be launching a new communication for our partners - "**The Spoke Signal**"! This monthly flyer will offer readers a quick and easy way to find information and helpful resources on the latest hot topic in IPAC. In light of this, we will continue to share quarterly "**The Spoke**" newsletters that are more succinct.

## Mark Your Calendar! Upcoming Education & Events

May

- **May 1:** Day 2/2 of CSA IPAC & Construction course offered through KHSC
- **May 5:** [World Hand Hygiene Day](#)

June

- **June 5:** [IPAC Canada](#) Eastern Ontario Chapter meeting (for members only)
- **June 9-12:** [National IPAC Canada 2024 Conference](#) in Newfoundland & Labrador (also offered virtually)

July

- **Note:** IPAC Lead CoPs for KFL&A, HPE and LGL will be deferred in July for summer holidays.
- **Remember:** It's never too early to start thinking about fall preparedness!

## ARE YOU AN IPAC CANADA MEMBER YET?

Joining [IPAC Canada](#) is a great way to access IPAC education and resources, learn about upcoming events as well as networking.

For IPAC Leads in LTC, Ministry funding for IPAC education can be used towards the cost of your membership.

**GIVEAWAY ALERT!**

If you join IPAC Canada by the end of May, contact the Hub to be entered into a pizza prize giveaway!

# BUG WATCH: Invasive Group A *Streptococcus* (iGAS)

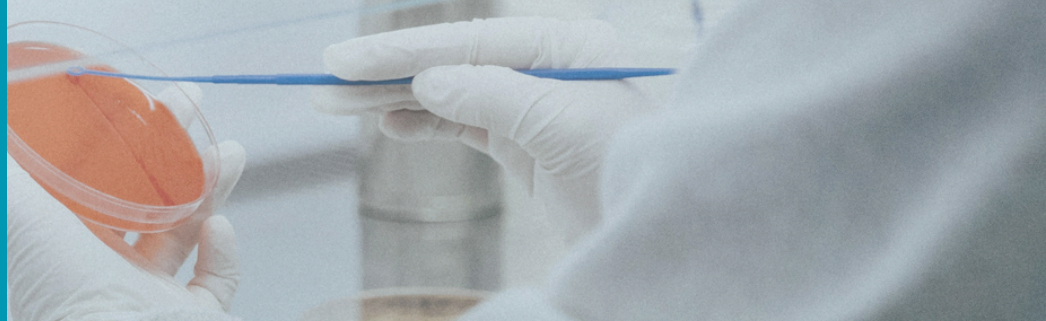


## Key Prevention Measures

- Passive screening
- Proper hand hygiene and respiratory/cough etiquette
- Clean/disinfect all shared equipment before and after resident/client use
- Proper wound management
- Stay home for 24 hours after start of antibiotic treatment for strep throat
- Ensuring staff always practice a point-of-care risk assessment

## Signs and Symptoms of iGAS

- Unusual severity of pain
- Generalized muscle aches or joint pain
- Swelling
- Fever and/or chills
- Influenza-like symptoms
- Generalized macular rash
- Bullae
- Nausea
- Vomiting
- Diarrhea
- Malaise
- Necrotizing fasciitis



## Causative Agent: *Streptococcus pyogenes*

### What is Group A Streptococcus (GAS)?

- Gram-positive, chain-linked cocci that may be part of the normal flora found in a healthy individual's nose, throat or on their skin
- Approximately 10-15% of people carry GAS without exhibiting symptoms (colonized)
- May cause strep throat/pharyngitis, impetigo or cellulitis and scarlet fever

### What is invasive Group A Streptococcus (iGAS)?

- When group A *Streptococcus* enters a sterile part of the body, such as the blood or deep tissue, it is considered "invasive"
- May cause necrotizing fasciitis, myositis, meningitis or streptococcal toxic shock syndrome and can lead to death

**iGAS must be reported immediately to your  
Public Health Unit**

### How is GAS/iGAS spread?

- Direct contact with infectious secretions from the nose, throat, wounds or sores
- Droplets when an infected individual coughs or sneezes

### Who is at risk of developing iGAS?

- Very young children, including <1 year of age
- Pregnant and postpartum women
- People over the age 60
- People with weakened immune systems
- People with chronic illness
- People with chronic skin breaks and lesions

## For More Information

[CCDR - Invasive group A streptococcal outbreak in non-hospital settings](#)

[MoH - Case Definitions and Disease-Specific Information for iGAS](#)

[PIDAC- Recommendations on Public Health Management of iGAS Disease](#)

# IPAC SPOTLIGHT

## CONGRATULATIONS!

*St. Lawrence  
Lodge*

IPAC Lead:  
Jamie Buffam



St. Lawrence Lodge is a long-term care home located in Brockville within the LGL region. Their IPAC Lead Jamie Buffam has been working with our Hub to enhance their IPAC program. Two identified areas of focus were the hand hygiene program and cleaning and disinfection. The need for changing the Alcohol Based Hand Rub (ABHR) product was recognized and this led to product trials with staff input and feedback. This process was followed by successful implementation of the staff- and guideline-approved ABHR. Staff involvement and satisfaction with the new ABHR was a great incentive to improve hand hygiene compliance throughout the home. There is continued focus on IPAC improvements, including assessment of the current disinfection products in use. This work-in-progress is bound to have a positive change this year and will help contribute towards overall best practice.

**Kudos to Jamie and the staff at St. Lawrence Lodge !**

**Contact the Hub: [SEHubIntake@kingstonhsc.ca](mailto:SEHubIntake@kingstonhsc.ca)**



### **Service requests**

Our Team is available for a variety of services, including on-site visits, staff education, outbreak management, IPAC policy review, IPAC resource development and other supports to help enhance your IPAC program.



### **IPAC-related questions**

Our IPAC Coordinators are happy to provide advice on your IPAC-related questions and direct you to best practice resources. There are also numerous resources and presentations available on our website.



### **We want your feedback!**

We value our partner suggestions and feedback. If the Hub has provided your organization with services, please take a moment to complete our feedback survey to help us improve our program.