Fall Forum 2020: Outbreak Preparedness

Long Term Care and Retirement Homes

Region of Waterloo
PUBLIC HEALTH AND EMERGENCY SERVICES
Outline

- Internal communication protocols
- Screening
- Surveillance
- Hand hygiene
- Personal Protective Equipment (PPE)
- Environmental cleaning
- Visitors
- Physical distancing
- Staffing

- Cohorting
- Testing
- Medical directives
- Vaccine preparedness
- Tamiflu for residents
- Tamiflu for staff
Internal communication protocols

• Created in advance of outbreak season
• Staff on all shifts aware of lines of communication

Policies for communication with

• Public Health
• Internal stakeholders in the event of illness/outbreak (e.g. with manager, director of care, ICP)
• Regulators: Ministry of Labour, WSIB, Joint Health and Safety Committee, trade unions
• Residents, families and staff
• Media
Screening – staff and residents

Active Screening
• Twice daily checks to assess for symptoms and record temperatures for
  • staff and volunteers
  • residents

Passive Screening
• Signs asking everyone entering the home to self-monitor for symptoms
Screening – visitors

- A screener at the entrance conducts active screening for signs and symptoms
- Visitors must verbally attest:
  - they are not experiencing any symptoms of COVID-19
  - they have read/re-read visitor policy prior to first visit and every month thereafter
  - have not visited a resident who is self-isolating/symptomatic or a home in outbreak
- Screener should be behind a physical barrier, or remain two meters away
  - if this is not possible, the screener is required to wear PPE per Droplet and Contact precautions
- Provide education on hand hygiene and masking to all visitors
Surveillance

• Bi-weekly staff surveillance testing should continue
Hand Hygiene

Your 4 moments of Hand Hygiene – Public Health Ontario Resource
Personal Protective Equipment - IPAC Risk Assessment

• Should occur before any resident interaction
• Informs personal protective equipment selection
• Factors to consider:
  • additional precaution requirements
  • type of care activity
  • potential for exposure to blood and body fluid
• Avoid universal use of PPE
Personal Protective Equipment – Masks

- Staff to wear surgical/procedure masks at all times:
  - protects others (source control)
  - protects themselves (part of PPE)

- Masks do not replace physical distancing

- Staff may remove masks during break times but must remain two metres from other staff

- Face shields are not a substitute for masks
Personal Protective Equipment – Gowns

• Reusable or disposable medical isolation gowns used for PPE must be approved by Health Canada

• Homemade gowns are not recommended
Personal Protective Equipment – Conservation

• Conserve existing supplies by decreasing their need for use:
  • place a physical barrier at entry/screening points
  • bundle care activities to reduce the need to change a gown
  • cohort residents to allow for extended use opportunities
    • health care workers may use the same mask, eye protection, and gown for multiple residents on that unit
    • in cohorted unit, gloves must be changed, and hand hygiene performed in between residents
    • all PPE must be removed when exiting the cohorted area
  • Use expired disposable gowns (ensure they are physically intact, no wear and tear)
  • Identify other apparel or combinations of apparel that could provide similar protection (e.g., coveralls, laboratory coats, aprons, sleeve covers)
PPE – Aerosol-Generating Medical Procedures (AGMP)

• AGMPs for residents screening/testing positive for COVID-19 are postponed until the illness is resolved

• Aerosol-Generating Medical Procedures (AGMP)
  • example: breath stacking, CPAP, emergency ventilation
  • not: chest physiotherapy, stress test, oral hygiene

• N95 Respirator required
  • must be fit tested
  • for AGMP with COVID-19 residents or for residents with airborne disease (e.g., TB)
Environmental Cleaning

Product selection
- The product is approved by Health Canada and has a drug identification number
- Compatible with the items and surfaces requiring disinfection
- Safe for use for both staff and patients
- The required contact time can be met
- Use checklists and audits to promote standardized cleaning
- See PIDAC’s Best Practices for Environmental Cleaning for information and examples of tools
Environmental Services – Laundry and Linen

• Commercial laundry machine is required
• No requirements for special handling of laundry when dealing with COVID-19
Visitors

- Three types:
  - essential (support workers, caregivers)
  - general
  - personal service providers
- Visitor log
- Must pass screening
- Physical distancing
- Maximum two general visitors at a time
- Outdoor visits: face covering/mask
- Indoor visits: surgical/procedure mask

*Negative COVID-19 test needed for indoor visits in long term care*
Physical Distancing

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Staffing

- Contingency plan
- Limiting work locations
- Cohorting staff
Staff exposure and staff illness

- Staff to report all symptoms to Occupational Health or supervisor
- Symptomatic staff waiting for test results must be off work
- Asymptomatic staff awaiting test results and without a high-risk exposure may continue to work
- Work-self isolation only if asymptomatic staff member with high risk exposure is critical to operations
- Return to work for staff who test positive determined by health care provider and Public Health
Cohorting residents

• Grouping residents to a particular area of the home based on their risk of infection or whether they have tested positive for COVID-19 during an outbreak

Three cohorts:

1. Ill residents or positive residents
2. Residents who are exposed, but not ill or have not tested positive
3. Well residents who have not been exposed
Cohorting challenges

If unable to cohort COVID-19 positive residents in one area of the home:

• Consider the well-being of the residents while still following Ministry guidance
• Cohorting can be undertaken without moving residents by designating staff to only work with one cohort (well or ill residents)
• Move roommate(s) of positive residents if resident unable or unwilling to move
• Use physical barriers within rooms to try to create separation
• Separate staff and cleaning supplies
Testing kits and location

COVID-19 Swabs
• Online ordering managed by HMMS
• Swabs can be requested using the new online form
  • up to 72 hours turn around time to receive swabs
• Plan ahead!

Enteric Testing Kits
• Will be delivered to facility in the event of a suspected enteric outbreak
Preparing for Flu: Medical Directives

• A medical directive is required to administer flu vaccine to all staff and residents
• A medical directive is needed for all Tamiflu administration - both treatment and prophylactic doses for residents
• Please ensure that all Tamiflu orders are up to date
• A medical directive is required for obtaining a Nasopharyngeal swab
Preparing for Flu

• Update all medical directives for Influenza vaccine and antivirals (Tamiflu)
• Obtain updated creatinine clearance on all residents (this is a pharmacy requirement)
• Obtain consents for vaccine and antivirals
• Make sure all registered staff know where NP swabs are located
• Make sure all registered staff know how to obtain an NP swab and complete the requisition
• Make sure your fridge is ready to receive flu vaccine
Tamiflu for residents

• An antiviral used to prevent the spread of Influenza during an Influenza outbreak

• Used for both treatment and prophylaxis in residents

Treatment dosing:
• 75 mg BID for all symptomatic residents x 5 days

Prophylactic dosing:
• 75 mg OD for the duration of the outbreak

• Dosing may be altered based on creatinine clearance levels by the pharmacist
Tamiflu for staff

• Tamiflu is required for staff to be able to work during a declared Influenza outbreak when:
  • have not received this season’s influenza vaccine
  • has been less than two weeks since receiving flu vaccine

Dose: 75 mg for duration of Outbreak
For more information, please contact the Respiratory Reporting and Information Line

519-575-4400 x5506