2023-2024 Fall Workshop

Congregate Living Organizations

September 12th,2023

Hosted by Grey Bruce Public Health:

- Vaccine Preventable Diseases Program
- Infectious Diseases Program
- Grey Bruce Public Health IPAC

Today's Agenda

Morning

- 8:30-9:00 am Registration
- 9:00-9:15 am Opening / Welcome / Land Acknowledgement
- 9:15-9:30 am Icebreaker
- 9:30-10:15 am Influenza and COVID-19 Vaccine Information / Other vaccinations
- 10:15-1030 am Break
- 10:30-11:15 am Fall Respiratory Season
- 11:15-12:00 pm IPAC measures for outbreak management

Afternoon

- 1:00-2:00pm Self / Assisted Swabbing process
- 2:00-2:15 pm Ministry of Health Respiratory Season Readiness Exercise
- 2:15-2:30 pm Break
- 2:30-2:50 pm Start of Respiratory Season (phase 1)
- 2:50-3:10 pm Increased Respiratory Activity (phase 2)
- 3:10-3:45 pm Peak Respiratory Activity (phase 3)
- 3:45-4:05 pm Late Season Recovery (phase 4)
- 4:05-4:20 pm Closing Remarks

Welcome

Dr. Rim Zayed
Physician Consultant

Land Acknowledgement

Grey Bruce Public Health (GBPH) is situated on the traditional territory of the Nawash and Saugeen Nations, a place that has long served as a site of meeting and exchange amongst many First Nations including the Iroquois Confederacy, Huron/Wendat, Abenaki, and Anishinabek. GBPH recognizes and respects the Anishinabek as the traditional custodians of the lands and water. We are committed to supporting the Anishinabek and Haudenosaunee Peoples, among other First Nations, Inuit, Métis, and Indigenous Peoples globally.

Vaccine Preventable Diseases

- Influenza Vaccine
- COVID-19 Vaccine
- Adverse Reaction
- Vaccine Hesitancy
- Other Vaccines

Infectious Disease Team

- Outbreak Planning and Preparedness
- Reporting
- Line List
- Antiviral

IPAC

- IPAC
  - Outbreak preparedness
  - Outbreak control measures
  - Environmental services
  - Auditing and Surveillance
  - Personal Protective Equipment (PPE) burn rates and stock pilling
  - Continuing Education
  - Frequently asked questions

Morning Content

Vaccine Preventable Diseases

Presenter: Danielle McNabb, RPN
Content: Danielle McNabb, RPN

2023-2024 Publicly Funded Influenza Vaccine Products

Quadrivalent (QIV)

Flulaval Tetra

Fluzone® Quadivalent

High-Dose Quadrivalent (HD-QIV)

Fluzone® High-Dose Quadrivalent

High-Dose Trivalent (HD-TIV)

Fluad®

2023-2024 Publicly Funded Influenza Vaccine Products

Product Name (Manufacturer)	Authorized ages for use	Format Available: Multi-Dose Vial (MDV)	Format Available: Single dose (PFS)	Most Common Allergens	Shelf Life Multi-dose vial (MDV) Prefilled syringes (PFS)	Route
Quadrivalent (QIV) Products						
FluLaval® Tetra (GSK)	6 months and older	✓		• Egg protein • Thimerosal	MDV: 28 Days	IM
Fluzone® Quadrivalent (Sanofi Pasteur)	6 months and older	✓	✓	• Egg Protein • Thimerosal	MDV: 28 Days PFS: Not Applicable	IM
High-Dose Quadrivalent (QIV) Products						
Fluzone® High-Dose Quadrivalent (Sanofi Pasteur)	65 years and older		✓	• Egg Protein	PFS: Not Applicable	IM
High-Dose Trivalent (TIV) Product						
Fluad® (Seqirus)	65 years and older		✓	• Egg protein • Kanamycin • Neomycin	PFS: Not Applicable	IM

2023-2024 Influenza Vaccine Strains

For the northern hemisphere's 2023-2024 season, the World Health Organization (WHO) has recommended the following strains be included:	Egg Based QIVs	Egg Based TIVs (Fluad®)	Egg Based HD QIVs
A/Victoria/4897/2022 (H1N1) pdm09-like strain	✓	✓	✓
A/Darwin/9/2021 (H3N2)-like strain	✓	✓	✓
B/Austria/1359417/2021-like strain	✓	✓	✓
B/Phuket/3073/2013-like strain	✓		✓

COVID VACCINE

NACI continues to monitor the safety of concurrent administration of COVID-19 vaccines and other vaccines, including the seasonal influenza vaccine.

Beginning in the fall of 2023 for those previously vaccinated against COVID-19, NACI recommends a dose of the new formulation of COVID-19 vaccine for individuals in the authorized age group if it has been at least 6 months from the previous COVID-19 vaccine dose or known SARS-CoV-2 infection (whichever is later).

Immunization is particularly important for those at increased risk of COVID-19 infection or severe disease, for example:

- **Adults 65 years of age or older**
- **Residents of long-term care homes and other congregate living settings**
- **Individuals with underlying medical conditions that place them at higher risk of severe COVID-19**
- **Individuals who are pregnant**
- **Individuals in or from First Nations, Métis and Inuit communities***
- **Members of racialized and other equity-deserving communities**
- **People who provide essential community services**

Common side effects

Pain at injection site

Fatigue

Headache

Aching Muscles

Joint pain

Redness and swelling at the injection site

Fever

Feeling sick, diarrhea, vomiting, stomach pain

When to contact a medical professional

Allergic reaction

- Itchy rash of the hands and feet
- Swelling of the eyes and face
- Difficulty in breathing or swallowing
- Sudden drop on blood pressure and loss of consciousness

Adverse Events Following Immunizations (AEFIs) and Reporting

What is an AEFI?

Who should report an AEFI?

How do you report an AEFI when two vaccines are administered simultaneously?

How and where to report an AEFI?

Staff Immunization

Reference: Immunization of workers: Canadian Immunization Guide - Canada.ca

Vaccine	Recommendation(s)
BCG	Consider use only in specified high-risk circumstances
Diphtheria Tetanus	All HCW should be immune Primary series if no previous immunization [1] Booster doses of Td vaccine every 10 years
Hepatitis B	If no evidence of immunity [2]
Influenza	Annually
Measles	If no evidence of immunity (refer to text), regardless of age - 2 doses
Meningococcal	Not routinely for HCW Quadrivalent conjugate meningococcal vaccine for clinical laboratory workers who handle N. meningitidis specimens - 1 dose with a booster every 5 years if at ongoing risk
Mumps	If no evidence of immunity (refer to text), regardless of age - 2 doses
Pertussis	A single dose of Tdap vaccine if not previously received in adulthood.
Polio	Primary series if no previous immunization - 3 doses. Unvaccinated HCW at highest risk of exposure should be particularly targeted for primary immunization. A single lifetime booster dose for HCW at highest risk of exposure.
Rubella	If no evidence of immunity (refer to text) - 1 dose
Travel vaccines	For HCW planning to work abroad, consider hepatitis A, cholera, Japanese encephalitis, tick-borne encephalitis, typhoid, and yellow fever vaccines prior to departure Re-vaccination for some vaccines if ongoing risk.
Varicella	If no evidence of immunity (refer to text) - 2 doses

[1] Available as Td or Tdap or Tdap-IPV. Tdap is indicated if an adult pertussis dose is needed. Tdap-IPV is indicated if both pertussis and polio vaccinations are needed.

[2] Post-immunization serologic testing within 1 to 6 months of completion of primary series.

Reasons for incomplete immunization in adulthood

- Lack of recognition of the importance of adult immunization
- Lack of recommendations from health care providers
- Lack of health care provider's knowledge about adult immunization and recommended vaccines
- Misrepresentation and misunderstanding of the risks of vaccine and benefits of disease prevention in adults
- Lack of understanding of vaccine safety and efficacy
- Missed opportunities for vaccination in health care providers' offices, hospitals and nursing homes
- Lack of publicly funded vaccine and reimbursement to vaccine providers
- Lack of coordinated immunization programs for adults
- Lack of regulatory or legal requirements
- Fear of injections
- Lack of availability of up-to-date records and recording systems

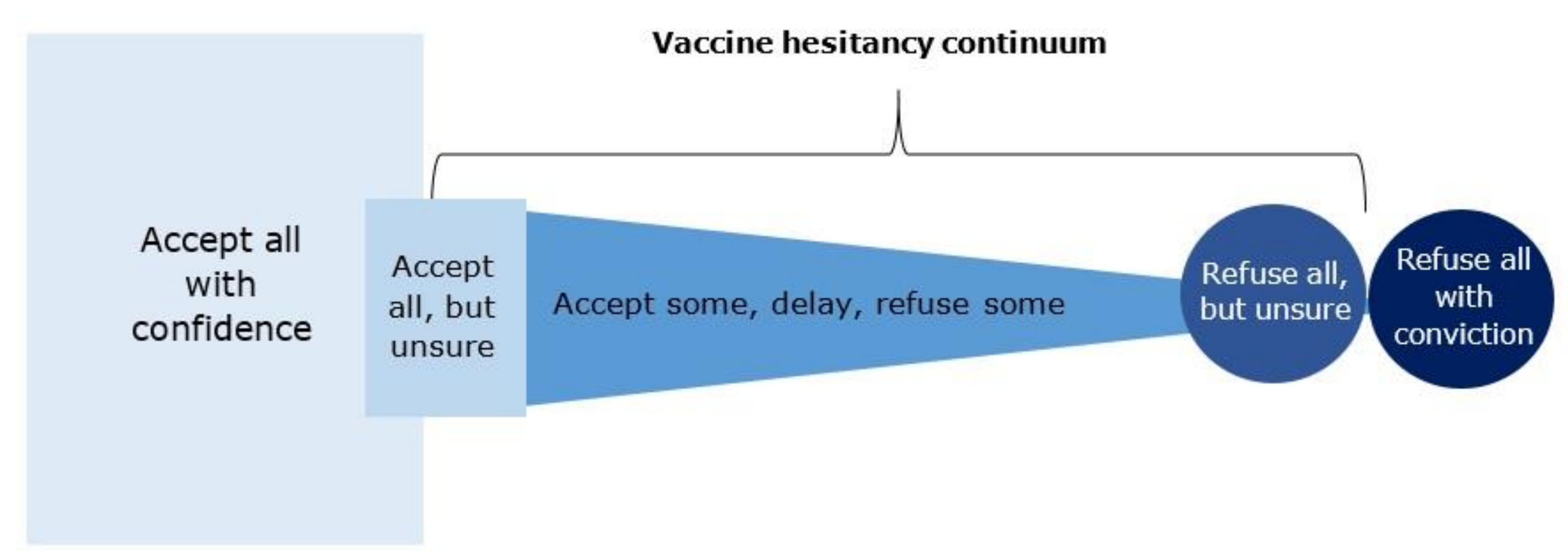
Factors Contributing to Vaccine Hesitancy (4C's)

- **Complacency**
  - Lack of perceived need or value for vaccine
  - Lack of experience with vaccine-preventable diseases
- **Convenience**
  - Lack of access (e.g. geographic barriers, cost barriers)
  - Cost barriers
- **Confidence**
  - Lack of trust in vaccine, provider, or the process
  - Fear of being injected with a substance derived from disease-causing organisms
  - Past adverse experiences
  - Feeling intimidated
  - Perceived risk/benefit
  - Actual risk/benefit (technical concerns over probability of side effects)
- **Culture**
  - Religious beliefs
  - Social context and media personalities
  - Distrust of the medical system or pharmaceutical industry
  - Distrust in government

	High commitment to beliefs	Low commitment to beliefs
Low information needs	Believers: Follows vaccine schedules	Relaxed: May have some questions, but committed to vaccination
High information needs	Conscientious objectors: Reject vaccination and will not be swayed; close discussion skillfully	Cautious: Spend time describing benefits of vaccination

Information Health care providers should provide about immunization

Vaccine Hesitancy continued



Vaccine Hesitancy & Strategies

Vaccine position	Counselling strategy
Vaccine acceptors	• Encourage / promote resiliency • Explain common side effects and rare adverse events • Use verbal and numeric descriptions of vaccine and disease risks
Vaccine hesitant	• Build rapport, accept questions and concerns • Establish honest dialogue, provide risk and benefit information about vaccines and diseases • Use decision aids and other quality information tools • Book another appointment to re-visit discussion, if needed
Vaccine refusers	• Avoid debating back and forth about vaccination • Aim to keep discussion brief, but leaving door open to further discussion • Inform about risks of non-vaccination • Offer attendance at a special clinic

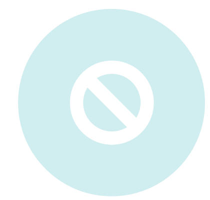
Vaccine Hesitancy & Strategies

USING PRESUMPTIVE STATEMENTS

CULTIVATE A “SAFE SPACE”

OPEN UP

ACTIVATE THE “RIGHT” EMOTIONS



AVOID JUDGMENT AND LABELS

BE TRANSPARENT

CELEBRATE SUCCESS

Why do we vaccinate?

The most effective way to prevent influenza and its complications

Can help prevent the spread of influenza from person-to-person

Influenza can lead to severe disease, complications, or both, including hospitalization and death.

Influenza is the most common vaccine preventable disease leading to hospitalization and death in adults

Vaccinating helps manage health care system capacity during influenza season

Other vaccine recommendations

Herpes Zoster (Shingles)

- Publicly funded for those between the ages of 65 & 70
  - 2nd dose needs to be administered before the 71st birthday

Pneumovax 23 (Pneu-P-23)

- Publicly Funded for those 65 years of age and older

Adacel (Tdap)

- Publicly funded for 1 dose as an adult

Arexvy, an RSV vaccine has been approved for use in Canada

Questions?

Infectious Diseases & Outbreak Reporting

Presenter: Tammy Aitken, BScN, Kelly McPhatter RN BScN, Teresa Arsenault, RPN, Monica Blair RPN
Content: Monica Blair, RPN , Colleen Carney, RN BScN, Teresa Arsenault, RPN

Objectives

Re-introduce the Infectious Disease Team

Outbreak Preparation

Outbreak Management

Infectious Disease Team

ID Team is divided into 4 zones that cover the LTCHs, RHs and other Congregate Living Homes in Grey Bruce

Each zone is assigned Public Health staff that support their area homes

Contacting the Infectious Disease Team

Non-urgent matters

- Contact the ID team at 519-376-9420 x6

Fax Number: 519-376-4152

Urgent Matters and Outbreak Reporting

Helpline Monday-Friday 8:30-4:30	After Hours 7 days/week 4:30pm-8:30am
Extension 6	519-376-5420

Outbreak Preparation

Materials

Personal Protective Equipment (PPE)
- Droplet/Contact/Airborne

Test Kits! – **check expiry dates!**

Isolation Carts and Signage

Alcohol Based Hand Rub – **check expiry dates!**

Disinfectants

Keep a good supply of other diagnostic kits on hand for routine testing purposes!

Outbreak Preparation

Documents/Resources

Policies & Procedures

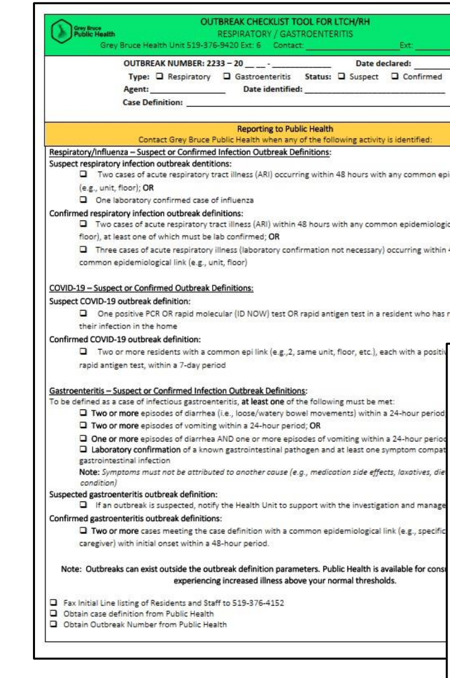
Guidance Documents

Staff Training & Education

Checklists

Reference Materials

PHO IPAC Review



OUTBREAK CHECKLIST TOOL FOR LTCH/RH
RESPIRATORY / GASTROENTERITIS
Grey Bruce Health Unit 519-376-9420 Ext: 6 Contact: ____ Ext: ____

OUTBREAK NUMBER: 2233 – 20 __ __ - ____ Date declared: ____
Type: ❑ Respiratory ❑ Gastroenteritis Status: ❑ Suspect ❑ Confirmed
Agent: ____ Date identified: ____
Case Definition: ____

Reporting to Public Health
Contact Grey Bruce Public Health when any of the following activity is identified:

Respiratory/Influenza – Suspect or Confirmed Infection Outbreak Definitions:
Suspect respiratory infection outbreak dentitions:
❑ Two cases of acute respiratory tract illness (ARI) occurring within 48 hours with any common epidemiological link (e.g., unit, floor); OR
❑ One laboratory confirmed case of influenza
Confirmed respiratory infection outbreak definitions:
❑ Two cases of acute respiratory tract illness (ARI) within 48 hours with any common epidemiological link (e.g., unit, floor), at least one of which must be lab confirmed; OR
❑ Three cases of acute respiratory illness (laboratory confirmation not necessary) occurring within 48 hours with any common epidemiological link (e.g., unit, floor)

COVID-19 – Suspect or Confirmed Outbreak Definitions:
Suspect COVID-19 outbreak definition:
❑ One positive PCR OR rapid molecular (ID NOW) test OR rapid antigen test in a resident who has reasonably acquired their infection in the home
Confirmed COVID-19 outbreak definition:
❑ Two or more residents with a common epi link (e.g., 2, same unit, floor, etc.), each with a positi[…] rapid antigen test, within a 7-day period

Gastroenteritis – Suspect or Confirmed Infection Outbreak Definitions:
To be defined as a case of infectious gastroenteritis, at least one of the following must be met:
❑ Two or more episodes of diarrhea (i.e., loose/watery bowel movements) within a 24-hour period
❑ Two or more episodes of vomiting within a 24-hour period; OR
❑ One or more episodes of diarrhea AND one or more episodes of vomiting within a 24-hour perio[…]
❑ Laboratory confirmation of a known gastrointestinal pathogen and at least one symptom compat[…] gastrointestinal infection
Note: *Symptoms must not be attributed to another cause (e.g., medication side effects, laxatives, die[…] condition)*
Suspected gastroenteritis outbreak definition:
❑ If an outbreak is suspected, notify the Health Unit to support with the investigation and manage[…]
Confirmed gastroenteritis outbreak definitions:
❑ Two or more cases meeting the case definition with a common epidemiological link (e.g., specific […] caregiver) with initial onset within a 48-hour period.

Note: Outbreaks can exist outside the outbreak definition parameters. Public Health is available for cons[…] experiencing increased illness above your normal thresholds.

❑ Fax Initial Line listing of Residents and Staff to 519-376-4152
❑ Obtain case definition from Public Health
❑ Obtain Outbreak Number from Public Health

Ontario

Ministry of Health

COVID-19 Guidance for Public Health Units: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings

Version 11 – June 26, 2023

Highlight of Changes:

- Added that the requirements in the guidance should be followed during periods of non-high-risk COVID-19 transmission.
- Added a recommendation for staff to consider masking for source control during prolonged direct (<2metres for >15 minutes) care indoors and outdoors.
- Visitors and caregivers are recommended, but no longer required, to wear a mask indoors when visiting settings that are not in outbreak.
- Added clarity on visitor restrictions after visitor tests positive or is symptomatic.
- Added information on staff return to work staff tests positive or is symptomatic.
- Revised LTCH/RH resident isolation requirements (i.e., residents able to […] […]ssessing residents for COVID-

Managing COVID-19 Outbreaks in Congregate Living Settings (CLS)

Public Health Ontario | Santé publique Ontario

2nd Edition: March 2023

When to Use This Checklist

This checklist is intended to be used when a CLS (e.g., shelters, group homes, supportive housing) has a suspect or confirmed outbreak of COVID-19. If the CLS has multiple pathogens circulating during the outbreak, this checklist should be used to manage COVID-19 only.

For information regarding influenza, refer to Public Health Ontario's Influenza.[1] The CLS should refer to the Ministry of Health COVID-19 Guidance for the most up to date definition of a COVID-19 outbreak.[2]

This checklist is not intended for use in long-term care homes and retirement homes (a specific checklist exists for these settings).[3] Although not specifically intended for correctional facilities, some of the items on the checklist may be applicable to correctional facilities. Although in some settings the terms client, resident or tenant may be used, throughout this document the term client is used for consistency.

Resources:

This checklist should be used in addition to – but does not replace – the advice, guidance, recommendations, directives or other direction of provincial Ministries and local public health units (PHUs). See the Ministry of Health's COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Others Congregate Living Settings for Public Health Units for more information.[2] Additional resources are also available on PHO's COVID-19 Resources for Congregate Living Settings webpage,[4] including a COVID-19 Preparedness and Prevention in Congregate Living Settings checklist which contains steps to prepare for and prevent COVID-19 infections in a CLS.[5]

Contents

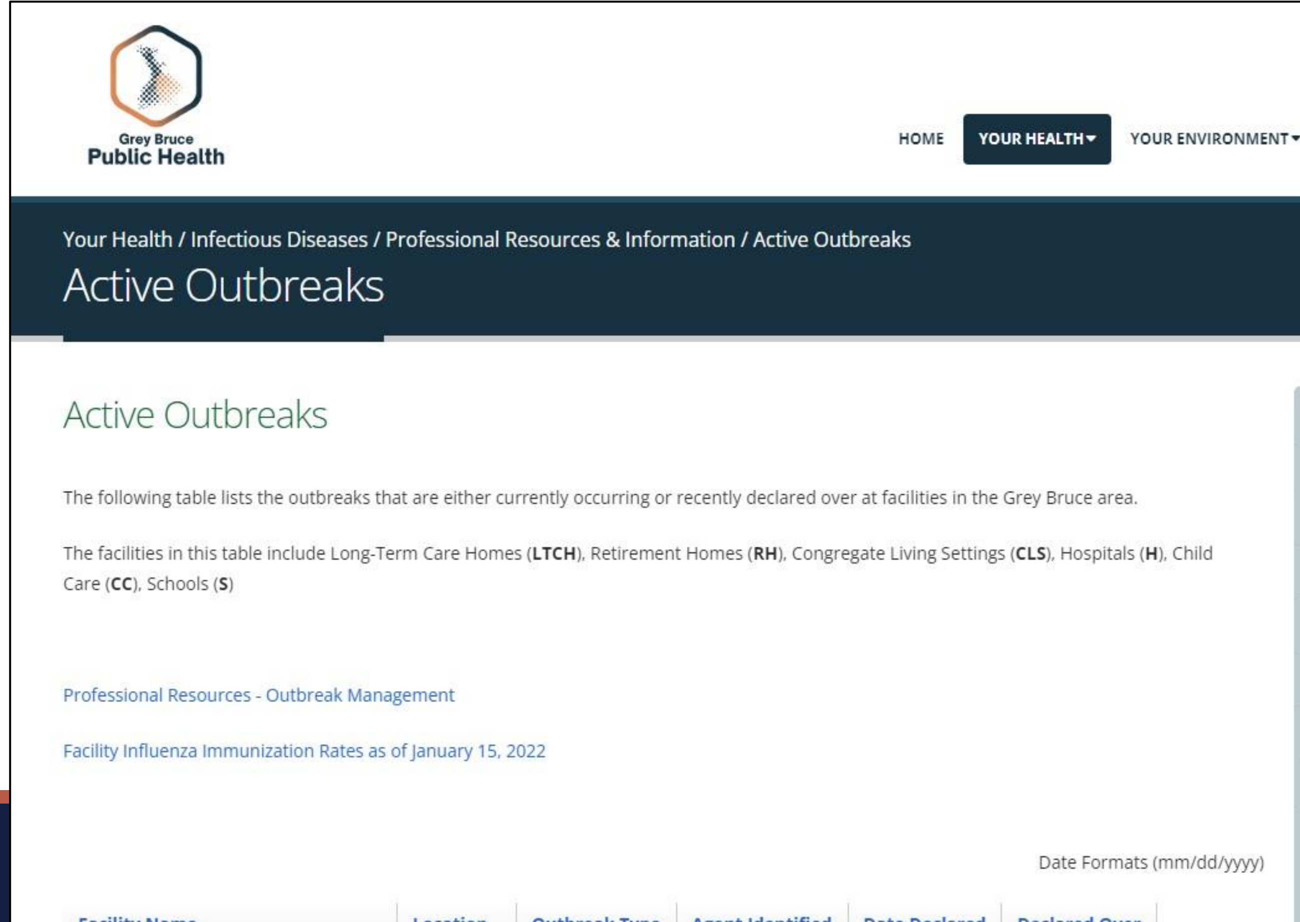
1 - Outbreak Management - Initial Steps ... 3
2 - Clients in Outbreak Area ... 4
3 - Staff and Visitors ... 6
4 - Testing ... 8
5 - Transportation ... 8
6 - Activities and Meals ... 8
7 - Infection Prevention and Control (IPAC) ... 9
8 - Ventilation ... 11
9 - Screening and Monitoring ... 12
10 - Communications ... 12
11 - Declaring an Outbreak Over ... 13
12 - Appendix A: Outbreak Line List ... 14
13 - References ... 15

Symptoms and Surveillance

What are you looking for?

Fever	Chills
Cough	Shortness of Breath
Sore throat	Runny nose
Nasal congestion	Olfactory Disorders
Nausea/Vomiting	Diarrhea
Abdominal Pain	Headache

Look at what else is occurring…


Grey Bruce
Public Health
HOME
YOUR HEALTH
YOUR ENVIRONMENT
Your Health / Infectious Diseases / Professional Resources & Information / Active Outbreaks
Active Outbreaks
Active Outbreaks
The following table lists the outbreaks that are either currently occurring or recently declared over at facilities in the Grey Bruce area.
The facilities in this table include Long-Term Care Homes (LTCH), Retirement Homes (RH), Congregate Living Settings (CLS), Hospitals (H), Child Care (CC), Schools (S)
Professional Resources - Outbreak Management
Facility Influenza Immunization Rates as of January 15, 2022
Date Formats (mm/dd/yyyy)
Facility Name
Location
Outbreak Type
Agent Identified
Date Declared
Declared Over

Identification and Testing

"Outbreak Assessment"

At least 1 resident with new symptoms compatible with acute respiratory infection (ARI)

Next Steps…

Isolate or exclude symptomatic resident

Obtain specimen for testing – *from symptomatic resident*

Line list (fax to 519-376-4152)

Testing Reminders

Ensure staff are trained in proper specimen collection

Check expiration date of kits

COVID-19 Outbreak Case Definition

Confirmed	Two or more clients with a common epi-link, both with positive results from a PCR or rapid test within a 7-day period.

Declaring an outbreak is usually based on resident illness activity and not staff. If unsure, call ID Helpline.

Outbreaks can exist outside of outbreak definition parameters. Please report any suspected or confirmed respiratory illness to Public Health.

Reporting and Declaring an Outbreak

Fill out a line list and ensure to complete all fields listed. Separate line lists are to be used for residents and staff.

Fax line list to 519-376-4152

AND

Call to report outbreak to ID Helpline at 519-376-9420 ext. 6

Implement outbreak control measures

Outbreak - Respiratory Line List - Resident (SVC-ID) **Outbreak Number 2 2 3 3 - 2 0 _ _ - _ _ _**

Facility: ____________________ Unit: ________ Date declared: ____________

Telephone: ____________________ Total Residents in Unit: ________

Facility Contact Person: ____________________ Total Residents in Facility: ______

Alternate Contact Person: ____________________ Pathogen: ____________ Date identified: ____________

Fax Daily to Grey Bruce Health Unit: 519-376-4152

Case Information				Symptoms															Diagnosis				Prophylaxis / Treatment				Hosp.		Outcomes	
Name	Room #	Received **Flu Vaccine** (Y/N)	**# COVID-19 Vaccine** doses	**Date of Onset**	Abnormal Temperature / fever	Chills	Cough (dry or productive)	Shortness of Breath	Sore throat / Hoarseness / Difficulty Swallowing	Runny Nose / sneezing / Nasal Congestion	Olfactory or Taste Disorder (new)	Nausea / Vomiting	Diarrhea	Myalgia (muscle pain)	Fatigue / Malaise	Headache	*Other	None	Pneumonia (C-Clinical / R-Radiography)	Rapid Antigen Test (date, + / -)	NP Swab Collected (date)	COVID Results (+ / -)	**Flu Antiviral Prophylaxis** (date)	**Flu Antiviral Treatment** (date)	**COVID Antiviral Treatment** (date)	Antibiotic	Date **Admitted**	Date **Discharged**	**Deceased** (date)	Date Out of Isolation

Controlling an Outbreak

- Communication – internal and external
- Control Measures
- Environmental Cleaning
- Case Management
- Specimen Collection and Testing
- Enhanced Surveillance
- Antivirals

These will be happening at the same time!

It is important to have your own internal ***outbreak management plan***

Outbreak Management

Communications

Internal – Staff

Implement outbreak management plan

Notify all staff of their roles and responsibilities

Ensure **all** staff are aware of control measures, precautions, reporting illness, surveillance, etc.

Internal – Residents

Inform residents of outbreak and what to expect

External – Visitors, Partners, Family

Post outbreak signage on all entrance doors

Educate visitors on outbreak control measures

Communicate outbreak status to relevant partners

Send updated line lists daily to Public Health. Call after hours for any **urgent** reporting

Notify Ministry of Labour re: staff illness if required

Control Measures

A sliding scale – dependent on many factors!

Pre-Outbreak *Suspected Outbreak* *Confirmed Outbreak*

Less Restrictive ⟷ More Restrictive

Suspected Outbreak – *not a bad thing!*

- *"Business as usual"* with a few exceptions
- Enhanced surveillance for new cases
- Enhanced cleaning/disinfection
- Ensure all materials (isolation carts, PPE, etc.) are available if a confirmed outbreak develops

Control Measures – CONFIRMED COVID-19

Staff

- Routine practices
- Additional Precautions contact/droplet/airborne
- Point of Care Risk Assessment (PCRA)
- Cohort well staff
- Exclude ill staff

Residents

- Promote hand hygiene
- Isolate ill residents
- Postpone events and activities
- Reschedule non-urgent appointments
- Re-assess admissions and transfers
- Delay non-essential visiting

Environmental Services

- Verify disinfectant is appropriate
- Increase frequency of cleaning and disinfection
- Dedicated cleaning cart for outbreak unit/floor or for each unit. If not able, cleaning cart is to be cleaned and disinfected between units/floors

Adapt and change outbreak measures as needed!

Case Management

Symptomatic Residents

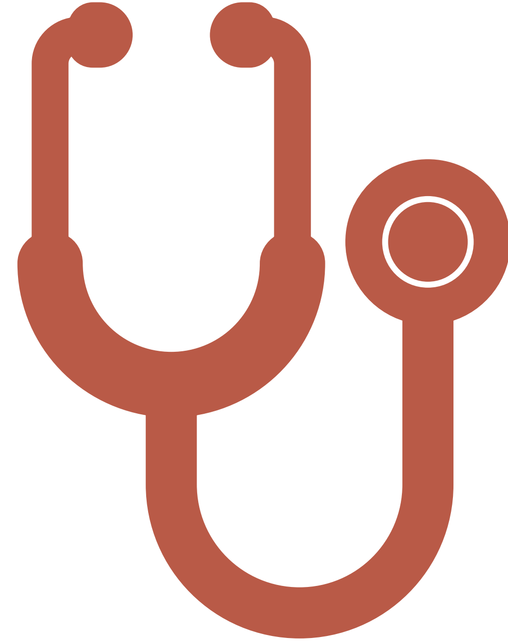
Isolate with appropriate precautions

Obtain specimen for testing

Symptomatic Staff

Report symptoms

Testing is per home policy and procedure



Case Management - Isolation and Return to Work

	COVID-19	When COVID-19 Has Been Ruled Out
Residents	5 days after symptom onset or positive test, and until no fever and symptoms are improving x24h (48h if gastrointestinal symptoms) Until at least day 10 from symptom onset or positive test, continue to wear a well-fitted mask	**Respiratory Symptoms**: 5 days after onset of symptoms or when symptoms resolve (whichever is sooner) **Gastrointestinal Symptoms**: 48h after symptoms resolve
Staff or Volunteers	Follow internal return to work (RTW policy)	**Respiratory Symptoms:** 5 days after onset of symptoms or when symptoms resolve (whichever is sooner) ** **Gastrointestinal Symptoms**: 48h after symptoms resolve

*****This is direction for outbreak scenarios. Non-outbreak RTW is based on home policy.***

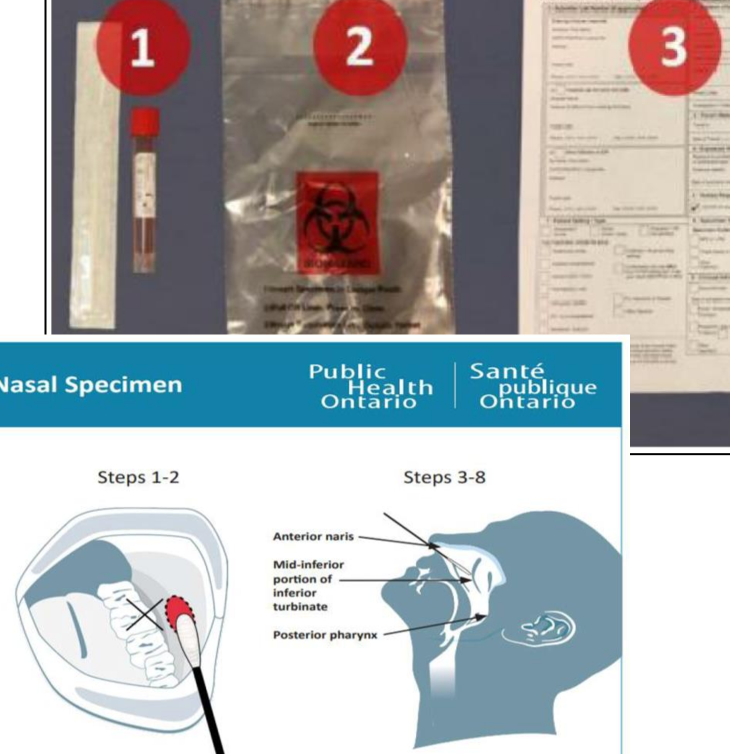
Specimen Collection and Testing

Collect specimens from 2-3 residents with acute symptoms

Fill out requisition entirely **AND double check it matches the specimen label**

Store it in the fridge or on ice

Submit asap or within 72 hours



Fill out as much as possible! *Don't forget…*

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COVID-19 and Respiratory Virus Test Requisition

For laboratory use only
Date received (yyyy/mm/dd): PHOL No.:

ALL Sections of this form must be completed at every visit

1 - Submitter Lab Number (if applicable):

Ordering Clinician (required)
Surname, First Name:
OHIP/CPSO/Prof. License No:
Name of clinic/ facility/health unit:
Address: Postal code:
Phone: Fax:

cc ☐ **Hospital Lab (for entry into LIS)**
Hospital Name:
Address (if different from ordering clinician):
Postal Code:
Phone: Fax:

cc ☐ **Other Authorized Health Care Provider:**
Surname, First name:
OHIP/CPSO/Prof. License No.:
Name of clinic/ facility/health unit:
Address: Postal code:
Phone: Fax:

2 - Patient Information
Health Card No.: Medical Record No.:
Last Name:
First Name:
Date of Birth (yyyy/mm/dd): Sex: ◯ M ◯ F
Address:
Postal Code: Patient Phone No.:
Investigation or Outbreak No.:

3 - Travel History
Travel to:
Date of Travel (yyyy/mm/dd): Date of Return (yyyy/mm/dd):

4 - Exposure History
Exposure to probable, or confirmed case? ◯ Yes ◯ No
Exposure details:
Date of symptom onset of contact (yyyy/mm/dd):

5 - Test(s) Requested
◯ COVID-19 Virus ◯ Respiratory Viruses ◯ COVID-19 Virus AND Respiratory Viruses

6 - Specimen Type (check all that apply)
Specimen Collection Date (yyyy/mm/dd): **(required)**
☐ NPS ☐ Throat Swab ☐ Saliva (Swish & Gargle)
☐ Deep or Mid-turbinate Nasal Swab ☐ Throat + Nasal ☐ Saliva (Neat)
☐ BAL ☐ Anterior Nasal (Nose)
☐ Oral (Buccal) + Deep Nasal ☐ Other (Specify):

7 - Patient Setting / Type
☐ Assessment Centre ☐ Family doctor / clinic ☐ Outpatient / ER not admitted
Only if applicable, indicate the group:
☐ ER - to be hospitalized ☐ Deceased / Autopsy
☐ Healthcare worker ☐ Institution / all group living settings
Facility Name:
☐ Inpatient (Hospitalized)
☐ Inpatient (ICU / CCU)
☐ Remote Community ☐ Confirmation (for use **ONLY** by a COVID testing lab). Enter your result (NEG / POS / or IND):
☐ Unhoused / Shelter
☐ Other (Specify):

8 - COVID-19 Vaccination Status
◯ Received all required doses >14 days ago ◯ Unimmunized / partial series / ≤14 days after final dose ◯ Unknown

9 - Clinical Information
☐ Asymptomatic ☐ Fever ☐ Pregnant
☐ Symptomatic ☐ Pneumonia ☐ Other (Specify):
Date of symptom onset (yyyy/mm/dd): ☐ Cough
☐ Sore Throat

CONFIDENTIAL WHEN COMPLETED
The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36(1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHO laboratory Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567.
Form No. F-SD-SCG-4000 (21/07/22) Ontario

Ordering Provider

GBPH will be the ordering provider when

- A resident or staff is symptomatic
- A resident, staff or visitor is a high-risk contact of COVID-19
- An OB has been declared
- Public health advises testing

Patient Information

- ***<u>ALWAYS include HCN</u>***
- **Outbreak Number**

Tests Requested

- COVID-19 Virus AND Respiratory Viruses

Patient Setting

- Institutional

Clinical Information

- Asymptomatic vs Symptomatic – lab will not process multiplex panel or FLUVID **unless** the resident is symptomatic

Laboratory Testing

Respiratory

- **Multiplex respiratory virus panel (MRVP)** – Influenza A, influenza B, respiratory syncytial virus (RSV), parainfluenza, adenovirus, enterovirus, seasonal human coronavirus, rhinovirus and human metapneumovirus. White lid container. Up to 4 specimens per outbreak. **Must be symptomatic**
- **FLUVID** – Influenza A, Influenza B, RSV, and SARS-CoV-2 (COVID-19) – unlimited. Lab will test for FLUVID after the 4 specimens for MRVP has been used. **Must be symptomatic**
- **SARS-CoV-2 (COVID-19)**

5 - Test(s) Requested

- ○ COVID-19 Virus
- ○ Respiratory Viruses
- ● COVID-19 Virus AND Respiratory Viruses

Co-infection - *Now what?*

Respiratory Virus AND COVID-19 detected

Continue with COVID-19 control measures

First four symptomatic residents will be tested for MRVP and COVID-19. All other symptomatic residents will be tested for FLUVID

COVID-19 treatment is the decision of the health care provider

Influenza AND COVID-19 are detected

Influenza antiviral prophylaxis may be initiated for all asymptomatic residents and residents who are COVID+/influenza negative until the influenza outbreak is declared over (as per most responsible physician)

Influenza antiviral treatment may be initiated for influenza positive residents per guidelines (as per most responsible physician)

For COVID-19 positive residents, both Tamiflu and Paxlovid can be given at the same time; however, given potential drug-drug interactions, **the decision to initiate treatment is at the discretion of the treating health care provider**

Access to COVID-19 antiviral treatment (Paxlovid):

Information for primary care providers and other health care providers caring for patients in the community

Background and scope

Nirmatrelvir/ritonavir (Paxlovid) is an oral antiviral medication that can reduce the risk of hospitalization or death in people at higher risk of serious illness due to COVID-19.

> ***Paxlovid must be administered within five days of symptom onset to be effective.***

This document outlines how primary care providers and other health care providers can access Paxlovid for patients in the community.

This document focuses on access to Paxlovid. Remdesivir, an intravenous antiviral medication administered as a three-day course, may also be available for people at higher risk of serious illness due to COVID-19 who cannot take Paxlovid or as an alternative to Paxlovid, based on clinical assessment. Remdesivir is available at eight treatment clinics across the province and is also available to hospitals via their inpatient supply. Providers should contact their Ontario Health regional contact to learn more about local pathways to access remdesivir for outpatients.

Who is eligible for Paxlovid

> ***All patients who are at higher risk of severe outcomes based on clinical assessment, have tested positive (PCR, rapid molecular, or rapid antigen test [including self-administered]), are mildly ill, present within five days of symptom onset, and do not have contraindications are eligible for Paxlovid based on clinician judgement.***

Public messaging will encourage anyone who may be at higher risk of severe outcomes (based on the criteria listed below) to seek testing and an assessment (see Ministry of Health website and screener tool). Clinicians will need to assess these patients and determine whether treatment with Paxlovid is appropriate.

The criteria below outline who may be at higher risk of severe outcomes, based on the product monograph and Health Canada authorization for Paxlovid. The risk of severe outcomes will vary among individuals who meet these criteria. The Ontario COVID-19 Science Advisory Table's guidelines outline who would most benefit from Paxlovid based on a 5% or higher risk of hospitalization. Providers should use their clinical judgment in determining whether treatment with Paxlovid is appropriate.

Patients may be at higher risk of severe outcomes if they are:

- immunocompromised (have an immune system that is weakened by a health condition or medications);
- 70 years of age and older;
- 60 year of age and older with less than three vaccine doses; or
- 18 years of age or older with less than three vaccine doses and at least one risk condition.

Risk conditions include:

- diabetes
- obesity
- heart disease
- hypertension
- congestive heart failure
- chronic respiratory disease (including cystic fibrosis)
- moderate or severe kidney disease
- intellectual or developmental disability
- cerebral palsy
- sickle cell disease
- moderate or severe liver disease
- pregnancy

Drug-drug interactions leading to potentially serious and/or life-threatening reactions are possible due to the effects of ritonavir on the hepatic metabolism of certain drugs. Contraindications and interactions must be carefully considered before Paxlovid is prescribed.

Last updated: April 11, 2022

Ontario Health

COVID-19 Antiviral Treatment

- Resident antiviral treatment for COVID-19 is to be assessed by a health care provider to determine if they meet criteria.
- Clients are encouraged to speak with their primary care provider regarding a treatment plan in case they get sick.
- Ontario Health has provided a document on how to access COVID-19 antiviral treatment.
- At this time, COVID-19 antivirals are only for treatment.

Influenza Antivirals

- Resident antiviral medication in an **influenza outbreak**
  - Well residents may be given antiviral prophylaxis until the outbreak is declared over
  - Ill residents may be given treatment dosing as soon as possible, within 48 hours of symptom onset
  - **At the discretion of their health care provider**

- Staff antiviral medication
  - Ill staff should remain off work until the period of communicability (5 days from onset for influenza) has passed. This includes staff on antiviral medication.
  - Well staff who are unimmunized should immediately be offered the flu vaccine and may consult their health care provider regarding the use of antiviral prophylaxis for two weeks after vaccination OR if not being immunized, may take antiviral prophylaxis until the outbreak is declared over at the discretion of their Health care Provider (can return to work after first dose) OR may be excluded from work until the outbreak is over (as per internal policies)

***Unvaccinated staff are recommended to obtain an antiviral prescription from their primary care provider in advance of the flu season. This will allow for rapid initiation of antivirals and limit staff shortages.**

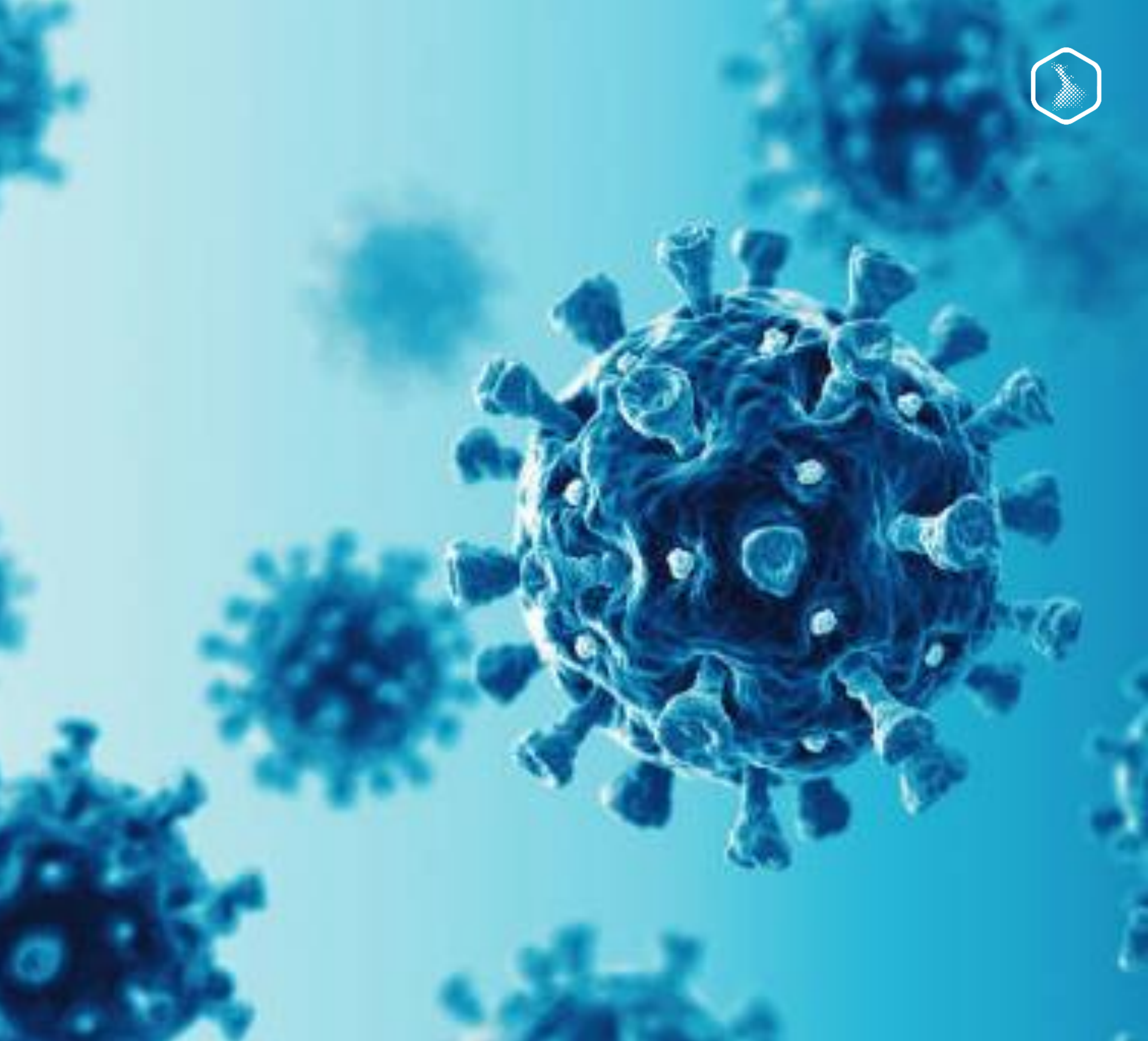
Declaring the Outbreak Over

7 days from the last outbreak related case

If there is a new resident case identified with no risk to the home because that resident has been isolating (e.g., roommate), the case will be counted as part of the outbreak but would not extend the duration of the outbreak

- Outbreaks are declared over in consultation with Public Health, but is dependent on several criteria

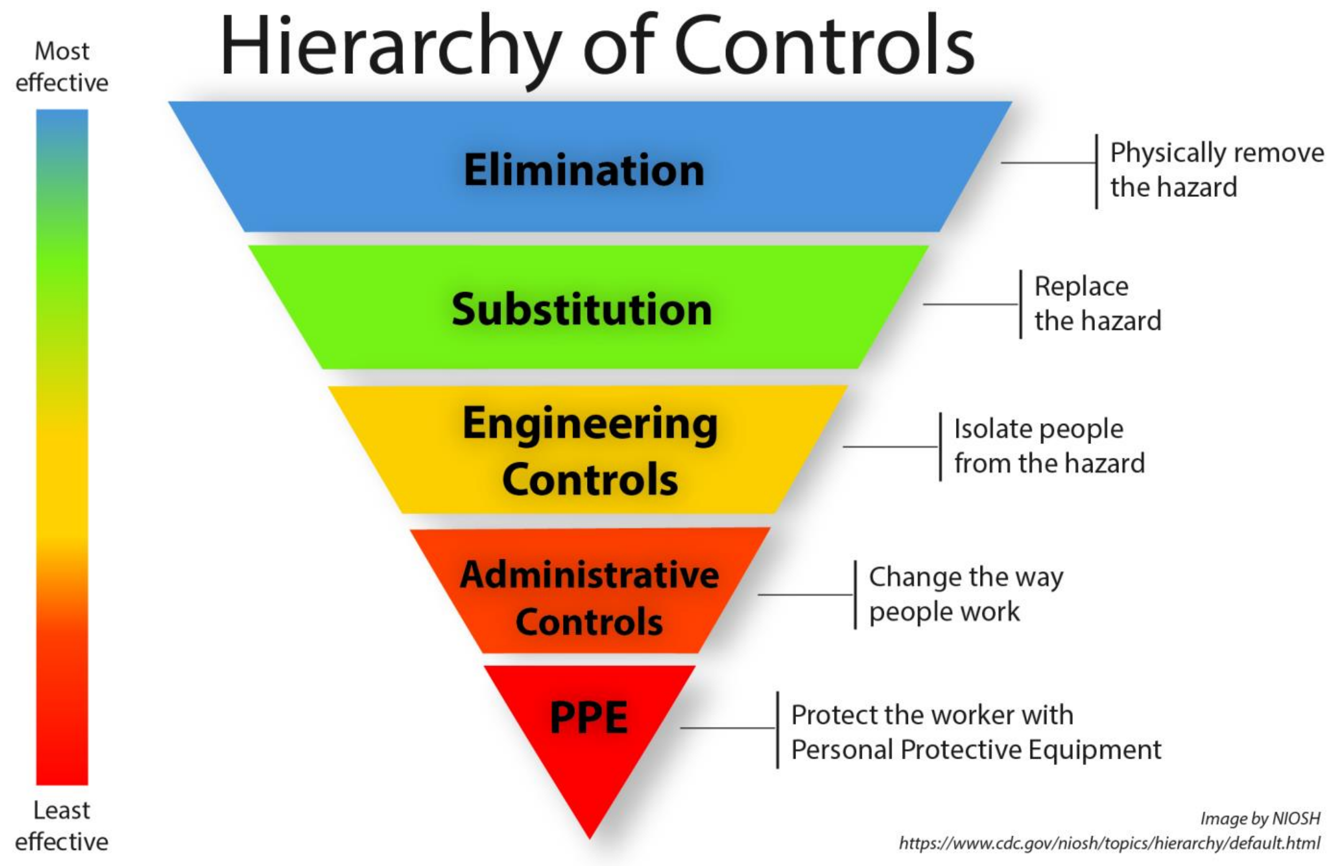
Questions?



INFECTION PREVENTION AND CONTROL

Presenter: Adel Coulter, RPN,CIC and Krista Witzke, RN BScN
Content: Krista Witzke, RN BScN and Adel Coulter

Hierarchy of Controls



Reference [Hierarchy of Controls | NIOSH | CDC]

Fall Planning & Preparedness

- Each organization should identify:
  - Outbreak lead and back up
  - Members of the outbreak management team (OMT)
  - IPAC lead and back up
  - How Grey Bruce Public Health IPAC can be utilized to provide IPAC support
- Ensure the following are up-to-date:
  - Contact lists for staff, caregivers, families, regular non-essential visitors
  - Line lists
- Supplies:
  - Adequate stock of all supplies (PPE, hand hygiene, environmental cleaning, diagnostic, etc.), secure your vendors
  - Signage for additional precautions is printed and easy to access
  - Ensure you have a supply of Testing kits (nasopharyngeal, gastroenteritis kits, RATs, etc.)

Outbreak Preparedness

Have your Shopping list for IPAC Preparedness ready:

- ✓Specimen collection kits prepared, check expiry dates
- ✓Have the PPE storage carts ready to go, aim to have 1 per resident
- ✓Alcohol based hand rub (ABHR), check expiry dates and placement of ABHR wall units and pump bottles throughout the home
- ✓Outbreak signage is printed and easy to access
- ✓Cleaning products
- ✓Outbreak management policy and procedure ready and easily accessible for all staff
- ✓Ensure appropriate staffing levels to maintain proper environmental cleaning

PPE Storage Rooms

Control Measures for Staff

- Routine Practices
- Additional Precautions
- Cohort staff to well and ill residents
- Exclude ill staff
- Enhanced environmental cleaning

Control Measures for Residents

Promote hand hygiene

Isolate ill residents in their rooms

Postpone events and activities facility wide or outbreak unit

Reschedule non-urgent appointments

Discuss admissions and transfers with Public Health

Limit certain games/activities which cannot be easily cleaned & disinfected

Control Measures for Visitors

Inform visitors and family of outbreaks

Encourage proper hand hygiene

Educate visitors on proper PPE use

Discourage general visitors depending on the outbreak

Promote flu and covid immunizations to family and frequent visitors

4 Moments of Hand Hygiene

#	Moment		
1	**BEFORE initial patient / patient environment contact**	WHEN?	Clean your hands when entering: • before touching patient or • before touching any object or furniture in the patient's environment
		WHY?	To protect the patient/patient environment from harmful germs carried on your hands
2	**BEFORE aseptic procedures**	WHEN?	Clean your hands immediately before any aseptic procedure
		WHY?	To protect the patient against harmful germs, including the patient's own germs, entering his or her body
3	**AFTER body fluid exposure risk**	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal)
		WHY?	To protect yourself and the health care environment from harmful patient germs
4	**AFTER patient / patient environment contact**	WHEN?	Clean your hands when leaving: • after touching patient or • after touching any object or furniture in the patient's environment
		WHY?	To protect yourself and the health care environment from harmful patient germs

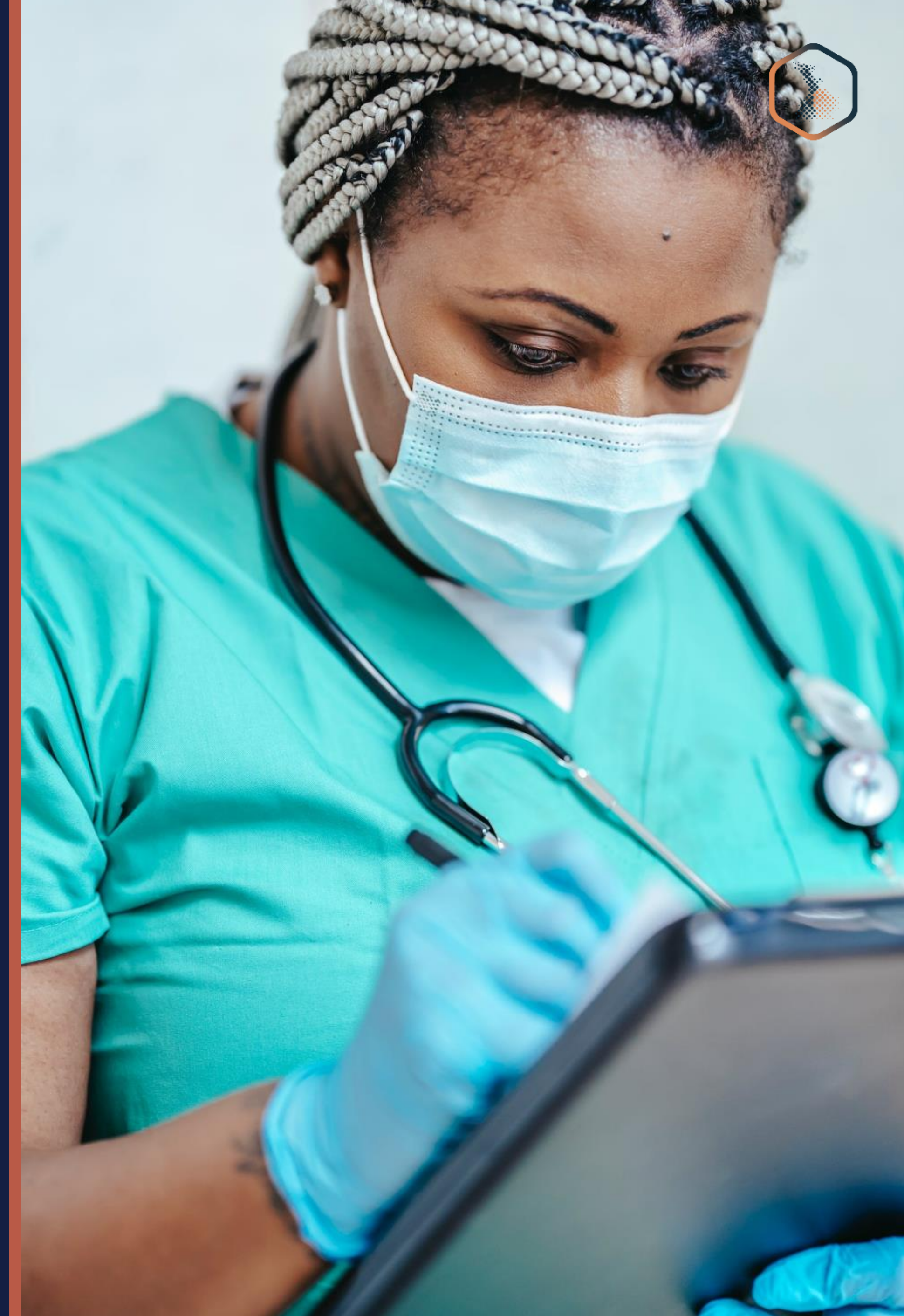
Adapted from WHO poster "Your 5 moments for Hand Hygiene," 2006.
For more information, please contact **handhygiene@oahpp.ca** or visit **publichealthontario.ca/JCYH**

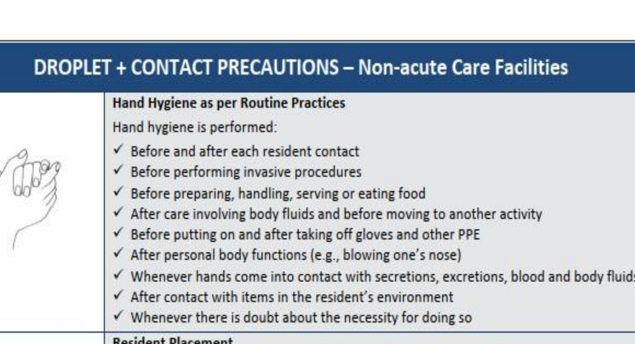
https://www.4 Moments of Hand Hygiene publichealthontario.ca

ROUTINE PRACTICES

ROUTINE PRACTICES to be used with ALL PATIENTS	
	Hand Hygiene Hand hygiene is performed using alcohol-based hand rub or soap and water: ✓ Before and after each client/patient/resident contact ✓ Before performing invasive procedures ✓ Before preparing, handling, serving or eating food ✓ After care involving body fluids and before moving to another activity ✓ Before putting on and after taking off gloves and PPE ✓ After personal body functions (e.g., blowing one's nose) ✓ Whenever hands come into contact with secretions, excretions, blood and body fluids ✓ After contact with items in the client/patient/resident's environment
	Mask and Eye Protection or Face Shield [based on risk assessment] ✓ Protect eyes, nose and mouth during procedures and care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions. ✓ Wear within two metres of a coughing client/patient/resident.
	Gown [based on risk assessment] ✓ Wear a long-sleeved gown if contamination of skin or clothing is anticipated.
	Gloves [based on risk assessment] ✓ Wear gloves when there is a risk of hand contact with blood, body fluids, secretions, excretions, non-intact skin, mucous membranes or contaminated surfaces or objects. ✓ Wearing gloves is NOT a substitute for hand hygiene. ✓ Remove immediately after use and perform hand hygiene after removing gloves.
	Environment and Equipment ✓ All equipment that is being used by more than one client/patient/resident must be cleaned between clients/patients/residents. ✓ All high-touch surfaces in the client/patient/resident's room must be cleaned daily.
	Linen and Waste ✓ Handle soiled linen and waste carefully to prevent personal contamination and transfer to other clients/patients/residents.
	Sharps Injury Prevention ✓ NEVER RECAP USED NEEDLES. ✓ Place sharps in sharps containers. ✓ Prevent injuries from needles, scalpels and other sharp devices. ✓ Where possible, use safety-engineered medical devices.
	Patient Placement/Accommodation ✓ Use a single room for a client/patient/resident who contaminates the environment. ✓ Perform hand hygiene on leaving the room.

bp-rap-healthcare-settings.pdf (publichealthontario.ca)



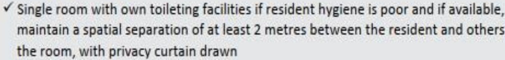


DROPLET + CONTACT PRECAUTIONS – Non-acute Care Facilities

Hand Hygiene as per Routine Practices

Hand hygiene is performed:

- ✓ Before and after each resident contact
- ✓ Before performing invasive procedures
- ✓ Before preparing, handling, serving or eating food
- ✓ After care involving body fluids and before moving to another activity
- ✓ Before putting on and after taking off gloves and other PPE
- ✓ After personal body functions (e.g., blowing one's nose)
- ✓ Whenever hands come into contact with secretions, excretions, blood and body fluids
- ✓ After contact with items in the resident's environment
- ✓ Whenever there is doubt about the necessity for doing so



Resident Placement

- ✓ Single room with own toileting facilities if resident hygiene is poor and if available, or maintain a spatial separation of at least 2 metres between the resident and others in the room, with privacy curtain drawn
- ✓ Door may remain open
- ✓ Perform hand hygiene on leaving the room

Mask and Eye Protection or Face Shield

- ✓ Wear within 2 metres of the resident
- ✓ Remove and perform hand hygiene on leaving the room

Gown and Gloves [based on risk assessment]

- ✓ Wear a long-sleeved gown for direct care* when skin or clothing may become contaminated
- ✓ Wear gloves for direct care*
- ✓ Wearing gloves is NOT a substitute for hand hygiene.
- ✓ Remove gloves on leaving the room or bed space and perform hand hygiene

Environment and Equipment

- ✓ Dedicate routine equipment to the resident if possible (e.g., stethoscope, thermometer)
- ✓ Disinfect all equipment before it is used for another resident
- ✓ All high-touch surfaces in the patient's room must be cleaned at least daily

Resident Transport

- ✓ Resident to wear a mask during transport

Visitors

- ✓ Non-household visitors wear a mask and eye protection within 2 metres of the resident
- ✓ Visitors must wear gloves and a long-sleeved gown if they will be in contact with other residents or will be providing direct care*
- ✓ Visitors must perform hand hygiene before entry and on leaving the room

* Direct Care: Providing hands-on care, such as bathing, washing, turning the patient, changing clothing, continence care, dressing changes, care of open wounds/lesions or toileting. Feeding and pushing a wheelchair are not classified as direct care.

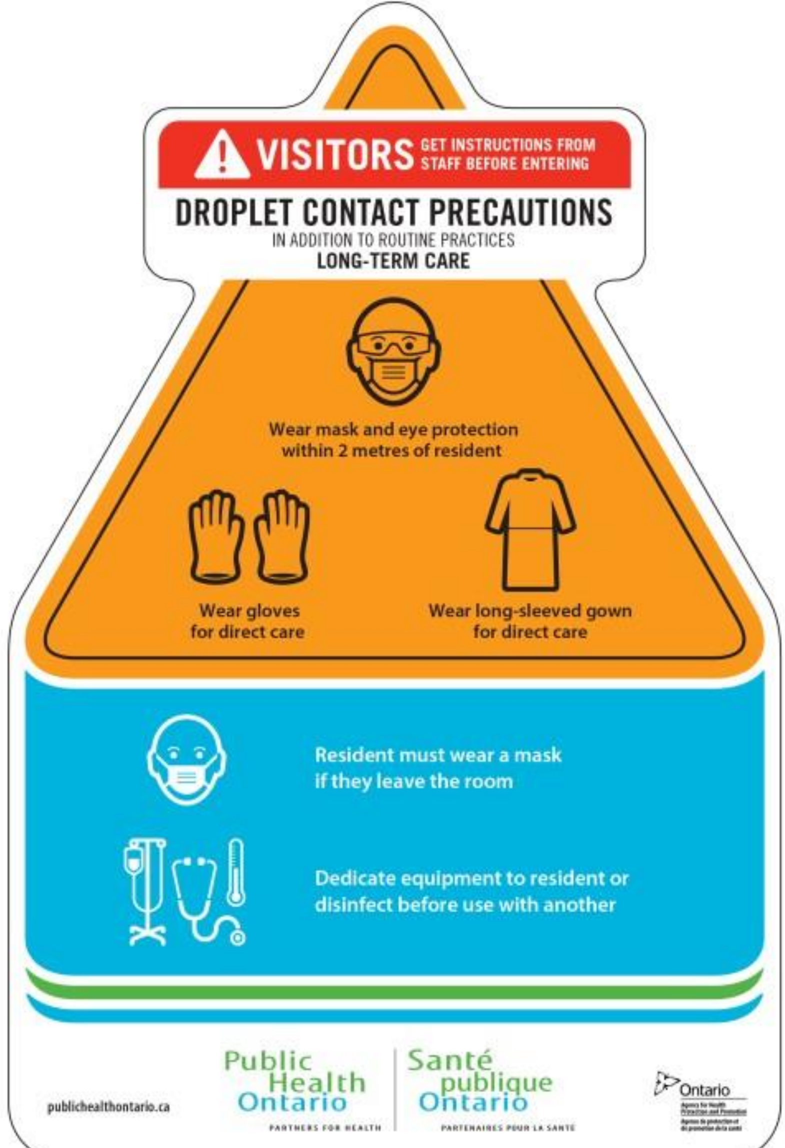
ADDITIONAL PRECAUTIONS

[bp-rap-healthcare-settings.pdf (publichealthontario.ca)](bp-rap-healthcare-settings.pdf)

Gastrointestinal

Contact Precautions

gloves & gown



Respiratory

Droplet & Contact Precautions

gloves, gown
mask & goggles

CHOOSING PERSONAL PROTECTIVE EQUIPMENT (PPE)

Wear a medical mask for source control as per current mask use recommendations. If additional precautions (droplet, contact, airborne) are in place, wear all required PPE.

- Might my hands be exposed to blood, body fluids or contaminated items?
  - Yes → Wear gloves
- Might my eyes or face be exposed to a splash, spray, cough or sneeze?
  - Yes → Wear medical mask and eye protection
- Might my clothing or skin be exposed to splashes/sprays or items contaminated with blood or body fluids?
  - Yes → Wear gown
- Is there an airborne, increased aerosol transmission risk or exposure to respiratory infection of unknown etiology?
  - Yes → Wear respiratory protection (N95 respirator)

Developed by South West IPAC Hub

Staff Education | IPAC Huddles

- Source of training may come from PHO, IPAC Canada, Grey Bruce Public Health IPAC, or your organizations corporate training
- IPAC Education occurs on a regular, ongoing and on-the spot basis:
  - Point-of-Care and Personal Risk Assessment
  - PPE Use (appropriate use, donning and doffing)
  - Hand Hygiene
    - For themselves as well as their role in promoting hand hygiene for residents
  - Environmental Cleaning (contact times, concentration, frequency, etc.)
    - Everyone in the home has a role to play in environmental cleaning, not just the Environmental Services team
  - Outbreak response, reporting and isolation protocols
    - It is important to build capacity within your homes so that all staff understand the processes of surveillance, reporting and isolation procedures

Importance of Environmental Services

"In the Healthcare setting, the role of the environmental cleaning is important because it reduces the number and amount of infectious agents that may be present and may also eliminate routes of transfer of microorganisms from one person/object to another, thereby reducing the risk of infection"

PIDAC: Best Practices for Environmental Cleaning for Prevention and Control of Infections | January 2018 (publichealthontario.ca)

Cleaning and disinfecting products	Safe work practices	Contact times	High touch surfaces
Cleaning practices	Workflow	No “double-dipping”	Waste/Laundry

Reference: Public Health Ontario (PHO), Key Elements of Environmental Cleaning in Healthcare Settings Fact Sheet, July 16, 2021 Welcome | Public Health Ontario

Environmental Cleaning | Considerations

Deciding what products to use

What should you consider when deciding which product to use and when to use it?

Efficacy of the Disinfectant

- Does the product inactivate all of the pathogens it needs to?

Ease of Use

- Contact time
- Preparation
- Cleaner + Disinfectant
- Manufacturer's instructions
- Method of use (e.g. wipe vs. bucket and cloth method)

Compatibility with Items and Surfaces

- Products can be destructive to certain equipment/surfaces (e.g. corrosive on metal)

Safe for Use

- Consider possibility of skin and/or respiratory irritations
- Flammability and safe storage
- Food safe
- PPE requirements

Cost and Environmental Impact

- Are these products biodegradable and safe for the environment?

Reference [PIDAC: Best Practices for Environmental Cleaning for Prevention and Control of Infections | January 2018 (publichealthontario.ca)]

Auditing and Surveillance

Asess → Plan → Implement → Evaluate → Provide Feedback

Asess

DETECT AND MONITOR

ESTABLISH YOUR BASELINE RATES OF INFECTION OR AUDIT RATES

WHILE SURVEILLANCE CAN ASSIST IN THE DETECTION OF OUTBREAKS IN HOSPITALS AND LONG-TERM CARE HOMES BY IDENTIFYING SIGNIFICANT DEVIATIONS FROM THE BASELINE RATE,73 A MORE CENTRAL PURPOSE OF ONGOING SURVEILLANCE IS TO MONITOR CHANGES IN THE ENDEMIC RATE OF INFECTION THAT INDICATE AREAS TO FOCUS IMPROVEMENTS

Plan

IDENTIFY RISK FACTORS

FALLS, CATHETER USE, HAND HYGIENE PRACTICES, WOUNDS OTHER INFECTIONS

RISK FACTORS FOR HAI, SUCH AS URINARY INCONTINENCE, PRESENCE OF AN INDWELLING CATHETER, SKIN ULCERS AND CHRONIC CONDITIONS SUCH AS HEART DISEASE, HAVE ALL BEEN IDENTIFIED IN THE LONG-TERM CARE CONTEXT THROUGH THE USE OF SURVEILLANCE DATA

Implement

Evaluate

EVALUATE PREVENTATIVE INTERVENTIONS

AUDITING PRACTICES, INFECTION RATES

FOLLOWING THE IMPLEMENTATION OF PREVENTIVE PRACTICES, DATA FROM THE SURVEILLANCE SYSTEM CAN BE USED TO INVESTIGATE WHETHER THE MEASURES WERE EFFECTIVE IN ACHIEVING THEIR INTENDED OUTCOME OF IMPROVED INFECTION CONTROL

Provide Feedback

PROVIDE FEEDBACK

PROVIDE INFORMATION TO INFORM, EDUCATE AND REINFORCE PRACTICE

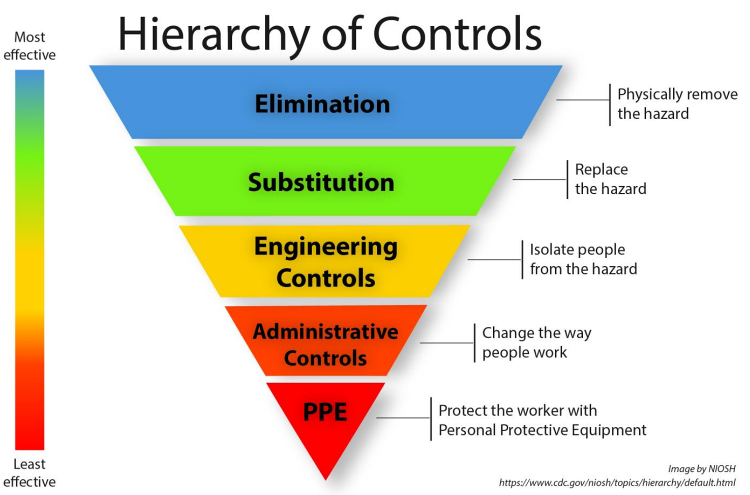
TALOR THE FEEDBACK TO THE AUDIENCE

Regular and ongoing assessments

- Assess health and safety measures
- IPAC checklists and processes
- Auditing (hand hygiene, PPE, cleaning, isolation practices, etc.)
- Regular capacity planning
- Ventilation

Preparation and review

- Review of isolation protocols, print signage
- PPE procurement (secure vendors, contact information easily available)
- Plan to cohort staff and residents (mock exercises)



Reference: Hierarchy of Controls | NIOSH | CDC

Infection Prevention and Control Organizational Risk Assessment

PPE & Burn Rates

https://www.cdc.gov/niosh/topics/pandemic/ppe.html

Frequently Asked Questions

FAQ (publichealthgreybruce.on.ca)

How can Grey Bruce Public Health IPAC assist your home?

Education and Training

Community of Practice / Networking

Developing IPAC Programs, Policies and Procedures

Supporting Assessments and Audits of IPAC Programs and or Practices

Recommendations to Strengthen IPAC Programs and Practices

Working with Public Health Partners

Coaching and Mentoring

Supporting Settings to Implement IPAC

Questions?

Key Resources

- Grey Bruce IPAC (publichealthgreybruce.on.ca)
- Grey Bruce Public Health (publichealthgreybruce.on.ca)
- COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes (publichealthontario.ca)
- COVID-19 Preparedness and Prevention in Congregate Living Settings (publichealthontario.ca)
- Health Care Huddles: IPAC Checkpoints (publichealthontario.ca)
- Online Learning | Public Health Ontario
- Personal Protective Equipment (PPE) Auditing | Public Health Ontario
- Just Clean Your Hands – Long-term Care | Public Health Ontario
- PPE Burn Rate Calculator https://www.cdc.gov/niosh/topics/pandemic/ppe.html
- Best Practices in IPAC | Public Health Ontario

Contacts

Vaccine Preventable Diseases Team

Phone: 519-376-9420, press 2

Email: immunization@publichealthgreybruce.on.ca

Infectious Diseases Team

Phone: 519-376-9420, press 6

Email: infectiousdiseases@publichealthgreybruce.on.ca

Grey Bruce Public Health IPAC

Phone: 519-376-9420, Krista ext. 1373, Adel ext. 1466

Email: ipachub@publichealthgreybruce.on.ca

Thank you for all that you do for your residents, colleagues, families and community!

Public Health Ontario IPAC Central West and West

- Novice ICP – CoP 1-2pm (Broadcasted)

Fall/ Winter 2023/24 Respiratory Seasons Readiness Exercise

- Phase 1 – Start of Respiratory Season
- Phase 2 – Increased Respiratory Activity
- Phase 3 – Peak Respiratory Activity
- Phase 4 – Late Season Recovery
- Hotwash

Afternoon Content