2023-2024 Fall Workshop

Long Term Care / Retirement Homes

September 13th,2023

Hosted by Grey Bruce Public Health:

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

Grey Bruce Public Health

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	Public Health Ontario IPAC Central West and West
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.

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Public Health

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

Grey Bruce Public Health

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) (65+)

Fluzone® High-Dose Quadrivalent

Trivalent (TIV) (65+)

Fluad®

2023-2024 Publicly Funded Influenza Vaccine Products

Product Name (Manufacturer)	Authorized ages for use	Format Available		Most Common Allergens	Shelf Life Multi-dose vial (MDV) Prefilled syringes (PFS)	Route
		Multi-Dose Vial (MDV)	Single dose (PFS)			
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
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	✓		✓

Who is eligible to receive in October

Those who are pregnant

Children between ages of 6 months to less than 5 years of age

Adults 65 years of age and older

Individuals who live in retirement or long-term care homes

Individuals with chronic health conditions

Indigenous persons

Healthcare workers

Household contact of those at high risk

Individuals who provide care to children under 5 or to those at high risk

Emergency services or emergency case workers

Poultry worker (farming or cull operations)

Vaccine Delivery Schedule and Timelines

Influenza vaccine is expected to arrive the week of September 25th, 2023

- Plans for it to go out the first 2 weeks of October

Below are tentative dates for delivery

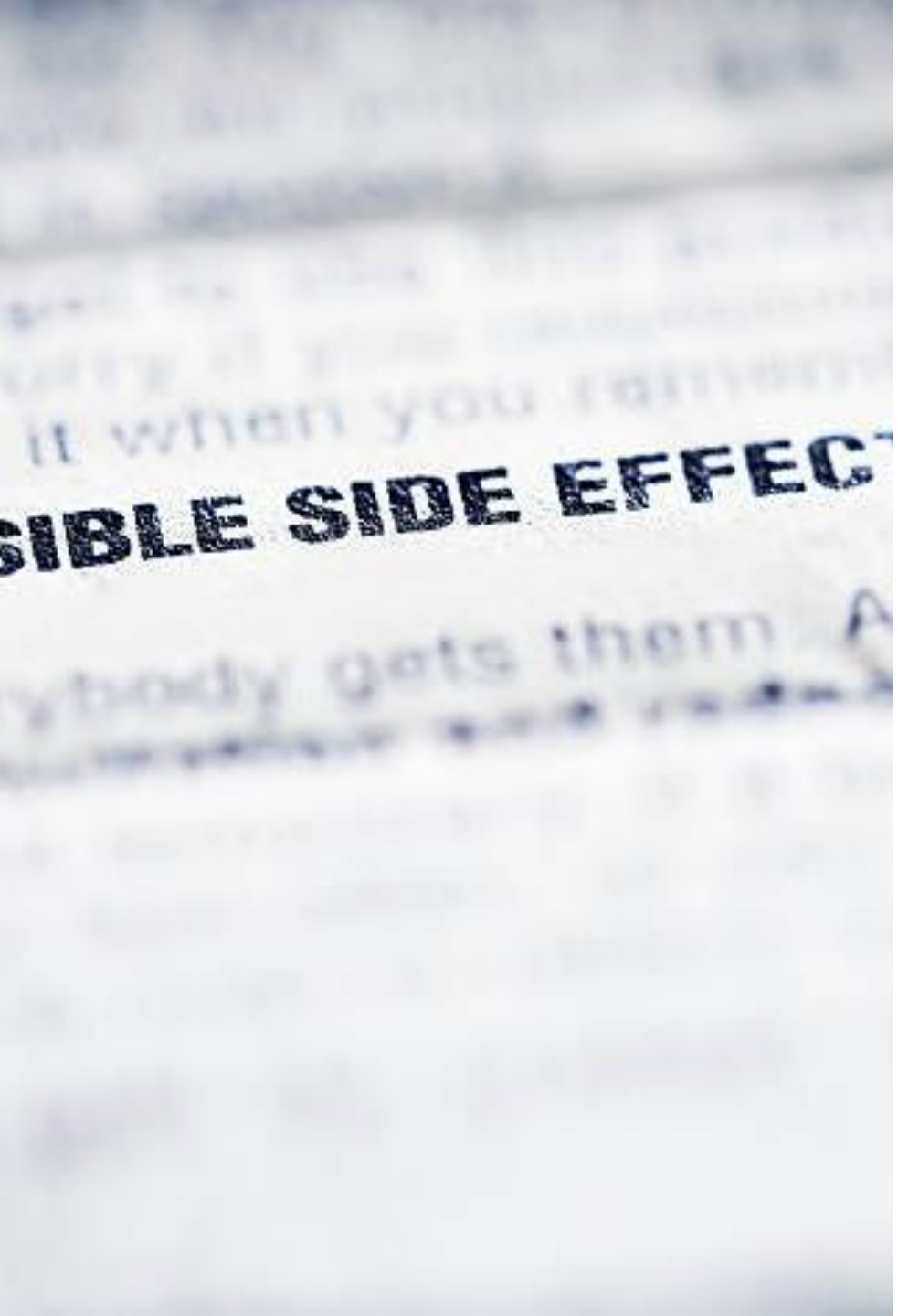
- October 3rd, 2023
  - Holyrood, Lucknow, Mildmay, Teeswater, Walkerton
  - Chesley, Durham, Hanover, Tara, Owen Sound
- October 4th, 2023
  - Chatsworth, Clarksburg, Dundalk, Flesherton, Markdale, Meaford, Thornbury
  - Kincardine, Paisley, Port Elgin, Southampton, Saugeen First Nation, Tiverton
- October 5th, 2023
  - Lion's Head, Sauble Beach, Tobemory, Wiarton, Nayaashiinigmiing

COVID 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

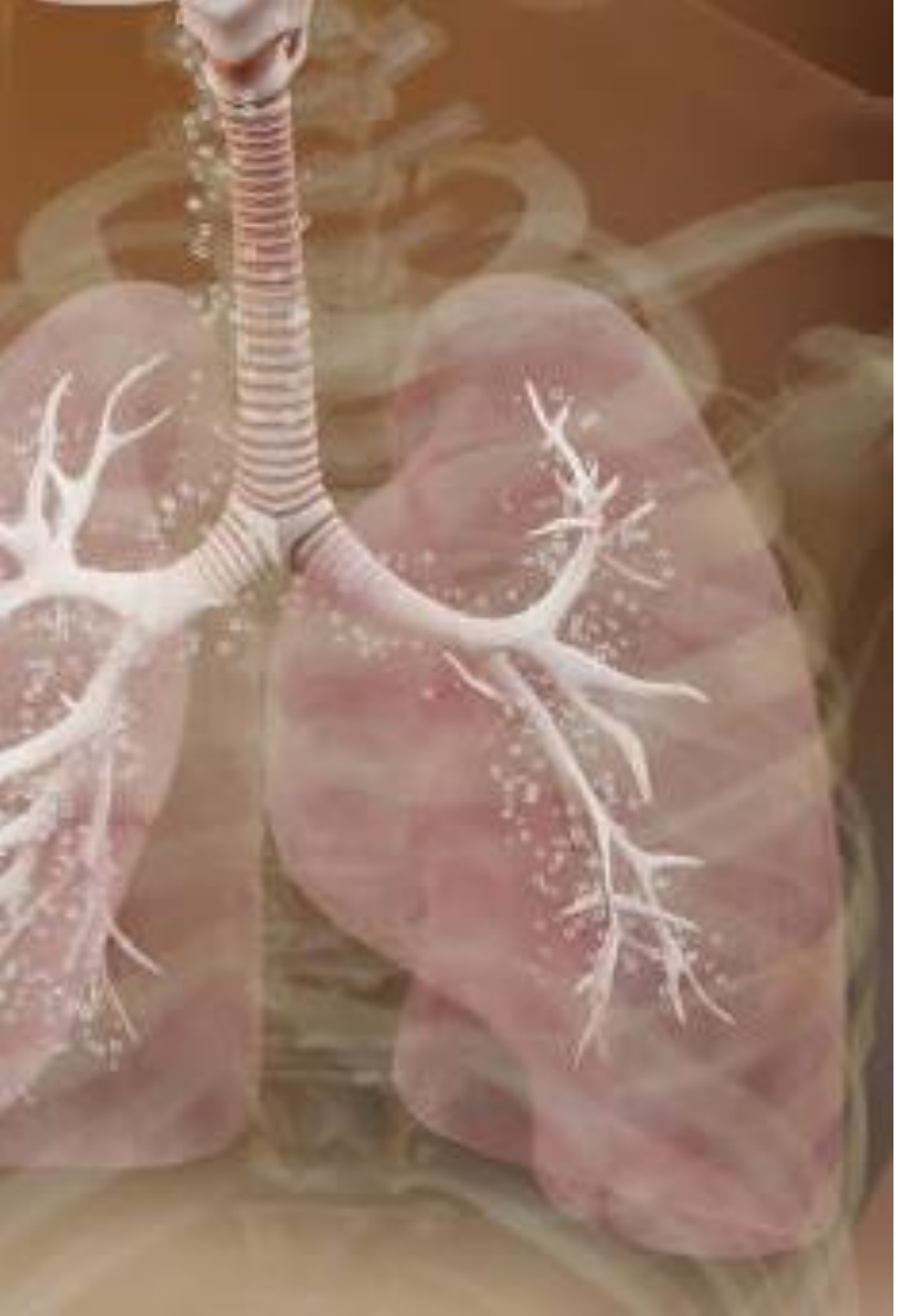
Aching Muscles

Joint pain

Redness and swelling at the injection site

Fever

Feeling sick, diarrhea, vomiting, stomach pain



Identifying a severe reaction

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?

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.

Staff Immunization Recommendations

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

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

What do you think are some 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

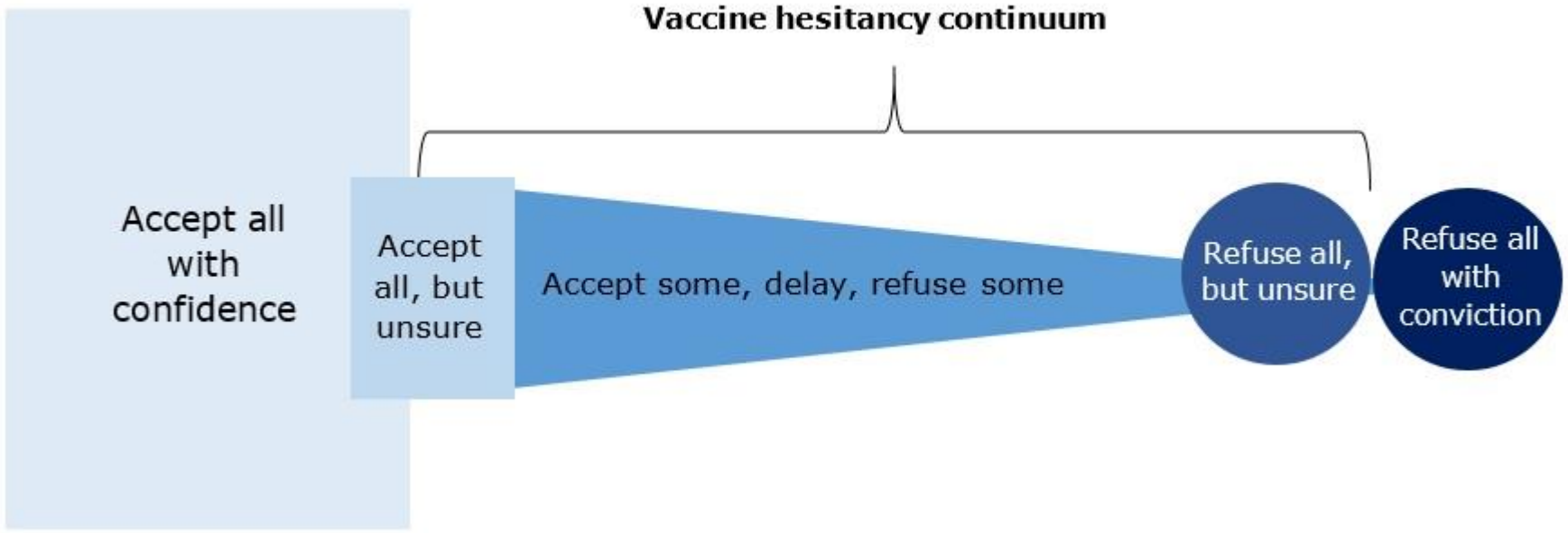
Factors Contributing to Vaccine Hesitancy (4C's)

- **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 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

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

Questions?

Infectious Diseases & Outbreak Reporting

Presenter: Teresa Arsenault, RPN, Tammy Aitken, BScN
Content: Teresa Arsenault, RPN, Tammy Aitken, BScN

Objectives

- Re-introduce the Infectious Disease Team
- Outbreaks in Grey Bruce
- Outbreak Preparation
- Influenza Planning and Preparedness
- Outbreak Management

Infectious Disease Team

- Grey Bruce Public Health's (GBPH) ID Team is divided into four zones that cover the LTCHs and RHs in Grey and Bruce counties, each zone is assigned Public Health staff that support their area homes
- GBPH's Infection Prevention and Control (IPAC) Team supports all homes across both counties.
- Congregate Living Homes are also supported by ID staff

Contacting the Infectious Disease Team

Non-urgent matters

- Contact your ID Team Representative

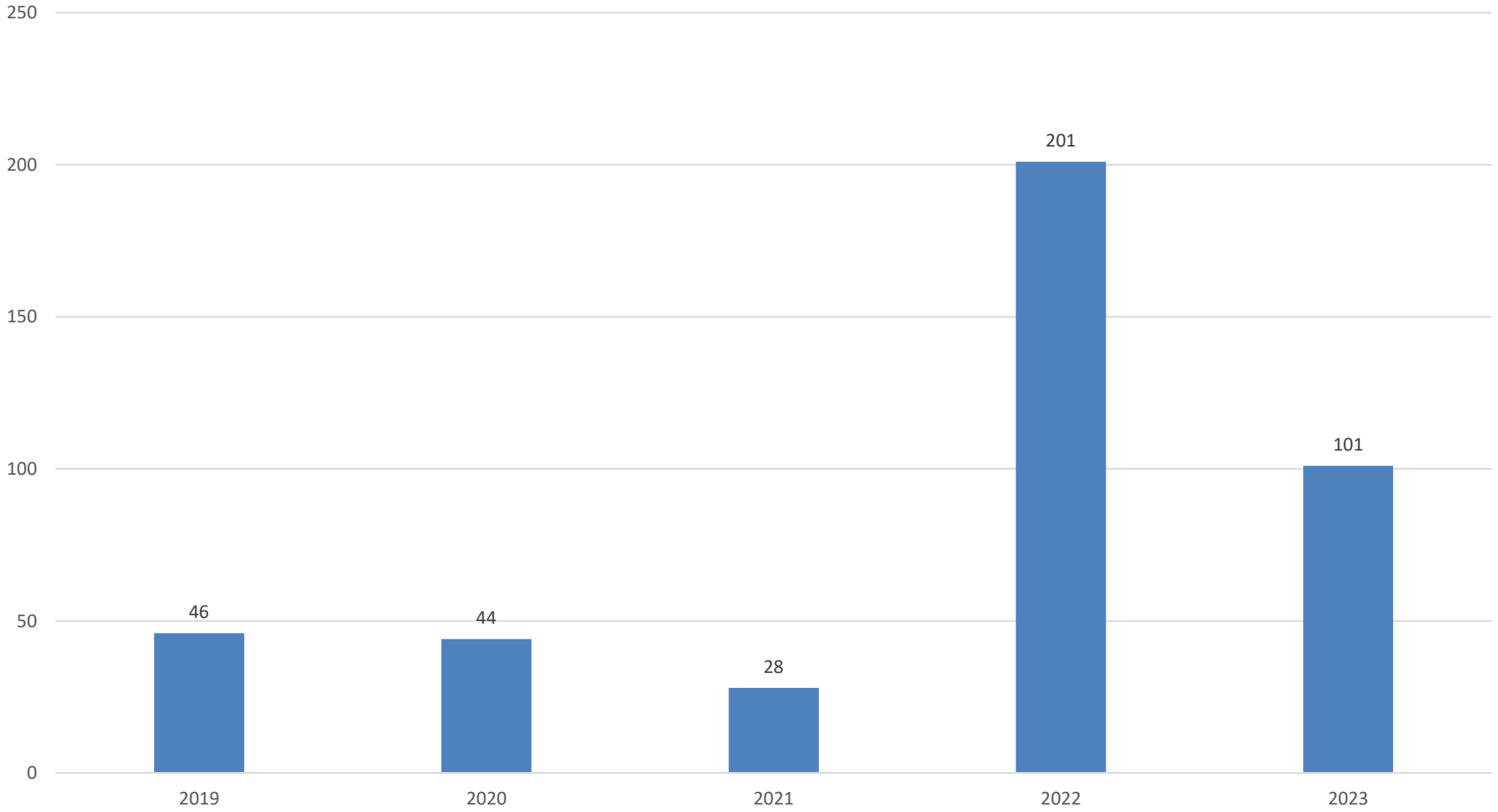
Urgent Matters and Outbreak Reporting

Helpline Monday-Friday 08:30am-4:30pm	After Hours 7 days/week 4:30pm-08:30am
Extension 6	519-376-5420

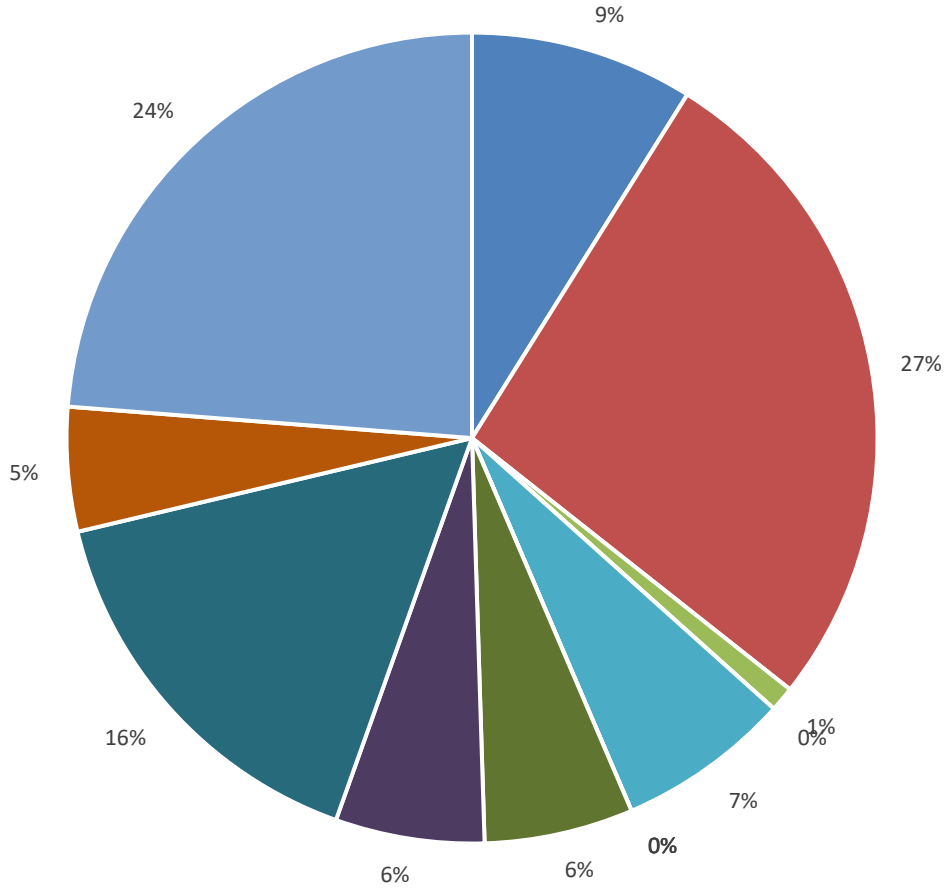
Fax Number!

519-376-4152

Confirmed Outbreaks in Grey Bruce



2023 Confirmed Outbreak Pathogens Identified



Outbreak Preparation

Materials

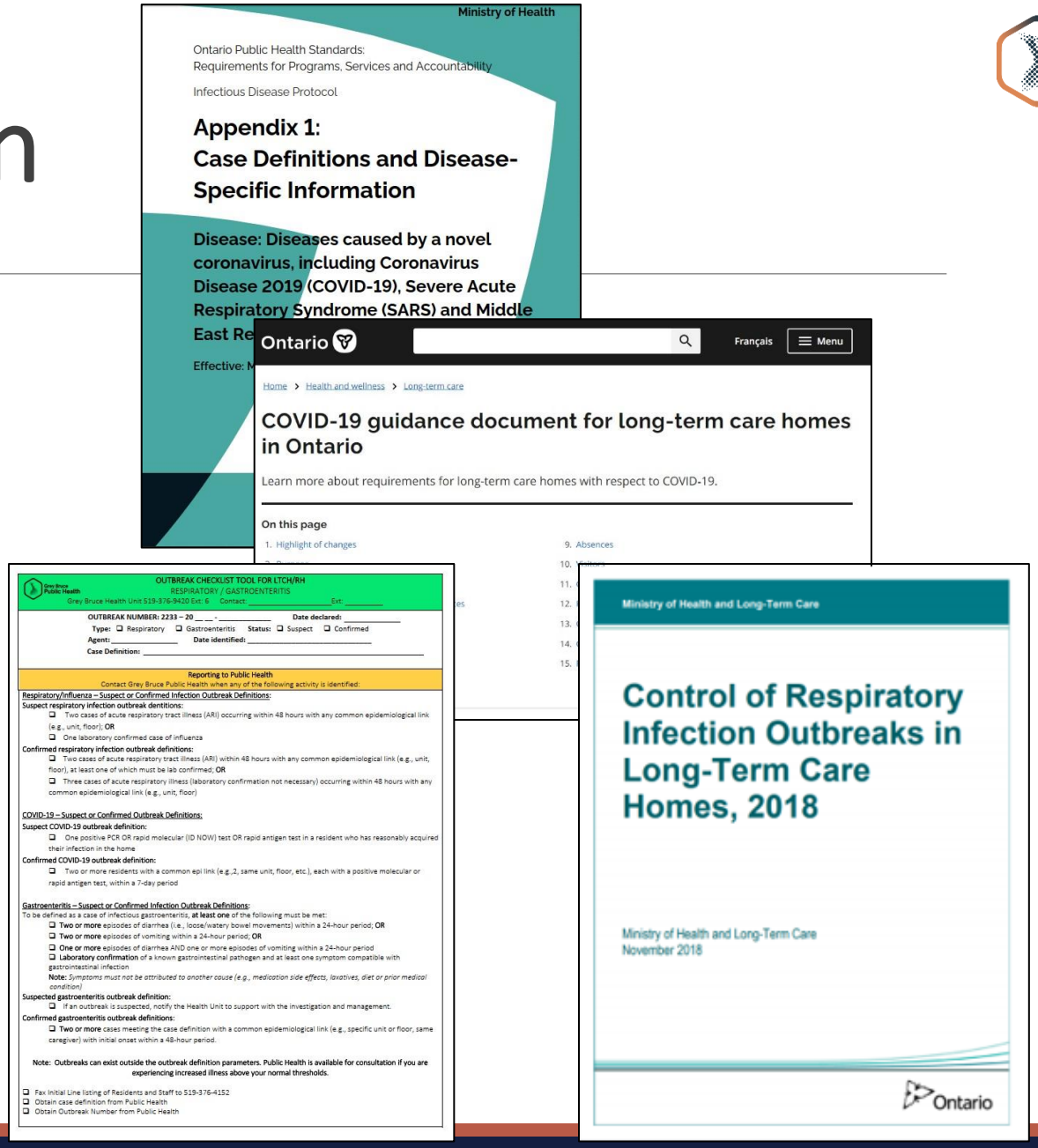
- Personal Protective Equipment (PPE)
  - Droplet/Contact/Airborne
- Test Kits! – **check expiry dates!**
- Isolation Carts and Signage
- Alcohol Based Hand Rub – **check expiry dates!**
- Disinfectants
- N95 Masks – supply and up-to-date respirator fit testing

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



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Influenza Planning and Preparedness

GBPH Influenza Preparedness Toolkit

- Influenza Outbreak Readiness Plan
- Influenza Outbreak Readiness Checklist
- Letter to Staff
- Influenza Exclusion Declaration Form
- Antiviral Request

- **We strongly encourage homes to review and use the toolkit as it is an excellent way to help prepare for the upcoming influenza season**
- **The tools in the toolkit can be used by your home and distributed to staff, volunteers and your essential care providers**

Influenza Planning and Preparedness

Influenza Outbreak Readiness Plan – The plan ensures homes have rapid access to the necessary information during outbreaks (e.g. who is eligible to work, antiviral needs, and vaccination status of residents)

- Knowing this information ahead of time and having it easily available can support with staffing during an influenza outbreak.

Residents

Resident Rates	Total Numbers	Responsible Staff member	Completion Date
Total Number of Residents			
Total Number of Immunized Residents:			
Staff to Resident Ratio			
Antiviral Therapy (orders received)			
Antiviral Scripts to Pharmacy			

Staffing

Staff Rates	Total Numbers	Total Number Vaccinated	Total Number Refused	Total Number Declined for medical reasons	Signed Declaration Form Received (Total Number)		Antiviral Therapy Script Obtained (Total Number)	Total Number of Staff that work in other facilities
					Will work	Will Not work		
Registered Staff								
Housekeeping Staff								
Dietary Staff								
Administrative Staff								
Volunteers								
Other, specify:								
Do you have the ability to cohort staff when needed?								

Grey Bruce Public Health

Influenza Planning and Preparedness

Influenza Outbreak Readiness Checklist

- Outbreaks can happen at any time throughout the year, however a vast majority of them occur in the winter months, November – April. The checklist is designed to ensure your home has taken all means to prepare your staff, residents and volunteers for the outbreak season

- ✓ Promote and provide influenza vaccination for all health care providers and residents, and resident family members
- ✓ Review and familiarize staff with the MOHLTC Control of Respiratory Infection Outbreaks in Long-Term Care Homes Guideline
- ✓ Train staff in outbreak surveillance and management
- ✓ Take inventory of PPE supplies and equipment
- ✓ Education for staff on medical directives, policies, specimen collection, lab requisitions, reporting process, antivirals, outbreaks management, etc.
- ✓ Review internal policies and medical directives for antivirals for staff and residents, and exclusion criteria for staff

Surveillance and Symptoms

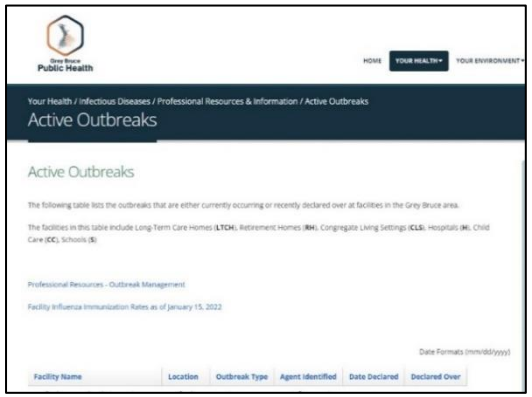
What are you looking for?

COVID-19	Respiratory	Gastrointestinal
Fever	Fever	Diarrhea
Cough	Cough	Nausea/Vomiting
Shortness of breath	Runny nose	Fever
Sore throat	Sore throat	Headache
Runny nose	Hoarseness	Abdominal Cramps
Nasal congestion	Chills	
Olfactory Disorders	Myalgia	
Nausea/Vomiting	Malaise	
Diarrhea	Headache	
Abdominal Pain	Poor appetite	

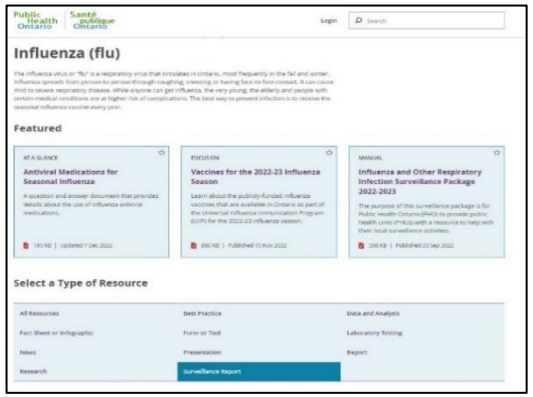
"Other"
AROs, Rash, etc.

Look at what else is occurring…

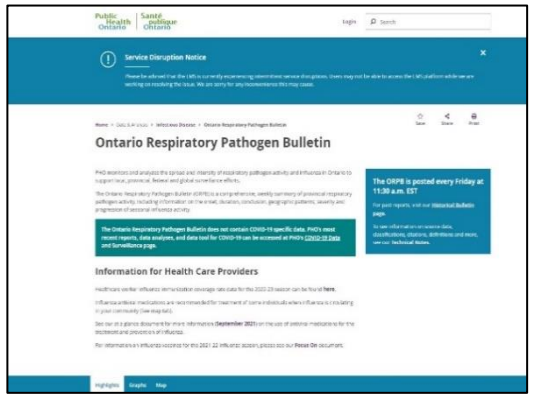
GBPH Active Outbreaks



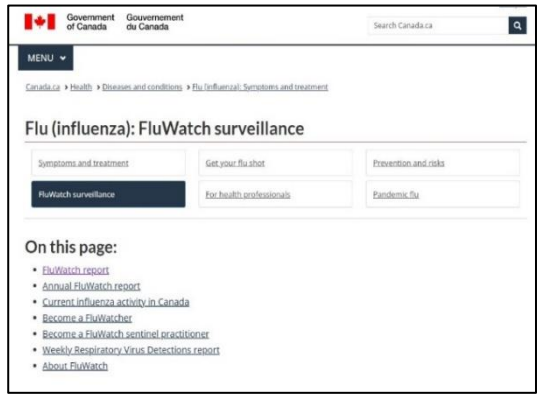
PHO Influenza Surveillance Reports



PHO Ontario Respiratory Pathogen Bulletin



Health Canada FluWatch



Surveillance

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

Testing Reminders

- Ensure Medical Directives are in place
- Ensure staff are trained in proper specimen collection
- Check expiration date of kits
- Home is the ordering provider when **not** in an outbreak

Respiratory Outbreak Case Definitions

Report when illness activity meets an outbreak case definition

	Respiratory/Influenza	COVID-19	Enteric
Suspect	Two cases of ARI occurring within 48 hours with any common epi-link **OR** One lab-confirmed case of influenza	One positive PCR or rapid result test in a resident who reasonable acquired their infection in/from the home	If gastrointestinal illness is occurring and an outbreak is suspect, report to Public Health
Confirmed	Two cases of ARI within 48 hours with any common epi-link, at least one of which must be lab-confirmed **OR** Three cases of ARI occurring within 48 hours with any common epi-link	Two or more residents who are epi-linked, both with positive results from a PCR or rapid test within a 7-day period where **both** cases have reasonably acquired their infection in/from the home	Two or more residents experiencing at least one of the following within a 48-hour period with an epi-link: • Two or more episodes of diarrhea **OR** • Two or more episodes of vomiting **OR** • One or more episodes of diarrhea AND vomiting

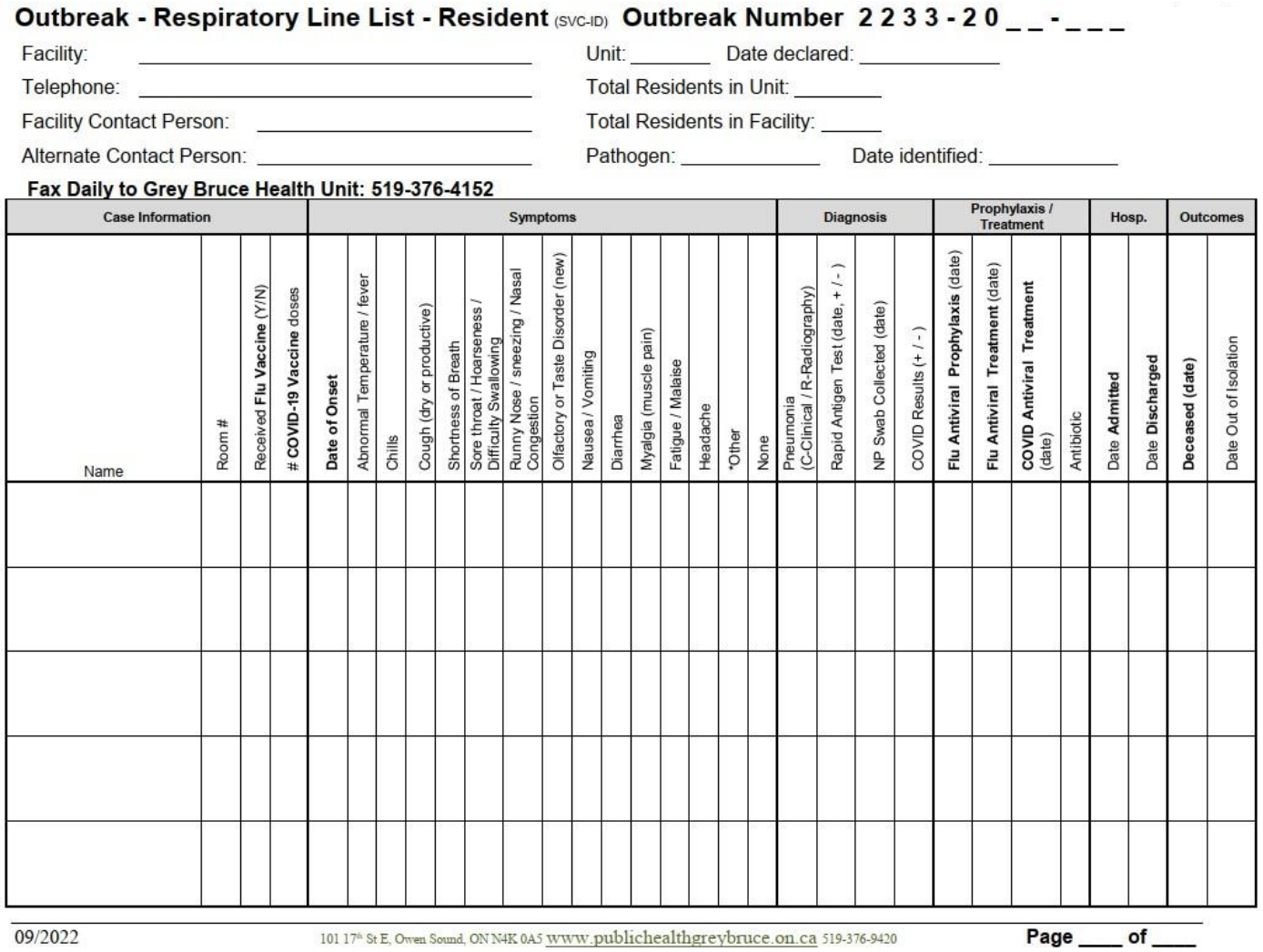
Declaring an outbreak is usually based on resident illness activity and <u>not</u> staff. If unsure, call ID Helpline

Reporting and Declaring an Outbreak

- Fill out a line list and ensure to complete all fields listed. Line lists are to be separate 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

Outbreak Management

Controlling an Outbreak

- Communication – internal and external
- Control Measures
- Environmental Cleaning
- Case Management
- Specimen Collection and Testing
- Monitoring the Outbreak
- Antivirals
- Staff Exclusion

These will be happening at the same time!

It is important to have your own internal outbreak management plan

Communications

Internal – Staff

- Implement outbreak management plan and form Outbreak Management Team (OMT)
- 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 updates line lists daily to Public Health. Call after hours for any **urgent** reporting
- Notify Ministry of Labour re: staff illness if required

Control Measures

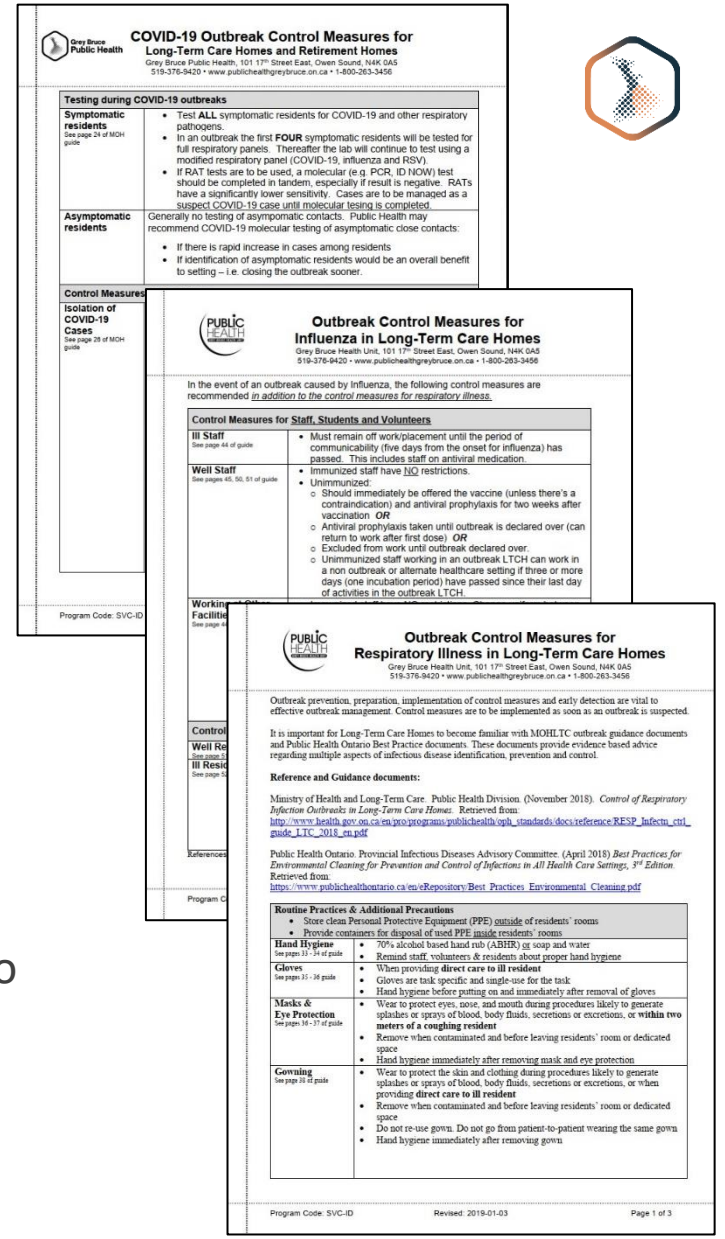
A sliding scale – dependent on many factors!

Pre-Outbreak — *Suspect Outbreak* — *Confirmed Outbreak*

Less Restrictive → More Restrictive

Suspect Outbreak – *not a bad thing!*

- *"Business as usual"* with a few exceptions
- Enhanced surveillance and increased cleaning/disinfection
- Cohort residents
- Ensure all materials (isolation carts, PPE, etc.) are available if outbreak moves into confirmed
- May need to notify Pharmacy if influenza is suspected



Control Measures – Confirmed Respiratory

Staff	Residents	Environmental Services / Housekeeping
• Promote hand hygiene • Routine Practices • Additional Precautions contact/droplet/airborne • Point of Care Risk Assessment (PCRA) • Cohort staff • Exclude ill staff	• Promote hand hygiene • Isolate ill residents • Postpone events and activities • Reschedule non-urgent appointments • Re-assess admissions and transfers • Delay non-essential visiting	• 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!

More restrictive measures may be needed for COVID-19 outbreaks or other outbreaks with uncontained transmission.

Case Management

Symptomatic Residents

- Isolate with appropriate precautions
- Obtain specimen for testing
  - COVID-19 **and** MRVP
  - FLUVID if limit for MRVP specimens has been used

Symptomatic Staff

- Report symptoms
- Exclude from work
- Testing is per home’s internal policy and procedure

Case Management – Isolation and Return to Work

RESIDENTS

Respiratory

- 5 days after onset of symptoms or when symptoms have resolved (whichever is sooner)
  - Influenza – 5 days minimum

Enteric

- 48 hours after symptoms resolve

COVID-19

- 10 days after symptom onset or positive test (if asymptomatic)
  - May be released after 5 days if they are asymptomatic/symptoms improving, and are able to wear a well-fitted mask at all times

STAFF OR VOLUNTEERS

Respiratory

- 5 days after onset of symptoms or when symptoms have resolved (whichever is sooner) **
  - Influenza – 5 days minimum

Enteric

- 48 hours after symptoms resolve

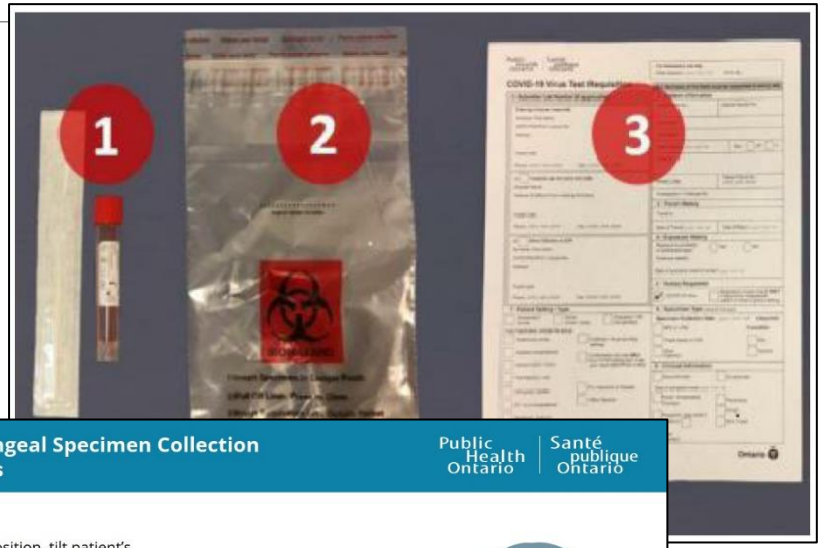
COVID-19

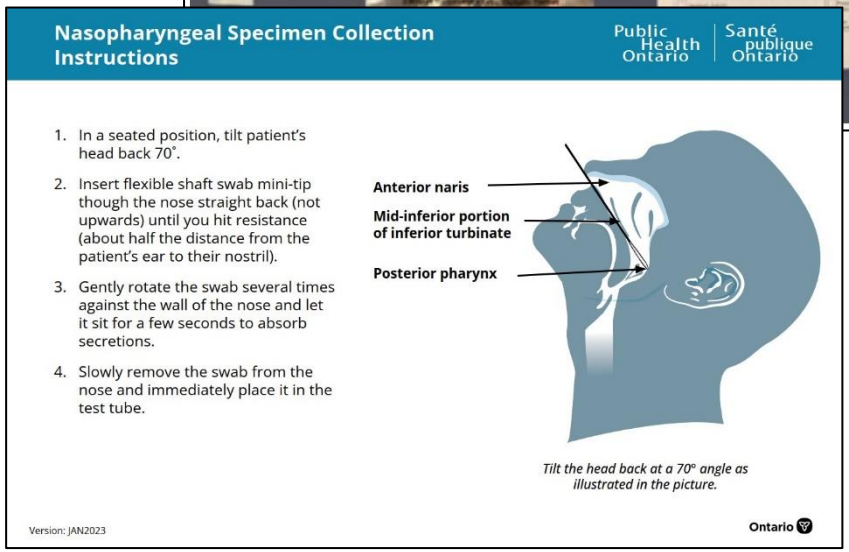
- Follow internal return to work (RTW) policy

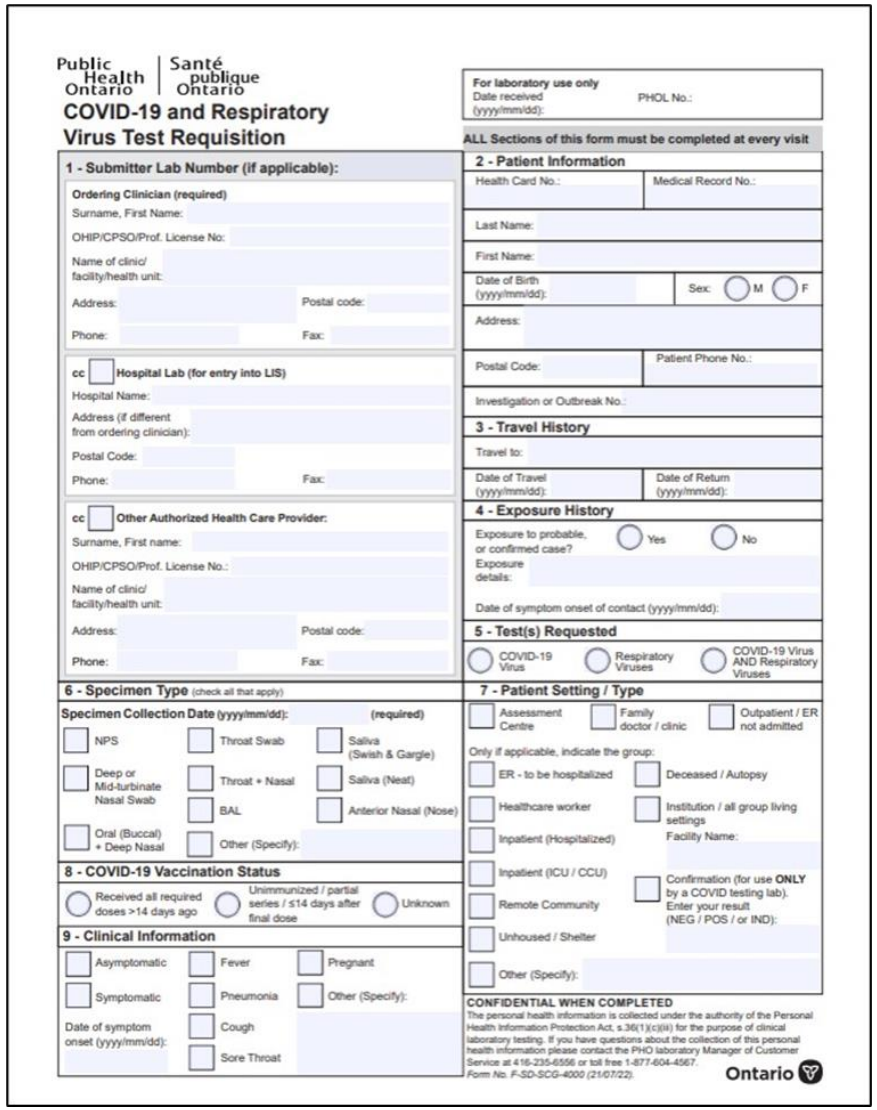
This direction is for outbreak scenarios. Non-outbreak RTW is based on home policy.

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. Deliver to courier pick-up location.
- Call about Friday and weekend testing if influenza is suspected







Public Health Ontario | Santé publique Ontario

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
Inpatient (Hospitalized) | Facility Name:
Inpatient (ICU / CCU) | Confirmation (for use **ONLY** by a COVID testing lab). Enter your result (NEG / POS / or IND):
Remote Community
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

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

Ordering Provider

- The home's HCP is to be used when NOT in an outbreak. When an outbreak is declared, GBPH will be the ordering provider.

Other Clinician

- When in an outbreak, complete this section with home's HCP and Fax #

Patient Information

- ***ALWAYS include HCN***
- **Outbreak Number**

Tests Requested

- COVID-19 Virus AND Respiratory Viruses

Patient Setting

- Institutional

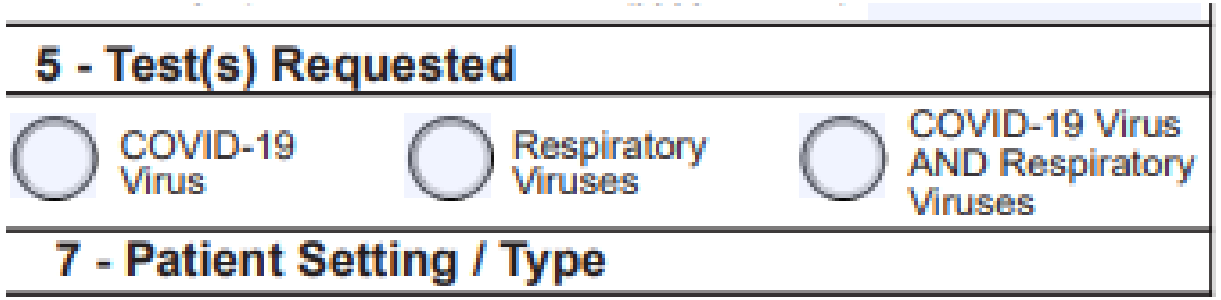
Clinical Information

- 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. Up to 4 specimens per outbreak. **Must be symptomatic**
- **FLUVID** – Influenza A, influenza B, RSV, and SARS-CoV-2 (COVID-19) – unlimited. **Must be symptomatic**
- **SARS-CoV-2 (COVID-19)**



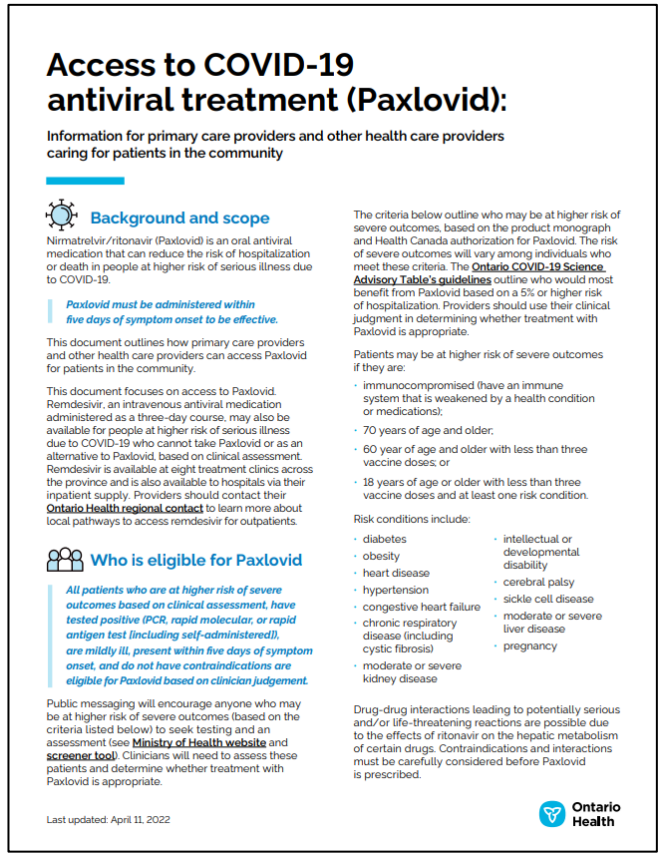
Grey Bruce
Public Health

Monitoring the Outbreak

- ✓Ongoing surveillance to identify new cases
- ✓Monitoring the status of ill residents and staff, and updating line lists
- ✓Reviewing and monitoring precautions and control measures
- ✓Reporting any significant changes in the nature of the outbreak to GBPH (e.g., hospitalizations, deaths, changes in clinical picture

COVID-19 Antiviral Treatment

- Resident COVID-19 antiviral treatment is to be assessed by a Health Care Provider (HCP) as soon as possible to determine if they are eligible.
- Antivirals are recommended to be initiated within five days from symptom onset



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

Influenza Antivirals

- Resident antiviral medication in an **influenza outbreak**
  - Well Residents to be given antiviral prophylaxis until the outbreak is declared over
  - Ill residents to be given treatment dosing as soon as possible, recommended within 48 hours of symptom onset
  - **Important to ensure resident influenza prophylaxis and treatment antivirals are completed at the beginning of the influenza season** (e.g., blood work is completed, orders are received, medical directives)

- Staff antiviral medication
  - Ill staff need to 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 antiviral prophylaxis for two weeks after vaccination OR should take antiviral prophylaxis until the outbreak is declared over (can return to work after first dose) OR excluded from work until the outbreak is over
  - Should have a prescription for antivirals from their HCP ready in the event of an outbreak

Influenza Antiviral Algorithms

Diagram 1: Antiviral treatment use recommendation in influenza outbreaks. If treatment is not initiated within 48 hours of symptoms onset

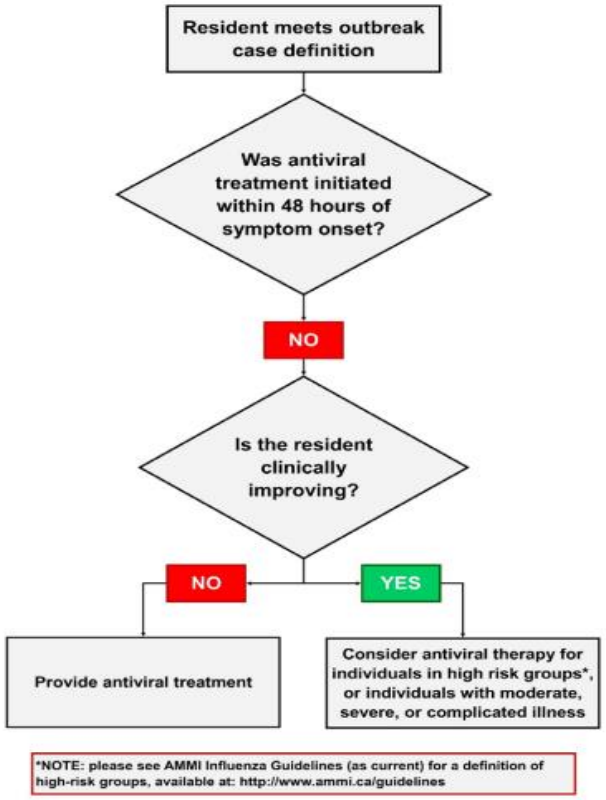
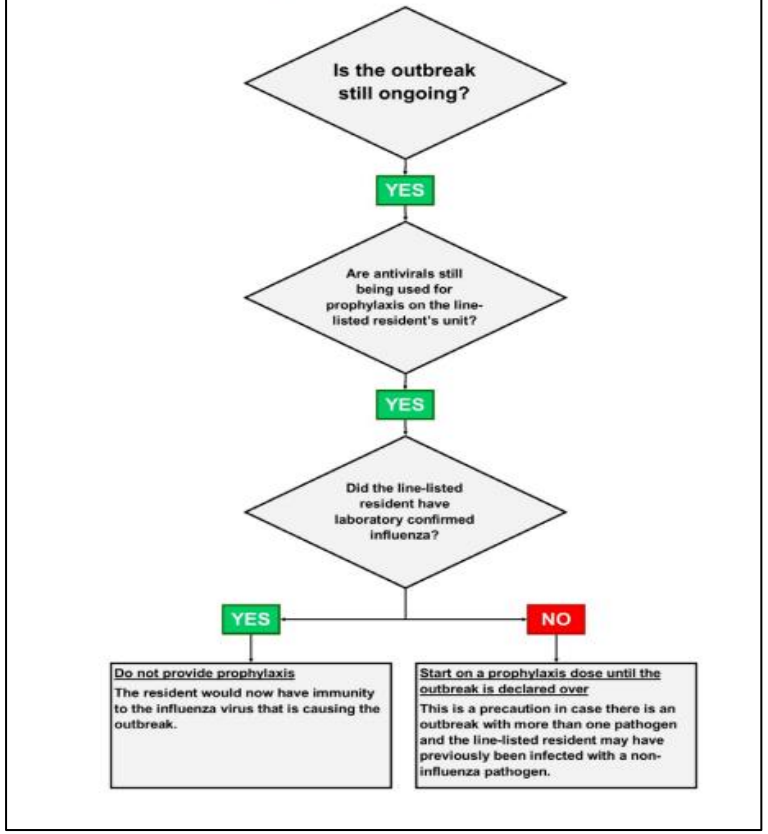


Diagram 2: Antiviral prophylaxis recommendations in influenza outbreaks for line-listed cases after completion of treatment with antiviral medication



MOHLTC Respiratory Guidelines pg. 54-55

Influenza Staff Exclusion Criteria

A staff exclusion policy is a protective measure for residents and coworkers. In the event of an Influenza outbreak when the worker has not received the vaccine, they will be excluded from work or the affected unit.

Influenza – if a staff member is unvaccinated and is taking antiviral prophylaxis medication they may continue to work during the outbreak. Tools within the Influenza toolkit that support staff immunization, and antiviral needs include:

- Influenza Exclusion Declaration Form
- Healthcare provider letter (antiviral request)

***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.**

Co-infection - *Now what ?*

Respiratory Virus AND COVID-19 detected

- Continue with respiratory outbreak control measures with the addition of 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 should be initiated for all asymptomatic residents and residents who are COVID+/influenza negative until the influenza outbreak is declared over
- Influenza antiviral treatment is to be initiated for influenza positive residents per guidelines
- 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**

Declaring the Outbreak Over

Respiratory

- Usually, 8 days from the symptom onset of the last resident case OR 3 days from the last day of work of an ill staff, whichever is longer

COVID-19

- 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

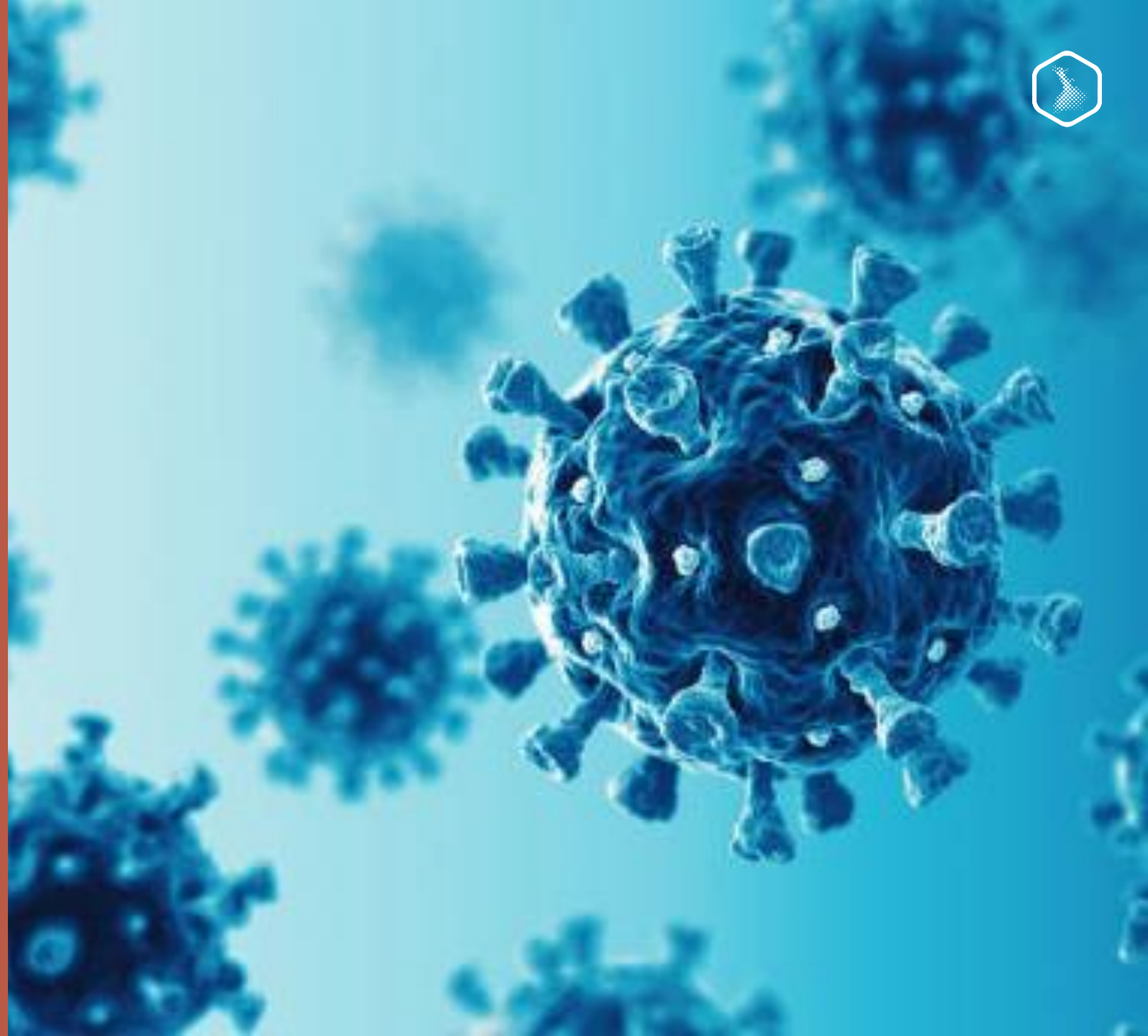
Enteric

- One infectious period plus one incubation period. Typically, 5 days after last resident case.

❖ Outbreaks are declared over in consultation with Public Health

❖ Dependent on several criteria, including pathogen identified (if any), severity, number of hospitalizations and/or deaths, and staff illness

Questions?





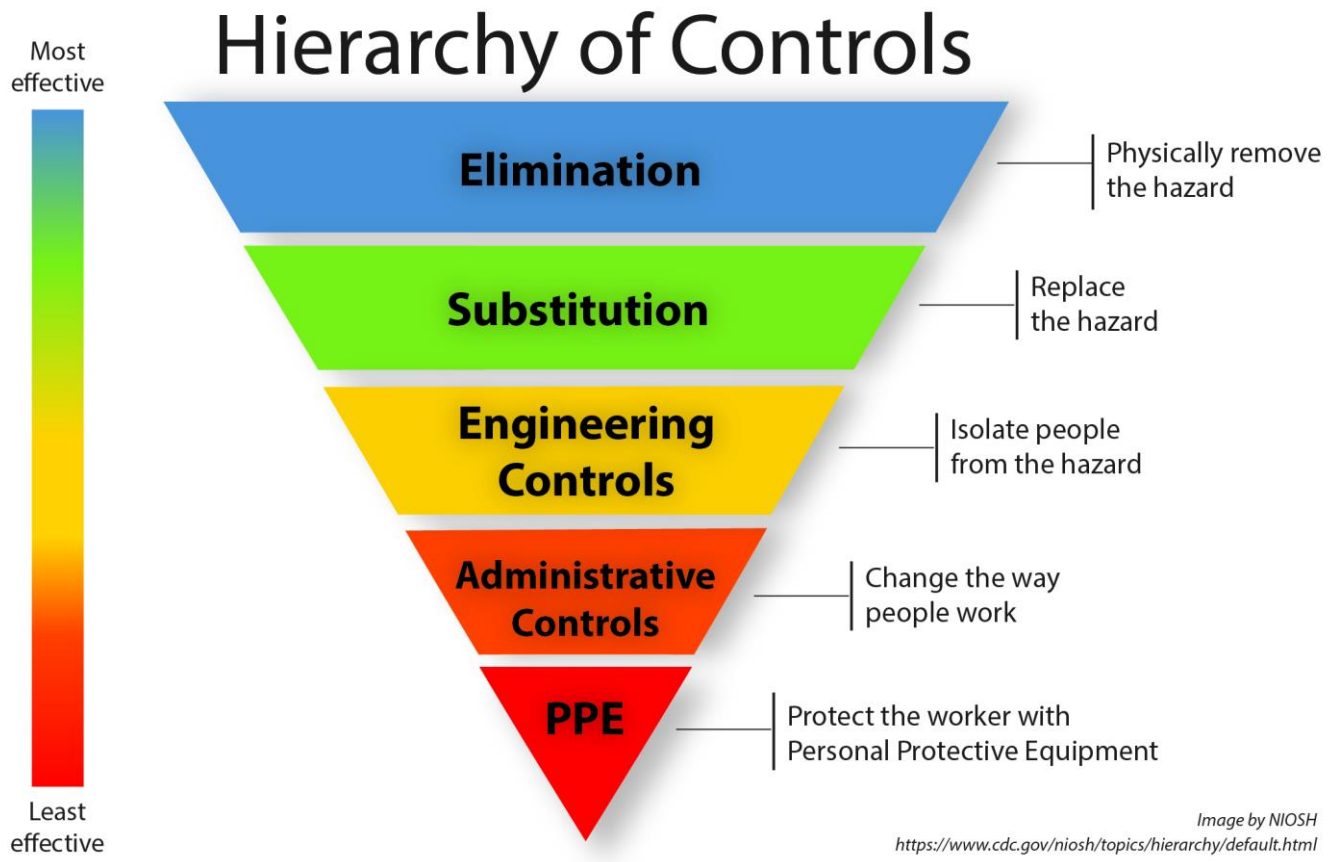


INFECTION PREVENTION AND CONTROL

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

Grey Bruce Public Health

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

Grey Bruce Public Health

Control Measures for Staff

- Routine Practices
- Additional Precautions
- Cohort well staff
- 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

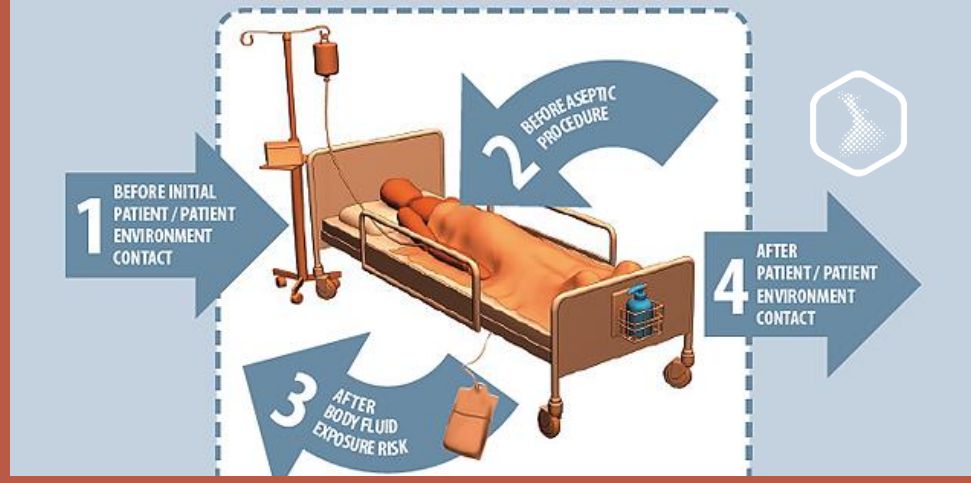
Control Measures for Visitors

- 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

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)]

ADDITIONAL PRECAUTIONS

[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

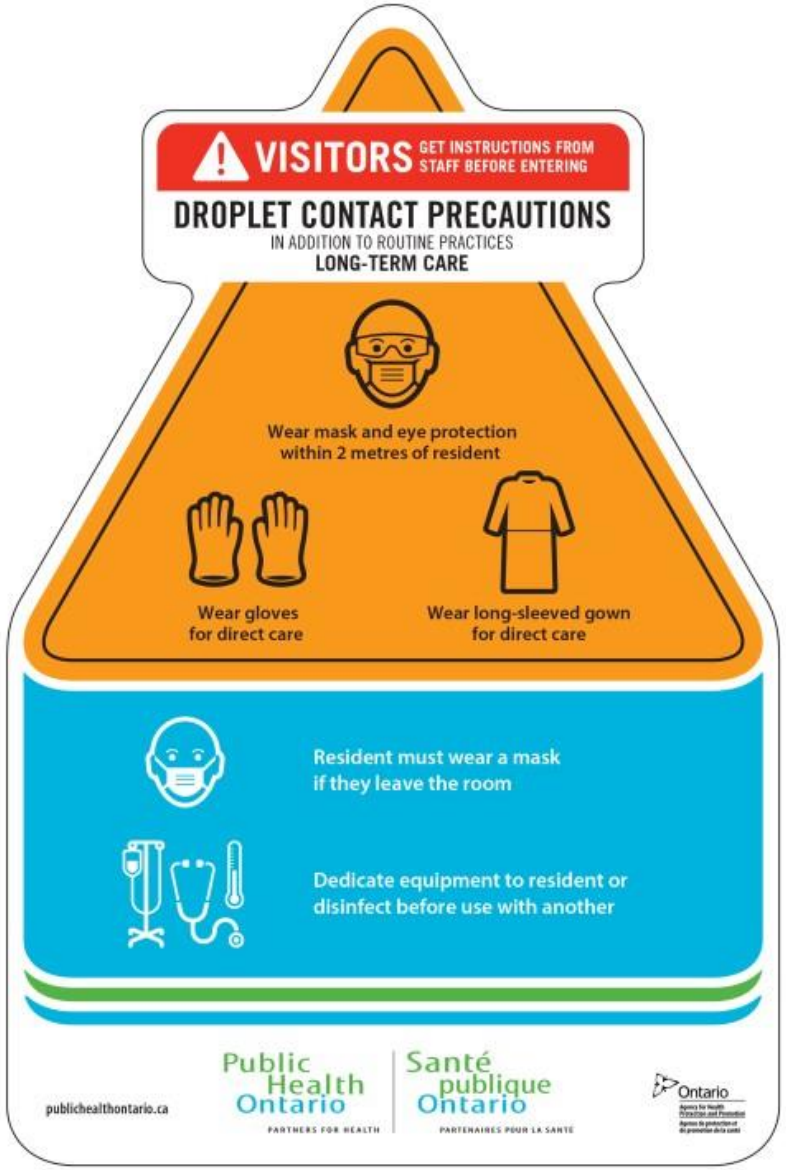
- ✓ Non-household visitors wear a mask and eye protection within 2 metres of the resident
- ✓ Visitors must wear gloves and a long-sleeved gown if they will be in contact with other residents or will be providing direct care*
- ✓ Visitors must perform hand hygiene before entry and on leaving the room

* 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.

Gastrointestinal

Contact Precautions

gloves & gown

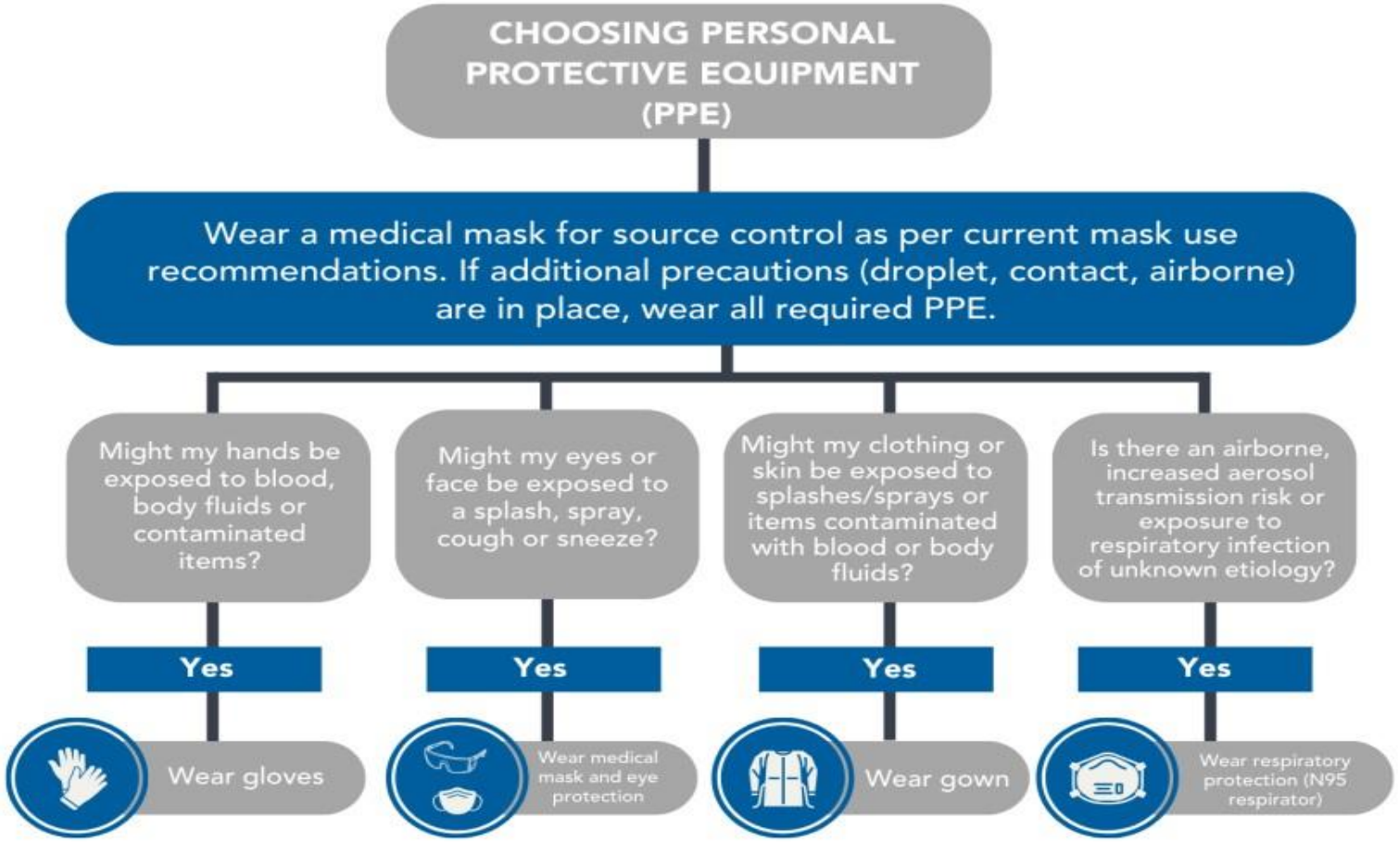


Respiratory

Droplet & Contact Precautions

gloves, gown
mask & goggles

POINT OF CARE RISK ASSESSMENT



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

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

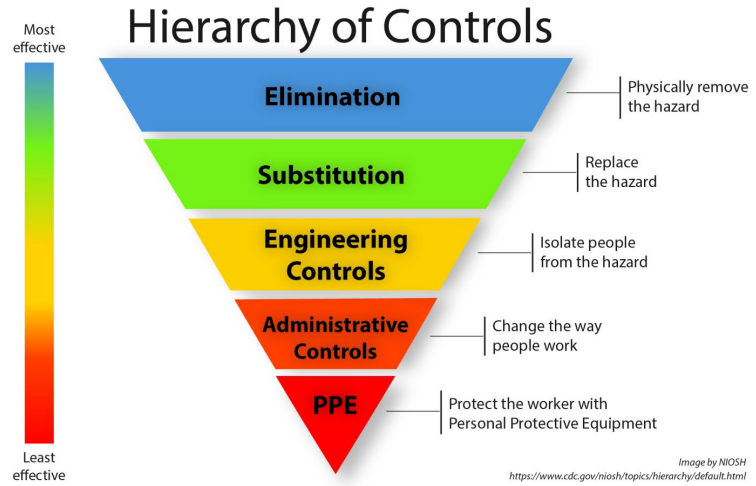
Auditing and Surveillance

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

Grey Bruce Public Health

PPE & Burn Rates

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

Grey Bruce Public Health

Frequently Asked Questions

FAQ (publichealthgreybruce.on.ca)

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

How can Grey Bruce Public Health IPAC assist your home?

Grey Bruce
Public Health

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

Grey Bruce
Public Health

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

Afternoon Content

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

Grey Bruce Public Health