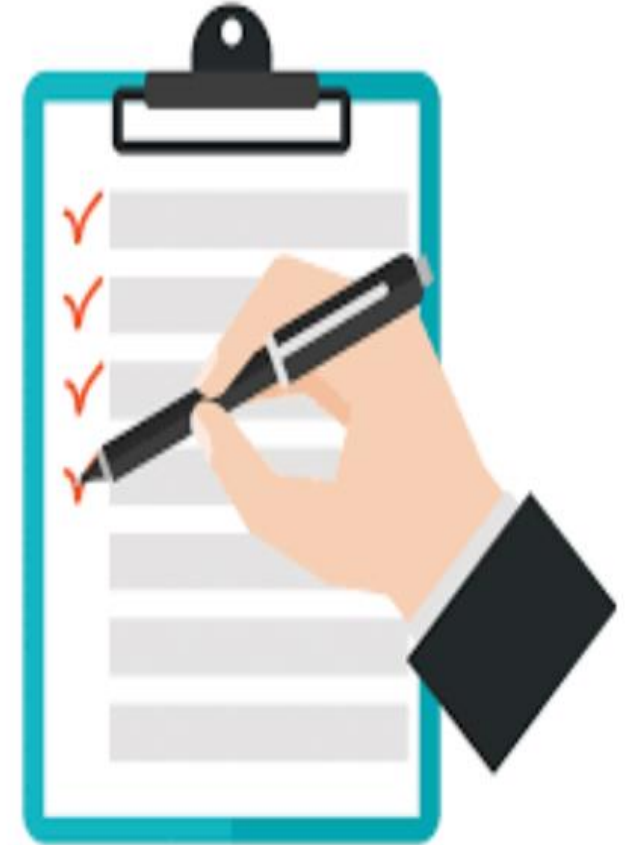


LTC/RH CoP (Huddle)
Jan 23, 2024



Agenda

- PHO: Respiratory Virus Outbreaks – Considerations for Public Health Planning (Dec 2023)



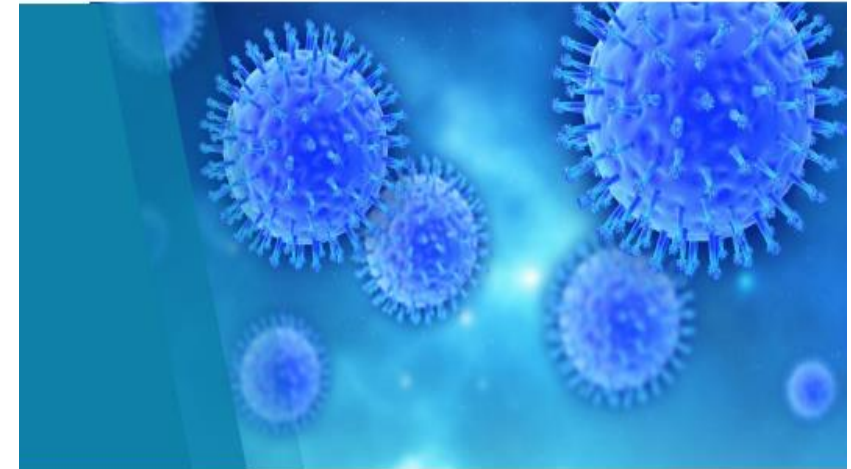
Introduction

- **Crucial step:** Adequate planning and preparedness for respiratory viruses such as COVID-19, Influenza, and RSV.
- Strategic preparation enables **timely response**
 - to outbreaks,
 - addresses operational challenges,
 - minimizes morbidity and mortality within facilities.
- This [report](#) provides key considerations in supporting facilities to **anticipate** and **respond** to respiratory virus outbreaks, encompassing the variety of viruses during a typical season.

Public Health Ontario | Santé publique Ontario

Respiratory Virus Outbreaks

Considerations for Public Health Planning



Report
December 2023

Potential Scenarios

- Various scenarios may arise when considering the causative agents of acute respiratory infection outbreaks within facilities.
- Facilities need to be ready to address different situations involving residents and staff with ARIs undergoing diagnostic testing, including:
 1. No pathogen identified
 2. Only influenza detected
 3. Only COVID-19 detected
 4. Only other respiratory virus detected (e.g., RSV, Enterovirus/Rhinovirus, seasonal Coronavirus, Parainfluenza, Human Metapneumovirus, Adenovirus)
 5. Any combination of the above respiratory viruses

Immunization Planning

- Immunization stands out as a **highly effective** measure in mitigating the impact of infectious diseases.
- Getting vaccinated against COVID-19, Influenza, and other preventable diseases is **crucial** for protecting residents and staff from **severe illness and hospitalization**.
- **Facilities should:**
 1. Strategize on **facilitating vaccination** for residents and staff, (e.g., seasonal Influenza, COVID-19, and RSV) based on eligibility.
 2. **Collaborate** with **local PHUs** if necessary.
 3. **Address awareness** among staff regarding facility policies related to unvaccinated staff members during an Influenza outbreak.



Monitoring

- Facilities are advised to:
 1. Recognize the necessity of **daily monitoring** for respiratory and gastrointestinal symptoms among residents.
 2. **Educate staff** to self-monitor for respiratory and gastrointestinal symptoms.
 3. Understand the **protocols for notifying the local PHU** in the event of:
 - Identification of a resident or staff with respiratory and gastrointestinal symptoms.



Point of Care Risk Assessment

- Staff should undergo education and training for conducting a PCRA.
- The **PCRA**, performed before each interaction with a resident, evaluates:
 - The resident's infection status, including colonization.
 - Characteristics of the resident, such as their ability to follow direction.
 - Type of care activities to be conducted, like medication administration, assistance with toileting, or glucometer readings.
 - Availability of resources for infection control, such as hand hygiene, access to PPE, and sharps container availability.
 - Health care provider's immune status.

Point of Care Risk Assessment (Continued)

If a resident develops a new cough, the healthcare provider's PCRA would recommend:

- Hand hygiene, along with wearing a medical mask/N95 respirator (or equivalent) and eye protection.
- Consideration for gowns and gloves may also apply based on the situation.
- Following the care, the healthcare provider should remove PPE and clean their hands.

Point-of-Care Risk Assessment (PCRA)

The PCRA is a routine practice which should be conducted before every patient/client/resident (hereafter 'patient') interaction by a health-care worker (HCW) to assess the likelihood of exposing themselves and/or others to infectious agents. This assessment informs the selection of appropriate actions and personal protective equipment (PPE) to minimize the risk of exposure. This is a general tool. The questions and actions may need to be adapted for specific health-care settings and roles.

- 1 Before each patient interaction, a health-care worker must assess the following:**
 - THE PATIENT**
 - What are the patient's symptoms (e.g., frequent coughing or sneezing)?
 - Does the patient require additional precautions (droplet, contact, airborne) for infectious agents?
 - What is the patient's health status (e.g., immunocompromised)?
 - Is the patient able to practice respiratory etiquette and perform hand hygiene?
 - THE TASK**
 - What type of task am I carrying out (e.g., providing direct face-to-face care, performing an aerosol generating medical procedure (AGMP), coming into contact with body fluids, personal care, non-clinical interaction)?
 - Am I trained, equipped and ready for the task?
 - THE ENVIRONMENT**
 - Where am I doing my task?
 - Is there triage or screening?
 - Is the patient in a separate room? Is the bathroom shared?
 - Is there adequate environmental cleaning and disinfection in place?
- 2 Choose appropriate actions and PPE including the following:**
 - Hand hygiene** (e.g., before and after a task, before and after PPE use, before and after contact with patient).
 - Respiratory etiquette** (e.g., support patient to cover their coughs with a tissue or their elbow, wear a mask if tolerated).
 - Patient placement** (e.g., prioritize a patient with risks for infectious agents for a single occupancy room where possible).
 - Environmental and equipment cleaning and disinfection** (e.g., clean and disinfect re-usable equipment between each use).
 - Implement additional precautions if required** (e.g., droplet and contact precautions for COVID-19).
 - Select appropriate pieces of PPE**, as outlined below.

Selecting PPE

If additional precautions (e.g., droplet, contact, airborne) are in place, put on all required PPE.

- Could my hands be exposed to blood or body fluids?
Yes → Wear gloves
- Could my eyes or face be splashed/sprayed with blood or body fluids?
Yes → Wear medical mask and eye protection
- Could my clothing or skin come into contact with blood or body fluids, including splashes/sprays?
Yes → Wear gown
- Is there an airborne or increased aerosol transmission risk?
Yes → Wear N95 respirator or equivalent (see Page 2)*

*HCW must be fit tested for N95 respirator and a seal check must be performed prior to use. Other equivalent respirators, such as elastomeric half-face respirators (EHFRs) and Powered Air Purifying Respirators (PAPRs), may also be used if staff have been provided training on its appropriate use and organizational procedures related to their use are followed.

Hand Hygiene

- Emphasizing hand hygiene is crucial in preventing infection transmission and is a mandatory practice for all healthcare workers.
- Facilities should:
 - Provide education and training to staff regarding The 4 Moments for Hand Hygiene.
 - Easy access to hand hygiene throughout the facility, including entry points, common areas, resident rooms, at the point of care, and staff common areas.
 - A dedicated sink with soap, water and paper towels; and ABHR with an alcohol concentration of 70–90%.



Environmental Cleaning

- Additional or enhanced environmental cleaning is necessary during an outbreak to stop the spread of the causative agent.
- Facilities should:
 - Plan for ample resources dedicated to environmental services to ensure continuous effective cleaning for periods of high demand like outbreaks.
 - Provide [education](#) and [training](#) to all environmental service workers.



Respiratory Viruses Co-Circulating

- In the event of COVID-19 and another respiratory virus concurrently circulating in the facility (e.g., influenza or non-Influenza), the facility should:
 - Conduct testing for COVID-19, Influenza, and RSV for all residents with ARI acute respiratory infection symptoms.
 - Test residents with non-respiratory COVID-19 symptoms (e.g., new loss of taste and smell and gastrointestinal symptoms) for COVID-19 only.
 - Asymptomatic testing for COVID-19 during an outbreak is at the discretion of the Public Health Unit.



Q&A





1235 Wilson Avenue
Toronto, Ontario
M3M 0B2
416.242.1000

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