



FALL PREPAREDNESS/RESPIRATORY VIRUSES

CoP Meeting-RVH IPAC HUB

Jessie Must-August 2023

OBJECTIVES

1

Understand the importance of being prepared/planning for fall respiratory season.

2

Review respiratory viruses (Influenza, COVID-19, RSV).

3

Discuss components of a fall preparedness plan.

4

Identify ways the IPAC hub can support fall preparedness in your setting.

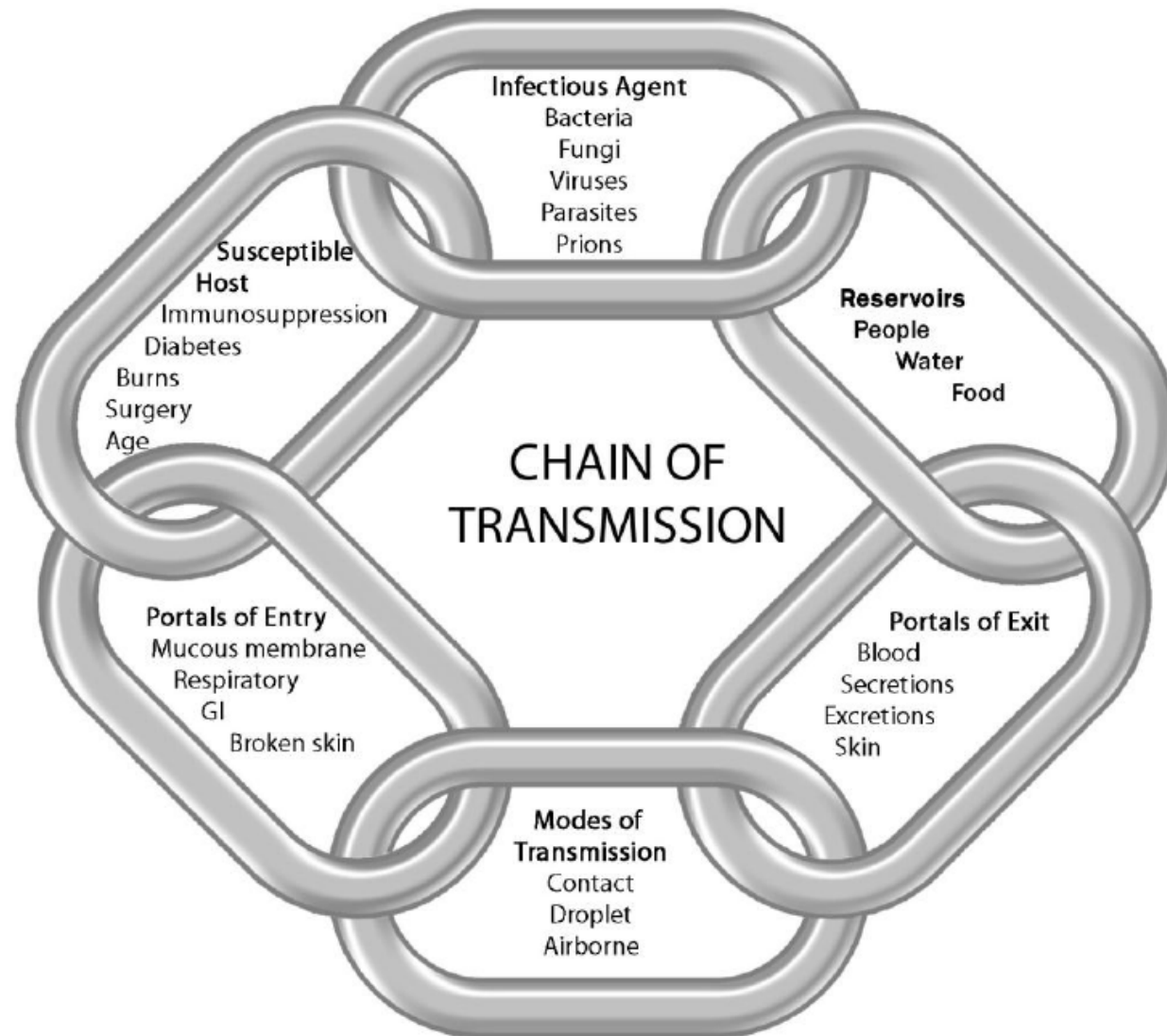
QUICK VIDEO



PREPARING FOR FALL RESPIRATORY SEASON

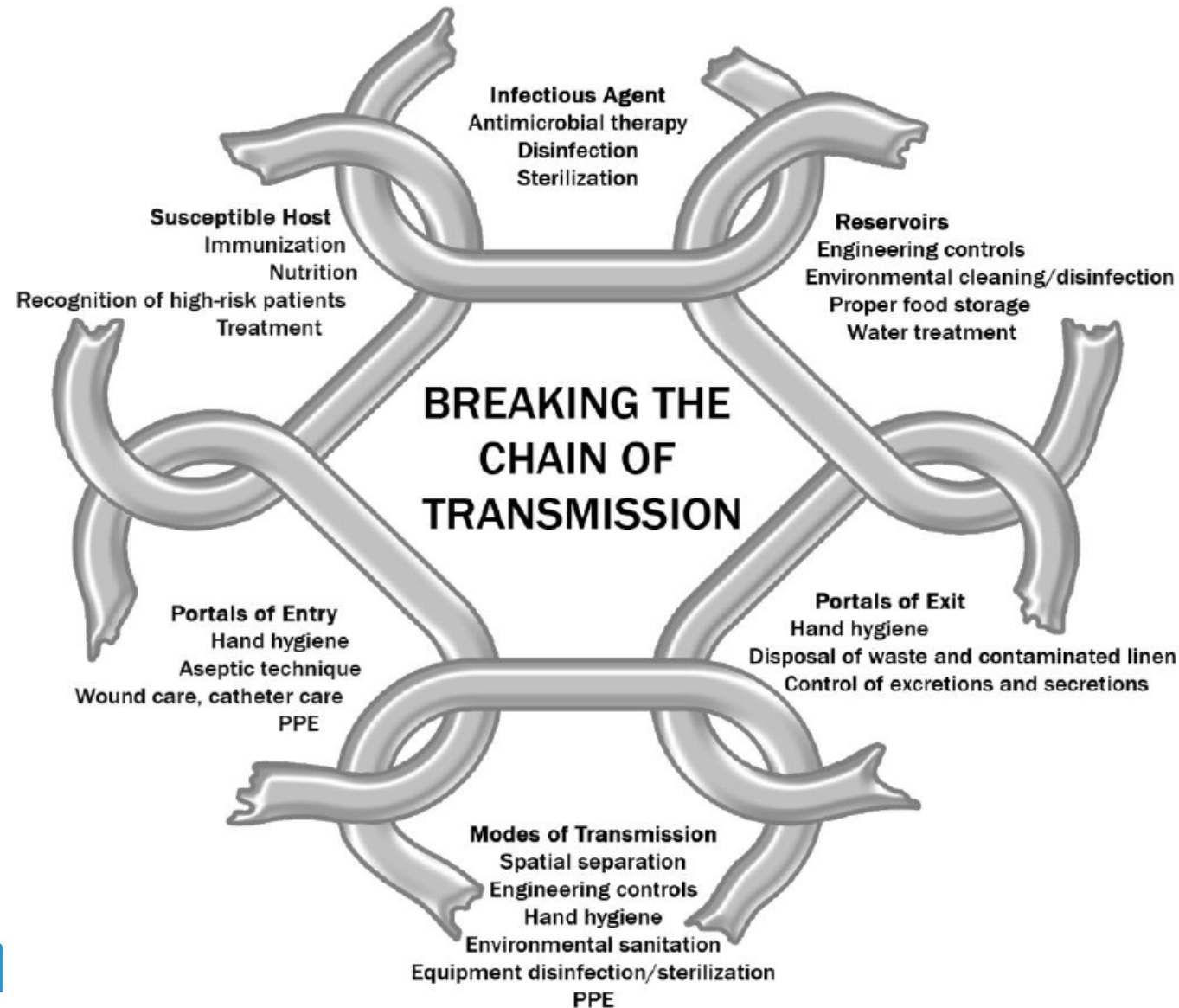
- Respiratory season has historically been November through April and is triggered by the initial detection of Influenza cases.
- Respiratory viruses are a common concern and cause for outbreaks in congregate settings. They can be introduced into the setting by clients/residents, healthcare workers and/or visitors.
- The severity of the influenza season and circulating strains are difficult to predict.
- LTCH/RH/CLS need to have policies and plans in place to prepare for respiratory viruses.

CHAIN OF TRANSMISSION



Explains how infections **spread**.

BREAKING THE CHAIN OF TRANSMISSION



Explains how infections can be prevented.

ROUTINE PRACTICES

Point of Care Risk Assessment

Hand Hygiene

Personal Protective Equipment

Control of the environment

- Placement/Cohorting
- Cleaning
- Engineering controls

Administrative controls

- Policies and Procedures
- Staff Education
- Healthy Workplace Policies
- Respiratory Etiquette
- Monitoring of Compliance with feedback

POINT OF CARE RISK ASSESSMENT (PCRA)

The PCRA is a routine practice that should be conducted by a health care worker prior to **all** client/resident interactions to determine the risk of exposing themselves or others to infectious agents.



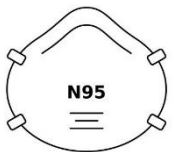
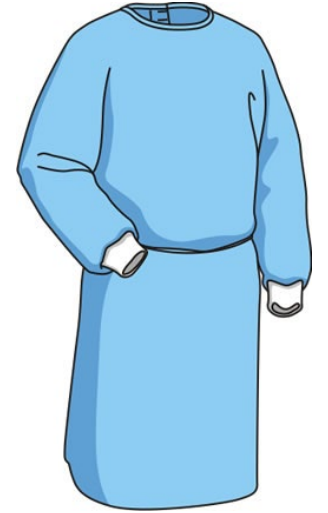
Based on the risk assessment, the health care worker should choose the appropriate protective measures.

Questions to ask yourself:

1. What task am I going to perform?
2. What is the risk of exposure to:
 - Microorganism, or infectious agent?
 - Blood and body fluids including respiratory secretions?
 - Non-intact skin?
 - Mucous membranes?
 - Body tissues?
 - Contaminated equipment?
3. What resources are available to control exposure?
4. How competent or experienced am I in performing this task?
5. Will the client/resident be cooperative while I perform the task?

PERSONAL PROTECTIVE EQUIPMENT (PPE)

- PPE should be easily accessible for staff and visitors.
- There should be a sufficient supply of all PPE (e.g. gloves, masks, N95 respirator, eye protection, gowns).
- PPE should have a valid expiration date.
- Staff should receive education and training on PPE use.
- PPE audits of compliance should be completed with feedback provided as required.



N95 STAFF FIT TESTING

- Staff should be fit tested for a N95 respirator every two years.
- Staff should also be fit tested if:
 - If they change to a new model, manufacturer type/brand, or size.
 - If there are weight changes or facial/dental alterations occur.
- It is important to ensure all staff are up-to-date with fit testing for this upcoming respiratory season.
- Education and reminders to staff on how to perform a seal check upon donning an N95 respirator.



IT'S ABOUT TO GET A LITTLE "HAIRY"

Examples of acceptable facial hairstyles for workers who wear fit tested respirators in their work.

Adapted from:
[Facial hairstyles \(cdc.gov\)](https://www.cdc.gov/eids/content/default.asp?hl=facial_hairstyles&tid=1024)



PPE INVENTORY

- There are tracking tools available that calculate the average personal protective equipment (PPE) consumption rate or “burn rate” for your setting.
- The burn rate is calculated by the number of boxes or units of PPE used per day.

Personal Protective Equipment (PPE) Burn Rate Calculator Excel spreadsheet: provides an estimate of how many days your PPE supply will last based on current inventory levels and the PPE burn rate.

NIOSH PPE Tracker App: mobile application based on the PPE Burn Rate Calculator Excel spreadsheet that is available on both iOS and Android devices.



Source: www.cdc.gov

IMMUNIZATION PROGRAM

- Good news is that we will now have a vaccine for Influenza, COVID-19 and RSV.
- Seasonal influenza immunization for clients/residents and staff is an effective IPAC strategy in preventing respiratory infections.
- Each home should promote and implement accessible vaccination clinics for influenza, COVID-19, and RSV (based on your setting and eligibility).
- An updated record of staff and resident immunizations should be maintained.
- Each home should have policies and procedures related to annual staff and resident immunizations as well as exclusion policy for staff. Immunization policies should be updated and clearly communicated each year.

ADDITIONAL PRECAUTIONS

Droplet/Contact Precautions
(mask, eye protection, gown, gloves)



Droplet/Contact Precautions

Clean Your Hands Often



For more information please contact the Care Team or Infection Prevention and Control

In addition to Routine Practices:

Care Team and Visitors

(when **inside** room)



Wear gown Wear procedure mask and eye protection Wear gloves

Residents

(if necessary to be **outside** room)



Wear procedure mask

Enhanced Droplet/Contact Precautions
(N95, eye protection, gown, gloves)



Enhanced Droplet/Contact Precautions

Clean Your Hands Often



For more information please contact the Care Team or Infection Prevention and Control

In addition to Routine Practices:

Care Team

(when **inside** room)



N95 + Droplet/Contact PPE

Visitors



Check with nursing station before entering room

Residents

(if necessary to be **outside** room)



Wear procedure mask

Aerosol Generating Precautions
(N95, eye protection, gown, gloves)



Aerosol Generating Medical Procedure



Clean Your Hands Often



For more information please contact the Care Team or Infection Prevention and Control

In addition to Routine Practices:

Care Team



Wear fit tested N95 respirator Wear eye protection Wear gloves Wear gown

Visitors



Check with nursing station before entering room

PLACEMENT/COHORTING FOR RESPIRATORY INFECTIONS

For clients/residents who have symptoms of an acute respiratory infection:

- Place client/resident in single room accommodation.
- If single room accommodation is unavailable, the client/resident may be placed in a room with no more than one other resident who must also be placed in isolation under Additional Precautions, and every effort must be made to allow for adequate space (minimum two metres) between beds. For the purposes of isolation, there should not be more than two residents placed per room, regardless of the number of licensed beds in the room.
- If there is a suspicion that the infection is transmitted via the airborne route, the client/resident must be moved into a single room, preferably with negative pressure.
- A mask and instruction on hand hygiene and respiratory etiquette should be provided to the client/resident.
- Symptomatic clients/residents should be assessed as soon as possible.
- In some cases where clients/residents are known to be infected with the same microorganism, cohorting is acceptable.

RESPIRATORY PREPAREDNESS EDUCATION/REFRESHERS

Routine Practices and Additional Precautions including use of PPE

Environmental cleaning/high touch cleaning as per PIDAC best practices

Hand hygiene (four moments of hand hygiene)

Chain of transmission

Respiratory viruses, their transmission, morbidity & mortality including influenza, COVID-19, RSV

Immunizations

Mechanisms to reduce disease transmission (respiratory etiquette, HH)

Respiratory infection outbreak management

Healthy workplace (staff/visitors-stay home if you are sick)

COVID-19

- COVID-19 continues to be a significant concern for transmission and outbreaks in congregate settings.
- The COVID-19 vaccines continue to be successful at preventing severe illness and lowering the rates of transmission.
- It is important to continue to practice public health measure to prevent the spread of COVID-19.

Enhanced
Droplet/Contact

Ontario 

Ministry of Health

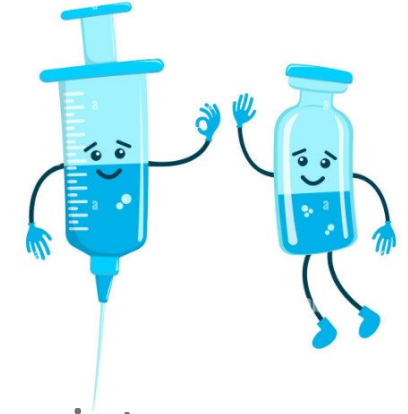
COVID-19 Guidance for Public Health Units: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings

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 mask vs. residents unable to mask).
- Additional recommendations for proactively assessing residents for COVID-19 therapeutics prior to potential infection.

COVID-19 BOOSTER DOSE



As per Ministry of Health

- Effective July 7th 2023, individuals should consider delaying the receipt of a COVID-19 booster dose until the fall. This is to ensure you will meet the expected 6-month recommended interval from your last dose.
- Receiving a booster dose in the fall, heading into respiratory illness season, will maximize protection against COVID-19 outcomes when peak circulation of the virus is expected.

INFLUENZA


- Influenza is contagious. It is spread via direct/indirect contact and by droplets expelled during breathing, talking, sneezing or coughing.
- At least 1 in every 300 adults over the age of 65, and 1 in every 200 children under the age of one are hospitalized due to influenza each year.
- Influenza can be fatal. In Canada, up to 12,200 hospitalizations related to influenza; and approximately 3500 deaths attributable to influenza occur annually.
- Annual influenza immunization greatly reduces the risk of contracting the virus and therefore transmitting it to others.

Droplet/Contact




INFLUENZA VACCINE

The influenza vaccine is safe: it has been administered routinely in Canada since 1946. More than 400 million people worldwide get the flu shot every year (about 15 million in Canada).



The influenza vaccine works: The flu shot does not provide 100% protection. However, with a good match to circulating strains, influenza vaccination prevents illness in 70-90% of healthy children and adults. Additionally, vaccinated people who do still get influenza experience only mild symptoms.



Influenza vaccine is particularly important for pregnant people: Pregnant people who are vaccinated are less likely to have babies who are born prematurely or of low birth weight, and their infants are less likely to get influenza during the first six months of life.

RSV (RESPIRATORY SYNCYTIAL VIRUS)

Droplet/Contact

- Respiratory syncytial virus, or RSV, is a **common respiratory virus that usually causes mild, cold-like symptoms.**
- Most people recover in a week or two, but RSV can be serious, especially for infants and older adults.
- RSV is the most common cause of bronchiolitis (inflammation of the small airways in the lung) and pneumonia (infection of the lungs) in children younger than 1 year of age.
- RSV infection can also lead to exacerbation of other underlying health conditions (ex. COPD, asthma).

OTHER RESPIRATORY VIRUSES

Droplet/Contact

Parainfluenza

Human
Metapneumovirus

Human
Coronavirus

Rhinovirus

Adenovirus

IPAC HUB SUPPORT

The services we offer include:

- On-site education, support and recommendations.
- Help you to interpret and apply the relevant guidance, legislation and best practices.
- **Assistance with Policy and Procedure development, revision and review.**
- Support with training and education for staff and residents.
- Answer any questions you may have.



QUESTIONS?

Please contact your RVH IPAC Hub liaison.

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