

Selecting PPE



Image source: www.islandhealth.ca

POINT OF CARE RISK ASSESSMENT (PCRA)

The only thing more popular than the *Barbie* movie right now is the phrase “point of care risk assessment” or **PCRA**. When working in a high-risk setting, such as a home with congregate living, completing a PCRA is the first step in Routine Practices. The purpose of doing a PCRA is to help identify what steps need to be taken to reduce risk of infection to yourself, the person you support and others in the environment. The updated [COVID-19 guidance document](#) released in June 2023 by Ministry of Health recommends a health care worker (HCW) should always do a PCRA before every interaction with a resident/client, and select the appropriate action and personal protective equipment (PPE) for the task. A PCRA should be performed prior to contact with every resident/client, every time, even if the resident/client has been placed on **Additional Precautions** as more PPE may be required.

Before interacting with a **resident/client**, a HCW should assess:

- If there are any visible signs of illness (frequent coughing or sneezing, fever, diarrhea).
- If additional precautions for infectious agents are in place (droplet, contact, airborne).
- The health status of the resident/client (e.g., if the resident/client is immunocompromised), and
- If the resident/client is able to perform hand hygiene and practice respiratory etiquette effectively, including wearing a mask for source control.

Another component of PCRA is to assess the specific **task** at hand, such as:

- The type of task (direct face-to-face care, prolonged care, proximity to the resident/client).
- The possibility of exposure to blood and bodily fluids (BBF, not to be Ken-fused with a BFF).
- If any additional equipment is required to safely carry out the task (emesis basin, dressings), and
- If the HCW has the proper education and training to perform the task.

The third element of a PCRA is the **environment** of the resident/client. A HCW should consider environmental factors like:

- If there is a risk to/from other individuals (private vs shared room, wandering residents/clients).
- If there is adequate cleaning and disinfection of the environment, and
- If there are potential hazards that may impact the task (physical clutter, ongoing AGMP).

The illustration on the previous page shows selection of appropriate PPE based on the risk and type of exposure before interacting with a resident/client. As before, the recommended PPE to use when providing direct care to a suspect or confirmed case of COVID-19 is gown, gloves, appropriate eye protection (prescription glasses are not valid), and a fit-tested, seal-checked **N95 respirator** or approved equivalent.

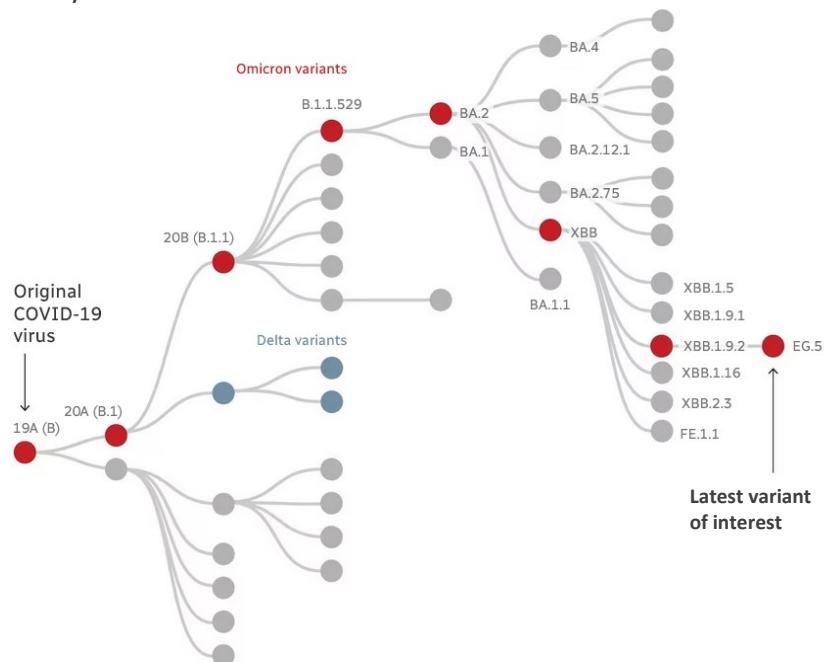
Sources: www.publichealthontario.ca | ipac.vch.ca | pgme.mcmaster.ca | www.islandhealth.ca

WHAT WE KNOW SO FAR ABOUT THE NEW OMICRON SUBVARIANT EG.5

There is a new COVID-19 subvariant circulating in Canada and across the globe named **EG.5**, or informally called Eris (nicknamed after the Greek goddess of strife and discord. Because, why not). EG.5 and its offshoots are rising, and are responsible for more than half of the COVID-19 cases in the country at present. The subvariant has already become the dominant strain in the United States. In their recent risk evaluation, the World Health Organization (WHO) also bumped up EG.5 to a variant of interest (VOI) because of how fast it's spreading around the world.

Meanwhile, another offshoot called **BA.2.86** was recently assigned as a variant under monitoring by WHO because of the unusually high level of mutations detected. This is not surprising because as long as SARS-CoV-2 can infect people and cause new infections, there are opportunities for the virus to **continue to replicate and mutate**. However, only a handful of BA.2.86 cases have been detected around the globe as of yet and none of the cases have a known “epidemiological link” with each other. Current COVID-19 tests are expected to still work for BA.2.86, including antigen-based tests, based on early analyses.

The many mutations of the Omicron variant



Source: Centre for Disease Control and Prevention, Nextstrain (CBC)

Based on the early reports, EG.5 appears to be more transmissible than previous subvariants but there is not much evidence to suggest that it causes more severe illness. With BA.2.86, it is too early to know for sure whether this subvariant will cause new or worse symptoms.

There has been an uptick in the provincial wastewater signal, the number of detected COVID-19 cases, and the percent positivity provincially and across the country since the past few weeks.

So what does this mean for people working and residing in high-risk settings? As before, we should remain vigilant and continue to follow the same preventative and control measures that have proven to work in the past against all the previous Omicron subvariants. The **new monovalent COVID-19 booster dose**, which is expected to be approved by Health Canada sometime in fall, targets the XBB.1 strain and its offshoots. As seen in the graphic on the previous page, EG.5 is also an offshoot of the XBB.1 and the new monovalent booster dose is predicted to be equally effective against it.

Protection from vaccination or previous infection alone is not enough. Other important preventative measures that will help to reduce the risk of transmission include:

- Wearing a well-fitting mask and selection of other appropriate PPE as determined by point of care risk assessment and additional precautions.
- Self-screening for symptoms by staff, visitors, and essential caregivers before visiting a home.
- Placement of HEPA filtration units in common areas, shared office spaces, and dining room at minimum, if available, to improve indoor air quality.
- Adherence to hand hygiene by all individuals working or visiting a home.
- Staying home when sick or experiencing any symptom of a respiratory infection.
- Cleaning and disinfection of all common areas and high-touch surfaces at least once a day and when visibly dirty.
- Ensure all staff are fit-tested for N95 respirators. Re-fitting should be done once in **two** years.
- Continuous education and training of staff in IPAC policies and procedures.
- IPAC audits on compliance with hand hygiene, environmental cleaning, selection of PPE, sequence of PPE donning and doffing to identify any gaps in best practices.

These measures are essential in preventing sickness in the upcoming fall season when a surge in activity of respiratory viruses is expected. None of these control measures in isolation are perfect but together they can significantly reduce the risk of infection and severe illness and keep our vulnerable residents/clients safe.

Sources: www.publichealthontario.ca | health-infobase.canada.ca | www.who.int | www.cbc.ca | www.yalemedicine.org | www.cbsnews.com

THOUGHTS ON THIS MONTH'S NEWSLETTER?



Love it



Good



Meh