# Respiratory Season Preparedness for CLS

October 2023



### **Agenda**

**New for 2023/2024 Respiratory Season** 

**Preparing for Fall Respiratory Season** 

**Guidance Updates** 

**Reporting Requirements** 

**Key Strategies in Managing Respiratory Virus Outbreaks** 

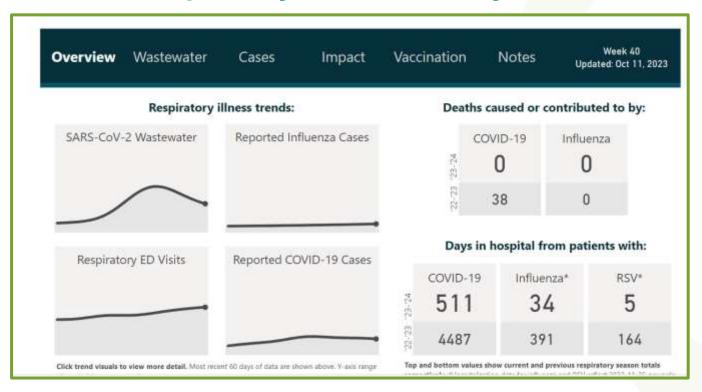
**Helpful Tools and Resources** 

**IPAC Hub Support** 

**Questions and Answers** 

## New for 2023/2024 Respiratory Season

WDGPH's Respiratory Illness Activity Dashboard:



## Preparing for Fall Respiratory Season

#### 1. Plan

- Update outbreak management plans
- Maintain a staffing contingency plan

#### 2. Prepare

- Ensure adequate supply of materials onsitee.g., ABHR, PPE, cleaning and disinfection products, etc.
- It is recommended to have a 2-week minimum supply on-hand

#### 3. Protect

 Educate staff on symptoms that are compatible with a respiratory illness



### **COVID-19 Guidance for CLS**

 On June 26, 2023, the <u>COVID-19 Guidance for Public Health Units: Long-Term</u> <u>Care Homes, Retirement Homes, and Other Congregate Living Settings</u> document was updated to include the following measures:

#### **Summary of Current Recommendations and Actions Masking** Use is based on a point of care risk assessment (PCRA) Masks are required as part of return-to-work protocol following COVID-19 infection Should be considered when providing prolonged, direct care for individuals considered high-risk of severe outcomes **Symptom Checks** The following clients should be assessed once daily for new or worsening symptoms - symptomatic individuals, close contacts, and clients who have tested positive for COVID-19 Return-to-Work Staff can return when their fever is gone, and symptoms have been improving for 24 hours (48 hours if gastrointestinal symptoms), and to continue masking precautions at work until 10 days from symptom onset **Therapeutics** Provide clients with information regarding COVID-19 therapeutics and discuss

treatment option plans with primary physician ahead of time

## **Reporting Requirements**

#### **Contact WDGPH during daytime or after-hours to report:**

#### Suspect COVID-19 outbreak

 1 positive PCR OR rapid molecular test OR rapid antigen test in a client who has reasonably acquired their infection in the setting.

#### Confirmed COVID-19 outbreak

 2 or more clients with a common epidemiological link, each with a positive molecular or rapid antigen test, within a 7-day period where both cases have reasonably acquired their infection in the setting.



#### **DAYTIME (Monday – Friday):**

1-800-265-7293 ext. 4752

#### **AFTER HOURS & WEEKENDS:**

1-877-884-8653

#### Reportable disease

<u>Diseases of Public Health Significance</u>

# **Key Strategies in Managing Respiratory Virus Outbreaks**

#### Monitoring for Illness:

 Ensure staff are aware of <u>symptoms</u> to monitor for- e.g., chills, cough, stuffy nose, decreased energy, sore throat, nausea, etc.

#### • Testing:

- Molecular (PCR) testing is preferred. Familiarize yourself with the closest <u>PCR testing location</u>
- Rapid antigen tests (RATs) can be used if PCR testing cannot be facilitated

#### Client Isolation:

- If COVID-19 positive; isolate for at least 5 days and until the client has no fever and symptoms are improving for 24 hours (48 hours for gastrointestinal symptoms)
- If COVID-19 negative; isolate until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever present

# **Key Strategies in Managing Respiratory Virus Outbreaks**

#### Droplet/Contact Precautions:

 PPE includes eye protection, medical mask/N95 respirator and if providing hands-on care, a gown and gloves should be worn

#### Return-to-Work:

- Staff with COVID-19 or COVID-19 symptoms may return to work once they no longer have a fever and their symptoms have been improving for 24 hours (48 hours if vomiting/diarrhea)
- Upon return to work, staff must wear a well-fitting mask for 10 days from positive test/symptom onset

#### Antiviral Treatment:

- Ensure clients have access to antivirals, such as Paxlovid (if eligible)-COVID-19 antiviral treatment screener
- Paxlovid must be started within 5 days of symptom onset

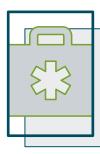
## **Helpful Resources and Tools**

- PHO has developed 2 IPAC checklists:
  - COVID-19 Preparedness and Prevention in Congregate Living Settings
  - Managing COVID-19 Outbreaks in Congregate Living Settings

Hand Hygiene	ABHR onsite within expiry date
PPE	Supplies and ordering, accessible for use, etc.
Signage	Hand hygiene, outbreak declared, <u>COVID-19 signs</u> & symptoms, <u>droplet/contact</u> , <u>respiratory etiquette</u>
Environmental Cleaning & Disinfection	<ul> <li>Appropriate products on hand, enhanced cleaning during outbreaks, MIFU is followed for products, etc.</li> </ul>
IPAC Education	<ul> <li>Point of care risk assessment (PCRA), putting on and taking off PPE, hand hygiene practices, etc.</li> </ul>
Cohorting	Cohorting of clients and/or staff

### Where to Get Immunized

 You can book an appointment for your flu and COVID-19 vaccines in one of the following ways:



Contact your family doctor or health care provider



Contact your local pharmacy



Book an appointment with Public Health

### **Helpful Resources and Tools**

Fact Sheets and Handouts:



### **IPAC Hub Support Available**

#### Who We Are:

The IPAC Hub is a team of professionals with IPAC expertise working collaboratively with you to strengthen IPAC practices within your home

#### **Examples of Training We Provide:**

- Putting on and taking off PPE (donning and doffing)
- Routine Practices and Additional Precautions
- Point of Care Risk Assessment (PCRA)
- Answering IPAC related questions

#### Reach us via email at:

congregatesetting@wdgpublichealth.ca

#### Visit our Website at:

Wellington-Dufferin-Guelph IPAC Hub | WDG Public Health



# Thoughts, Comments and Questions



### References

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