Hamilton

DRAFT Presentation Minutes

Residential Care Facilities (RCF)

COVID-19 EDUCATION SESSION

Public Health Services

Outbreak Location: WEBEX

Date: March 30, 2021
Time: 2:30 pm
Minutes: Elaine Russell-Eakins, Program Secretary
Q&A facilitator: Sandra Frempong, Program Secretary

Presenters/ Partners:	**Heather McCully**, Health Promotion Specialist **(Moderato**r) **Kyle Snooks**, Public Health Services Infection Control **Latchman Nandu**, Public Health Services Infection Control (unable to attend) **Connie DeBenedet**, Public Health Services Outbreak Unit **Jane Loncke**, St. Joseph's Healthcare Hamilton **Kelly O'Halloran**, Hamilton Health Sciences **Rob Mastroianni**, City of Hamilton Housing Services Division **Shari Webb**, City of Hamilton Housing Services Division
Attendees	**SEE ATTACHED LIST**

SLIDE No.		
1	Welcome	Heather welcomed participants and acknowledged the level of interest demonstrated by the number of participants. This session is being recorded and minutes made available at the close of the meeting.
2	Purpose of presentation	To bring together all RCF's and PHS to ensure a collaborative, proactive, preventative and supportive approach to the management of Covid-19 Pandemic.
3	Why we are here	• To bring all who work in RCF's together as we enter the 3rd wave. • To work together to prevent outbreaks, community spread of Covid-19 and the spread of new variants • To meet PHS mandates, learn about the supports available and meet community partners

SLIDE No.		
4	Presenters/ Partners	Heather introduced those Public Health, Community Partners and City of Hamilton Housing Division presenters attending today. Latchman Nandu, Manager Infection Prevention and Control-unable to attend. today.
5	Topics to be covered	Orientation to viruses, reminders of science around infection control, Covid 19 virus and new variants, daily prevention control measures—new norms, outbreak protocols, and a Q&A session at the end. Participants were encouraged to utilize the chat for their questions or write them down until the end of the presentation. In the minutes of today's meeting, resources and links will be provided as a resource.
6	How viruses spread	The cycle of the spread of germs were reviewed. The cycle always starts with a host (people) who has germs or bacteria that can cause infection or illness. This can be passed on (by mouth, nose, eyes, etc.) and transmitted to a new host. The new host may or may not become sick. This then may spread again to another host and so on.
7	Chain of transmission	RCF's have susceptible hosts due to their settings & clients—Immunosuppression, diabetes, age--shared environment—proximity to one another. Portal of exit and modes of transmission—droplets exist and easily move on to another susceptible host.
8	Breaking the Chain	Identify the virus-Covid-19 Cover the reservoir=people Identify how it is spread-droplets Keep hosts strong and healthy while protecting the vulnerable
9	Covid -19 Virus	Droplets—saliva-mucus-spit or snot—spread to a person when talking, breathing, sneezing Person inhales—portal of entry Range of symptoms result from mild to hospitalization to death
10	Covid-19 Symptoms	Most common symptoms reviewed, Connie emphasized the importance of not discounting any mild symptoms that one may experience.
11	The Third Wave in Hamilton	We are in the Pre-Peak of Phase 3 meaning we have not yet peaked. The data from the Period Feb 17 to March 19, 2021 depict the growing number of cases, outbreaks and deaths. It is likely that we will have even more cases and outbreaks before things begin to settle down. The good news is that vaccines have become available, but they are the 3rd line of defence.
12	Covid-19 variants	Covid-19 variants—change into mutated virus which are faster, stronger and making people sicker Testing currently being done for only 3 variants and the vaccine protection is not yet confirmed. Therefore, we need to adjust our practices, increase awareness and heighten measures

SLIDE No.		
		We are testing ever 3-4 days while in outbreak, isolation requirements have changed to include families, staff are restricted from working in alternate locations. This variant requires us to do more education for staff, agency, students and volunteers to ensure extra vigilance Educate all staff, students, agency staff, volunteers in IPAC Support cases & contacts with isolation (isolation fac., community supports, psychosocial supports, delivery supports, job protection, etc.)
13 & 14	Infection control Everyday The New Normal	Kyle emphasized that this **new normal** must implement **24/7** Heightened infection control practices Kyle stressed the importance of the attendees communicating to their staff and clients that we are working and living in high-risk settings. All the time, everyday—not just in outbreak the following must be followed—active screening, distancing, washing hands, use of PPE, cleaning and disinfecting
15	Infection control Everyday Screening and Distancing	All congregate living settings should undertake passive (using signage) and active (asking screening questions) screening for residents, staff and essential visitors. Signage should be posted on every entry door and throughout the congregate living setting to prompt anyone to self-identify if they feel unwell or screen positive for signs and symptoms of COVID-19. All individuals should be actively screened prior to entry. A formal process should be established to ensure rigorous screening activities. Settings may wish to adapt the screening tool found on the MOH's COVID-19 website. Residents, staff and essential visitors should be screened twice daily for COVID19 signs and symptoms. Where operationally feasible, this could include temperature checks. Staff and essential visitors should be screened at the start and end of each shift or visit Staff and essential visitors who do not pass this screening should not be permitted to enter the congregate living setting. • Residents who do not pass this screening should be directed to a designated space where they can self-isolate and wait for arrangements to be made for a clinical assessment. • As part of screening, all residents, staff and essential visitors should be advised that if they start to feel unwell, they should immediately notify a designated individual (either staff or a supervisor). Where possible, new admissions or transfers should be screened over the phone for signs and symptoms of COVID-19 before admission (intake). All residents, staff and essential visitors should be instructed to self-monitor for COVID-19 signs and symptoms and inform staff or their supervisor as soon as they begin to feel unwell. o Staff should monitor residents that are unlikely to recognize or understand the importance of reporting symptoms and those who may not be able to self-monitor such as children and adults with developmental disabilities. • City of Hamilton currently "enhanced precautions" https://www.mcss.gov.on.ca/en/mcss/CongregateCare.aspx Restrict points of entry

SLIDE No.		
15		How to convert existing spaces within the congregate living setting to increase physical distancing by considering: Where appropriate, ways to reduce bed occupancy/number of residents. Converting spaces (e.g., offices) into temporary single bedrooms to support clients who need to self-isolate. In shared bedrooms, space should be increased between beds to at least 2 metres apart. If this is not possible, consider different strategies to keep residents apart (e.g., place beds head to foot or foot to foot, using temporary barriers between beds). o Avoid using bunk beds. o Consider additional measures, such as private rooms or rooms with the fewest number of occupants. o Shared phones should be cleaned between uses or covered with a disposable plastic covering that is removed and thrown out after each use. Activities provided in the congregate living setting should be altered to optimize and maintain physical distancing. This may include: - Postponing or cancelling face-to-face activities. - Facilitating interactions between clients and family/friends through technology (telephone and video). - Staggering meals and/or break times and creating schedules for common areas or shared bathroom facilities. - Ensuring there is adequate spacing between residents/staff while eating (at least 2 metres apart). - Enabling people to access phones, computers, internet, television, video games or other activities in a manner that keeps people at least 2 metres apart and promoting hand hygiene before and after use. - Moving furniture and creating visual cues such as tape on the floor to delineate 2 metre distances. o Planning enhanced in-house/on the property recreation and structured activities that maintain physical distancing. o For settings that are usually closed during the day (e.g., homeless shelters), considering extending hours/offering indoor or outdoor spaces (e.g., backyard, porch) to enable residents to maintain physical distances. This could help limit the time residents spend in the community where they may become infected.
16	Covid-19 Screening	What we are seeing (during inspections): • Staff member not being screened at the start of the day or shift • Visitors are being missed and not screened • Staff are not following the Ministry screening tool • Staff are dismissing mild and atypical symptoms • Staff screening are experience fatigue with repeating the questions • Staff are not properly documenting information on the screening logs
17	Handwashing	Handwashing is the best way to prevent spread to yourself and others Handwashing is the responsibility of all providers of care within the facility

SLIDE No.		
18 & 19	Handwashing and gloves	• Ensure availability of soap at sinks, washrooms (do not use bar soap) • Where water is not available use alcohol-based hand rub (hand sanitizer) • Alcohol-based hand rub is the preferred method of use as it is faster and more effective (alcohol varies from 60-90%--recommend at least 70%. Wipes can also be used if consumption is a concern. • Gloves to be used when in contact with blood, body fluid, mucous, cuts or surfaces that may have virus on them
20	Washing hands	• Use liquid soap and running water at specific sink—when visibly soiled • If no running water use moist towelettes to remove dirt followed by sanitizer
21	Personal Protective Equipment PPE	It is recommended that all staff and essential visitors wear non-medical masks when in the congregate living setting for the duration of their shifts or visits. Residents may also choose to wear non-medical masks, especially in areas where they may not be able to consistently maintain physical distancing (i.e., less than 2 metres from others). Some congregate living settings may choose to encourage mask use by residents while in common spaces. For example, in short stay settings, where resident groups change frequently or where residents are anticipated to have numerous social interactions outside of the congregate living setting. Masks may not be tolerated by everyone based on underlying health, behaviour issues or beliefs
22	PPE	• Gowns (should be tied at the back), eye protection, mask and gloves should be work at all times with clients who are confirmed positive or have symptoms.
23	Putting on and taking off PPE	• St. Joes developed the sequences to following to safely put on and remove PPE • High risk to self-contaminate if PPE not removed when leaving the room and increase spread to others • After each PPE removed hand hygiene ever time What we are seeing: • Staff leaving resident room in contact/droplet precautions and failing to doff PPE • Improper doffing sequence of PPE • Failure to perform hand hygiene during the doffing process • Failure to clean and disinfect re-usable eye protection between residents
24	Cleaning and disinfecting	What we are seeing: • Environmental Cleaning staff unsure of the correct way to clean • Facilities with no checklist, process or documentation for disinfecting high touch surfaces twice daily • Staff unfamiliar with disinfectant products used and their contact time

SLIDE No.		
		• Too many cleaning products and products with high contact times (10 minutes) Clean and disinfect any shared equipment after use with a product that is compatible with the equipment. Paper towels not cloth towels in multi-use rooms Cleaning and Disinfecting - In addition to daily routine cleaning, all high-touch surfaces that are touched and used frequently by residents, staff and essential visitors should be cleaned and disinfected at least twice a day and when visibly dirty (e.g., door handles, kitchen surfaces and small appliances, light switches, elevator buttons, television, remotes, phones, computers, tablets, medicine cabinets, sinks and toilets). - Items that are used by different residents should be thoroughly cleaned between each resident use. • Common areas including bathrooms, should be thoroughly cleaned and disinfected at least twice per day and when visibly dirty - Mattresses should be cleaned and disinfected between residents and clean bedding should be provided to all residents. Bedding should be cleaned on a regular schedule. - Clean towels should be provided to each resident with instructions not to share. Hand towels should be replaced by single use paper towels. - Cleaning should also be extended to the exterior of the congregate living setting if there is a concern that residents may pick up cigarette butts and other debris from the areas outside of the setting. - Vehicles used for transporting residents should be cleaned between uses. For more information and guidance on environmental cleaning, please refer to PHO's on Cleaning and Disinfection for Public Settings.
25	Infection Control Assessments	Proactive IPAC assessments • Public Health along with hospital partners have been completing proactive on-site IPAC assessments Purpose • Improve communications between Public Health and LTCH • To be proactive in our approach to preventing COVID-19 cases and outbreaks in LTCH • To ensure facilities can respond quickly and appropriately to outbreaks • To ensure outbreaks are managed and declared over quickly to avoid having hospitalizations and deaths • To reduce not only the spread of COVID-19 during outbreaks, but to also prevent further recurrence of COVID-19 outbreaks in the future • To address new challenges the facility may be experiencing
26	How an Outbreak is defined	• Connie thanked all for attending and discussed how it is nice to know this information prior to entering an OB • What to expect-identify and define type of outbreak • One case/one client or staff • Congregate setting 1 lab confirmed case

SLIDE No.		
		• A lot of people in RCF settings increases the spread from person to person • Declaring an OB triggers a report to the Ministry • During this Pandemic they are targeting trends, to inform others, our Public Health lab, access to other expertise and support from Partners • Required by law
27	How an Outbreak is declared	• RCF works with PHS—Public Health Nurse who will ask many questions • a review of the epidemiology to determine the source • RCF works with our Team, Medical Officer of Health and they confirm OB—provide best measures t • OB coordinator then assigned—looks for transmission sources • OB Coordinator has daily contact to review status of the cases, help to facilitate testing, help guide you through the outbreak • Case management staff will conduct contact tracing
28	OB declared. Now What?	• At a meeting, put together epidemiology, what measures need to be put in place • Standard calls the review specific information related to roles and responsibilities • IPAC on-site assessment to help reduce spread of infe4ction • Outbreak controls and measures reviewed • Minimizing spread and gain control • No new admissions • City of Hamilton website has all outbreaks • Testing every 3-4 days by a registered staff-In Hamilton EMS available to assist • OB precautions reviewed and Contact Tracing Team reviews the exposure •
29	Outbreak Control Measures	• Self isolation importance to control infections • Distancing and cohorting, testing every 3-4 days, PPE, cleaning & disinfecting • Understanding the pressures within this setting • Cohorting to prevent risk of well residents from getting ill • When we do IPAC inspections--the goal is to prevent risk of outbreak from spreading • Hospital colleagues are skilled at operationalizing “what is needed”
30	Enforcement and Public Health	• Public Health mandates our job which is to help facilities prepare to manage outbreaks • Based on the OPHS, Institutional/Facility Outbreak Management Protocol, 2018 - The board of health shall assist institutions/facilities with outbreak management preparation • PHS reviews laws, guidelines, provides education resources, fact sheets and conduct on-site inspections to show you what is needed • PHS expects increased compliance and outcomes to support this direction

SLIDE No.		
31	Enforcement Tools	• If no improved measures on compliance PHS may issue orders to comply • This is our tool to assist with compliance • May have tickets with monetary fees—does not only apply to RCF's but all other settings (e.g. Long-Term Care, Retirement Homes) • License conditions • Court Proceedings • Enforcement is a tool to push for resolution without conflict • Emphasising again that we are all in this together
32	Supports and Partners	• Main information line and contacts within Public Health Services **Public Health Services** phscovid19@hamilton.ca • 905-974-9848 • Press #1, then #4 for Infection Control • Press #1, then #6 for Outbreak
33 & 34	St Joseph's Healthcare Hamilton	• Jane Loncke, Clinical Director, jloncke@stjoes.ca; 905-979-7836 and Amanda Weatherston, Nurse Manager, aweather@stjoes.ca; 905-979-3701, indicated the number of areas where support and assistance is available (consultation, cleaning products/other supplies, IC support, review of practices, staffing support as needed) • Joanne Dejager able to provide onsite training jdejager@stjosham.on.ca – Joanne's contact info has been added to slide presentation. • Staffing support also available from Kathy Brown-LHIN • Partners also available to join the OB meetings and provide an open door to phone line • **See Slide 34 for those RCF's who receive support from St. Joseph's Healthcare**
35 & 36	Hamilton Health Sciences	• Kelly O'Halloran, ohallk@hhsc.ca and Mary Lou Meyers, Meyers@hhsc.ca and other resources available for inspections, outbreak meetings, on-site visits to support infection control such as training of staff and clients, handwashing, PPE, isolation, placement of clients and physical distancing, cleaning and disinfectants, PPE assessment and access and staffing plans. • **See Slide 36 for those RCF's who receive support from Hamilton Health Sciences**
37 & 38	City of Hamilton Housing Services Division	• Rob Mastroianni, Rob.Mastroianni@hamilton.ca; and Shari Webb indicated they have specialized supports to offer the RCF operators • If there is an issue related to subsidy or operations needs, they can reach out (especially where they do not have financial capacity to make changes—such as cleaning, recreations support to keep clients busy while isolating, security services, staffing—number of hours of work, shifts etc.)

SLIDE No.		
		• Letter to Rob with a list of what is needed and he in turn will seek approval of the EOC (City's Emergency Operations Centre. Next steps would depend on the service being requesting. • Customarily Housing would not participate in outbreaks but be available at other times to provide collaboration and support.
QUESTIONS AND ANSWERS		
39	***Question #1: Nicole Karkey-Niejadlik***	*Related to level 3 masks, shields. If all clients (85%) have been vaccinated, can we decrease the PPE measures?*
	Answer	***Direction would have to come from the Ministry. PPE is a universal measure and does not change at this time***
	Question #2: May Morrison, Operator	*Is there an information package available to her facility specific to congregate settings?* *Also, a note of thanks to PHS/Housing and partners for this session.*
	Answer	***Connie DeBenedet, Outbreak Manager indicated there is a list of links to be included with these minutes. She also indicated she would discuss further with Kyle Snooks/Latchman Nandu to see if we can prepare a signage package. Kyle indicated a specific RCF needs are usually identified during a site visit.*** ***Joanne Dejager, St. Joseph's IPAC indicated a willingness to come into a facility for Hand Hygiene, PPE education. Information included above in minutes.***
	Question #3: Amando Acierto	*With 3 variants being tested do we know how many there are?*
	Answer:	***Connie indicated we do not know as the viruses mutate and grow*** ***Currently it is the B117 variant being tested.*** ***Anticipating from the wild variant (original) to B117 which will become the dominant.*** ***Similar symptoms but more severe illness*** ***Sometimes asymptomatic or mild symptoms*** ***Due to the varied symptoms there is a need to follow-up with even the mildest of symptoms***
	Question #4: Tanya	*With the lockdown and movement into the Grey Zone, what are the enhanced precautions and, do we have key messages to share?*
	Answer	***Stay with what your community leaders are telling you. Essential visitors only, outside visits to a***

SLIDE No.		
		minimum, Covid vaccines. If we begin to get more information, it will be shared. For now, continue to follow IPAC measures as reviewed during this presentation.
39	***Question #5:***	*About Annual Vaccinations—could Covid become something like flu vaccines?*
	Answer	***Do not know at this time.***
40	Thank You	Heather McCully, on behalf of the PHS Team, Partners, St. Joe's and HHS thanked everyone for attending. We had a great turnout with 52 participants. Feedback received before the close of this session was very positive and informative. This would provide a great tool for RCF's management and preparedness of outbreaks. • List of resources and links discussed throughout this session circulated in a follow up email along with the minutes. A big thank you to Heather for organizing, moderating and making this session possible.

PARTICIPANTS

	Name	Location	Other

	Allan Haley	**PHS**	4 Dialed in
	Amanda Weatherston	**St. Joe's**	
	Bryer at Mabuhay rcf		
	Calvin Cain		
	Catherine Duffin	**St. Joe's**	
	Christopher Sison at Mabuhay rcf		
	Clyde Coventry	**St. Joe's**	
	Connie DeBenedet	**PHS**	
	Denese Barrett	**PHS**	
	Elaine Russell-Eakins	**PHS**	
	Fiza		
	Helen Harris	**St. Joe's**	
	Heather McCully	**PHS**	
	Henry Choi		
	J Murrell	**PHS**	
	Jana Cochrane	**HHS**	
	Jane Loncke	**St. Joe's**	
	JoAnne de Jager	**St. Joe's**	
	Judith Vermeer		
	Julieta Zahari		
	Kathy Brown	**LHIN**	
	Kelly Kouretsos		
	Kelly O'Halloran	**HHS**	
	Kyle Snooks	**PHS**	
	Leanne Rose		
	Lisa Owuatuh	**PHS**	
	Lolita Singh		

	M Fellin		
	Main East Rest Home		
	Marianna Johnjules		
	May M		
	Mayvia Morrison		
	Mary Lou Meyers	**HHS**	
	Nicole Desprey	**PHS**	
	Nicole Karki-Niejadlik		
	Nicole Robertson	**PHS**	
	Ovid Whiteman		
	Parvez Rahman	**PHS**	
	pat's Lodging residential care home inc		
	R Lulich		
	Rebecca Taylor	**PHS**	
	Rob Mastroianni	**City Housing**	
	Roxana Cangea	**PHS**	
	Sampaguita L and R - Amando Acierto		
	Sara Almas		
	Sandra Frempong	**PHS**	
	Shamim Ahmad	**PHS**	
	Shari Webb	**City Housing**	
	Sheryl Tablante	**PHS**	
	Stacey		
	Tanya		
	User		

Resources & Links:

City of Hamilton currently “enhanced precautions”
https://www.mcss.gov.on.ca/en/mcss/CongregateCare.aspx

Guidance: *COVID-19 Variant of Concern: Case, Contact and Outbreak Management Interim Guidance*
https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/VOC_guidance.pdf
Increase prevalence testing of negative people in OB every 3 to 4 days.
Restrict staff from working in other locations

Guidance
https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_congregate_living_guidance.pdf

Screening tool signage available (passive screening)
https://covid-19.ontario.ca/screening/worker/
https://www.hamilton.ca/sites/default/files/media/browser/2020-06-04/covid-screening-feb2021.pdf

Signage is available but can be printed off line
Screening tool signage available (passive screening)
https://covid-19.ontario.ca/screening/worker/
https://www.hamilton.ca/sites/default/files/media/browser/2020-06-04/covid-screening-feb2021.pdf

PHO COVID-19 Resource Tool for Congregate Living Setting

COVID-19 Resources for Congregate Settings:

Managing COVID-19 Outbreak in Congregate Setting Checklist

COVID-19 Preparedness and Prevention in Congregate Living Settings

COVID-19 IPAC Fundamentals Training

Fact Sheet or Infographic

- Planning for respiratory virus outbreaks in congregate living settings
- Antiviral Medication Use During an Influenza Outbreak: Congregate Living Settings
- Key features of influenza, SARS-CoV-2 and Other Common Respiratory Viruses
- COVID-19: Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings
- FAQ COVID-19: Congregate Living Settings
- COVID-19: PPE and Non-Medical Masks in Congregate Living Settings
- How to Cohort During an Outbreak of COVID-19
- Cleaning and Disinfection for Public Settings

COVID-19 Guidance: Congregate Living for Vulnerable Populations

Workplaces and Public Places