



YEE HONG

Innovating care is our tradition

**Family Education
Infection Prevention and Control
Review**

Sept 2024



Agenda

- Introduction to Infection Prevention and Control Managers
- Review of IPAC practices
- Outbreak prevention and management
- Respiratory Illnesses
- Seasonal Vaccination

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IPAC Practices- Screening and Routine Practice

1. Self-screen for symptoms of infection before entering the LTC home
進入長期護理中心之前自我篩查感染症狀
2. Stay home if you have signs and symptoms of infection
如果您有感染跡象和症狀，請留在家裡

Elements of Routine Practice 常規操作的要素

- Risk Assessment 風險評估
- Hand Hygiene 手部衛生
- Barrier Equipment 保護設備
- Environmental Controls 環境控制
- Administrative Controls 行政控制

IPAC Practices- Hand Hygiene 手部衛生

How

- Liquid Soap and Running Water
- Hand Sanitizer

When

- **4 Moments of Hand Hygiene** (before initial resident/environment contact, before aseptic procedure, after body fluid exposure, after resident/environment contact)

除了上述需要清潔雙手的時刻外，在醫療保健環境中還有一些重要時刻，傳播風險最大，必須進行手部清潔：**清潔雙手四時刻** (在接觸長者或長者附近的環境前, 無菌操作前, 有接觸到體液的風險後, 在接觸長者或長者附近的環境後)

- Before preparing, handling, serving or eating food 在準備、處理、供應或食用食物之前
- After using the washroom, blowing your nose, etc. 去洗手間後、擤鼻涕後等
- Before putting on and after taking off gloves 戴手套前和脫手套後

For 15 to 30 seconds—steps 1 through 5



1. Wet hands with warm water



2. Apply enough soap to cover entire surface of hands



3. Vigorously rub soap palm to palm



4. Wash back of each hand with palm of other hand



5. Clean your wrists

Don't Forget—steps 6 through 8



6. Space between fingers



7. Thumbs



8. Fingertips



9. Rinse all aspects of hands under running water



10. Pat hands dry with disposable paper towel, then use towel to turn off faucet



11. Dispose of paper towel in waste basket

IPAC Practices-Donning and Doffing PPE

PUTTING ON PERSONAL PROTECTIVE EQUIPMENT

- 1** PERFORM HAND HYGIENE 
- 2** PUT ON GOWN 
- 3** PUT ON MASK OR N95 RESPIRATOR 
- 4** PUT ON EYE PROTECTION 
- 5** PUT ON GLOVES 

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穿戴/脫除
個人防護裝備的步驟

REMOVING PERSONAL PROTECTIVE EQUIPMENT

- 1** REMOVE GLOVES 
- 2** REMOVE GOWN 
- 3** PERFORM HAND HYGIENE 
- 4** REMOVE EYE PROTECTION 
- 5** REMOVE MASK OR N95 RESPIRATOR 
- 6** PERFORM HAND HYGIENE 

IPAC Practice-Additional Precautions 額外的預防措施

- Contact precaution 接觸預防
- Droplet precaution 飛沫預防
- Droplet/Contact precaution 飛沫/接觸預防
- Airborne precaution 空氣預防

Elements of Additional Precaution

- Signage 標牌
- Barrier Equipment 屏障設備
- Dedicated Equipment 專用設備
- Additional Cleaning Measures 額外的清潔措施
- Communication 溝通



Outbreak Detection 疫情侦测

The measures outline below are carried out at all times:

- Active/ Passive screening for everyone entering the Homes.
 - ❖ Passive screening in non-outbreak areas. Signages posted through out facilities.
 - ❖ Active screening in an outbreak area.
- Daily surveillance: symptom assessment of residents, staff and visitors
- If the family or visitors failed the screening due to having symptoms or close contact with individual(s) with COVID-19, please do not visit the home.
- Hand Hygiene
- Masking as required
- PPE (Personal Protective Equipment) as required
- Regular IPAC Audits
- Environmental Cleaning and Disinfection

Attention All
STOP
and
Self-Screening
for signs and symptoms of COVID-19 before shift/visit and during the entire shift/visit.

- Fever (38 degrees Celsius) and/or chills;
- Cough or barking cough (croup);
- Shortness of breath;
- Decrease or loss of smell or taste;
- Muscle aches/joint pain;
- Fatigue; Sore throat; Headache;
- Runny or stuffy/congested nose;
- Nausea, vomiting and/or diarrhea;
- Abdominal pain;
- Conjunctivitis (pink eye);
- Decreased or lack of appetite

AND/ OR

- Have you been told that you should currently be quarantining, isolating or staying at home?
- In the last 10 days, have you tested positive for COVID-19?

If you have any of the above symptoms that are not related to any known conditions that you may have or answered yes to the questions,
DO NOT enter/ **STOP** work/visit

Staff: report to your manager immediately.

Visitors: leave immediately, seek medical advice and follow the direction at [Self-assessment \(ontario.ca\)](https://www.ontario.ca/self-assessment)

A caregiver should **NOT** visit any other home for **10 days** after visiting an individual with a confirmed case of COVID-19 or experiencing COVID-19 symptoms



Outbreak Management 疫情管理

When there is an outbreak, you will be notified by:

- Email
- Signage at entrance



Outbreak Management 疫情管理

During outbreak:

- Affected residents are put on additional precaution
- Contact tracing for all confirmed/suspected cases
- Cohort staff and residents on the affected floor/unit(s)
- Universal masking/N95 when needed on affected floor/unit(s)
- Restrict admissions/re-admissions on affected floor/unit(s)
- Work with local Public Health

Family Members going to the affected units:

- Conduct active screening before entering the affected floor/ unit
- Follow visitation guidelines and PH direction
 - ✓ Restrict general visits. Two essential caregivers per resident are permitted at a time
 - ✓ Wear mask/N95 as instructed for the whole duration of the visit
 - ✓ If visiting ill residents, please follow proper procedures for putting on and removing PPE (Personal Protective equipment).
 - ✓ Remain in the resident's room. Leave directly without visiting other residents.
 - ✓ Do not visit if you are not well

Respiratory Illnesses

Ways respiratory viruses are **SPREAD**

- Respiratory viruses primarily spread at short distances through inhalation or contact with the eyes, nose and mouth
- Transmission can also occur over longer distances by respiratory particles under some circumstances. For example, crowded indoor spaces with poor ventilation
- Respiratory particles can also land on surfaces or objects. They can then contaminate your hands and then your hands transfer viruses to your eyes, nose and mouth.

Ways we can **STOP** the spread of viruses

- Perform Hand Hygiene
- Sneeze on your hands/ sleeves
- Clean and disinfect contaminated surfaces/ items
- Stay away from others if you are experiencing infectious symptoms
- Ensure areas are well ventilated

Respiratory Illnesses

Pneumococcal Disease

- Pneumococcal disease is caused by the pneumococcus bacteria
- It can cause infections in many parts of the body including
 - Lungs (pneumonia)
 - Ears (otitis)
 - Sinuses (sinusitis)
 - Blood (bacteremia)
 - Lining of brain and spinal cord (meningitis)
- Treatment usually involves antibiotics

Respiratory Syncytial Virus RSV 呼吸道合胞病毒

- RSV is a common respiratory virus that is a major cause of lower respiratory illness affecting the lungs and airways, particularly among infants, young children and older adults.
- Symptoms of RSV are similar to those of the cold or flu
- Adults who are 60 years or older are at highest risk, especially adults with:
 - chronic heart disease (i.e., congestive heart failure)
 - chronic lung disease (i.e., asthma, COPD)
 - weakened immune systems
 - living in nursing homes or long-term care facilities
- Treatment typically involves medication to manage fever

Respiratory Illnesses

Influenza

- Influenza, or the “flu”, is a respiratory infection caused by the influenza virus
 - There are two common types of influenza virus: Flu A and Flu B, each having many different subtypes, called strains.
 - People who catch influenza A usually develop more severe symptoms but people with influenza B can get very sick too
- Every year, the influenza virus changes. Scientists update the vaccine every year based on the 3 most common current strains of the influenza virus that are circulating

Covid-19

- COVID-19 is a disease caused by the SARS-CoV-2 virus.
- Viruses are constantly changing, including the virus that causes COVID-19. These changes occur over time and can lead to the emergence of variants that may have new characteristics, including different ways of spreading
- Most people with COVID-19 have mild symptoms, but some people become severely ill

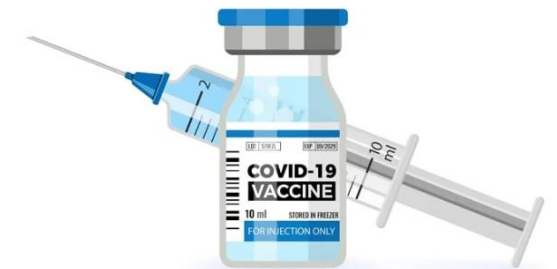
Respiratory Illnesses

Get vaccinated

- Being vaccinated against COVID-19 and influenza helps to protect you from severe disease, including hospitalization and death
- Remember to get all vaccines that are recommended based on age and health status which may include vaccines for influenza, COVID-19, pneumococcal infection, and respiratory syncytial virus (RSV).

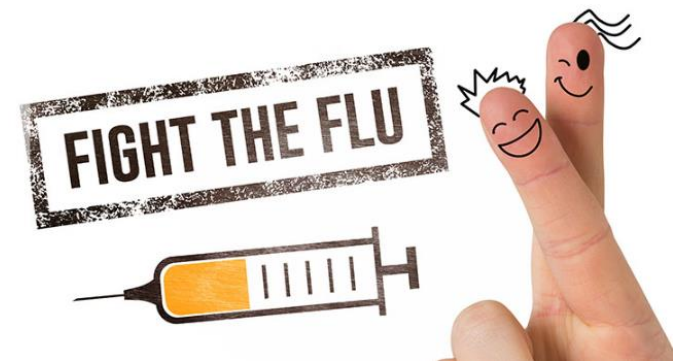
What Vaccines Are Being Recommended For Flu Season?

Name	Type	Protection From	Frequency	Cost	Possible Side Effects
<ul style="list-style-type: none">• (Pfizer) BioNtech Comiranty,• (Moderna) Spikevax	COVID vaccine 冠状病毒病疫苗	COVID-19 virus	Every 6 months from last dose or COVID infection	Publicly-funded	At injection site - Soreness, redness, swelling General symptoms - Chills, fatigue, joint pain, headache, mild fever, muscle aches



What Vaccines Are Being Recommended For Flu Season?

Name	Type	Protection From	Frequency	Cost	Possible Side Effects
<ul style="list-style-type: none">• Fluzone• FluLaval Tetra	<p>Influenza vaccine</p> <p>流感疫苗</p>	Influenza Virus	Annually	Publicly-funded	<p>At injection site:</p> <ul style="list-style-type: none">- Soreness, redness, swelling <p>General symptoms:</p> <ul style="list-style-type: none">- Headache, fever, muscle aches, joint pain, fatigue



What Vaccines Are Being Recommended For Flu Season?

Name	Type	Protection From	Frequency	Cost	Possible Side Effects
<ul style="list-style-type: none"> • Arexvy (GSK) • Abrysvo (Pfizer) 	RSV vaccine (呼吸道合胞病毒) 疫苗	Respiratory Syncytial Virus (RSV)	Currently, only a single dose is recommended by Health Canada and NACI. Ongoing studies will determine how long the protection lasts with a single dose of vaccine. (Ministry of Health, Aug 14, 2024)	Free for residents \geq age 60 and living in LTCH	At injection site: <ul style="list-style-type: none"> - Soreness, redness, swelling General symptoms: <ul style="list-style-type: none"> - Headache, fever, muscle aches, joint pain, fatigue, nausea, diarrhea



What Vaccines Are Being Recommended For Flu Season?

Name	Type	Protection From	Frequency	Cost	Possible Side Effects
<ul style="list-style-type: none"> • Pneumococcal (Pneu-C-20) • Pnevna 15 (Pneu-C-15) • Pneumovax 23 (Pneu-P-23) 	Pneumococcal vaccine 肺炎球菌疫苗	Invasive pneumococcal disease (IPD)	One -dose recommended after the age 65 or at high-risk between ages 5-64	Free for adults \geq age 65 and have not received Pneu-P-23 (Pneumovax 23) Free for individuals aged 5-64 at High Risk	At injection site: - Soreness, redness, swelling General symptoms: - Headache, fever, muscle aches, joint pain, fatigue, loss of appetite



Possible Contraindications and Precautions of Vaccines

While in most cases, vaccines are safe to administer to eligible individuals, there are some considerations to keep in mind.

Vaccines are not to be administered if:

- Individuals with history of severe allergic reaction (anaphylaxis) to any of the vaccine ingredients, including non-medicinal ingredients or any materials found in the vaccine's packaging.
- Individuals with severe acute illness with or without a fever should wait until symptoms have subsided before being vaccinated or consult with the attending physician.
- Individuals who have had a transplant (solid organ or stem cell) – recommended to wait 3-6 months post-transplant to receive the vaccine or under the discretion of the attending physician.

Thank You For Attending!

Questions?
