

Infection Prevention and Control Practices

- The Chain of Transmission – breaking the chain
- Utilize routine practices
 - Follow the **4 Moments for Hand Hygiene**
 - Assess risk for appropriate use of PPE
 - Follow proper donning and doffing practices



ABHR



Gown



Mask &
Face Shield



Gloves

Useful Links to Support Effective IPAC Practices

General Infection Control Practices Information:

- [Health Unit Haldimand-Norfolk IPAC Manual](#)
- [Infection Prevention and Control Canada National Standard](#)

Personal Protective Equipment (PPE) Use

- [Donning and Doffing PPE Video from Sunnybrook Hospital](#)
 - Note: This video uses an N95 Mask, which may differ depending on the practice
- [Doffing PPE Video from Public Health Ontario](#)
- [Donning PPE Poster - Public Services Health and Safety Association](#)
- [Doffing PPE Poster - Public Services Health and Safety Association](#)

Obtaining PPE for your Home



Ontario Health West

- A **NEW** process and ordering system to consistently address urgent requests for PPE across the West Region has been launched.
- An online order form for urgent PPE requests can be found [HERE](#)



- Advance Care Planning and Goals of Care E-Learning Modules Re-Launch
- Access registration: [HERE](#)

Care Team Role in Avoiding ED Transfers

- Respiratory infections can be more easily transmitted in an institutional environment, information on COVID-19 suggests that **older adults with underlying health conditions are at an increased risk of severe outcomes** including death
- Ongoing conversations with residents and/or SDMs around changes in condition and specific emphasis on reviewing **goals of care** (Especially during COVID-19)
- Education to residents and/or SDMs around COVID-19 and risks associated with hospital transfer and options for care in the home
- Early recognition of signs and symptoms by **ALL** disciplines
- Early assessment and intervention by nursing staff including consulting with MD/NP (*Using SBAR format*)
- Nursing staff to consult with MD/NP prior to considering ED transfer (unless life/limb threatening) for guidance and/or direction
- Ensure care delivery aligns with resident's goals/wishes
- Availability of MD/NP for support including remote/virtual support and on/call after hours coverage
- Communicate with on/call group importance of ED avoidance & current strategies in place to support
- MD/NP to consult specialists as appropriate, prior to ED transfer to ensure avoidable transfers occurs

Staff Supports During COVID-19 Pandemic



ONTARIO
CLRI
Centres for Learning,
Research & Innovation
in Long-Term Care

Offers staff mental health support, resources for resident' well-being, staffing supports and more!
Access the link: [HERE](#)



Canadian Mental
Health Association
Mental health for all

Waterloo Wellington

HERE4HEALTHCARE:

A resource for front-line workers during COVID-19

Access the link [HERE](#)



Supporting Effective Access to ED MD Consultation during COVID-19

Proactive Care Planning

- Identification of residents at risk for acute and chronic illness exacerbations
- Early identification of signs/symptoms of COVID-19 illness
- Review goals of care and wishes with capable resident or SDM(s) if resident incapable & document the outcome of your discussion [Conversation Guide](#)

Change of Condition triggering a Nursing Assessment

- Communicate Nursing Assessment using [SBAR](#) with MD/NP
- Review documented goals of care discussion(s)
- Consider options for care and treatment in the community setting
- MD/NP to consult with capable resident/ SDM(s) if resident incapable to discuss all options for care

MD/NP Care Planning and Health Care Consent with Capable Resident/ Incapable Resident's SDM(s)

- Review options to treat in the home setting, risks/benefits of same and anticipated outcomes
- Discuss alternative options or settings for care (i.e. mobile x-ray, outpatient clinics etc.)
- [Consider major surge triage status in COVID-19 pandemic](#)
- MD/NP to consult with capable resident/SDM(s) if resident incapable to discuss all options for care including need for isolation for 14 days after ED transfer

Plan for Treatment in the Community Setting

- Obtain informed consent for plan of treatment from capable resident or incapable resident's SDM(s)
- Obtain medical orders
- Obtain pain & symptom management/EOL orders
- Consult with NLOT & HPC Teams prn
- Ongoing communication with capable resident/or incapable residents SDM(s)
- Follow up with MD/NP prn

MD/NP Considering ED Transfer or Resident/ SDM still requesting ED Transfer

- Consider the following options prior to direct transfer through a Shared Care Model Approach for consultation/second opinion:
 - consult around goals of care & proposed clinical management with capable resident/incapable resident's SDM(s)
 - e-Consult
 - Direct clinical consultation with specialist (i.e. respirology, internal/geriatric medicine, geriatric psychiatry)

When to access the ED MD

- Identified need for ED transfer
- Suspected injury or fracture # (ED MD can support transfer to alternative location of care if required)
- Request for consultation from ED MD & discussion with resident and or SDM around goals of care & proposed clinical management

Call ED for Consultation in Emergency Medicine & Ensure Assessment & "Clinical Ask" is Communicated



Possible COVID-19 Symptoms to Report

Observe for any of these symptoms and report **IMMEDIATELY** to registered staff

'Classic' COVID-19 Symptoms in Older Persons

**Classic COVID symptoms may be absent in older persons*

- **Fever** (Temperature of 37.8°C or greater); OR
- **Any new/worsening acute respiratory illness symptom(s):**
 - cough
 - new or increased of shortness of breath (witnessed or resident reports)
 - sore throat, runny nose or sneezing
 - nasal congestion
 - hoarse voice
 - difficulty swallowing



Atypical Signs/ Symptoms of COVID-19 in Older Persons

- Unexplained fatigue, weakness/malaise
- Delirium (increase of confusion from baseline and inattention)
- Falls (dizziness, change in gait and balance)
- Acute functional decline (unable to do the ADLs they could previously do)
- Exacerbation of chronic conditions
- Digestive symptoms, including anorexia, nausea/vomiting, diarrhea, abdominal pain
- Conjunctivitis (increased redness in the whites of the eyes)
- Chills
- Increase sputum production, blood stained mucus
- Chest pain and/or Increased heart rate
- Headaches
- Croup like cough (barking cough, vibrating noise when breathing)
- Decrease in blood pressure
- Unexplained hypoxia (even if mild i.e. O2 sat <90%)

Reference:

[Ontario Ministry of Health COVID-19 Provincial Testing Guidance Update April 8, 2020](#)
[University of Calgary and University of Toronto COVID-19 in Older Adults Revised April 2, 2020](#)
 April 13, 2020



RGP

Baycrest

- Guidance for supporting clients who wander and require physical isolation
- Access the guideline [HERE](#)

Mental Health and Psychosocial Support for Persons with Dementia during the Outbreak of COVID-19

KEY MESSAGES

These key messages address:

- The impact of COVID-19 on Persons with Dementia
 - In Hospital
 - At home
 - In Assisted Living Facilities
- The impact of COVID-19 on caregivers (Family and Professional)
- How to help Persons with Dementia and Caregivers

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