Infection Prevention & Control in Long Term Care

June 17, 2020

★ KEEP ★ A SAFE ★ DISTANCE ★



Centre des sciences de la santé de Kingston



What is physical distancing?

- Physical distancing and good hygiene/cough etiquette are our most important tools to prevent the spread of COVID-19 while taking breaks in shared spaces
- Physical distancing involves:
 - Taking steps to limit the number of staff you come into close contact with
 - Keeping your distance from one another and limiting group activities as much as possible



Tips for staff break rooms

- Ensure alcohol based hand rub is accessible
- Make sure staff clean table surfaces before eating
- Dish-drying racks and cloth towels should not be shared
- Separate belongings and prevent crowded areas of shoes, clothes or toiletries
- **DO NOT allow** shared food remove any shared food or condiments (e.g., ketchup, salt and pepper etc.)
- Post corporate signage to ensure proper practices of sharing a common space



When in shared break rooms, please remember to:

Maintain physical distance

Stay at least 2 meters (or 6 feet) away from other people whenever possible.

Minimize group gatherings

- Limit # of staff in break rooms
- Optimize break room seating for good physical distancing.



Cleaning/disinfecting tips

- Ensure hand sanitizer and disinfectant wipes/gloves accessible.
- Clean/disinfect table surfaces before and after eating.
- Do not share dish-drying racks or cloth dish towels.
- Remove shared food, condiments.

Clean your hands often

- Wash your hands with soap and water before and after spending time in common area.
- Use an alcohol-based hand sanitizer if your hands are not visibly soiled.



Avoid touching garbage bins

 Do not touch edges of garbage bins.
Keep common spaces decluttered to make it easier for Environmental Services to clean/disnfect.



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Resident Admissions/Re-admissions

- All new residents must be placed in "selfisolation" upon admission to the home for 14 days from arrival
- This means using Droplet and Contact Precautions
 - Test all new residents within 14 days of arrival
 - Must remain in isolation until 14 days of arrival
 - Patients transferred from hospital to LTC/RH must be tested prior to transfer



Identifying Cases – Increase Testing of Symptomatic

- Low threshold for testing (twice daily review):
 - Fever (37.8C or greater); OR
 - Typical presentation: Any new/worsening acute respiratory illness symptom (e.g., cough, shortness of breath, sore throat, runny nose or sneezing, nasal congestion, hoarse voice), difficulty swallowing, new olfactory or taste disorder(s), nausea/vomiting, diarrhea, abdominal pain OR
 - Clinical or radiological evidence of pneumonia
 - Atypical presentations



Outbreak

- Single confirmed COVID-19 case (resident or staff)
- Testing after confirmed positive result
 - Test all symptomatic residents (and deceased if not tested)
 - Test all asymptomatic resident in adjacent rooms
 - Test all symptomatic staff/essential visitors
 - Test all staff/essential visitors in the outbreak area



Close Contact

- Any other contacts deemed appropriate for testing based on a risk assessment by local public health
 - Applies to those who were in area when the case was deemed "communicable" – 48 hours prior to symptom onset or 48 hours prior to swab collection if never symptomatic at time of testing (absence of PPE)
 - A negative result from an asymptomatic individual exposed in the outbreak does not rule out potential to still develop COVID-19



Quality Assurance

- Review procedures for putting on and taking off PPE
 - (to avoid self contamination)







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Use of PPE: Gloves²

- Avoid inappropriate glove use:
 - Double gloving
 - ☑ Using alcohol-based hand rub on gloves
 - Re-using gloves
 - ☑ Wearing gloves in hallways, outside of care areas
 - Not changing gloves between residents when care is provided
- Gloves are not a substitute for hand hygiene.



Wearing a cloth mask or face covering

