



COVID-19 in Congregate living Centres

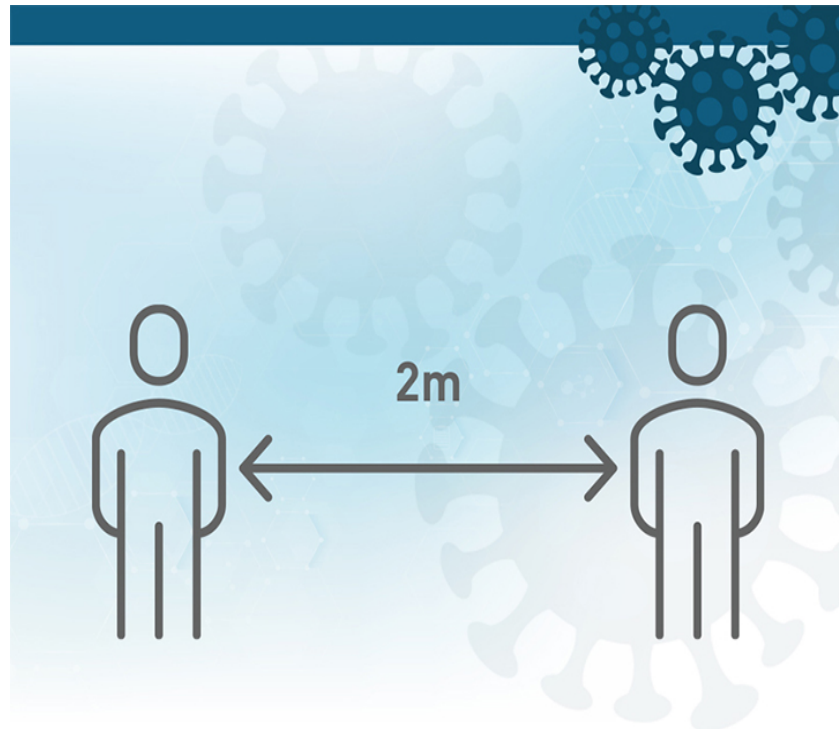
IPAC PRINCIPLES FOR PREVENTION AND MANAGEMENT OF CASES

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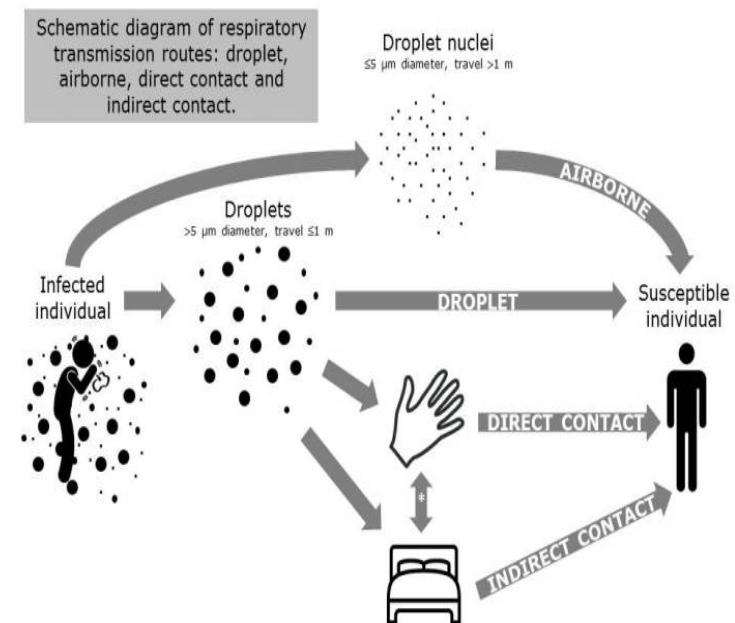
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COVID-19 Spread via droplets and contact

- Close contact within 2m



- Droplets land on surface and can live hours to days



Symptoms

Common Symptoms

- ▶ Fever (37.8 or greater)
- ▶ New or worsening cough
- ▶ Shortness of Breath

Other Symptoms

- ▶ Sore throat
- ▶ Difficulty swallowing
- ▶ New olfactory or taste disorders
- ▶ Nausea/vomiting, diarrhea, abdominal pain
- ▶ Runny nose/nasal congestion (in the absence of underlying reason such as allergies)

Atypical Symptoms

- ▶ Unexplained fatigue/malaise
- ▶ Delirium (acutely altered mental status and inattention)
- ▶ Unexplained or increased number of falls
- ▶ Acute functional decline
- ▶ Exacerbation of chronic conditions
- ▶ Headaches
- ▶ Croup
- ▶ Conjunctivitis (pink eye)

COVID-19 Infectious Stage

- ▶ Infectious period **begins 48h prior** to symptom onset
- ▶ Continues through to at least 9 days following onset possibly longer
- ▶ Asymptomatic spread is possible

Spread in Congregate Care Setting

From Community

staff, visitors,
volunteers,
residents returning
from community
outings

Shared spaces

close contact +high
touch areas
washrooms, shared
sleeping areas,
shared eating
spaces

Resident factors

cognitive or
behavioural
disturbances may
contribute to
challenges with
adherence to
infection prevention
strategies

IPAC Principle Hierarchy of Hazards

Elimination and Substitution

- unfortunately not applicable in case of this infectious agent

Engineering and Systems Control Measures

- eg *rigid barriers* for screening at point of entry, *alcohol based hand rub* at point of entry, designated *clean and dirty areas* for donning and doffing of ppe, laundry

Hierarchy of Hazards cont'd

Administrative Control Measure

- procedures, resources, education and training
- Active screening, passive screening (signage) and restricted visitor policies, policies regarding restricting entrances, cohorting of residents and designated centres for screening or treating patients.

Personal Protective Equipment

- last tier in the hierarchy and should not be relied on as a stand-alone primary prevention program includes gloves, gowns, masks and eye protection

IPAC principles

- ▶ Screening Passive (signage) and Active(questionnaires)
- ▶ Hand Hygiene – washing with soap and water or alcohol based hand rub
- ▶ Respiratory Etiquette – covering coughs and sneezes
- ▶ Cleaning and disinfecting
- ▶ Separation of residents cohorting sick from well
- ▶ Proper use of PPE

Take Home

- ▶ Mostly mild illness but novel virus = all are susceptible will continue to spread, up to 20 % will have a more serious course
- ▶ Hand hygiene cannot be emphasized enough
- ▶ We are all in this together – let's keep talking



Let's move to Q&A

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