

Infection Prevention & Control

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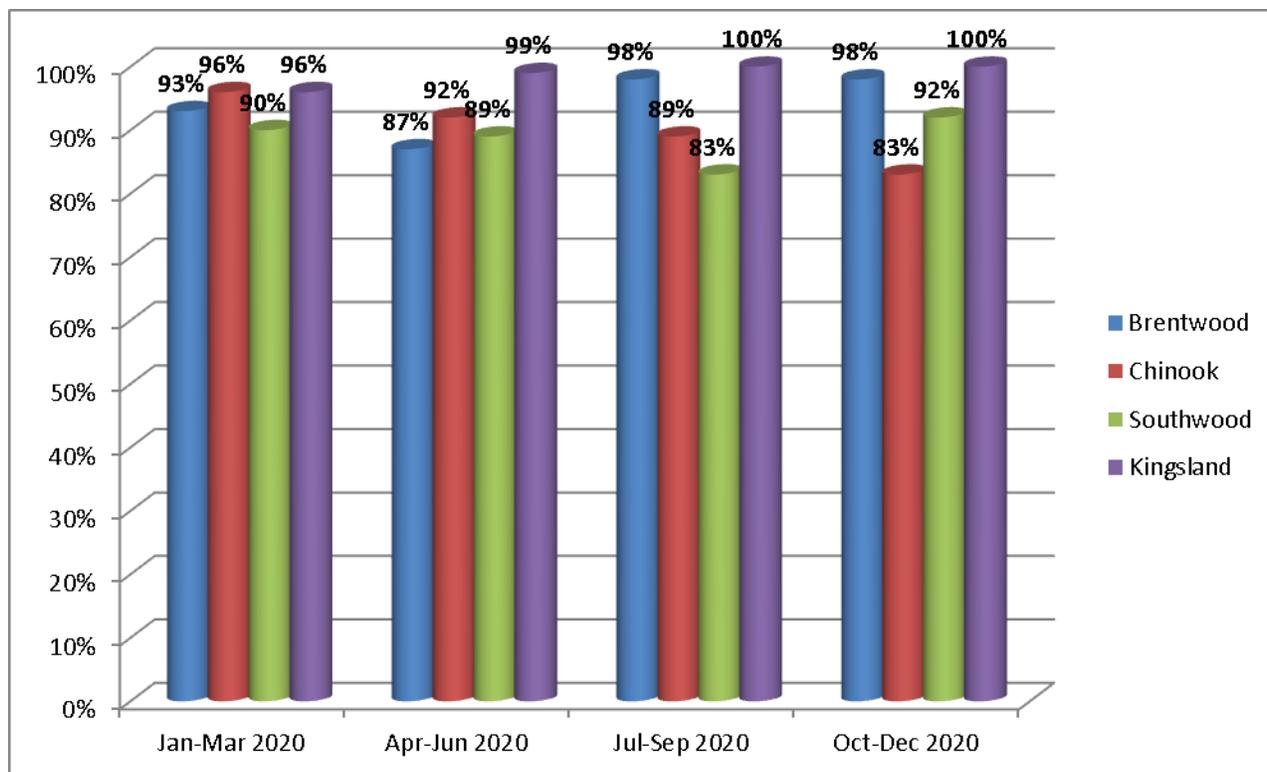
Infection Prevention and Control (IP&C) measures are woven into and play a vital role in daily facility operations at each of our Intercare care homes. The measures taken at our care homes each and every day include numerous different components, all of which are based on well-established national and provincial regulations, policies, guidelines and procedures. Some important examples include:

- ◆ **Routine Practices:** These are IP&C practices that we routinely use to help reduce the risk of infections being spread within our care homes between: residents/patients <—> residents/patients; residents/patients <—> staff; staff <—> staff; and amongst visitors to our care homes. **Routine practices** include the following important steps:
 - Hand Hygiene;
 - Respiratory Etiquette;
 - Use of Personal Protective Equipment (PPE);
 - Cleaning and Disinfection;
 - Use and Disposal of Equipment;
 - Waste Management; and
 - Staff Assignments or Cohorts
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- ◆ **Immunization:** This includes the administration of an **annual Influenza Vaccination** to all residents and staff; the administration of the **Pneumococcal Vaccination** to residents to prevent or reduce the severity of illness caused by streptococcus pneumonia or pneumococcal disease; and, most recently, the administration of the **COVID-19 Vaccination** upon availability and direction by Alberta Health Services (AHS).
 - ◆ **Quality Improvement (QI):** These are review processes that are used to monitor/identify trends in the rate and/or risk of infection and to then address identified areas of potential improvement in healthcare service delivery and safety.
 - ◆ **Quality Assurance (QA):** These are regular reviews (Audits) that include, for example, proper Hand Hygiene and use of PPE; audit results are used to identify areas of compliance and non-compliance, as well as to identify trends and opportunities for learning and improvement.
 - ◆ **Outbreak Management:** These protocols are used during an outbreak situation to: **limit** further transmission of infectious disease; **identify and implement** measures that limit the spread of existing outbreaks; and **prevent** future outbreaks from occurring.
 - ◆ **Isolation Precautions:** These are special precautions that are implemented when Routine Practices are not sufficient enough to prevent the spread of infectious agents. Under such circumstances, the implementation of **isolation precautions** may be necessary for enhanced safety purposes and a reduction in spread of infection.
 - ◆ **Infection Types:**
 - **Antibiotic Resistant Organism (ARO):** An ARO is an microorganism that has developed resistance to the action of one or more antibiotics. Examples of microorganisms in this group include, but are not limited to: Methicillin Resistant Staphylococcus Aureus (MRSA), Vancomycin Resistant Enterococci (VRE) and Extended Spectrum Beta-lactamase (ESBL).
 - **Colonization:** The presence of germs (bacteria) that may be in or on the body, but where the individual does not present with signs of illness or infection.
 - **Infection:** The presence of germs (microorganisms) that may be in or on the body that cause signs of illness or infection, e.g. localized pain/tenderness, redness, warmth, swelling, pus, fever, pneumonia.
 - **Infectious Disease:** Disease due to organisms ranging in size from viruses to parasitic worms; it may be contagious in origin, result from nosocomial organisms, or be due to endogenous microflora from the nose and throat, skin, or bowel. (for example: C. Diff, Hepatitis, HIV, Influenza, TB, Covid 19).

Hand Hygiene Audit Results (2020)

Our hands are the main pathways of germ transmission during the delivery of care. Hand hygiene is, therefore, the **most important measure** that can help us avoid the transmission of harmful germs and prevent the spread of health care-associated infections. To monitor this, all Intercare sites complete **Hand Hygiene** audits every month. The comprehensive auditing process includes all staff in all departments.

Results of our Hand Hygiene audits completed in 2020 are noted below.



WASH YOUR HANDS



Understanding Outbreaks and Outbreak Measures

During an Outbreak there are a number of important measures that are routinely put into place and understanding them, as a non-healthcare worker, can sometimes be very confusing. To help make these measures easier to understand, a list of some commonly used “*Outbreak Language*” is briefly explained below:

Person Protective Equipment (PPE):

- ◆ **Full PPE (or Contact Droplet Precautions)** means the wearing of a mask, face shield, gown and gloves during the provision of resident care.
- ◆ **Regular PPE** means the wearing of a mask and eyewear protection (i.e. face shield or goggles) during the provision of resident care.
- ◆ **Eyewear protection** being used at Intercare during the COVID-19 Pandemic includes:
 - ◇ **Goggles** are worn by staff that only care for a **small group** of residents, such as day and evening Health Care Aides (HCAs).
 - ◇ **Face Shields** are worn by staff that care for **larger groups** of residents such as night HCAs and Nurses.

Types of Isolation:

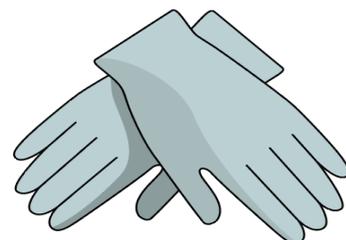
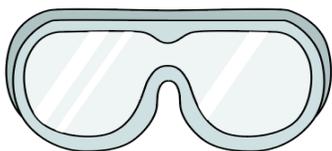
- ◆ **Contact and Droplet Isolation:** For precautionary measures or actual infection / due to symptoms, residents who have been placed on this type of **isolation** are confined to their rooms and all staff who are providing them with care and services must wear **Full PPE**.
- ◆ **Quarantine:** For precautionary measures only (based on potential exposure and/or a unit outbreak) residents who are under **quarantine** are confined to their rooms and all staff who are providing them with care and services must wear **Regular PPE**.

Types and Duration of COVID-19 Outbreaks:

- ◆ **Resident Covid-19 Positive:** Covid-19 Outbreak is ‘cleared’ twenty-eight (28) days from the resident’s positive swab date, provided no other staff or residents have exhibited COVID-19 symptoms or have tested positive for COVID-19.
- ◆ **Staff Covid-19 Positive:** Covid-19 Outbreak is ‘cleared’ fifteen (15) days from the last day the staff member was on site, provided no other staff or residents have exhibited COVID-19 symptoms or have tested positive for COVID-19.

Staffing:

- ◆ **Cohorted Staff:** During an outbreak all clinical, housekeeping and food services are **cohorted** which requires that they remain on their assigned unit throughout their shift. **Cohorted staff** are required to take their breaks on the unit and only leave the unit at the end of their shift to go home; when the cohorted staff leave their unit, they are required to exit the facility using the most direct route.



COVID-19 versus Influenza

Symptoms:

- ◆ Both illnesses can cause fever, cough, body aches and sometimes vomiting and diarrhea (especially in children).
- ◆ Both can result in pneumonia.
- ◆ Both Influenza (the 'flu') and COVID-19 can be mild or severe, or even fatal in rare cases.
- ◆ COVID-19: Many people infected with the coronavirus do not feel sick or have any symptoms at all, but they can still transmit the coronavirus to other people.
- ◆ Unlike the flu, COVID-19 can sometimes cause a person to suddenly lose their sense of smell ('anosmia') or taste ('ageusia').

Spread:

- ◆ Both the flu and COVID-19 spread in similar ways. Droplets or smaller virus particles from a sick person can transmit the virus to other people nearby. The smallest particles may linger in the air, and another person can inhale them and become infected.
- ◆ People can also touch a surface with viruses on it and then transfer the germs to themselves by touching their face.
- ◆ People infected with the coronavirus or the flu may not realize they are sick for several days, and during that time can unknowingly spread the disease to others before they even feel sick.

Treatment:

- ◆ **COVID-19:** Antiviral medications and other therapies are being tested to see if they can effectively address symptoms and shorten the duration of the illness. Currently, effective treatments are only available in an intravenous form, so they are not prescribed to patients outside of a hospital setting.
- ◆ **Flu:** Oral antiviral medications can address symptoms and sometimes shorten the duration of the illness. Because they are given by mouth, these antiviral therapies can be prescribed for patients who are not hospitalized as well as for those in the hospital.
- ◆ Both are treated by addressing symptoms, such as reducing fever. Severe cases may require hospitalization and very ill patients may need a ventilator (a special machine that helps them breathe).

Prevention:

- ◆ Both can be prevented by mask-wearing, frequent and thorough hand washing, coughing into the crook of your elbow, staying home when sick and limiting contact with people who are infected.
- ◆ Physical distancing also limits the spread of COVID-19 in communities.

Cause:

- ◆ **COVID-19:** Caused by the *novel 2019 Coronavirus*, also known as *SARS-CoV-2*.
- ◆ **Flu:** Caused by any of several different types and strains of influenza viruses. Different strains of influenza circulate each year.

Vaccination (Immunization):

- ◆ **COVID-19:** *Pfizer* and *Moderna* have both developed vaccines that have been approved by *Health Canada* for use in Canada. The vaccination of healthcare providers commenced in December 2020 and will continue throughout 2021 until all Canadians have been offered the vaccination.
- ◆ **Flu:** A flu vaccine is available annually and is effective in preventing and safeguarding people from some of the most dangerous types, including reducing the severity and/or duration of the flu. It is very important for everyone to ensure that they get vaccinated annually for the flu.