

Lambton Public Health Q&A

- 1. If someone we support needs to be isolated can we move them to the empty day program site?**

At this time, please follow the home isolation protocol to the best of your ability. If we get possible or positive cases we may need to move into this direction, if it is even possible. However, at this point, it is best to self-isolate within their own home where possible. If you get a case, where this is not possible, we can deal with it on a case by case basis.

- 2. Can you give some advice regarding when staff should call 9-1-1 for assistance with a person we support who has COVID symptoms. The virus seems to escalate quickly in people who are vulnerable and we want to ensure that the staff know what to look for and when to be concerned.**

If ever your staff are unsure, just call 911. The EMS paramedics can take it from there. We are not all health care providers, so it can be impossible to know for sure. If you are at the point where you are thinking about it, just do it. Just follow what you would normally do for a sick resident. Nothing should change, just because they may have COVID related symptoms. If you think they need help, make sure you get it for them.

- 3. When someone is symptomatic, how long are they infectious for?**

At is point, we actually don't know. That's half the fear with a new virus, is there is so many unknowns, and thus the guidance on this keeps changing. As of right now, the direction is to isolate the ill for 14 days after symptom onset or until 24 hours after the last symptom. Whichever is longer of the two. Keep in mind, some of these individuals will not always be 100% symptom free. For example, if a resident is known to cough regularly, it would be unfair to continue to isolate them after 14 days if they only have a cough remaining. In this scenario, as long as the cough sounds "normal for them" or is more dry (not coughing up fluids like phlegm), it is safe for them to come out of isolation. Like I've said before, things won't always be cut and dry for your residents, but your staff are going to be the experts of this demographic group, so we are going to need to heavily rely on them for some of these decisions.

4. Does Public Health advise people to wash/disinfect their food/groceries after purchasing? If so, can you provide instructions on how to do this?

This is not advised by Public Health, however it does not hurt. We always advise washing fruits and vegetables, so please continue to do so. Other items that are considered "non-absorbent" can be wiped down with a low level disinfectant (Lysol wipe or Clorox wipe). Please do not use high level disinfectants. They are not usually food grade, and we don't want to poison anyone. Don't disinfect "absorbent" materials (Styrofoam & cardboard) because it will absorb the liquid and may not dry properly, leading to mold growth.

5. We heard today that the hospital is telling the Health care workers to save and reuse their N95 masks; place in a ziplock bag for their next shift. Can you please provide confirmation of this practice?

Public Health is not asking for PPE to be used any differently than its original use. That being said, I cannot speak to Bluewater Health and what actions their organization are implementing.

As previously discussed, LCDS does not require the use of N95 masks. Droplet precautions are the control measures for COVID19. This means that a surgical mask (along with goggles) is all that is needed to prevent droplets from landing on your face during care. Please refer to Public Health Ontario for direction on droplet precautions if staff need training.

The only time a staff member may need an N95 mask, is when they are performing a task that could aerosolize the droplets, such as intubation. Your staff should not be performing such services and if these need to be done, they will be done at the hospital setting or possibly by EMS.

If you have N95 masks at your sites, they are to be used as a droplet precaution mask when one is not available, as stated in the memo I provided you earlier this week. Please remember you only need the Droplet precautions. Not Airborne.

<https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/routine-practices-additional-precautions/additional-precautions-sign>

6. Should the staff be sanitizing their shoes when they get to work?

It might be easier for the staff to keep their work shoes at the residence that they work in or in their car contained in a bag, and then change into them upon entry

If it makes staff feel better, they could use the disinfectant spray on the bottom of their shoes and wipe dry with a paper towel- using gloves and proper hand hygiene. Stepping into a bin of water then out to a towel is not the safest method. There is the risk of slip and fall as well as the potential danger to people supported having the bleach bin in an area they could access. Work shoes is a much safer option.

At the end of the day, the transmission will be happening from unwashed hands and from contaminated droplets on hands and entry point to the body. Not so much from feet. That being said, regular cleaning and washing of the floor should combat this issue.