

the VOICE for
registered nurses,
nurse practitioners
and nursing students
in Ontario

COVID-19 Webinar Series *Together We Can Do It!*

Hosted by Dr. Doris Grinspun, with special guest:
Dr. Jeff Powis, Chief of Infection Prevention and Control Michael
Garron Hospital, Toronto

May 25, 2020
6:45pm-8:00pm

Today's Webinar

- Today's guest speaker: Dr. Jeff Powis, Chief of Infection Prevention and Control Michael Garron Hospital, Toronto
 - Re-opening the province and safe practices
 - Questions & Answers
- Doris' COVID-19 update: Latest news and pressing issues
- Call to action



#TogetherWeCanDolt

Welcome Dr Jeff Powis



Chief of Infection Prevention and Control
Michael Garron Hospital, Toronto

COVID-19: PUBLIC HEALTH AND PPE

Dr. Jeff Powis

Disclaimers

- I can only know what is known
- Knowledge is evolving

“Opening Up”

Determining When to Ease Public Health Measures

Ontario’s Chief Medical Officer of Health will consider the following criteria to advise when the province can begin to ease public health measures:



Virus spread and containment



Health system capacity

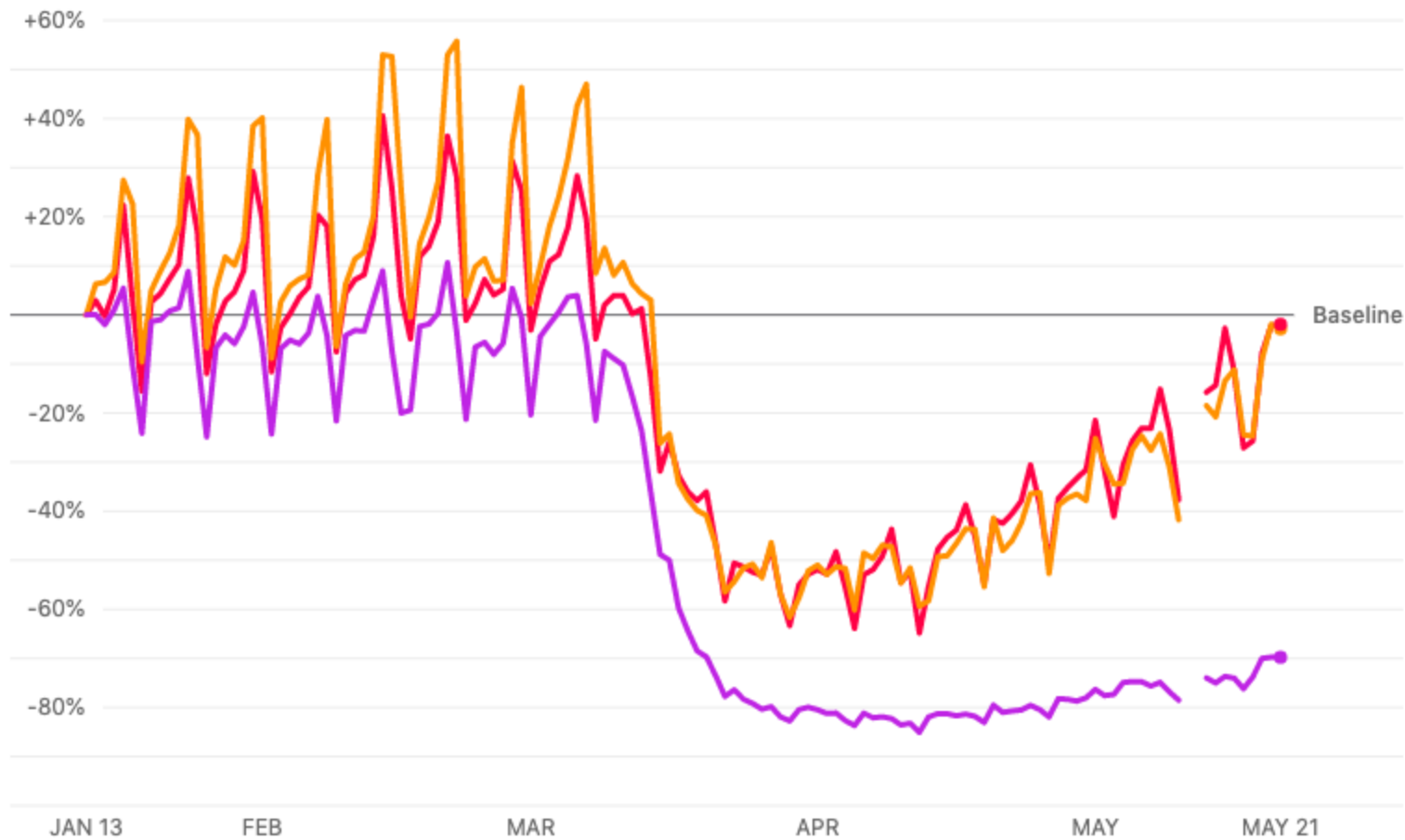


Public health system capacity



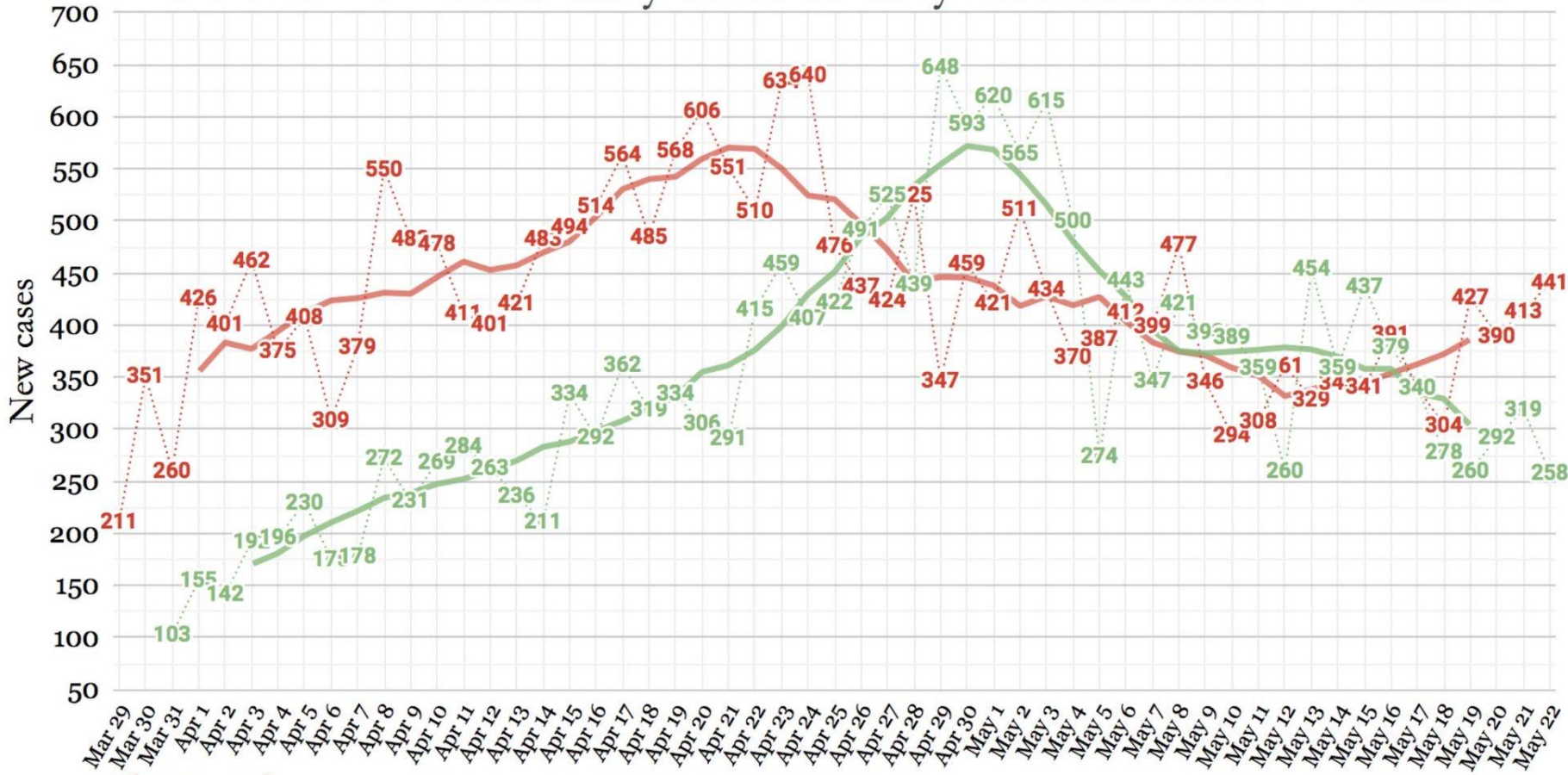
Incidence tracking capacity

Ensures loosening of measures is appropriately timed with the progression of the epidemic in Ontario.	Ensures there is an effective response to any potential case resurgence.	Ensures there is an effective public health response to any potential case resurgence.	Ensures that any potential resurgence in cases can be identified promptly.
<ul style="list-style-type: none">• A consistent two-to-four week decrease in the number of new daily COVID-19 cases.• A decrease in the rate of cases that cannot be traced to a source.• A decrease in the number of new COVID-19 cases in hospitals.	<ul style="list-style-type: none">• Sufficient acute and critical care capacity, including access to ventilators, to effectively respond to potential surges.• Ongoing availability of personal protective equipment (PPE) based on provincial directives and guidelines.	<ul style="list-style-type: none">• Approximately 90 per cent of new COVID-19 contacts are being reached by local public health officials within one day, with guidance and direction to contain community spread.	<ul style="list-style-type: none">• Ongoing testing of suspected COVID-19 cases, especially of vulnerable populations, to detect new outbreaks quickly.• A shift to new and other ways of testing and contact tracing to promote widespread tracking of cases.



- Driving -2%
- Walking -3%
- Transit -70%

COVID-19 - New daily cases & daily resolved cases in Ontario



@jkwon_md

● New cases ● New resolved



Success Factors

- Drive down “residual” infections as low as possible
 - Policy decisions
 - Political will (economic vs public health)
- Aggressive case finding
 - Testing
 - Contact tracing
 - Case management
- Proactive approach with vulnerable populations
- Flexibility

“Because Doug Ford told me to”

- Opportunities
 - SARS investment in Hospital based IPAC=world leading
 - OHTs and existing community linkages
 - Collaboration and innovative thinking



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QUESTIONS & ANSWERS

QUESTIONS	
Treatment and testing	What treatments are proven to work for COVID-19 patients?
	Do we know where infected people have acquired the COVID-19? What information is being collected and who is assessing the information? Is information being missed?
	Is swabbing a sufficient method of testing? If someone is asymptomatic, how long would a swab remain an effective way to determine if they had COVID infection?
	I have heard a lot about “ false “ positive COVID tests, how can we be sure that the tests in general are accurate (positive and negative)?
	In long term care every worker got swabbed for COVID as a mandatory protocol and I have heard that this could be a regular occurrence. However, I have also heard that this is not happening for hospital staff and paramedics, how is this justified as these individuals are also potentially exposed in their practice.
Vaccine	In general, vaccines take many years of research and testing prior to being approved for use. Only months after COVID appeared, talks about a vaccine that could be ready in the near future are heard. How safe and effective can this be with only a short timeframe of testing? How is this going to affect us as nurses in term of vaccine education?
COVID-19 and its effects	Is there any information, not only in Ontario but nationally, regarding the recent effects on children. Is there any tracking of these cases similar to the United States. Recently called PIMS.

Re-
opening
services

I am a nurse/certified respiratory educator/certified tobacco educator in a Respiratory/Lung health Clinic. With respect to considerations of future re-opening of our Lung Health/Respiratory patient clinic, I am wondering if you feel that this type of clinic should be delayed in comparison to other clinics, with regards to Spirometry testing, inhaler technique, etc., with regards to COVID-19 and the increased possibility of disposition of respiratory particles within the variables of patient testing and education?

I have a foot care business based out of my home, where clients come to me. What screening tools can I use prior to seeing my clients? Are masks and gloves, for me and my clients, enough protection during treatment?

Are property and personal care capacity assessments considered essential services?

How do we control access to public toilets? Do we have clean after each use?

As we transition to in-person care in the community (client homes) & when working as part of a multidisciplinary team with clients with complex/catastrophic injuries (ie TBI, SCI etc); if a client has safety/priority issues related to more than one discipline (ie RN wound care, PT- or deteriorate/need re-hospitalization; OT for equipment at home, safety etc..)..do you have any guidance on how we introduce more than one RHP or provider?

I'm wondering if detailed procedures for churches might be available (aside from social distancing and hand washing) in regards to keeping restrooms safe, general disinfecting, children's programming, traffic flow, etc. Or is it up to individual church groups to come up with their own directives according to our interpretation of the present COVID status?

QUESTIONS

Expanding self-isolation circles	<p>My patients are immune compromised. I live alone and have been in solo-isolation except for my shifts at the hospital since March 11. My sister is a physician and works at a different hospital in Toronto. Her partner is working full-time from their home while simultaneously caring for their very busy 13-month old. This involves a lot of solo-parenting especially when my sister is on 24-hour call. We have been considering the idea of me moving in with my sister and her family to assist with child care and also for emotional support. We would continue to be diligent and responsible with PPE at work, carefully decontaminate after our shifts, and of course follow all protocols if any of us were to develop any symptoms. Given these precautions, do you think me moving in with my sister and her family to form a single household for the remaining pandemic would be safe?</p>
Administering CPR	<p>I work in an area where clients come into the office and we are not a medical facility. What is the recommendation or recommended protocol if someone needs CPR?</p>
Masking/ PPE	<p>I know of some healthcare workers who wear their masks that they've worn all day at work, to the grocery store after work. This doesn't seem right.</p>

Debunking PPE myths with Dr. Jeff Powis: Which masks should health care workers wear?



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▶ RNAO

Let's cheer
for health
workers

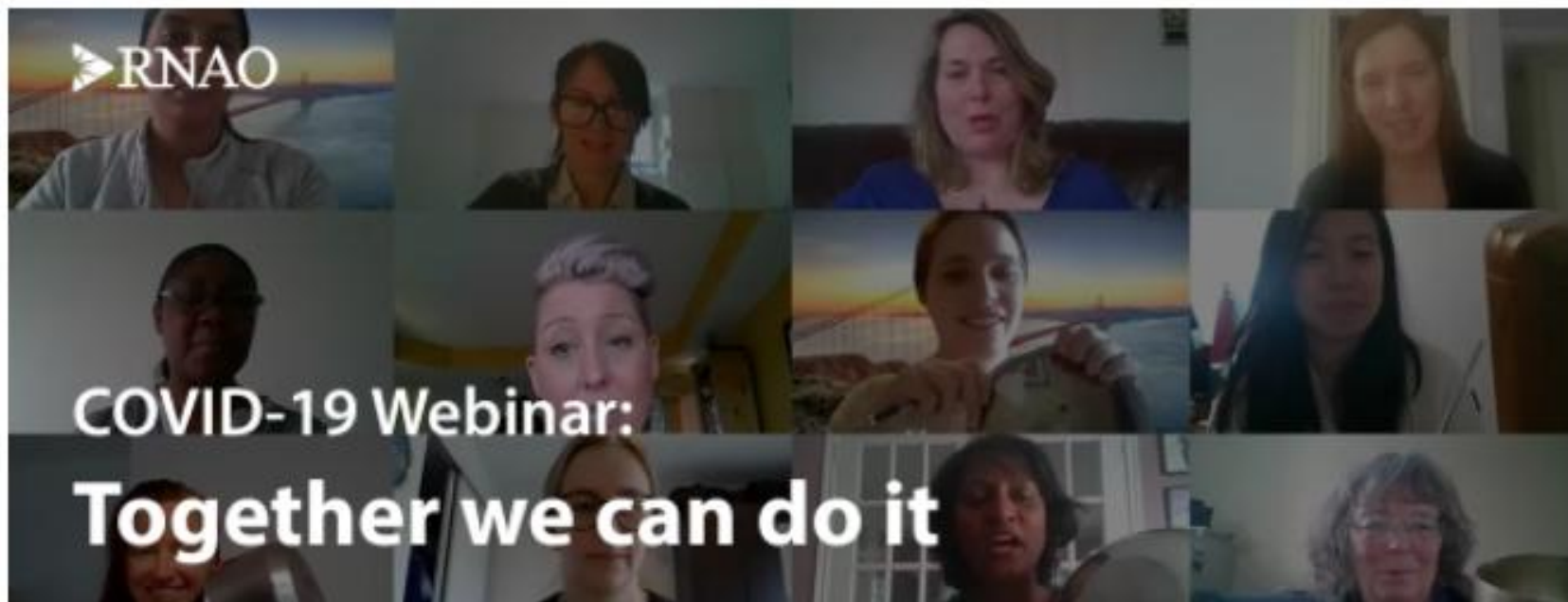
Every night
@ 7:30 local time



#TogetherWeCanDolt
#Cheer4HealthWorkers

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Next Zoominar: Monday, June 1 6:45pm (Toronto time)



Hosted by RNAO CEO Doris Grinspun
Monday evenings, from 6:45 - 8:00 p.m. (ET)

