



**Edmonton Chinatown Care Centre
Resident- Family Town Hall**

MEETING MINUTES

Date: March 24, 2022

Place: Via Zoom

Facility Attendees: Kelly, Eva, Thabith, Roopjit, & Keely

Recorder: Keely Quilley

Agenda Items	Discussion/Action
1. Call to Order	Call to order at 1401
2. Agenda Items	<ul style="list-style-type: none"> - Site Update - Outbreak Update - Recreation Update - Occupational Therapist Update - IPC Outbreak & PPE Demonstration - Visitation Update
3. Resident-Family Town Council	<p>Kelly would like to develop a Resident- Family Town Council.</p> <ul style="list-style-type: none"> - We would like to create an official agenda that will be followed. - If you have any interest in sitting on the resident-family council please email Kelly at kkontek@edmccc.net
4. Resident Taxes	<p>Previously a staff employee did resident taxes. This is no longer the case. There is no staff member that will do resident taxes anymore.</p> <p>There are support services for helping seniors apply for benefits. Please see their access</p> <p>Assist: 780.429.3111 or email info@assistcsc.org Sage: https://www.mysage.ca/</p>

5. Resident Mail	<p>There are large amounts of resident mail being sent here to the site.</p> <ul style="list-style-type: none"> - We ask that mail please be sent to the primary contact or the EPOA. - If the resident is cognitively aware and able to understand the mail, the mail can be sent here. - Otherwise, please have the mail sent to you.
6. Hairdresser	<p>We do have a hairdresser hired.</p> <ul style="list-style-type: none"> - We are awaiting the license permit from the City of Edmonton. - We also have to make one site modification before we are permitted to open the hair salon. We have to put an extra sink in the IPC purposes. - It has been quite the complex process to get it all worked out, but we are slowing making our way ahead.
7. Companions	<p>We have unfortunately been able to put together a pool of companions. We are working on it and hope to have this together soon- there is a lot of other things taking up out time at the moment.</p> <p>If you would like to hire your own companion you may do so. You however, cannot hire one out our staff as a companion. This would be a conflict of interest.</p> <p>Please let the appropriate Clinical Lead know if you have hired a companion. We would like them to attend a brief orientation before they start. Thank you!</p>
8. Outbreak Update	<p>There is an active outbreak on 2nd floor.</p> <ul style="list-style-type: none"> - There are 39/40 residents on 2nd floor. - 7 confirmed positive staff. - 17 confirmed residents via PCR and 1 confirmed resident via RAS. <ul style="list-style-type: none"> - If your loved one is symptomatic or positive, you will be notified. If your loved one is not symptomatic you will not be called. - All residents are stable. There prominent symptoms exhibited right now are sore throat, runny nose, and cough. - We are awaiting variant test from CDC. If the CDC does randomly choose to test one of the residents of staff for the variant test it could take 3-5 days from the test to get results.

	<ul style="list-style-type: none"> - At the moment we know that BA.2 is the prominent subvariant of Covid-19 in community right now.
9. Recreation Update	<p>Roopjit gave a summary of what is happening in the Recreation Department.</p> <ul style="list-style-type: none"> - Thank you, all families, for helping us collect most of the residents “My Story”. They have been collected and are now in the residents’ charts. - We hope this helps promote resident centered care and help staff get to know the residents better. - Activities have continued on both 2nd and 3rd floor even throughout the outbreak. - 3rd floor continues to have AM and afternoon group programs. - 2nd floor is having 1:1 activities and emotional support. Virtual visits are still ongoing during this time. There are no group activities on 2nd floor. - Staff are not moving between 2nd and 3rd floor. They are designated to each unit at the moment. - Recreation Therapy is still looking for a full time Recreation Aide.
10. Occupation Therapy Update	<p>Kelly gave a brief update on the Occupation Therapy department:</p> <ul style="list-style-type: none"> - Clara So, after working for ECCC for the past 10 years, has decided to try out retirement. - Matthew has accepted the full time OT position at ECCC. - The gym is not currently open due to the active outbreak. - 1:1 exercises are being provided on 2nd floor by Billy (Rehab Aide).
11. IPC Update	Please see the attached summary of Eva’s notes below.
12. Visitation	CDC has recommended that we stop visitation at this time.

	<ul style="list-style-type: none"> - There is no blame to families or staff but we need to keep everyone safe during this difficult time. This means limiting the traffic in and out of the building. - We are providing lots of education to staff around proper IPC and PPE procedures to keep your loved one safe. - Care doesn't stop, it just takes a little bit longer now because of all the donning and doffing. Please be patient with us. - So, there is no visitation at this time. We need the numbers to decrease before we open us to visitation again. - We have increased our staffing on each unit, with the help of agency staff.
13. Questions	<ol style="list-style-type: none"> 1. Will you reassess visitation each week or longer? We will reassess in two weeks at minimum. It depends how the cases in community and in our site vary. We will keep you updated. 2. Can you increase the virtual visits? Due to the recreation department being short staffed we cannot increase the virtual visits. Our energy and resources need to be focused on providing 1:1 emotional support and activities to the residents. 3. Is delivery of items still permitted? Yes. Please keep all items in wipeable containers. Everything needs to be wiped down before taken up to the floors. 4. Does visitation change with special circumstances, such as end of life? Yes end-of-life visits are permitted. Outside those parameters, please speak to your Clinical Lead. 5. Are the KN95 and N95 only one time use? Yes, both KN95 and N95 are one time use. We are not reusing masks. There are also some residents who are choosing to wear masks outside their rooms. If residents are no complaint with isolation, we are also encouraging them to wear masks outside their rooms.

	<p>6. Do you have any statistics on fatalities of those triple vaccinated and the Omicron variant? Here is the link that will give you those statistics. https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html#a5</p> <p>7. Can you encourage staff to maintain IPC protocols on site? All staff go through comprehensive orientation and IPC education. This includes volunteers (we have had two volunteers return in the last couple weeks), but we are not accepting students at this time.</p>
14. Communication	<p>Reception is away this week; we are trying to field calls as best as possible.</p> <ul style="list-style-type: none"> - If you need to get ahold of someone urgently, please out to the RN on the floor. 2nd Floor: 780-554-9503 3rd Floor: 780-660-4888 - If you have general questions, please email the appropriate Clinical Lead. Eva: ehart@edmccc.net Thabith: tnzuzu@edmccc.net - We will email updates frequently. We will not include names because of confidentiality. Please be patient with us.
15. Next Meeting	We will plan for another meeting in 2-3 weeks. Depending on the state of the site.
16. Thank You	Thank you for all your support and participation.
17. Adjournment	Meeting adjourned at 1513.

Current number of residents on site: 80 people call ECCC “home”.

- All residents require long-term care
- Most residents of complex care needs
- Most residents have multiple comorbidities
- Most residents are frail elderly

At ECCC, we admit persons with varying stages of cognitive and functional ability:

- Consequently, the ability of an individual to follow IPC protocol as it relates to the management of COVID-19 and other organisms is highly dependent upon the individual’s cognitive awareness, combined with their functional capability.
- This presents an added challenge in an outbreak.
- For example, a COVID +ve person with decreased cognitive ability, but who is still independently mobile, will be an extreme challenge, as they do not have the cognitive ability to understand or adhere to IPC protocol.
- The impact to staff is we will most likely require additional staff support to help ensure IPC protocols are followed, so the potential risk to other residents is mitigated.

COVID-19: Omicron Variant

On November 26, 2021, the World Health Organization (WHO) designated the variant B.1.1.529 (Omicron variant) a variant of concern (VOC). Omicron is a highly divergent variant with a high number of mutations, it has been shown to be **much more transmissible than the Delta variant** and has some vaccine immune escape (source: PHAC). Some factors associated with risk of acquisition among healthcare associated SARS-CoV-2 infection include:

- ❖ Higher level of community transmission
- ❖ Inappropriate use of personal protective equipment

March 21, Dr. Hinshaw confirmed that approximately 60% of all confirmed cases in Alberta were the Omicron subvariant BA.2, again highly transmissible but no indication (so far) of causing more severe disease.

Transmission of SARS-CoV-2

Respiratory fluids continue to be the primary mode of transmission for COVID-19 via large respiratory droplets and small aerosol particles. Infections occur when respiratory mucosa (mouth, nose, eyes) are exposed to these respiratory droplets and aerosol particles.

Individuals can release SARS-CoV-2 virus particles during any exhalations (e.g., talking, breathing, singing, exercising, coughing, sneezing). These aerosol particles can remain suspended in the air and be inhaled into the respiratory tract of another person.

IPC protocols to help mitigate risk of transmission among individuals:

1. Face Shield
2. Face Mask
3. Hand Hygiene
4. Vaccination

COVID-19 statistics: Canada & Alberta

As of March 18, 2022, across Canada there has been over 3 million confirmed cases and 36, 594 deaths due to COVID-19.

In Alberta the average age of people dying from COVID-19, is 78 years old which is of great concern to those who live (your family members) and work (our staff) in LTC.

Currently, in Canada reported cases are:

- Highest among the 20-49 age group, accounting for 51.9% of total cases.
- **Lowest among the 70-80+ age group, accounting for 8.3% of total cases.**

Currently, in Canada the age groups of those dying from COVID-19, reflect Alberta's data:

- Lowest among the 20-49 age group, accounting for 2.6% of total deaths.
- **Highest among the 70-80+ age group, accounting for 82.1% of total deaths.**

Enhanced Visitor and Staff IPC Protocol: Omicron Variant

ECCC implemented **full face shield and face mask for all visitors upon entry to the site on December 22, 2021**, due to the rising number of community transmission of COVID-19.

We *enhanced PPE protocol* in the building because:

- We know that the COVID pathogen is primarily transmitted via droplets in the air.
- Each time a person sneezes or coughs, it increases the risk of transmission of the disease.
- The face shield, face mask, hand hygiene, and vaccination provide the best protection currently available against COVID-19.

ECCC COVID-19: Outbreak Statistics

December 2021, first staff reporting +ve for COVID-19-site placed into investigation the following dates:

- Dec19-24 2021 (2021-12523)
- Dec. 25-Jan 03 2022 (2021-12736)
- Placed back into investigation on Jan. 03 (2022-128)

January 18, 2022, the CDC placed Edmonton Chinatown Care Centre in an active COVID-19 outbreak (2022-128).

- January 20, 2022 first confirmed positive resident.

Family Meeting March 24, 2022

The official end date for the outbreak was February 26, 2022. Final total of confirmed positive COVID-19 cases:

- 20 staff
- 1 resident

Thankfully the resident nor any staff required hospitalization and all have recovered completely.

Throughout the outbreak we implemented strict visitation guidelines: it was a factor that helped us control the transmission of COVID-19 on site.

The IPC measure of controlled visitation was a success and it is reflected in the fact that although a high number of staff became infected with COVID-19, ~ 19% -> no other residents became ill from COVID-19.

ECCC visitation: During and after outbreak

During outbreak 1 visit per week/resident.

February 24, 2022 ECCC increased visitation on site to 2x/week for each resident. No change to site status.

- February 26, 2022, outbreak ends.

**March 01, 2022->province of Alberta removed all community COVID-19 restrictions. However, all COVID-19 protocols remained in place in settings such as LTC.*

- March 09, 2022 ECCC opened visitation to all families to visit at will.

All visitors are required to wear a face shield and face mask continuously during visitation.

- *However, during visitation staff reported witnessing families with their face protection off when visiting with their loved ones on site.*

March 21, 2022 first symptomatic resident on 2nd floor exhibiting signs and symptoms of COVID-19, confirmed via PCR testing on March 22, 2022. This resident had received visitors.

March 24, 2022 number of confirmed positive COVID-19 cases at ECCC:

- Residents: 11
- Staff: 6

March 24, 2022 all remaining residents on the 2nd floor (who gave consent) were swabbed to test for COVID-19: total number of pending swabs **24**.

Correlation

1. There is a (suspected) correlation between opening visitation up and ECCC becoming an active COVID-19 outbreak site due to the fact that not all families were respecting the PPE guidelines while visiting with loved ones.
2. How do we know this? The previous outbreak had a total of **20** staff who were positive for COVID-19-all community acquired, **1** resident on site was confirmed positive through asymptomatic testing. NO other residents acquired COVID-19.
 - a. What does this data tell us in terms of PPE adherence? The fact that transmission did not occur among other residents, supports that staff-maintained IPC protocols and kept their face shield and face mask in place at all times and performed hand hygiene when providing care to the residents.
3. ***What is the expectation of all visitors to ECCC? That IPC protocols, as they relate to maintaining the safety and well-being of residents is adhered to and supported. Without this shared responsibility, residents who live at ECCC are at risk of acquiring this organism and has the data indicates, this population has high rates of morbidity once they have contracted this disease.***

Shared responsibility, what does that look like? Think of a bridge as it is being built, the strength and stability of the bridge relies on all facets of its structure to work in alignment so that the end result is successful in realizing its purpose, which is to safely allow people and objects to cross its span.

The same holds true for IPC protocols, without the support and collaboration among all of us: families, visitors, and staff, we are placing residents at risk and that is not acceptable.

PPE demonstration:

Current PPE protocol on 2nd floor, manage the unit as if it is a COVID-19 outbreak unit, which means:

- KN95 at all times
- Face Shield at all times
- Full isolation PPE in a confirmed +ve resident's room: N95 and face shield, gown, gloves.

Donning of PPE:

1. Hand Hygiene
2. Donn Face Mask
3. Hand Hygiene
4. Donn Face Shield
5. Hand Hygiene
6. Donn Gown
7. Hand Hygiene

8. Donn Gloves-ensuring to cover the gown's cuffs

Doffing of PPE:

1. Hand Hygiene
2. Doff gloves
3. Hand Hygiene
4. Doff gown
5. Hand Hygiene
6. Doff face shield
7. Hand Hygiene
8. Doff face mask