



## Staff Newsletter September 13, 2022

# Media Release: HPEPH prioritizing limited supply of bivalent COVID-19 vaccine for individuals in highest-risk settings

Hastings and Prince Edward Counties - Sept. 12, 2022

The province has announced that the adapted version of the [Moderna Spikevax COVID-19 vaccine](#), known as a “bivalent” vaccine, is [now available to select high-risk individuals](#). Hastings Prince Edward Public Health (HPEPH) will be receiving a small number of doses of the bivalent vaccine from the province in the coming days, but **due to limited supplies HPEPH will initially be prioritizing available bivalent vaccine for residents and workers at identified highest-risk facilities.**

Due to limited supply, other eligible individuals CANNOT book an appointment in HPEC for bivalent vaccine through the provincial booking system at this time, however vaccine clinics in Hastings and Prince Edward Counties will continue to offer monovalent vaccines (the same mRNA vaccines given as the primary series) for all eligible individuals.

HPEPH thanks all residents for their patience and cooperation as we work to deliver the bivalent vaccine to our most vulnerable residents as efficiently and effectively as possible. As increasing quantities of the bivalent vaccine become available, appointments will be offered at HPEPH clinics, as well as at local pharmacies, for eligible individuals.

### **What is a bivalent vaccine?**

The bivalent vaccine includes messenger RNA (mRNA) components of the original SARS-CoV-2 virus from 2019 and the Omicron (BA.1) variant. It is authorized for use as a booster dose in individuals 18 years of age or older. Individuals can receive the bivalent booster at the recommended interval of at least six months from their previous dose, regardless of how many boosters they have already received.

Clinical trials showed that a booster dose of the bivalent Moderna Spikevax vaccine triggers a strong immune response against both Omicron (BA.1) and the original SARS-CoV-2 virus strain. It was also found to generate a good immune response against the Omicron BA.4 and BA.5 subvariants and is expected to extend the durability of protection.

Vaccination continues to be one of the most effective ways to protect yourself against COVID-19. Evidence indicates that the vaccines used in Canada are very effective at preventing severe illness, hospitalization and death from COVID-19. Keeping COVID-19 vaccinations up-to-date,

including getting booster doses as recommended, will help protect you against serious illness and other complications of COVID-19 infection.

## **What Does This Mean for All Who Enter EJ McQuigge**

As per the continued Ministry guidance Homes retain the ability to set their vaccination policies, we are continuing with our mandatory vaccination policy for all who enter the building. This means “Up-To-Date with All Public Health Recommended doses of vaccine and boosters”.

With the addition of the adapted Moderna Spikevax Bivalent vaccine we will be amending our policy to clarify what vaccination status is approved for entry.

All Who Enter are Required, if eligible, to have:

- 1) 3 doses of the monovalent (original vaccines) plus the new bivalent booster, OR
- 2) 4 doses of the monovalent (original vaccines) plus the new bivalent booster

The new bivalent vaccine can be given just 2 months after your last booster of the original vaccine, so the majority of staff are eligible.

If you have tested positive for COVID you cannot receive a dose of any COVID vaccine for 90 days.

The deadline for all eligible staff is October 1<sup>st</sup>, based on the date of your last booster.

These guidelines will apply for all staff, support workers, visitors and essential caregivers to our home.

Any person with a true, documented, exemption to a COVID vaccine, that must have entry must wear a properly fitted N95 mask for the duration of their time inside McQuigge.

***We will be holding a COVID Bivalent Clinic on September 22<sup>nd</sup>, 2022. Times will be posted. Everyone that is eligible will be expected to attend. If you can only attend, outside of times posted, please notify us so that we can make arrangement to ensure you can receive the vaccine. At this time we are only permitted to vaccinate residents and staff.***

## **Rapid Antigen Testing**

Rapid Antigen Testing for all that enter EJ will continue. With local cases, and outbreaks, continuing we would also encourage all individuals taking a resident on an outing or visiting outside, to be tested prior to the outing or visit. This is a simple, non-invasive, measure that could prevent our home from experiencing a facility-wide outbreak and losing residents to COVID.

All those taking a resident on an outing or for an outdoor visit must partake in COVID-19 screening prior to the outing or visit. This involves a short series of questions only, to protect all of the resident and staff of our Home.

## **N95 Mask Fit Testing**

The next round of N95 mask fit testing will be on October 4<sup>th</sup>. This is mandatory for anyone that does not have a current fit test card to the Ministry specific 3M 1870+, or alternate, if you do not fit into the 1870+. I will be sending out the email invitations shortly where each individual staff member can book their time. You will receive a confirmation email that states you must print out information to bring. Please do not do this, we will have the forms printed out and ready for you the day of testing.

As a reminder to all, as per the Ministry of Labor and Ministry of Long Term Care any staff member not currently fitted for an N95 mask is Not permitted in any isolation room. It is an expectation that all staff adjust routines, in these circumstances, to ensure care is completed and documented in a timely fashion, with respect for your coworkers.

## **Point Click Care Point of Care (POC)**

If you complete any task with a resident, even if they are not part of your assigned group, you are expected to document what you did in a timely fashion. It is not to be left for the staff member assigned to that resident. The Ministry expectation with regards to Goals of Care is accountability for all that you do. You document what you do and not what you do not do, similar to Registered Staff that are not permitted to document on a medication or treatment that they did not themselves complete.

There is to be no more statements of 'That's not my group'. If a bell is ringing, or an alarm is sounding, you answer it. If you find a resident in urgent need of assistance or care you deal with it immediately. And then it is documented.

Beginning October 1<sup>st</sup> the majority of documentation is to be done in real time throughout your shift. There will only be 10 minutes allocated at the end of your shift to finish up last minute charting.

If you choose to travel with a tablet please ensure they are returned to their original docking station when you are finished working on them. Every tablet, docking station and charging cord is numbered accordingly.

As of **September 19<sup>th</sup>** we will be switching from the Point of Care 'App' on the tablets to the web version of the software. This will streamline your tasks with picture icons and also allow us to add pictures to accompany your documentation, such as the Bristol Stool Chart. This supports Best Practice Guidelines and Ministry expectations.

If you would like to try the web based version of the POC software prior to September 19<sup>th</sup> please just ask and we will show you where it is located on the tablets. All tablets have a 'bookmarked' icon for the webpage.

## **Shingrix Vaccination**

For those that signed up for this vaccination, the clinic will be held on September 29<sup>th</sup>, 2022. Times will be posted.

These vaccinations are 2 doses, 2 months apart, not 6 months apart as posted, my apologies for the error.

As posted the cost for these doses will be paid by EJ up front then staff will be required to pay back over two pays. \$75 per pay x 2 pay, once we are billed by the pharmacy. We expect this to be in mid and late October for the first dose and mid and late November for the second dose. To clarify, the entire vaccine series is \$300 total that staff can pay back over 2 months and 4 pays.

## **Infuenza**

It is anticipated that flu shots will be released early this year in preparation for a possibly intense flu season. If the vaccine has been released, we are anticipating doing our initial flu shot clinic October 6<sup>th</sup>, 2022.

All eligible staff will be expected to have their flu shot by October 31<sup>st</sup>, at the latest.

## **Surge Modules**

Orientation and Annual continuing education is a Ministry and facility mandatory condition of employment. It is not optional and the deadlines are to be adhered to.

This is paid education that will be paid out quarterly upon completion.

With the implementation of the new Fixing Long Term Care Act there will be ongoing education added to your Surge assignments.

## **Medline Skin Care Program**

The new body wash and moisturizing lotion program will begin September 22<sup>nd</sup>. A Medline rep will be on site for the night shift September 21 to train staff and put all products out. They will remain on site September 22<sup>nd</sup> to train day and evening staff. Moisturizing lotion is to be applied to all residents daily with AM and HS, and this will be a task added to POC that you will see every shift as a duty that must be completed.

As of September 21<sup>st</sup> staff are no longer permitted to bring bath and body products into the building. An audit will be done on this day and all removed. Families have been asked to temporarily stop bringing products in so that we can effectively evaluate this program.

## **Annual LTC Fall Preparedness Inspection**

In the next few weeks we will be having our annual Infection Prevention and Control Inspection to ensure we are ready for the upcoming Influenza/COVID winter season. You will see many posters going up reminding everyone about distancing, room limits, proper masking and hand hygiene procedures.

It is mandatory that all residents have hand hygiene performed prior to every meal and snack. This is something the Ministry has found us in noncompliance with in the past so it is expected that all staff ensure this is completed.

All staff (including agency) and visitors entering the building must have all screening questions asked of them by another staff member. There is No Self Screening. All persons must also complete a Rapid Antigen Test upon entry. Both the screening and testing must be provided in the books provided. All staff, including agency, are to enter through the back entrance at the beginning of their shift.

## **Peer Review**

We will be re-instituting this program in the next few weeks. There will be a locked box placed in the staff room. This is for praise or constructive criticism of coworkers only. Any malicious, unprofessional comments will not be tolerated. More details to follow.

## **Concerns & Issues**

If you have a concern on your shift, any urgent matter is to be taken to your Charge Nurse immediately, whether in regards to a resident, safety concern or peer issue. Many factors could be affecting our residents and it is imperative the Registered Staff are made aware of what is happening so that they can do an assessment in a timely fashion.

If you have ongoing issues on your shift, details must be documented and brought to management. We are unable to proceed with generalities. Incidents must be documented with date, time, details of the incident, all persons involved and those who may be witnesses. With the Whistleblowers legislation no employee is permitted to make anonymous complaints and all with concerns are protected by law from any subsequent harassment. All must be dealt with openly, with confidentiality, as all employees have signed their Confidentiality Agreement.

If you have any questions regarding the above information please ask.