

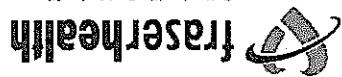
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ANALYSIS OF OUTBREAK ASSESSMENTS AND OTHER RISK FACTORS FOR COVID-19 OUTBREAKS IN LONG-TERM CARE FACILITIES

APRIL 21, 2021

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December 14, 2020

Analyses only included data prior to the revised assessment tool implemented on

2. Resident and facility characteristics compared against outbreak severity

between the assessment scores and outbreak severity

1. Assessment tool data from LTC outbreaks to determine the relationship

Evaluation included two components:

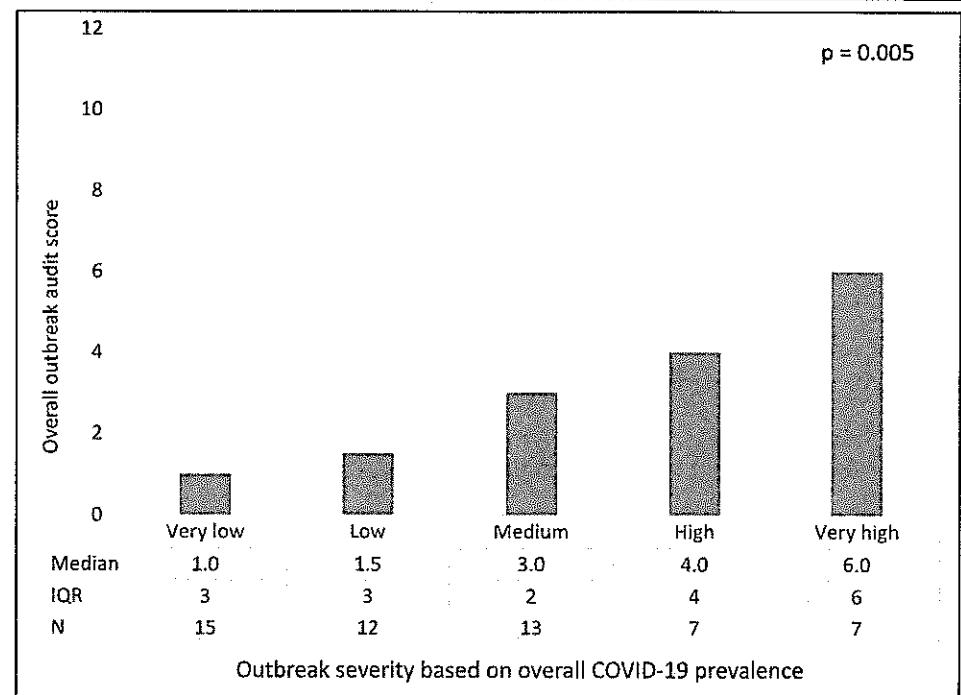
LTC EVALUATION

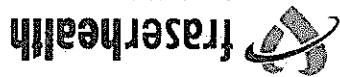
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ASSESSMENT TOOL EVALUATION RESULTS

- The more items in the assessment tool that are not met, the more severe the outbreak is likely to be





- Assessment tool has a strong association with outbreak severity. The assessment tool is effective at identifying facilities which are at risk of having more severe outbreaks.
- Assessment tool used regularly and during outbreaks identifies high risk IPC concerns to help prevent outbreaks and stop transmission during active outbreaks

ASSESSMENT TOOL EVALUATION RESULTS

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PRIORITY AREAS FROM ASSESSMENT TOOL

- The following categories of items in assessment tool were associated with outbreak severity in the analysis
 - Dining area – e.g. physical distancing, scheduled cleaning, signage
 - Hallway areas – e.g. alcohol based hand rub availability, areas free of clutter
 - Housekeeping – e.g. enhanced cleaning, cleaning and IPC measures in staff rooms
 - Personal protective equipment (PPE) – e.g. availability, policies for PPE use, staff training

- LTC outbreaks with a resident index case had more severe outbreaks compared to outbreaks with a staff index case
- Older facilities were more likely to have severe outbreaks
- Resident characteristics (e.g. average LOS, % with dementia, % dependent in ADL) did not have an effect on outbreak severity in our dataset

OTHER RISK FACTORS FOR OUTBREAK

FACILITY

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ONGOING ASSESSMENT PROCESS

- New version of the Prevention Assessment launched December 14, 2020:
 - Incorporation of latest guidelines and best practices
 - Risk-based approach:
 - Moved from Y/N to Met, Partially Met and Fully Met
 - Added weighted scoring of elements based on risk level
 - Addition of new elements (staff break rooms, non-care areas, leadership visibility etc.)
- Routine reporting on themes from prevention assessments
- Targeted education based on identified site needs

Key Areas	Elements and Risk Level	Actions for Providers	
Dining	38 (M), 39 (L)	Shared dining within a unit or floor, scheduled cleaning, hand hygiene for staff and residents/tenants	
Hallway	40-44 (M), 50 (M)	Ensure access to hand hygiene sink or alcohol-based hand rub, areas are free of clutter, clear separation and labelling of clean and dirty equipment/items	
Housekeeping	45-46 (M), 47-48 (L), 49 (M)	Schedule enhanced cleaning, equipment and supplies for cleaning, staff break rooms require regular housekeeping and IPC measures	
PPE	52-53 (H), 54 (M), 55-57 (H)	Regular monitoring & education of donning and doffing practices via audits, accessibility and availability of PPE, follow policies for PPE use	

1. Prevention assessment is a reliable clinical tool in identifying risk and triggering actions to reduce transmission
2. Key Areas within the Prevention Assessment that are associated with higher transmission are the following:
- fraser health
 - Deeler health, Best in health care.

KEY LEARNINGS AND ACTIVITIES FOR PROVIDERS GOING FORWARD

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FRASER HEALTH NEXT STEPS

- Commitment to ongoing prevention assessments
- Review of risk scores in assessment tool
- Follow-up with LTC stakeholders to examine facility design

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