SPRING 2024 COVID-19 VACCINE

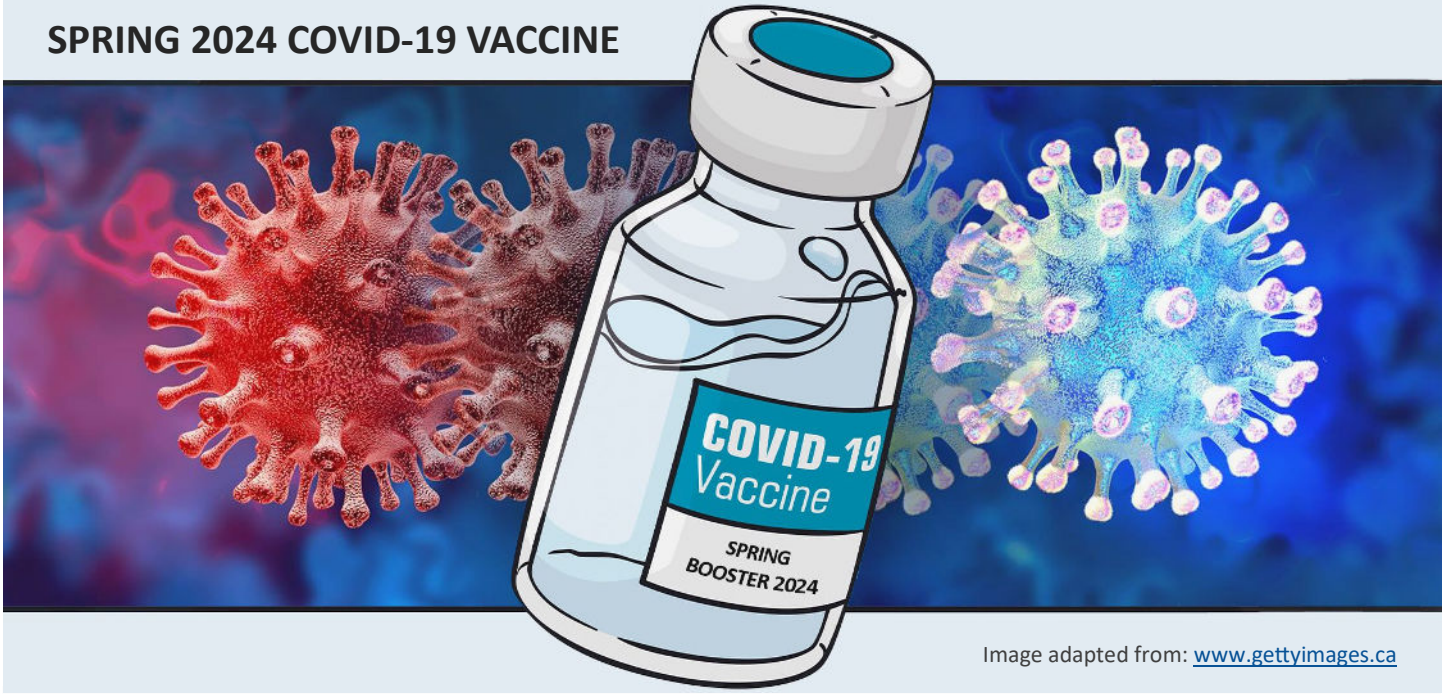


Image adapted from: www.gettyimages.ca

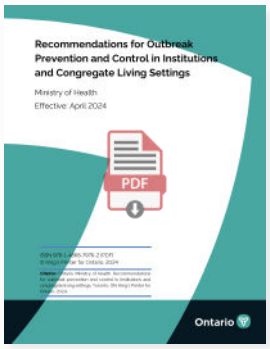
In alignment with the National Advisory Committee on Immunization (NACI), the Ministry of Health (MOH) recently released an updated COVID-19 vaccine guidance for the spring of 2024. Ontario will run a targeted spring COVID-19 vaccine campaign from **April to June 2024** to minimize the risk of harm in individuals who are at a higher risk for severe illness and death due to COVID-19. Individuals considered to be at a high-risk for severe outcomes include:

- Adults 65 years and older.
- **Residents/clients** in long-term care homes, retirement homes, and other congregate living settings for seniors.
- Individuals 6 months of age or older who are moderately to severely immunocompromised.
- Individuals 55 years and older who identify as First Nations, Inuit, or Métis, and their non-indigenous household members who are 55 years and older.

The recommended interval for eligible individuals is **6 months** since their last COVID-19 vaccine dose or confirmed infection of COVID-19. However, individuals may receive a vaccine dose at a shorter interval of at least 3 months if advised by their health care provider. The XBB.1.5 COVID-19 vaccine for spring 2024 is the same as used in the Fall/Winter vaccine campaign in 2023. It's especially important that individuals who did not receive a dose during the fall of 2023, *and* are at higher risk of severe illness from COVID-19, receive the vaccine this spring. Unlike influenza, a seasonal pattern for SARS-CoV-2 has not been established and there is a potential of increase in cases and outbreaks this spring, as it was in 2023. Older adults continue to be at the **highest risk** of severe outcome and are less likely to have previous SARS-CoV-2 infection compared to other age groups. An additional dose of COVID-19 vaccine in the spring of 2024 in such individuals may further improve or boost their immune response.

Sources: www.canada.ca | ltchomes.net[1] | ltchomes.net[2] | www.ontario.ca

NEW OUTBREAK REFERENCE DOCUMENT FROM MOH



The Ministry of Health (MOH) released an amalgamated guidance document in April 2024 that provides recommendations for outbreak prevention and control in institutions and congregate living settings (CLS), including long-term care homes (LTCHs) and retirement homes (RHs). The document provides current best practices and evidence-based guidance for control of respiratory and gastrointestinal outbreaks. This is inclusive of all respiratory outbreaks, not just COVID-19. The guidance applies to all CLS in Ontario, encompassing LTCHs, RHs, group homes, shelters, rooming/boarding houses, etc. Due to the wide range of the type of settings, not all information provided will apply to every home or institution.

NEW PHO IPAC SELF-ASSESSMENT CHECKLIST FOR CLS

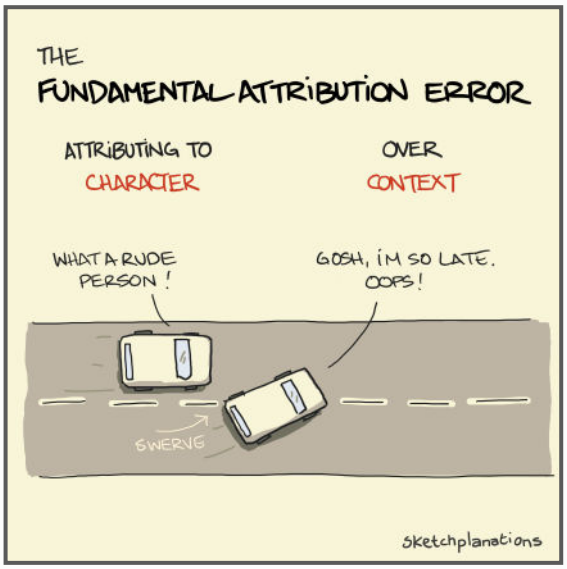
A new self-assessment audit tool for CLS is now available from Public Health Ontario (PHO) for the IPAC leads to ensure that the most current IPAC best practices are being implemented at their setting. CLS include, but are not limited to, group homes, shelters, youth/children residential settings, rooming and boarding houses, and dormitories. The checklist may be used on a regular basis (e.g., monthly) with another staff member to reduce subjectivity in the observations made, and should be done during a time when there are as many activities as possible to observe. A separate self-assessment audit tool from PHO is also available for long-term care homes and retirement homes that can be accessed using the following link.

SECTOR-SPECIFIC IPAC HUB NETWORKING MEETINGS

In case you missed it in our last month's newsletter, apart from our monthly Community of Practice (CoP) virtual meetings that are scheduled on every third Thursday of the month, the RVH IPAC Hub also hosts sector-specific, networking meetings every month for long-term care homes (LTCHs), retirement homes (RHs), and other congregate living settings (CLS). These meetings provide a platform for the IPAC leads to connect with their colleagues in the same sector, exchange ideas, share insights, and bring up questions related to IPAC best practices and recommendations specific for their sector. There is no formal agenda for these meetings and it runs for 30 mins or less. The networking meeting for IPAC leads in **LTCHs** is scheduled for every first Thursday of the month at **2:30 pm EST**, while the meeting for other **CLS and RHs** is scheduled for every second Thursday of the month at **11:00 am and 12:00 pm EST respectively**. To receive the series meeting invite for any of our monthly virtual meetings, please provide your contact information using this updated Google form.

THE NOT-SO-FUN-DAMENTAL ATTRIBUTION ERROR

When it comes to improving compliance with IPAC best practices in a health care setting, there is a type of cognitive bias described in social psychology that may hinder our ability to do so. In a congregate living setting, this could be with staff, visitors, or residents and clients. The fundamental attribution error is the tendency of an individual/observer to attribute the cause of an outcome on a person's traits or personality rather than their external circumstances or situational factors. For example, if a driver suddenly swerves in front of you in traffic, it's easy to place the cause of the behaviour to the driver's character and call him a piece of shiitake mushroom. What may not be evident is that the driver was emotionally distressed due to a prior incident at work, rushing due to an emergency, or just running late to pick up the kids from daycare.



Similarly, the cause for lack of compliance to an IPAC practice may be assumed on a person's character, lack of motivation, or personality trait, instead of trying to identify external barriers that may be present and act as obstacles to adhere to IPAC best practices. This could be in the form of inadequate IPAC training, lack of sufficient clean PPE available at point-of-care, knowledge gaps, excessive workloads, or simply usage of subquality hand sanitizer that causes skin irritation and avoidance.

The fundamental attribution error may sometimes lead to poor decision-making, ineffective interventions, a demoralized team, and wasted resources that could compromise resident/client and staff safety when it comes to minimizing the risk of health care-associated infections. However, being aware of this quick but flawed mental shortcut, combined with using a few safeguards, can minimize its impact on our professional as well as our personal lives.

- Remember that we usually only see a piece of the puzzle and not the complete picture.
- Be curious about what is causing a behaviour or lack of, instead of focusing on personal attributes, especially around character and personality.
- Resist the urge to jump to conclusions and try to get more information first.
- Replace assumptions with understanding, and foster empathy. Good luck with the IPAC audits!

Sources: sketchplanations.com | thedecisionlab.com

THOUGHTS ON THIS MONTH'S NEWSLETTER?