



PUBLIC HEALTH NOTES

MARCH 2021
VOLUME 3, ISSUE 3

Breastfeeding Supports

Challenges due to COVID-19

Families are finding it difficult to navigate the world of newborns and breastfeeding without the resources and shared experiences that they would typically get from in-person groups with professionals or their peers.

However, there are many services still available to help these families reach their breastfeeding goals. Please see below for a list of available services in Renfrew County and District.

HCPs Role

Health Care Providers (HCP) can greatly impact a mother's ability to successfully breastfeed through their own knowledge and interventions, and by referring to appropriate professionals with breastfeeding expertise.

RCDHU Current Services

At this time Renfrew County and District Health Unit (RCDHU) is offering telephone consultations and home visits with a Public Health Nurse and/or Registered Lactation Consultant. Topics can include, but not limited to, difficulties with latching or staying attached, nipple damage or pain, growth/ weight monitoring, and low or perceived low breast milk supply.

Contact RCDHU's Healthy Families team at:

(613) 732-3629 ext. 589 • familyhealth@rcdhu.com • www.rcdhu.com



RENFREW COUNTY AND DISTRICT HEALTH UNIT

"OPTIMAL HEALTH FOR ALL IN RENFREW COUNTY AND DISTRICT"

SERVICES CURRENTLY AVAILABLE IN RENFREW COUNTY AND DISTRICT

SERVICE	PROVIDER	LOCATION	CONTACT	COST
Breastfeeding clinic/In-home services	Renfrew County and District Health Unit Public Health Nurses and Certified Lactation Consultant (IBCLC)	By phone and at family's home IBCLC available Mon/Wed/Fri (Clinic hours will resume when Lake Street office opens)	(613) 732 – 3629 ext. 589 <u>familyhealth@rcdhu.com</u> Referral can be made through www.rcdhu.com >> Professionals>> HBHC Online Referral Form	No fee
Breastfeeding Clinic	Heidi Krebsz, NP	Petawawa Centennial Family Health Centre 154 Civic Centre Rd. Petawawa	(613) 687-7641	OHIP
Breastfeeding Clinic For babies <8days of age, born at PRH	Patty Keon RN, IBCLC Tuesdays & Thursdays. Subject to staffing availability	Pembroke Regional Hospital, 4 th Floor, Maternal Childcare Unit	(613) 732-2811 ext. 6438	OHIP
In-home Breastfeeding Support	Lois O'Brien IBCLC	At family's home, Petawawa/ Pembroke area	(613) 735-8049 (private number, call only during the day)	Fee for service
Pediatric and complex Breastfeeding issues	Joelle Kroeker M.PT Physiotherapist	Ottawa Valley Physio 154 Civic Centre Rd. Petawawa	(613) 687-6600 petawawa@ovphysio.com	Fee for service, private insurance
Orofacial Therapy and Breastfeeding support	Donna Saal, Physiotherapist, Women's and Pediatric Specialist	Physio in the Valley 1191 Pembroke ON K8A 7R6	613) 635-4777 <u>physiointhevalley@hotmail.com</u> www.physiointhevalley.com	Fee for service, private insurance
Breastfeeding Services: Breastmilk production; Stress management, and colic support	Dr. Cheryl Allen Naturopathic Doctor	Lavallee Health Centre 1348 Pembroke St W, Pembroke	(613) 635-7206 Book online at www.lavalleecentre.com	Fee for Service, private insurance

All services are offered **by appointment only**.



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RABIES POST-EXPOSURE PROPHYLAXIS

- ➔ Rabies post-exposure prophylaxis should be started as soon as possible after possible or confirmed exposure. The date that prophylaxis starts is considered **Day 0**.
- ➔ It is important to give the rabies vaccine as close as possible to the recommended schedule. If a dose is missed or delayed, give it as soon as possible. The whole schedule then shifts so that the correct interval between the remaining doses is maintained.

Immunoglobulin (RabIg)

- Thoroughly infiltrate as much RabIg as possible into the wound, to the full depth and around the wound edges. (Note that you must use a different needle and syringe than used to administer the vaccine).
- If there are multiple wounds, a separate needle should be used for each wound. If there are multiple or extensive wounds requiring more than the weight-based volume of RabIg, dilute according to product monograph.
- If the entire calculated weight-based dose of RabIg can not fit into the wound, (e.g., a small wound in a finger), the remainder of the calculated dose should be given intramuscularly (IM), using a new needle.

Vaccine Administration

The 1.0 ml intramuscular (IM) dose of rabies vaccine should be given as follows:

- 2 years of age and over: deltoid
- 1 year to less than 2 years of age: anterolateral thigh or deltoid if there is sufficient muscle mass
- Less than 1 year of age: anterolateral thigh

Never administer the rabies vaccine in the gluteal muscle.

Do not give the rabies vaccine in the same anatomical site as the RabIg on Day 0.

Patient is	Day 0	Day 3	Day 7	Day 14	Day 28
Not previously vaccinated against rabies AND immunocompetent	Rabies vaccine RabIg	Rabies vaccine	Rabies vaccine	Rabies vaccine	STOP
Not previously vaccinated against rabies AND immunocompromised or on antimalarial drugs*	Rabies vaccine and RabIg	Rabies vaccine	Rabies vaccine	Rabies vaccine	Rabies vaccine
Previously appropriately vaccinated against rabies**	Rabies vaccine	Rabies vaccine	STOP	No further action	No further action

Wound Care

- Immediate and thorough cleaning and flushing of the wound with soap and water
- Some guidelines suggest applying a viricidal agent
- Suturing should be avoided whenever possible.
- Tetanus prophylaxis and antibiotics should be given as appropriate.

Appendix A taken from Public Health Ontario.
How to Administer Rabies Post-Exposure Prophylaxis. 2020

Rabies Post Exposure Prophylaxis Patient Schedule

Patient First Name: _____ Last Name: _____

Date of birth: YYYY/Month/DD _____ Patient Weight: _____ kg

RabIg Calculated dose: _____ ml (See calculation below)

Clean Wound

Ensure prompt and thorough wound cleaning of the wound to its depth using soap and water for 15 minutes. See [wound cleaning](#) and the [Canadian Immunization Guide](#).

Rabies Immune Globulin (RabIg)

RabIg DOSE CALCULATION

The dose of RabIg is 20 IU/kg and should not be exceeded. Giving too much can suppress the response to the vaccine.

- For 300 IU/ml concentrations (HyperRAB®):

$$20 \text{ IU/kg} \times \text{weight in kg} \div 300 \text{ IU/ml} = \text{ml dose}$$

- For 150 IU/ml concentrations (Imogam® or KamRAB®):

$$20 \text{ IU/kg} \times \text{weight in kg} \div 150 \text{ IU/ml} = \text{ml dose}$$

DAY TO GIVE RabIg

RabIg Administered ☐ Day 0 YYYY/Month/DD

Rabies Vaccine Schedule

Patient	Check One Row	Day 0	Day 3	Day 7	Day 14	Day 28
Not previously vaccinated AND immunocompetent						STOP
Not previously vaccinated AND immunocompromised or on antimalarial drugs						
Previously appropriately vaccinated *				STOP	No further action required	No further action required



CONTACT WITH SUSPECTED RABID ANIMAL – REPORTING FORM

Reporting Agency:		Date:	Time:
CLIENT INFORMATION			
Last Name:		First Name:	Parents Name: (if applicable)
Address:		City:	Postal Code:
Mailing Address: (if different than the above listed)			
Telephone #:		Work or Cell Phone #:	
DOB: (yyyy/mm/dd)	Age:	Gender: <input type="radio"/> Male <input type="radio"/> Female	
Family Physician:		Phone #:	

INCIDENT INFORMATION	
Date of Incident: _____	
Injury to patient: _____	
I _____, hereby authorize the release of the above personal information to the municipal Bylaw Enforcement/Animal Control Officer for the purpose of possible enforcement.	
Signature of Patient or Legal Guardian: _____	

ANIMAL INFORMATION			
Stray Animal: <input type="radio"/> Yes <input type="radio"/> No		Wild Animal: <input type="radio"/> Yes <input type="radio"/> No	
Name of Animal:		Species and Description:	
Name/Location of Vet Clinic:		Vaccine Status: <input type="radio"/> Current <input type="radio"/> Not current <input type="radio"/> Unknown Date of last vaccination:	
Name of Owner:		Telephone #:	Work or Cell #:
Owner's Address: (Street #)	(Street Name)	(City/Town)	(Prov.) (Postal Code)
Mailing Address: (if different than the above)			
Animal tied/leashed at time of incident: <input type="radio"/> Yes <input type="radio"/> No			
Signature of Attending Staff:			

Please fax a copy of this form immediately to 613-735-3067, Renfrew County and District Health Unit, 318-1100 Pembroke St. E., Pembroke, ON, K8A 6W5. Telephone 613-732-3629, Ext. 505

- If Incident occurs on weekends after 4:00pm Friday or on Statutory Holidays, please report immediately to Health Unit pager at 613-735-9926, continue to fax form as directed above.
- If **Garrison Petawawa** is involved, fax this form to 613-588-6952, Preventative Medicine Department, Garrison Petawawa Telephone: 613-687-5511, Ext. 5255.

TO BE FILLED IN BY PUBLIC HEALTH INSPECTOR	
Animal detained at:	
Observation Report: _____ _____	
Reported to C.F.I.A. (Animal Health):	Date:
Date & Time of Investigation:	Inspector:
Release Date:	
Isolation Termination Report:	
Inspector:	Date: