

"OPTIMAL HEALTH FOR ALL IN RENFREW COUNTY AND DISTRICT"

# 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  familyhealth@rcdhu.com  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 <sup>th</sup> 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 peławawa@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  physiointhevalley@hotmail.com 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.

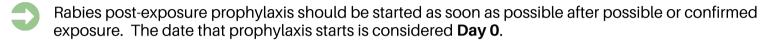


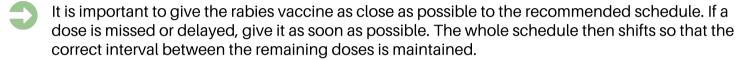
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# RABIES POST-EXPOSURE PROPHYLAXIS





# 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 Rablg on Day 0.

Patient is	Day 0	Day 3	Day 7	Day 14	Day 28
Not previously vaccinated against rabies AND immunocompetent	Rabies vaccine Rablg	Rabies vaccine	Rabies vaccine	Rabies vaccine	STOP
Not previously vaccinated against rabies AND immunocompromised or on antimalarial drugs*	Rabies vaccine and Rablg	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.

Resource: Public Health Ontario. How to Administer Rabies Post-Exposure Prophylaxis. 2020

# 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 (Se	e calculation below)	
Clean Wound		
Ensure prompt and thorough wound cleaning for 15 minutes. See <u>wound cleaning</u> and the <u>C</u>	-	•
Rabies Immune Globulin (Rablg)		
Rablg DOSE CALCULATION		
The dose of Rabig is 20 IU/kg and should not be e to the vaccine.	xceeded. Giving too much can su	ppress the response
For 300 IU/ml concentrations (HyperRAB <sup>6</sup> )	<sup>9</sup> ):	
20 IU/kg X weight in kg ÷ 300 IU/ml	=ml dose	
For 150 IU/ml concentrations (Imogam <sup>®</sup> concentrations)	or KamRAB <sup>®</sup> ):	
20 IU/kg X weight in kg ÷ 150 IU/m	l =ml dose	

#### DAY TO GIVE Rablg

Rablg Administered ☐ Day 0 <u>YYYY/Month/DD</u>

# 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 SUS	PECTE	D RAB	ID ANIM	AL – REPOF	RTING FORM	
Reporting Agency:		Date:		Tir	Time:	
CLIENT INFORMATION						
Last Name:	First Name:			Parents Name: (if ap	plicable)	
Address: City:		City:	Postal Code:			
Mailing Address: (if different than the above listed)				I		
Telephone #:			Work or Cell Phone #:			
DOB: (yyyy/mm/dd)	А	ge:	Gender:   Male   Female			
Family Physician:			Phone #:			
INCIDENT INFORMATION						
Date of Incident:						
Injury to patient:						
I, hereby Animal Control Officer for the purpose of possible  Signature of Patient or Legal Guardian:	enforcemer	nt.		information to the m	unicipal Bylaw Enforcement/	
ANIMAL INFORMATION						
Stray Animal: Yes No			Wild Animal: O Yes No			
Name of Animal:			Species and Description:			
Name/Location of Vet Clinic:			Vaccine Status: Current Not current Unknown Date of last vaccination:		current Ounknown	
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: :	○ No					
Signature of Attending Staff:						
Please fax a copy of this form immediate Pembroke, ON, K8A 6W5. Telephone 613-73.  If Incident occurs on weekends after 4:0 613-735-9926, continue to fax form as continue of the fax form as continue to fax form as continue to fax form as continue to fax form as continue of fax form as continue to fax form as continue	2-3629, Ext Opm Frida lirected ab	:. 505 y or on Stat ove.	utory Holidays, p	olease report imme	diately to Health Unit pager at	

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

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