

Memo

To: All staff and physicians

From: Kirsten Johnson, Clinical Manager
Infection Prevention and Control, Clinical Education
and Acute Mental Health

Date: May 1, 2020

Subject: Infection Prevention and Control Update

We continue to receive questions from staff on a number of topics and felt it might be helpful to provide some up-to-date information on these areas of interest. As always, especially during this time of change, we welcome questions and would ask that you continue to submit them to covid19questions@prh.email. This way, we can post the answers on the Staff Resources section of our website as a way of sharing the information with all.

PPE Reprocessing

The process for collection of used PPE is a directive from our Ministry of Health. The process and science behind reprocessing of used PPE has not yet been shared provincially. We, along with all other hospitals, have simply been asked to keep used PPE (including procedure masks and N95 respirators) for potential future reprocessing. Early work at a provincial level suggests that N95 masks could be irradiated and potentially used weeks later. However, until the science is clear and provincial guidance is obtained, masks and other PPE will not be reprocessed. Once direction is received, there will be full transparency with staff and our Joint Occupational Health and Safety Committee regarding the plan for re-use (if it is required). Until then, we continue to follow the provincial direction to collect and store the product.

Please note that masks that are visibly contaminated (stained with lip gloss or other makeup for example), torn, wet or otherwise soiled shall always be thrown out and not kept for potential reprocessing.

Various Types of PPE Being Used

Due to the increase in demand related to PPE and breaks in the supply chain, staff will see some products being used that are different from our normal stock. All product for staff use is obtained through our reputable suppliers and/ or through the provincial inventory of PPE. Our team of COVID champions makes every effort to support communication, education and training related to any new products that staff may see.

Aerosol Generating Procedures

PRH has adopted the TOH approach (and again, regional direction), related to aerosol generating procedures. For any probable or confirmed COVID-19 case, patients receiving aerosol generating procedures would be placed on Airborne precautions.

For patients who are not probable COVID, we would follow our routine practice and utilize droplet/contact precautions anytime an aerosol generating procedure is occurring (including use of home CPAP machines). Of course, it is always expected that staff complete a point of care risk assessment and select PPE in accordance with the risk assessment.

Negative Pressure Rooms

Negative pressure rooms are designed for the air to flow into the room. This keeps infectious aerosols inside the room away from people who are not using respiratory protection. In the hospital, a patient on Airborne Isolation needs to be in a negative pressure isolation room with dedicated exhaust to protect other people in the hallway and nearby areas.

While the negative pressure and dedicated exhaust protect people outside of the room who are not wearing respiratory protection, inside the room respiratory protection (fit tested and seal checked respirator) is necessary to protect your airway from infectious aerosols.

Temporary Negative Pressure Rooms

Regarding the temporary negative pressure spaces, these rooms are set up in the event of a surge need. It remains best practice to utilize the structural/ permanent negative pressure rooms first. Keep in mind that routine care of COVID probable or confirmed patients involves droplet/contact precautions and not airborne. These rooms would only be used if there was a surge in patients requiring aerosol generating procedures. These temporary rooms along with the permanent spaces (room 226 and 227) are audited regularly and in accordance with CSA and PIDAC standards. We are in the final stages of working with CNL to implement high tech pressure gauges to each temporary negative pressure space.

The safe zones for doffing PPE were reviewed by Infection Control and Occupational Health and identified to be a safe distance from the patient. The doffing inside this zone is of gloves and gown only. As with all airborne precaution spaces, the N95 respirator keeps the frontline worker safe from the airborne contaminants and would only ever be doffed with clean hands outside of the patient's environment. Rooms 226 and 227, while small, have a permanent anteroom with door which allows the staff member to remove the respirator safely and away from the patient.

Isolation Gowns

Isolation gowns are regionally and provincially a stock issue. We are working on internal practices to ensure we maintain an adequate stock of isolation gowns at the point of care. We have heard that other facilities have had to implement extended use of gowns (which is a recommended conservation strategy from Ontario Health). This is not a cost-saving method. It is a method to conserve PPE. At this time, we are maintaining our stock levels at PRH and have not had to implement this strategy. Our PPE working group continues to meet regularly and discuss innovative and safe ways to conserve our PPE and alternative options in the event we encounter a shortage. This approach helps us to maintain an appropriate level of PPE.