

SPECIAL EDITION COVID-19 MUST READ PPE INFORMATION

April 9, 2020



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A Heartfelt Message to PRH from Pierre Noel

Like many of you, I still find it difficult to believe the changes we have seen in our lives over the past few weeks.

While over the years, our hospital, experts in the healthcare field, and organizations from around the world have put in place plans to manage a pandemic, I don't think anyone was fully prepared for the situation we now find ourselves in. And yet, here we are; and from here we will continue to meet this challenge together.



I want to take a moment to express my sincere thanks and appreciation for all the hard work you are doing. The changes that have taken place within our facility since mid-March are unprecedented and yet you have all stepped up and done what is needed. This, despite being worried about your patients, your own health, and the ones you love.

In the earliest days of preparation for COVID-19, each of you asked how you could help, and, as we have leapt forward in the weeks that followed, you have adapted to fast-paced change and have taken on new assignments without hesitation. You have been innovative, you have demonstrated teamwork, and you have all brought your skills and talents to the table. Together we have found new ways to deliver care and to maintain a caring and compassionate environment for our patients, and for each other as well. I am so proud of all of you.

As you know, one of our big challenges right now is maintaining a sufficient supply of Personal Protective Equipment. Due to worldwide issues, sometimes our orders are delayed or not filled as requested. For some supplies, we have months of stock, for others, it is only days or weeks worth. Those numbers change on a daily basis as we identify new sources, get more supplies in, or change our usage patterns. Please know that many people are working very hard at PRH on this front – and we are leaving no stone unturned. This includes following direction from Ontario Health to collect used PPE and to look for proven ways to reprocess some items.

We have supplies of PPE on hand to do our work today and to protect our front line staff – but we have to get the maximum use out of every item in order to make sure that we have enough to go the distance. The most important thing you can do in your work right now, as an individual and as a team, is to be careful stewards of this precious supply. I have confidence you will do this.

I expect that for the foreseeable future, we will continue to be challenged by an environment that will be stressful and uncertain. In these times, it is important for all of us to practice self-care. Please ensure that you get the rest and support you need when you need it and do not be afraid to ask for help if you need it.

So, again, thank you, to each and every one of you. You are all making a difference in how we are able to respond to this situation. It is by no means an easy task but knowing that we are all in this together and supporting one another, makes it all that much easier to bear. There is no doubt; we will get through this together.

Dr. Tom Hurley's Message To PRH About Appropriate Use Of PPE

The appropriate use of PPE will keep our staff and patients safe.

For standard care of COVID-19 patients, the World Health Organization (WHO) and Public Health Agency of Canada have recommended DROPLET and CONTACT precautions. The recommendation from the WHO was based on a review of the first 75,000 patients infected in China. This data clearly demonstrated that the airborne (or aerosol route) was not important in spreading the virus.

Prior to this data being available, initial recommendations included the use of N95 respirators and special rooms for the care of COVID-19 patients. This was a precautionary mechanism which was adopted as a default position to ensure our safety until the true method of viral spread could be understood. In other words, it is best to err on the side of caution.

Now that the method of spread is understood, it is clear that N95 and special rooms are not needed for standard care.

There are certain instances where these additional safety mechanisms, N95's and special rooms are needed. These include aerosol generating medical procedures. A complete list of these procedures can be found on page 13 of this document.

When using the DROPLET and CONTACT precautions, staff should be familiar with the correct use and safe disposal of PPE. For example, procedure masks may be safely used for four hours, provided they are not soiled, contaminated or damaged. N95 masks should not be discarded as strategies to ensure their sterilization and potential reuse are being investigated. This is being done province wide to ensure all healthcare workers have access to PPE when needed.

We take your safety extremely seriously. The staff and physicians at the Pembroke Regional Hospital are our extended family. We care for you and aim to protect you. By adopting practices that are consistent with provincial, national and WHO recommendations we are making scientific, evidence-based decisions which ensure a safe work environment.

I am available for personal discussion should you have concerns, questions or feedback.





MUSA STRATEGY

MAXIMUM USE SAFETY ALLOWS

GET THE MAXIMUM USE
from each mask that safety allows to reduce overuse and reduce the risk of running out. This is the most important piece of teamwork we can do.

REGULAR PATIENT CONTACT IN A COVID-DEDICATED AREA

- Wear mask-with-visor for 4 hours
- Once on, leave it in place. Don't adjust or touch.
- Remove/discard in appropriate bins on break or lunch

WORK IN PATIENT CARE AREAS BUT NOT REGULARLY INTERACTING WITH PATIENTS ON DROPLET PRECAUTIONS

- If no direct contact and able to maintain 2m distance with patients NO MASK IS REQUIRED
- Wear your procedure mask for 4 hours.
- Once on, leave it in place. Don't adjust or touch.
- When in contact with patient on droplet contact precautions, add face shield or goggles.
- Face shield or goggles are provided 1 per staff member per shift, wash with soap and water or wipe after exiting patient environment.

MASKS THAT BECOME SOILED CAN BE REPLACED WHEN NECESSARY.

NOT IN A PATIENT CARE AREA

- If not in direct contact with patients NO MASK IS REQUIRED
- Maintain 2m physical distance as much as possible
- Importance of Hand Hygiene

SPECIAL INSTRUCTIONS FOR DI AND STAFF WHO ROVE FROM UNIT TO UNIT LIKE Dietary, RT's and Other Allied Health

- If no direct contact and able to maintain 2m distance with patients NO MASK IS REQUIRED
- See full protocol for details

DON'T SKIMP and DON'T WASTE

Ongoing Innovative Solutions for PPE

PRH and regional partners are doing extensive review and planning of PPE alternative supplies and processes, including:

- 3D printing of face shields
- Safely reprocessing N95 masks , surgical masks and goggles. Please DO NOT discard!
- Using technology for specific consultations and assessments to reduce PPE use

Please know we are researching and evaluating these and many more.

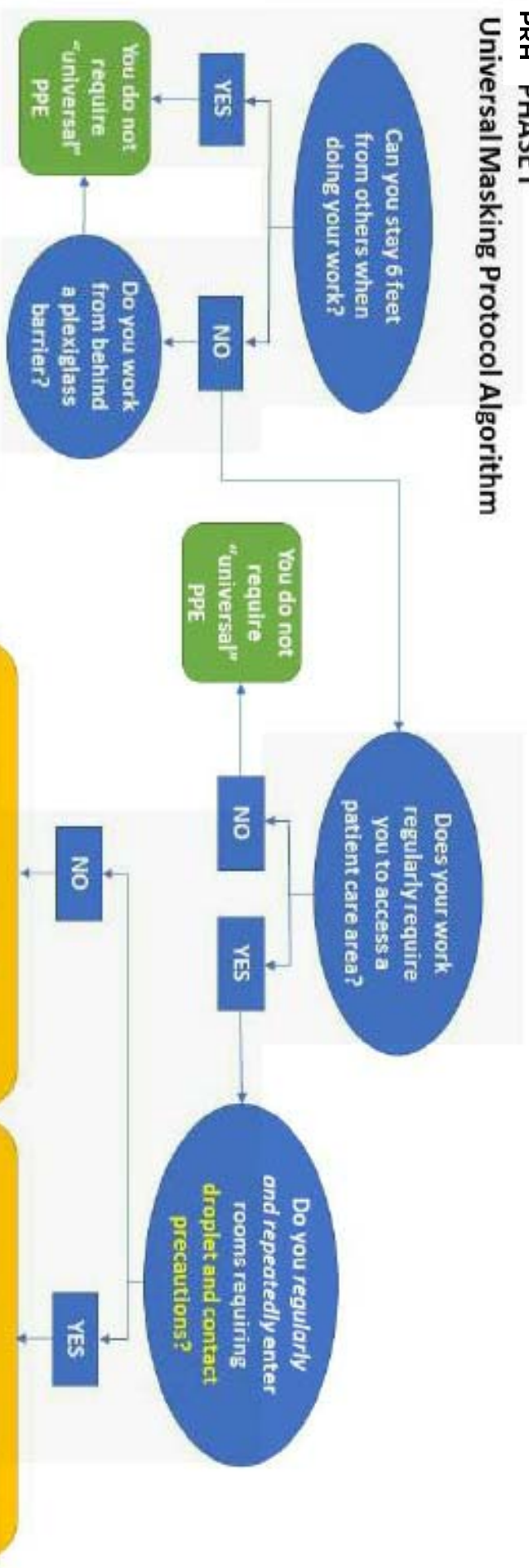
We will ensure that any solutions we move forward with will serve to protect you.

All staff are invited to submit questions to:

covid19questions@prh.email

PRH PHASE I

Universal Masking Protocol Algorithm



At all times, staff who work intermittently with any patient on additional precautions must follow the directions for use of PPE described on the IPAC signage.

You will be provided a procedure mask to wear throughout your day. During the period of PPE stewardship, please maximize the use of this equipment for up to 4 hours.

You will be provided a mask with visor to wear throughout your day. During the period of PPE stewardship, please maximize the use of this equipment for up to 4 hours.

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PROTOCOL FOR UNIVERSAL MASKING AT PRH

The purpose of this document is to optimize the use of masks by all staff and physicians, while maintaining an adequate supply of our PPE throughout the COVID-19 pandemic.

The first rule to avoid contamination with respiratory droplets is to remain 6 feet apart (the length of a full sized bed, the width of a car), and this physical separation should be practiced whenever possible.

The purpose of a surgical mask is to contain droplets that are normally expelled through our mouths and noses when breathing and speaking. So, by wearing a mask, you are protecting others that are within 6 feet of you. While the mask assists in protecting the mucous membranes of your mouth and nose, it is not the same as what is required for DROPLET precautions. If neither you nor your colleague/patient are wearing a mask, you should maintain a physical separation of 6 feet whenever possible.

Broader but controlled use of surgical/procedure masks for staff, physicians and others will help to reduce overconsumption of PPE, and preserve our stocks as we progress through this pandemic. Our goal is twofold: to protect the health & safety of our staff, physicians and patients; and, to support the long-term sustainability of our PPE supplies during the COVID-19 pandemic. We encourage all staff and physicians to make an informed decision with regard to the use of PPE. Our judicious use of PPE now will contribute to having a supply later.

AS PER ROUTINE PRACTICES, all staff must complete a point of care risk assessment (PCRA) before every patient interaction. The PCRA should be completed based on the enclosed PIDAC guidelines (see Appendix A). Each PCRA should include the frequency and probability of routine or emergent Aerosol Generating Medical Procedures (AGMP) being required. N95 respirators must be used by all health care workers in the room where AGMPs are being performed, are frequent, or probable. If a health care worker determines, based on their professional and clinical judgement that health and safety measures different from this directive are needed, the health care worker should contact their supervisor and/or OH&S, or hospital charge nurse (after hours) to discuss rationale. PRH will not unreasonably deny access to the appropriate PPE. This will include access to; surgical/procedure masks, fit tested N95 respirators, gloves, face shields and gowns.

We all have a responsibility to ensure we are using PPE appropriately (not excessively) to ensure that those caring for suspect, presumed or confirmed COVID-19 patients have access to the level of PPE they require. For this reason, all staff (regardless of department) who don a mask, are to wear it for four hours, unless it becomes wet, damaged or soiled.

Every effort has been made to provide clear guidelines, but this direction is being provided in a volatile situation and is expected to require changes as the situation adjusts. As you know, we are working in a quickly evolving situation. Please be patient during this time and let us know if you have any questions or concerns.

GENERAL MASK GUIDELINES

1. Staff who are interacting with patients but are behind a plexiglass barrier are not required to wear a mask and should continue to perform appropriate hand hygiene.
2. Staff who have not been provided a mask are to maintain a physical distance from others of 6 feet to help keep their respiratory droplets from landing on others.
3. Hand hygiene must be performed before putting hands near the face, including when planning to remove a mask. If a mask is being removed, hand hygiene should take place again after the mask is removed. Directions on how to don/doff a mask are included in Appendix B.
4. Procedure masks that are properly donned can be worn continuously and over multiple patient encounters, for up to 4 hours. Exception: surgical masks should be changed if the mask becomes wet, damaged or soiled, or after four hours of use. All staff (regardless of department) who don a mask are to wear it for four hours, unless it becomes wet, damaged or soiled.
5. If a mask becomes soiled, damaged or hard to breathe through, the staff member must be provided with a replacement mask, which should be used for a four-hour period.
6. Do not write on the mask or otherwise deface the surface as it may interfere with its integrity or functioning.
7. Ensure extra caution is taken to not touch the surgical mask while wearing it. If this occurs, perform hand hygiene.
8. At all times, whether or not practicing “universal masking”, all staff must follow the directions for additional precautions that are posted on a patient’s door.
9. Limit traffic between units as much as possible. Only go into patient care areas if you have a reason to go there. Plan your visit to group the number of times that you have to go to the nursing unit. If you must enter a nursing unit several times during your shift, discuss strategies to limit the number of trips with your manager.

Procedure for Nursing Units

Starting the shift

- Staff and Physicians arrive on the unit
- Perform hand hygiene
- Review patient assignment if no patients on airborne additional precautions use mask-with-visor or procedure mask; if providing care for a patient on airborne precautions use appropriate N95 mask
- Apply appropriate mask (masks that are properly donned can be worn continuously and over multiple patient encounters, for up to 4 hours).
- This applies to all staff who are providing **direct patient care** that requires distancing to be less than 6 feet away from patient (physio, diagnostic imaging, laboratory, RT, housekeeping).

FOR COVID-19 DEDICATED UNITS (ED/ ICU, 2A, DI)

Staff caring for a patient on airborne precautions should select the appropriate size N95 mask for universal masking instead of a procedure mask. The N95 mask can be worn for extended use (up to 4 hours) and according to PPE directive.

Entering into COVID-19 Droplet and Contact room

- Staff and Physicians will already be wearing a procedure mask with visor
- Perform hand hygiene
- Put on gown
- Put on gloves
- Enter patient room

After care and near exit, remove:

- Gloves
- Gown
- Perform hand hygiene
- Leave on mask with visor
- Leave doffing area

Entering into a COVID Airborne/Droplet/Contact room (includes all COVID +, suspected COVID cases who are UNDERGOING AN AEROSOL GENERATING MEDICAL PROCEDURE* (see p.13)

- Staff and Physicians will already be wearing an N95 fit test respirator with seal check
**If not already wearing a N95 respirator, remove procedure mask and discard (according to current practice), don an N95 respirator and perform seal check. This mask is to be worn for extended use.*
- Perform hand hygiene
- Put on gown
- Put on face shield or goggles
- Put on gloves
- Enter patient room

After care and near exit (2m distance from patient), remove:

- Gloves
- Gown
- Perform hand hygiene
- Remove face shield or goggles
- Perform hand hygiene
- Exit room
- Leave N95 mask on for extended use

Going to break (in a designated break room or office)

- Staff and Physicians will already be wearing a mask with visor or N95 mask
- Perform hand hygiene
- Remove mask and discard in appropriate bin
- Perform hand hygiene
- Go to break
- Don new mask as appropriate for patient assignment upon return to the unit

FOR ALL OTHER UNITS- NOT COVID-19 DEDICATED

Staff caring for a patient on airborne precautions should select the appropriate size N95 mask for universal masking instead of a procedure mask. The N95 mask can be worn for extended use (up to 4 hours) and according to PPE directive.

Entering into patient room with no additional precautions

- Staff and Physicians will already be wearing a procedure mask
- Perform hand hygiene
- Enter patient room

After care and near exit:

- Perform hand hygiene
- Leave procedure mask on

Entering into a Droplet/Contact room

- Staff and Physicians will already be wearing a procedure mask
- Perform hand hygiene
- Put on gown
- Put on face shield or goggles
- Put on gloves
- Enter patient room

After care and near exit, remove:

- Gloves
- Gown
- Perform hand hygiene
- Remove face shield
- Perform hand hygiene
- Exit room
- Leave procedure mask in place

Entering into an Airborne/ Droplet/ Contact Room

- Staff and Physicians will already be wearing an N95 fit test respirator with seal check
**If not already wearing a N95 respirator, remove procedure mask and discard (according to current practice), don a N95 respirator and perform seal check. This mask is to be worn for extended use.*
- Perform hand hygiene
- Put on gown
- Put on face shield or goggles
- Put on gloves
- Enter patient room

After care and near exit, remove:

- Gloves
- Gown
- Perform hand hygiene
- Remove face shield or goggles
- Perform hand hygiene
- Exit room
- Leave N95 respirator on

Going to break (in a designated break room or office)

- Staff and Physicians will already be wearing a mask
- Perform hand hygiene
- Remove procedure mask and place in dedicated receptacle (according to current practice)
- Perform hand hygiene
- Go to break
- Don a new procedure mask upon return to the unit

For purposes of clarification:

- For staff who require regular contact with patients (less than 6 feet away from patient) or are working in a patient care department will be provided with a mask. These staff should follow the guidelines stated herein with regard to wearing the same mask for 4 hours. This applies to staff in RT, physio, recreation, diagnostic imaging, laboratory, pharmacy, housekeeping, facilities management.
- Under no circumstances should PPE be leaving the hospital.

*Aerosol-Generating Medical Procedures

Aerosol- Generating Medical Procedures:

- Intubation
- Extubation
- Cardio Pulmonary Resuscitation (NB –chest compression and cardioversion/defibrillation are not considered AGMP)
- Non-invasive ventilation (e.g., CPAP, BiPAP) (avoid where possible)
- Manual ventilation
- High-flow nasal oxygen (i.e., bellavista, AIRVO) (suggest avoid where possible)
- Open suctioning (e.g., “deep” insertion for nasopharyngeal or tracheal suctioning, not inclusive of oral suction) (suggest avoid where possible)
- Bronchoscopy (suggest avoid where possible)
- Induced sputum (e.g. inhalation of nebulized saline solution to liquify and produce airway secretions, not natural coughing to bring up sputum) (suggest avoid where possible)
- Large volume nebulizers for humidity (suggest avoid where possible)
- Autopsy
- Nasopharyngoscopy
- Oral, pharyngeal, transphenoidal and airway surgeries (including thoracic surgery and tracheostomy insertion) (tracheostomy should be avoided if possible)
- Needle thoracostomy
- Oxygen nasal prongs >6L/ min
- Simple mask >6L/min

Not considered Aerosol-Generating Medical Procedures:

- Collection of nasopharyngeal or throat swab
- Chest tube removal
- Coughing
- Oral suctioning
- Oral hygiene
- Gastroscopy
- ERCP
- Colonoscopy
- Cardiac stress tests
- Caesarian section or vaginal delivery of baby done with epidural
- Any procedure done with regional anesthesia
- Electroconvulsive Therapy (ECT)
- Transesophageal Echocardiogram (ECT)
- Transesophageal Echocardiogram (TEE)
- NG tube insertion
- Chest physiotherapy
- HiOx mask

Use of N95 Respirators beyond the Manufacturer-Designated Shelf Life

The Ministry of Health is advising health care providers not to dispose of N95 respirators that are beyond the manufacturer-designated shelf life (expiry date) as these respirators can still serve an important purpose; especially during times of supply shortages.

Where surgical masks are not available, N95 respirators beyond the manufacturer-designated shelf life (expiry date) may be used as a surgical mask for health care workers for Contact or Droplet Precautions.

Before using as a surgical mask, N95 respirators should be visually inspected to confirm the respirators are not distorted or damaged in any way. This includes respirator elastics, nose clips, nose foam or shell. Any model of N95 respirator can be used for droplet and contact precautions, it does not need to be the model that an individual has been fit-tested to.

The N95 masks beyond manufacturer- designated shelf life are not to be used for interactions with patients who are under Airborne Precautions.

Dedicated departments at PRH have been selected by our PPE Working Group to receive a supply of expired N95 respirators to use in place of procedure masks for universal masking. This supply of masks is clearly defined as "EXPIRED" and is provided to the dedicated departments in a clear plastic bag. The N95 respirators will be removed from the original packing and marked on the elastic band with a black line to identify the expired product. The bag of expired respirators is to be stored in a central and dedicated area within the department for storage. After extended use (up to 4 hours), the expired N95 mask must be discarded.

Source: Ministry of Health- COVID-19 Guidance: Information on the Use of N95 Respirators Beyond the manufacturer-designated shelf life (version 1- March 27, 2020)

Conservation of Personal Protective Equipment (PPE)

Conservation of Personal Protective Equipment (PPE) is a key part of our work to ensure we can protect all our healthcare workers. This is a logical next step as part of contingency planning for the anticipated surge in COVID-19 cases - and is an addition to the overall management of our supply chain activities.

Evidence supports that there are various methods of retaining, sterilizing, reprocessing and reusing PPE, including N95 masks.

As part of an effort to conserve PPE, staff are now being asked to place goggles, N95 respirator masks (excluding expired N95 masks), ear-looped surgical masks and face shields in designated containers located on clinical units for eventual reprocessing.

Important details related to PPE collection:

- All surgical masks with ear loops and N95 respirators (excluding expired product) require a label that consists of the staff member's first name, last initial and department
- Labels will be provided to you by your manager or can be created using a label maker on the unit
- All surgical masks with ear loops and N95 respirators (excluding expired product) must be inspected after use. Visually inspect mask for visible contamination or damage, discard mask if contaminated or damaged.
- After inspection, place the mask into an individual clear plastic bag. Label the bag using black marker with first name, last initial and department.
- Place the PPE in the designated collection bin on the clinical unit
- At this time, the following items are considered single use and must be discarded after use:
 - Masks with attached face shield
 - Expired N95 masks repurposed as simple surgical mask
 - Surgical mask with ties
- Remember to discard visibly soiled, contaminated or damaged surgical masks and/ or N95 respirators

As further direction is received from Ontario Health, details about sterilization and redeployment of masks will be provided. This is an approach which supports our conservation efforts and is consistent with supporting a safe work environment.

Source: Conserving N95 masks, PPE for reprocessing/reuse. *Ontario Health*.

HOW TO PUT ON, USE, AND TAKE OFF AND DISPOSE OF A MASK

1.



2.



3.



4.



Source: World Health Organization

HOW NOT TO WEAR YOUR MASKS



CHECK BEFORE YOU TOSS!

If you are seeing something new (such as visor) DON'T DISCARD after use.

We are evaluating new PPE that can be reprocessed.

When in doubt DON'T CHUCK IT OUT!

COVID-19

How to minimize risk to your family

BEFORE WORK



Remove all watches and hand/arm jewellery



Have a change of clothes in a washable bag



Take lunch and snacks in a washable bag



Don't wear nail polish, and wash your hands often

AT WORK



Change into clean, dedicated work clothes



Sanitize your phone, ID badge, and glasses



Observe appropriate hand hygiene before/after each patient, or touching a surface



Do not shake hands, or give high-fives



Change into clean clothes before leaving work



Sanitize your stethoscope and workstation



Sanitize your lunch area before you eat



Wear the appropriate PPE for each situation



Remain 6-feet away from other people when possible



Put your dirty clothes into the washable bag

AT HOME



Wipe down your work shoes and leave them at work



Leave outside shoes in the garage or outside the door



Wash all your clothes and the bag they were in



Sanitize your phone, ID badge, glasses and stethoscope



Shower immediately after getting home



Put dishes, water bottle or coffee cups through dishwasher



Take time for wellness and self-care each day

