



Friday, March 27, 2020

UPDATE ON PERSONAL PROTECTIVE EQUIPMENT (PPE) USE DURING THE COVID-19 PANDEMIC

(Excerpted and Adapted from Recommendations on the Use and Conservation of PPE from Ontario Health, release date: March 25, 2020)

Hotel Dieu Shaver remains committed to adhering to the most current information received from Ontario Health and Public Health regarding recommended use of PPE. The safety of staff, physicians and patients is the highest priority. All staff and physicians are encouraged to familiarize themselves with the evidence and recommendations provided on the appropriate and responsible use of PPE.

Ontario Health requires that all surgical masks should be immediately secured by the hospital <u>(treated like narcotic supply)</u>.

Based on the March 25, 2020 parameters, hospitals have engaged in a risk analysis and the following principles have been adopted at Hotel Dieu Shaver and at Niagara Health.

SURGICAL MASK ISOLATION USE

Surgical Masks at are to be used <u>only</u> as follows:

- <u>All staff and physicians on inpatient units will be issued a surgical mask if caring for patients with</u> <u>droplet contact, which includes suspected COVID-19</u> (meeting criteria identified by Ontario Public Health).
- Recognizing that the following applies to Niagara Health acute care, a mask allocation chart is provided for your information:

All staff and physicians working in the following areas will receive the following number of surgical masks per shift:		
ONE MASK:	TWO MASKS:	
 Outpatient Hemodialysis Units Ambulatory Oncology Women's and Babies' Units Diagnostic Imaging Hospital Sites 	 All Emergency Departments and Urgent Care Centres All Intensive Care Units COVID-19 ICUs COVID-19 Designated Cohort Units All COVID-19 Assessment Centres 	

- Within the parameters identified, Ontario Health recommends that a thoughtful, risk-based approach to mask allocation be developed at every organization and recognizes that, at any given moment in time, this may result in different mask allocation protocols across organizations in all sectors in health care.
- Importantly, in a future scenario of restricted masks, this approach will allow individual hospitals to roll back mask allocation in a rational fashion if required

N95 MASK USAGE

Inpatient Facilities (acute care hospital, rehab and complex continuing care)

- When caring for individuals with suspected or confirmed COVID-19, healthcare workers should follow droplet/contact precautions (surgical/procedure mask, isolation gown, gloves and eye protection).
- Use an N95 respirator during the following aerosol-generating medical procedures performed on suspected or confirmed COVID-19 patients:
 - Endotracheal intubation, extubation, and related procedures
 - Tracheostomy procedures (e.g., open suctioning, removal)
 - Open airway suctioning
 - Surgery and autopsy, especially when using high speed devices
- The following aerosol-generating medical procedures should be avoided in suspected or confirmed COVID-19 patients. Where these procedures must occur based on clinical judgment, an N95 respirator should also be used:
 - Cardio-pulmonary resuscitation (this is considered a high-risk procedure and should only be embarked upon where there is a reasonable prospect of success)
 - Tracheotomy
 - High frequency oscillating ventilation
 - Bronchoscopy (Diagnostic or Therapeutic)
 - Sputum induction (Diagnostic or Therapeutic)
 - Non-invasive positive pressure ventilation (CPAP, BiPAP)
 - CPAP/BiPAP for obstructive sleep apnea
 - High flow oxygen therapy
 - Nasopharyngeal Swab
- <u>Please note</u>: for all other situations, including screening, entering a patient's room, or providing direct care to patients suspected or confirmed to have COVID-19, <u>a surgical mask, isolation gown, gloves and eye protection is sufficient.</u>
- N95 respirators <u>SHOULD NOT</u> be used by providers caring for COVID-19 or suspected COVID-19 patients unless the patient is undergoing an aerosol-generating medical procedure as described above.

To assist staff and physicians with easy identification of mask allocation requirements, a one page visual chart has been developed (See "Personal Protective Equipment (PPE) Requirements" attached).

PPE CONSERVATION

To help ensure the most responsible stewardship and protection of PPE inventory, everyone is asked to follow this directive to extend the life of surgical and N95 masks:

- Wear your mask while providing care to multiple patients and do not discard unless compromised (moist, wet, soiled, damaged, torn or hard to breathe).
- Do not touch the outer surface of the mask. If you do so, perform meticulous hand hygiene immediately.
- In the event that you remove your mask, store it in a reseatable plastic bag until the next use.
- N95: do not compress or fold so as to maintain its shape.
- Surgical Mask: fold carefully so that the outer surface is folded inward.
- Before and after removal of your mask, perform meticulous hand hygiene.
- Do not wear masks around your neck when not in use.

We will continue to rigorously monitor our supply and usage of PPE. We will continually evaluate and update this information based on developments with COVID-19, emerging evidence, and any modifications in direction from Ontario Health and/or Public Health.

HDS REHABILITATION AND COMPLEX CARE – RISK-BASED & PHASED APPROACH TO MASK ALLOCATION

As recommended by Ontario Health, Hotel Dieu Shaver has developed the following Risk-Based and Phased Approach to Mask Allocation.

- **Risk Assessment Scale:** Phase 1 representing mask use for the lowest risk scenarios to Phase 3 representing the highest risk scenarios.
- **Definition of Suspected COVID-19 Unit Outbreak:** Three (3) suspected COVID-19 patients on one unit (meeting criteria identified by Ontario Public Health).

DEFINED RISK STRATIFICATION		
PHASE 1	PHASE 2	Phase 3
 Triggered by 1 suspected COVID-19 patient on a unit All staff that may encounter working with this patient or within the patient's room will be provided with two (2) masks per shift. Community spread will be closely monitored. 	 Triggered by 3 suspected COVID-19 patients on one unit – Suspected Unit Outbreak All staff working on this unit will be provided with two (2) masks per shift. Community spread will be closely monitored. All activities will be reviewed such as therapy, dietary and housekeeping services. 	 Triggered by (2) Two Units in Suspected COVID-19 Outbreak All staff working in clinical areas and inpatient units will be provided with (2) masks per shift. Community spread will be closely monitored.

Hotel Dieu Shaver will escalate through phases of mask allocation as risk escalates.

The full comprehensive Ontario Health recommendation report can be accessed for full review by accessing the PDF provided by clicking on this link: <u>Ontario Health PPE Recommendations</u>

ONLINE RESOURCES

Some other reference material:

- Niagara Region Public Health
- Public Health Agency of Canada information on Coronaviruses
- Government of Ontario Wuhan Novel Coronavirus (2019-nCOv)
- Latest travel advice

OUR COMMITMENT

- We continue to be deeply committed to keeping our patients and each other safe.
- We continue to monitor this ever-changing situation with our health partners, adding necessary precautions as appropriate. Much like our health partners, we are acting on the best advice of the Province's Chief Medical Officer of Health and other leading public health officials.
- Thanks for your ongoing co-operation and tireless dedication.

#WeAreHDS