

Grey Bruce IPAC Hub Newsletter

101 17th Street East, Owen Sound, ON N4K 0A5

Website: www.publichealthgreybruce.on.ca

Phone: 519-376-9420



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Grey Bruce IPAC Hub

Dr. Rim Zayed - IPAC Hub Lead

ipachub@publichealthgreybruce.on.ca

Phone: 519-376-9420

Paige Tocher, MPH, CPHI(C), ext. 1205

p.tocher@publichealthgreybruce.on.ca

Adel Coulter, RPN, CIC ext. 1466

a.coulter@publichealthgreybruce.on.ca

IPAC Blog

We want to thank everyone for their continued hard work during this time, it has not gone unnoticed! After being on-site to visit so many of the facilities in Grey Bruce, we wanted to highlight some general overall observations:

1. Appropriate PPE use, including the appropriate steps for donning and doffing (order, gowns tied, hand hygiene, etc.) should be in place at all times
2. Appropriate signage posted on the doors so that staff are aware of the requirements before entering an isolation room (droplet-contact, donning, doffing).
3. Droplet contact PPE is only required when entering an isolation room. Gowns and gloves are not typically required when moving elsewhere throughout the home, for example in the hallways, unless a point of care risk assessment indicates otherwise (for example, transferring laundry from an isolation room or following/guiding a resident in precautions who has left their room)
4. It is important to make sure that hand hygiene supplies like ABHR are available throughout a home. ABHR should be available in all common areas and at all points of care, including resident's rooms. ABHR should be available with isolation stations so that staff can clean their hands while donning and doffing their PPE
5. If agency staff are working within a facility, it is important that agency staff are aware of the same IPAC principles to be followed, including hand hygiene, PPE, etc. Training should be offered to these staff as well.
6. For environmental cleaning, whichever product your home decides to use, make sure that all staff are aware of the manufacturer's instructions for use and are following the appropriate contact time.

Considerations for Assisting Residents with Showering or Bath During an Outbreak

Showering or tub bathing of residents is an essential of daily living. This can be done safely and effectively when a home is in outbreak.

Considerations include:

- Scheduling of residents based on their current health; always start with the well residents first, followed by asymptomatic positive followed by symptomatic positives
- Assist the resident to perform hand hygiene upon leaving their room and when returning.
- Ensure that the resident is masked when transporting them to and from their room
- For residents who are unwell and unable to be transported to the shower / tub room, consider alternative bathing methods such as bed-baths



PPE Selection

The showering or tub bathing of residents may create splashes and sprays of water and the possibility of exposure to body fluids/secretions from the patient with the water splash. Staff must perform a point of care risk assessment to determine what personal protective equipment (PPE) is required. All staff must receive appropriate training on the care, use and limitations of any PPE that they are using. The effectiveness of PPE depends on the worker wearing it correctly and consistently. If manipulated or changed, breaches can occur.

- If you may be splashed or sprayed while assisting with the shower or tub bath, wear a water-resistant or waterproof gown, gloves and facial protection e.g., surgical/procedure mask with visor or goggles.
- Although bathing itself isn't an AGMP, homes may still want to consider wearing an N95 if the patient getting the bath is suspect/confirmed COVID.
- Discard single-use, disposable PPE after use. Exception: eye protection such as goggles, safety glasses and face shields may be dedicated to an individual healthcare provider and cleaned and disinfected for reuse.
- To reduce the risk of splashing, place items needed during the shower or bath, e.g., soap, face cloth, shampoo in a location within reach of the patient to use without help.



Cleaning and Disinfection

- There must be a written procedure for daily cleaning and low level disinfection of tubs that follows the manufacturer's instructions. Responsibility for daily cleaning and disinfection must be identified in the procedure. Daily cleaning of tubs must be documented. Instructions should be posted and/or readily available to staff.
- There must be a written procedure for cleaning and low level disinfection of tubs and lifting devices between patients that follows the manufacturer's instructions. Responsibility for cleaning and disinfection between patients must be identified in the procedure. The procedure should be posted and the information readily available to staff.
- There must be a written procedure for routine and preventative maintenance of tubs that follows the manufacturer's instructions. Responsible person(s)/departments for preventative maintenance must be identified in the procedure.
- Maintenance of tubs must be documented, the procedure should be followed and the information readily available for maintenance staff.
- Multi-patient use product bottles in tub dispensing systems (e.g. body soap, hair shampoo and/or other personal care products) must be disposable and must be discarded when empty, and not refilled or topped up
- If the tub has a reusable reservoir for dispensing personal care products, the reservoir must be cleaned and dried before refilling.

References and Alternative Resources:

1. Alberta Health Services: [PPE for Assisting Patients to Shower or Bath \(albertahealthservices.ca\)](https://www.albertahealthservices.ca)
2. Consideration for selection of gowns PHO has a document outlining the different levels of gowns: [Medical Isolation Gowns for COVID-19 in Health Care Settings \(publichealthontario.ca\)](https://www.publichealthontario.ca)

HEPA Filters

1. Location of portable HEPA filters³

- Placement in the room should take into account air intake (position and height) and outflow to ensure unobstructed airflow, e.g., from furniture, curtains and room corners.³
- Air cleaners tend to perform best when they are positioned in a central space, however manufacturer's instructions on placement and operation should be followed.³
- While many portable units are designed to be placed on the floor, some may be designed for tabletops. Elevating air cleaners (e.g., on a stool) can help prevent re-suspension of droplets from the tabletop surface or floor if the outflow for the filter points downwards.³
 - Consult with the manufacturer's instructions to determine if the HEPA filter must be placed on the floor or if it can be placed on a table top (ideal)³
- Improperly placed devices may simply continue to recirculate the same volume of air. Therefore, while these devices suggest a certain volume of cleaned air every minute, this is only true if the air pulled in by the unit has not already been cleaned.³
- Some portable units may also generate strong air currents and care should be taken to ensure that they do not create strong air flows directly between individuals.³
- If there is localized production of respiratory aerosols, placement of the air purifier to capture these aerosols (near breathing zones) may enhance effectiveness.³

2. Strength of fan exhaust from HEPA filters

- In these portable units, air is brought in, filtered and then exhausted through a vent. The exhaustion of this air can result in a strong air current, which could potentially blow particles between individuals or from surfaces. Care should be taken to ensure that portable units do not create strong air flows directly between individuals.¹
 - *“Since the purified air must be discharged at a greater distance from the purifier than its intake, the wind speed is stronger at the outlet than at the inlet. Therefore, since relatively strong air flow is present at the outlet, the pressure difference causes the air to rise and disperse into the surroundings at a location farther away or positioned higher than the inlet.”*²
- Different HEPA filters typically have different fan levels (e.g. low, medium, high, turbo) which can be adjusted. Consult the manufacturer’s instructions for more information.
- If there is a strong air current that cannot be adjusted, positioning similar to those of portable fans may be considered³, if possible:
 - Place the fan on a clean surface at the resident’s bed level or higher. Never place the portable fan at the floor level.
 - Airflow should be aimed in the direction of the resident, and also aimed upwards, toward the ceiling, avoiding smoke detectors.
 - Airflow should not be directed towards the door of the room or across environmental surfaces.
 - In non-resident areas, such as healthcare nursing stations, airflow should be directed within the area and not at face level.
 - Fans should not be used in a closed room where no doors or windows are able to be opened in order to allow for introduction of fresh air.

*always follow manufacturer’s instructions for use and placement

References:

1. [The Use of Portable Fans and Portable Air Conditioning Units during COVID-19 in Long-term Care and Retirement Homes \(publichealthontario.ca\)](https://publichealthontario.ca)
2. Ham S. Prevention of exposure to and spread of COVID-19 using air purifiers: challenges and concerns. Epidemiol Health. 2020;42:e2020027. Available from: <https://doi.org/10.4178/epih.e2020027>
3. [Use of Portable Air Cleaners and Transmission of COVID-19 \(publichealthontario.ca\)](https://publichealthontario.ca)



N95 respirators are made to protect you by filtering the air and fitting closely on the face to filter out particles, including the virus that causes COVID-19. They can also contain droplets and particles you breathe, cough, or sneeze out so you do not spread them to others. The N95 respirator works by filtering the air before it is inhaled by the person wearing the respirator. It is made of fabric that has an electrostatic charge that acts to trap particles, preventing filter penetration.

For the respirator to filter out droplet nuclei, the air must pass through and not around the mask. When gaps are present between the face and the respirator resulting in a poor facial seal, air will preferentially flow through the gaps and bypass the filter.

Types of User Seal Checks

Once you have your respirator donned, you need to conduct a “seal check” to ensure that the respirator does not require any further adjustments, that it is not defective, and that the size you have been fitted to is still appropriate for you.

There are two methods for checking the seal on your N95 respirator:

1. Negative Pressure Seal Check
 - With the respirator securely in place inhale deeply
 - The respirator should collapse slightly
2. Positive Pressure Seal Check
 - Exhale sharply
 - Air should not leak around the respirator edges

If you feel air leaking during the seal check, you will need to adjust the N95 respirator:

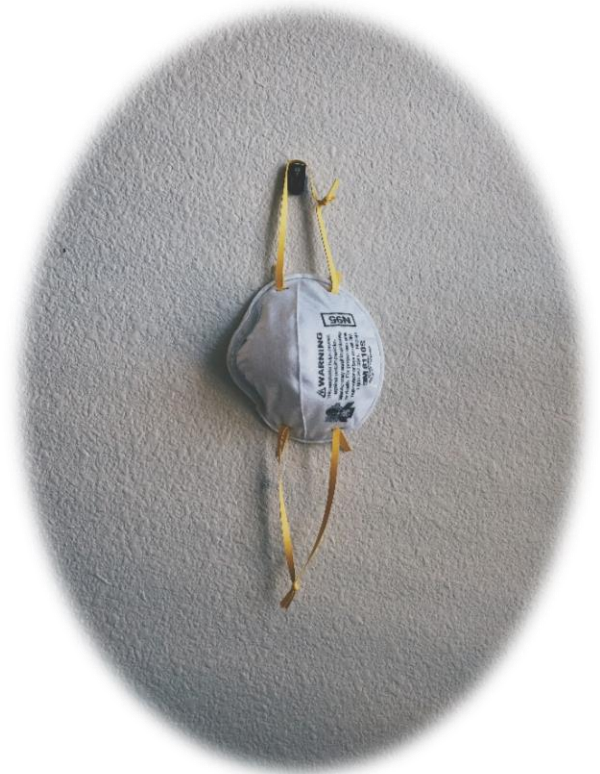
- If air leaks around your nose, adjust the nosepiece
- If air leaks at the respirator edges, adjust the straps back along the sides of your head

If continued readjustment does not fix the air leak, try another N95 respirator that you are fitted for (either the same model or a different model). If you cannot get the N95 respirator to fit properly, you may need to be re-fitted. DO NOT care for known or suspect COVID-19 cases without a properly fitted respirator.

Ensure staff:

- Know their N95 size and where to find it
- Know how to properly don and doff their N95
- Know how to perform a user seal check

Always take care when removing PPE as this is when self-contamination may occur.



Extended use of N95 Respirators

Extended use refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several different patients, without removing the respirator between patient encounters.

Extended Use Strategies:

- Wear the same N95 respirator for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.
- Removed and discard if wet, contaminated, damaged, hard to breathe through, at break times, or following an AGMP.
- Take care not to touch facemask - if touched or adjusted clean hands immediately.
- Leave the patient/resident/client care area when you must remove your mask or N95 respirator.

Extended use of N95 respirators following an AGMP is not recommended. N95 respirators that have been worn during AGMP must be removed, and discarded when it is safe to do so.

N95 respirators should be discarded immediately after being removed. If removed for a meal break, the respirator should be discarded and a new respirator put on after the break.

DON'T RE-USE - N95 re-use (i.e. removing and re-donning) is not recommended as it presents opportunity for self-contamination during the donning process.



Here are some great resources to help inform your teams:

1. [Public Health Ontario Frequently Asked Questions on Interim IPAC Recommendations for Use of PPE in Health Care Settings \(publichealthontario.ca\)](https://www.publichealthontario.ca/en/about-us/our-services/interim-ipac-recommendations-for-use-of-ppe-in-health-care-settings)
2. [Centre for Disease Prevention and Control – How to Use Your N95 Respirator](#)

It is important to ensure that the homes IPAC lead is aware of current directives, guidance documents and ministry resources.

Long-Term Care Homes

- Ontario Chief Medical Office Directives
 - [Directive #1](#)
 - [Directive #3](#)
 - [Directive #5](#)
- [COVID 19 Guidance Document for LTCH in ON](#)
- [Ministers Directive: LTCH COVID-19 Immunization Policy](#)
- [Ministers Directive: COVID LTCH Surveillance testing and access to homes](#)
- [LTCH Act 2007 and Ontario Regulation 79/10 \(General\)](#)
- [Guidance for the Health Sector](#)

Retirement Homes

- Ontario Chief Medical Office Directives
 - [Directive #1](#)
 - [Directive #3](#)
 - [Directive #5](#)
- [Retirement Home Policy to Implement Directive #3 July 16th 2021](#)
- [Retirement Home Act, 2010](#)
- [Retirement Home Regulatory Authority \(RHRA\)](#)
- The RHRA has recommended that RHs have a policy on asymptomatic screening
- [MOH COVID 19 Guidance: Long Term Care Homes and Retirement Homes for Public Health Units](#)
- [COVID 19 Guidance Document for LTCH in ON](#)
- [Screening Tool for LTCH / Retirement Home](#)

Congregate Settings

- [COVID-19 Guidance for MCCSS-funded and Licensed Congregate Living Settings | \(gov.on.ca\)](#)
- [Ministry of Municipal Affairs and Housing | Ontario.ca](#)
- [Ministry for Seniors and Accessibility | Ontario.ca](#)
- [Local Health Integration Network Home and Community Care Services - Health Services in Your Community - MOHLTC \(gov.on.ca\)](#)

Please refer to PHO's webpage for upcoming webinars: [Events | Public Health Ontario](#)

Public Health Ontario - Best Practice Documents

General IPAC Best Practice Documents

- Hand hygiene: [bp-hand-hygiene.pdf \(publichealthontario.ca\)](#)
- Environmental cleaning: [PIDAC: Best Practices for Environmental Cleaning for Prevention and Control of Infections | January 2018 \(publichealthontario.ca\)](#)
- Routine and additional precautions: [Routine Practices and Additional Precautions | Public Health Ontario](#)
- Infection Prevention and Control Programs: [bp-ipac-hc-settings.pdf \(publichealthontario.ca\)](#)
- Screening, Testing and Surveillance for Antibiotic-Resistant Organisms (AROs): [aros-screening-testing-surveillance.pdf \(publichealthontario.ca\)](#)
- Cleaning, disinfection and sterilization of medical equipment/devices: [bp-cleaning-disinfection-sterilization-hcs.pdf \(publichealthontario.ca\)](#)
- Infection Prevention and Control for Long Term Care Homes Summary of Key Principles and Best Practices

COVID-19 Best Practice Documents

- Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings: [Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings \(publichealthontario.ca\)](#)
- Interim Guidance for Infection Prevention and Control of SARS-CoV-2 Variants of Concern for Health Care Settings: [Interim Guidance for Infection Prevention and Control of SARS-CoV-2 Variants of Concern for Health Care Settings \(publichealthontario.ca\)](#)
- Best Practices for Prevention of Transmission of Acute Respiratory Infection: [bp-prevention-transmission-ari.pdf \(publichealthontario.ca\)](#)
- Interim Guidance on Infection Prevention and Control for Health Care Providers and Patients Vaccinated Against COVID-19 in Hospitals and Long-Term Care Settings https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2021/06/covid-19-vaccinated-patients-hcw-hospitals.pdf?sc_lang=en
- De-escalation of COVID-19 Outbreak Control Measures in Long Term Care and Retirement Homes https://www.publichealthontario.ca/-/media/documents/ncov/ltrch/2020/06/covid-19-outbreak-de-escalation-ltch.pdf?sc_lang=en