

Newfoundland and Labrador's Guideline for Prioritization and Use of Personal Protective Equipment (PPE) in Pandemic COVID-19 in Low Prevalence Period and Increasing or Widespread Community Prevalence Period

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TABLE OF CONTENTS

PurposePage	1
BackgroundPage	1
Basic Principles of Infection Prevention and Control (IPAC)Page	5
Hierarchy of ControlsPage	6
Personal Protective Equipment Shortage StrategyPage	7
Staged Use of PPE in the Health Care SystemPage	9
Use of PPE in a period of Low Prevalence of COVID-19 casesPage 1	13
Use of PPE in a period of Increasing Prevalence or Widespread Community Transmission COVID-19 casePage 1	
DefinitionsPage 2	21
Appendix A: Joint StatementPage 2	22
Appendix B: Staff SafetyPage 2	25
APPENDIX C: Point-of-Care Risk Assessment for COVID-19Page 2	26
APPENDIX D: Mask DescriptionsPage 2	27

For more details, visit <u>https://www.gov.nl.ca/covid-19/</u> PHAC: <u>https://www.canada.ca/en/public-health.html</u>

ACKNOWLEDGEMENT

Newfoundland and Labrador Public Health acknowledges the British Columbia Center for Disease Control document COVID-19: Emergency Prioritization in a Pandemic Personal Protective Equipment (PPE) Allocation Framework

https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-theprovincial-health-officer/covid-19/ppe allocation framework march 25 2020.pdf accessed June 1, 2020

Purpose

This document provides guidance and establishes provincial standards for utilization of personal protective equipment (PPE) for Health Care Workers (HCWs) in Newfoundland and Labrador (NL) during the COVID-19 Pandemic. HCWs include all staff in acute care, long-term care, personal care homes and community including home care settings. The recommendations in this document have been developed in response to the identification of COVID-19 cases in NL. As we learn to live with COVID-19, we will need to be nimble in our response to the changing knowledge and epidemiology of the virus as well as in our use of PPE. Given the long-term approach that we need to take, this document will be updated as required.

In the event of a pandemic declared by World Health Organization, this guideline will be implemented when one or more of the following occur:

- There is localized or widespread COVID-19 in the community, region or province as determined by the Regional Medical Officers of Health (RMOH) and Regional Incident Commanders based on the epidemiology and ongoing surveillance of COVID-19 within the region and province;
- The supply of PPE is at critical levels;
- There is no clear path to procuring PPE in a timely manner;
- All attempts at procuring PPE have been exhausted; and,
- There is a limited likelihood of restored supply prior to the exhaustion of some or all of the PPE required provide care, including but not limited to complete testing, perform required procedures, care for patients or residents in all settings, including community and in the home, who are confirmed positive or suspected cases. For case definitions see <u>https://www.canada.ca/en/public-health/services/diseases/2019-novelcoronavirus-infection/health-professionals/national-case-definition.html</u>

The NL PPE COVID-19 Guidelines will be assessed when the province reaches Alert Level 1 of Foundation for Living with COVID-19 <u>https://www.gov.nl.ca/covid-19/</u> Moving between alert levels will be assessed through the activation process on page nine.

Background

As Newfoundland and Labrador continues to adapt to COVID-19 and the unprecedented impacts on the health care system, Regional Health Authorities (RHAs) have taken a provincial approach to recommendations for the use of Personal Protective Equipment (PPE). The global spread of the COVID-19 virus has caused major shortages of PPE. Traditionally, the use of PPE in hospitals has been guided by the recommendations in the provincial Routine Practices and Additional Precautions Guideline¹. This Pandemic Guideline focuses on COVID-19's changing

¹ Routine Practices and Additional Precautions across the Continuum of Care (2014).

epidemiology and the enhanced recommendations for PPE while being cognizant of the basic principles of infection prevention and control. There are recommendations for Use of PPE in periods of low prevalence and moderate to high prevalence.

On April 30, 2020, the Chief Medical Officer of Health (CMOH) announced Newfoundland and Labrador's plan for living with COVID-19. The plan, **A Foundation for Living with COVID-19**, includes five alert levels. Depending on which level the province is in, as determined by the CMOH, public health restrictions will be gradually relaxed or in the event of resurgence, increased. The PPE recommendations will be assessed on an ongoing basis as we progress through each of the five levels, and as epidemiology and supply of PPE evolve. Necessary changes will be made to recommendations as the situation evolves or as required. Alert level four was implemented on May 11, 2020, allowing people more freedom while continuing to maintain the main public health measures. From May through to the end of June 2020 Newfoundland and Labrador has moved to Alert level two, encouraging people to learn to live with COVID-19 for the foreseeable future.

The transition from low prevalence of COVID-19 to increasing or widespread transmission will be determined by the RMOHs in concert with the CMOH. This may be implemented at a community, regional or provincial level dependent upon the epidemiology of COVID-19, other respiratory viruses circulating and the ability of the acute care setting to respond to increases in cases. Notification of the move from low to increasing will be directed from the RMOH and the regional lead to the HCS Emergency Operations Center. This will include direction to move to the appropriate section of this document. Use of PPE for these levels are found on pages 12 to 19.

Decisions on the PPE requirements when performing an aerosol-generating procedure will be guided by a risk assessment of the patient's status and of the prevalence of COVID-19 in the community.

On May 8, 2020, the Department of Health and Community Services with the Public Sector Unions released a **Joint Statement on COVID-19 and Personal Protective Equipment** (Appendix A) to provide clarity on the approach to PPE use in this Province. This Statement has been taken into consideration in the updating of this document. A similar agreement has been released in other Provinces.

This guideline focuses on the risk of exposure (e.g., type of activity), the transmission dynamics of the pathogen (e.g., contact, droplet or airborne) and the local/provincial epidemiology and supply chain stability.

HCWs are on the front lines of the COVID-19 outbreak response and as such are exposed to hazards that put them at risk of infection. This guideline stresses the safety of HCWs and the use of appropriate PPE, which can change depending upon the risk of disease prevalence as determined by the CMOH or designate (Appendix B).

This document has taken into consideration the following:

- Study of local or regional epidemiology of COVID-19 on an ongoing basis.
- Capacity to respond to changing indications for testing.
- Availability of testing for COVID-19.
- Ability to quickly identify suspect COVID-19 cases through active surveillance.
- Facility readiness (e.g., availability and supply of PPE; hand hygiene supplies; private rooms; ICU beds; ventilators; ability to provide special separation in triage, at patient access points including diagnostic imaging, outpatient laboratory or anywhere patients directly access health care);
- Ability to quickly and proactively identify, access and utilize alternate patient assessment and patient care sites when current facilities become overwhelmed.
- Facility monitoring of existing supply of PPE.
- Coordinated procurement of supplies with provincial and Federal-Provincial-Territorial (FPT) buying groups to maximize access.
- Anticipation of an increased requirement for infection prevention and control (IPC) professionals and occupational health and safety (OHS) staff;
- Status of HCW training on Routine Practices and Additional Precautions (RPAP), donning and doffing of PPE and the Point-of-care Risk Assessment (PCRA);
- Likelihood of performing aerosol-generating medical procedures (AGMPs) in the facility, along with training and readiness for HCWs who will be participating in AGMPs; (<u>https://www.gov.nl.ca/covid-19/files/NL-AGMPs-COVID-19-Guideline-June-10-2020.pdf</u>
- The status of HCWs who have been fit tested and instructed in the use of N95 respirator or equivalent; and
- Training for HCWs to rapidly identify any cases of COVID-19 at entry to the facility, including cases in visitors (active screening/surveillance) and close contacts of cases.

Basic Principles of Infection Prevention and Control (IPAC)

Throughout the pandemic period, we will continue to follow the basic principles of infection prevention and control, with modifications as indicated by the epidemiology, knowledge of the disease and supply chain stability.

Source Controls

Respiratory hygiene – Involves educating and encouraging all individuals (patients, HCWs and visitors) who have the physical and cognitive abilities to practice respiratory hygiene. Physical Separation – A two-meter physical separation and spacing recommendation to decrease exposure to microorganisms for all patients and visitors in clinical and waiting areas should be implemented.

Routine Practices and Additional Precautions²

These are the practices that HCWs use daily in providing care within health care facilities and include, at a minimum, these two fundamental principles:

- Hand Hygiene The single most important way to prevent the spread of infections
 - Perform hand hygiene as per the four moments of hand hygiene
 - Hands must be cleaned after glove use, as gloves are not a substitute for hand hygiene.
 - Hands must be cleaned before and after the donning and doffing of PPE.
- Point-of-Care Risk Assessment (PCRA) A PCRA is an activity whereby HCWs in any health care setting across the continuum of care:
 - Evaluate the likelihood of exposure to an infectious agent for a specific interaction:
 - With a specific patient in a specific environment (e.g., single room, hallway)
 - Under available conditions (e.g., no designated handwashing sink); and
 - Choose the appropriate actions/PPE needed to minimize the risk of exposure for the specific patient, other patients in the environment, the HCW, other staff, visitors, contractors, etc.

² Routine Practices and Additional Precautions across the Continuum of Care.

Hierarchy of Controls

A hierarchy of controls is an approach for determining how to implement feasible and effective infection prevention and control solutions. The idea behind this hierarchy is that the control methods at the top of the graphic are potentially more effective and protective than those at the bottom. Following this hierarchy normally leads to the implementation of inherently safer systems, where the risk of illness has been substantially reduced.



Engineering controls aim to reduce the spread of pathogens and reduce the contamination of surfaces and inanimate objects. This would include isolating a confirmed/suspect COVID-19 patient by placing them in a private negative pressure room or installing barriers to isolate staff from the risk (i.e. screening desks).

Administrative controls include ensuring the availability of resources for IPAC, the development of clear IPAC policies, access to laboratory testing, appropriate triage and placement of patients, adequate staff-to-patient ratios, development of policies and procedures and training of staff.

Finally, PPE is the last hierarch of controls and is required when engineering and administrative controls are unable to mitigate the risk of exposure to staff, clients, and the public.

Personal Protective Equipment Shortage Strategy

The World Health Organization³ has recommended that PPE is one strategy in concert with a focus on administrative and engineering controls.

A. Recognizing the challenges and frustration of global shortages, creative solutions will be required to maximize the use of PPE and to conserve the supply of PPE while being cognizant of the safe care of clients and the safety of HCWs. The Joint Statement on PPE (Appendix A) stresses the importance of the PCRA. Based on the PCRA, HCWs shall have

³ World Health Organization. (2020). Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19).

access to the appropriate PPE. This will not be unreasonably denied by their employer, or the employee shall be deployed to another area.

- Point-of-Care Risk Assessment (PCRA) Prior to every patient interaction, HCWs have a responsibility to assess the infectious risk posed to themselves and other patients, visitors and HCWs by a patient, situation or procedure (<u>https://www.gov.nl.ca/covid-19/files/NL-AGMPs-COVID-19-Guideline-June-10-2020.pdf</u> and Appendix C.
- Medical masks Level 2 or 3 ASTM rated (or equivalent) will be used for repeated interactions with multiple patients:
 - Masks must be changed if wet, damaged, or soiled.
 - o Masks are to be worn for one shift maximum of 12 hours
- > A face shield, when required, will be used for repeated interactions with multiple patients.
- Gowns may be used for routine patient care if indicated by the PCRA (See Appendices C & D):
 - A gown is to be considered an extension of the uniform; it is to be worn for repeated interactions with multiple patients.
 - The gown is to be changed if wet, soiled, or damaged.
- Medical gloves rated ASTM 3578-5 or equivalent should be chosen as appropriate for the task. If worn with isolation gowns the glove must cover the fabric cuff, such that there is a seal at the wrist.

Droplet-Contact Precautions

Acknowledging the change to a low COVID-19 prevalence environment, Droplet-Contact precautions (with N95 respirator) should be followed for the performance of AGMPs in patients with signs and symptoms of COVID-19 and suspected or confirmed COVID-19. (Private room with door closed or an Airborne Infection Isolation Room-AIIR/Negative Pressure Room).

N95 respirators or equivalents are required during AGMPs (https://www.gov.nl.ca/covid-19/files/NL-AGMPs-COVID-19-Guideline-June-10-2020.pdf) when COVID-19 is suspected or confirmed. AGMPs generate aerosols and small droplet nuclei in high concentrations. These droplets may contain bacteria or viruses such as SARS, COVID-19, or influenza-like illness. Wearing an N95 respirator, or equivalent, when performing an AGMP reduces the likelihood of transmission of these diseases to health care workers.

Patients who do not have symptoms of influenza-like illness or COVID-19 and require an AGMP do not always require an N95 respirator or equivalent, Routine Practices are sufficient as indicated by a PCRA. Low prevalence or increasing or widespread transmission of an emerging pathogen should be considered in the PCRA (See Appendices C & D).

PPE Supply and Demand Monitoring

The Provincial Procurement and Supply Chain, Regional Health Authority Operational Leads, Infection Prevention and Control and Occupational Health and Safety professionals, determine PPE supply and demand volumes. In the event of a pandemic, PPE supply and demand are to be monitored and assessed daily (at minimum) at site, regional and provincial levels.

Risk Stratification for HCWs

The following prioritization list attempts to stratify HCWs based on workplace risk. HCWs in Priority A are considered to be working in the highest priority for PPE, as they work in areas where transmission and spread are a higher risk.

Priority	Priority Health Care Workers in the following settings	
А	Emergency, Paramedicine, Operating Rooms, Critical Care and Case rooms	
В	COVID-19 cohort units or wards	
С	Other Acute Care and Primary Care	
D	Long Term Care and Personal Care Homes	
E	Ambulatory Care and Home Care, including home visits	

Table 1: HCWs with the Highest Risk

Staged Use of PPE in the Health Care System

During times of potential decreased supply of PPE, it may be necessary to take a staged approach to PPE use, based on six stages of risk (described in Table 2 pages 8 & 9). When there is a high probability that at least one PPE item will be depleted within the coming weeks, resource allocation decisions for the provision of health care will involve heightened ethical and societal dimensions. Therefore, it is important that appropriate roles, responsibilities, and priority use of PPE is determined in advance. During the pandemic, PPE risk will reach Stages 4 and possibly 5, or 6 (with stages representing escalating shortages of PPE). However, even when PPE risk is at Stage 1, there are required actions that need to be taken to protect the supply. Of note, as PPE supply ebbs and flows the Province may move between the six stages.

Activation of Stages of PPE Use

The movement from one stage (1-5, as outlined in Table 2), to another is determined and recommended to the HCS- EOC by the Procurement and Supply advisors, in consultation with unions, other health care professionals and the PPE Task Group. The HCS-EOC then makes the determination for the appropriate Stage.

Activation decision will include consideration of:

- Communication
- Control of the supply of PPE
- Conservation of PPE
- Continued monitoring and reassessment of the supply and associated stage
- Crafting and providing education regarding the changes to PPE requirements at a Regional level following Provincial Guidelines
- The weekly burn rate how that impacts the movement from one stage to another includes procurement and estimated time of arrival, how these must be balanced to identify stage level

Stage	Description of Supply	Guiding Principles
1	All PPE item levels are intact and there is low probability that any item will be depleted in the foreseeable future, as identified by the Procurement and Supply Staff.	 Continue to source current PPE items. Implement infection control practices of diligent hand hygiene, physical distancing where possible, and not touching your face Implement approval strategies to ensure appropriate allocation of items Communicate PPE usage and allocation expectations to stakeholders Monitor usage Identify appropriate alternative PPE items Develop contingency plans for implementation of alternative PPE items Investigate the use of alternative rated products
2	All PPE item levels remain intact but there is a possibility that at least one item will be depleted in the coming 2-3 weeks, as identified by the	 Source current and alternative PPE items Communicate PPE usage and allocation expectations to stakeholders Monitor usage Initiate all pre-work required to implement contingency plans Investigate the use of alternative rated products

Stage	Description of Supply	Guiding Principles
	Procurement and Supply Staff.	 Implement contingency plans for implementation of alternative PPE
3	All PPE levels remain intact but there is a very high probability at least one item will be depleted within the coming 2-3 weeks, as identified by the Procurement and Supply Staff.	 Reallocate PPE to priority areas Communicate with stakeholders Consider accepting other standards (e.g. European), and sourcing from non-traditional suppliers Extend use of PPE Request PPE from federal or other PT sources Plan for disinfection of single use PPE using Health Canada approved standards Review third party reprocessing responsibilities
4	All PPE levels remain intact but at least one item will be depleted within a matter of 7 days, as identified by the Procurement and Supply Staff.	 Implement all contingency plans and further reallocation of PPE to priority areas. Issue decisions from the Health and Community Services EOC Investigate use of PPE approved under standards from other countries when supply is critical if available Communicate with stakeholders Extend use of PPE When new N95 respirators are depleted, use equivalent respirators; when these are depleted use N95 beyond manufacturer's stated expiry date (taken from bullet in Level 5) Extend use of N95 if used for Airborne Precautions (e.g. TB) as the situation dictates Extended use of N95 for AGMPs in COVID unit with multiple critically ill patients Request of PPE from federal or other PT sources

Stage	Description of Supply	Guiding Principles
5	One PPE item has been depleted Depending upon the item	 Issue decisions from the Health and Community Services EOC Communicate with stakeholders Implement "next level down" PPE item for use for medical masks, gowns, or face shields. Investigate use of PPE approved under standards from other countries when supply is critical if available When new N95 respirators are depleted, use equivalent respirators; when these are depleted, use N95 respirators beyond manufacturer's stated expiry date, when these are depleted use reprocessed N95 masks Extend use of reusable half face respirators for repeated close contact encounters with all suspected or confirmed COVID-19 patients, without removing the respirator Request PPE from federal or other PT sources Disinfect single use PPE using Health Canada approved standards RHAs may need to review their single use policies Review third party reprocessing responsibilities
6	Multiple PPE items have been depleted	 Issue decisions from the Health and Community Services EOC Communicate with stakeholders Implement "next level down" PPE item for use Implement "homemade" items (e.g. masks) Use PPE not evaluated or approved

COVID-19: Emergency Prioritization in a Pandemic

Personal Protective Equipment (PPE) Allocation Framework

https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-theprovincial-health-officer/covid-19/ppe allocation framework march 25 2020.pdf accessed June 1, 2020

Use of PPE in a period of Low Prevalence of COVID-19 cases (issued May 15, 2020)

The level of risk and prevalence will be determined by the CMOH, RMOHs and HCS-EOC based on epidemiology and ongoing surveillance of COVID-19 within the regional and provincial context. The HCS-EOC will update the RHAs as the situation evolves.

Guidelines for Health Care Facilities

These recommendations are for PPE usage in a period of Low Prevalence of COVID-19 and include the following recommendations as determined by workplace risk and Point of Care Risk Assessment (PCRA).

Notes for all settings:

- Medical mask or approved equivalent standard is to be worn at all times, including when in common areas (hallways, elevators) of health care facilities.
- All visitors/clients/staff entering HCFs will be given an ASTM (Level 1, 2 or 3) rated mask.
- Visitors/clients/staff in non-clinical areas: Level 1
- Staff in clinical areas: level 2 or 3
- For RHA staff working in non-health care facilities who do not provide direct patient care a non-medical mask may be worn. Public health guidance on masking must be followed. https://www.gov.nl.ca/covid-19/non-medical-masks-use-in-public/
- If a patient is placed in isolation for a non-COVID-19 reason (e.g. *Clostridium difficille*) the RPAP recommendation for Additional Precautions (e.g. Contact Precautions) must be followed.
- For suspect or confirmed TB, the HCW is to use Airborne Precautions.
- Medical gloves rated ASTM 3578-5 or equivalent should be chosen as appropriate for the task. If worn with isolation gowns the glove must cover the fabric cuff, such that there is a seal at the wrist.
- A minimum of Droplet and Contact Precautions (which includes wearing gloves, a gown, a medical mask and eye protection) should be implemented when caring for patients who are considered exposed to, or suspected or confirmed to have COVID-19; substitution of an N95 or equivalent respirator in place of a medical mask may occur based on a HCW's point-of-care risk assessment (PCRA) (<u>Infection prevention and</u> <u>control for COVID-19</u>: Interim guidance for acute healthcare settings - Canada.caretrieved Jan 22nd 2021)
- This will not be unreasonably denied by their employer, or the employee shall be deployed to another area, a PCRA (See Appendices A, C & D) will determine if Additional Precautions are required.

A. Staff in COVID-19 dedicated units, COVID-19 ICUs

HCWs providing direct care will be required to follow Droplet-Contact Precautions:

- A Level II gown or approved equivalent standard
- Medical mask (level 2 or 3) or approved equivalent standard (Appendix D)
- A face shield
- Nitrile gloves or approved equivalent standard 9" or 12" with extended cuffs
- N95 respirator or approved equivalent standard, with face shield, must be worn for AGMPs or as per PCRA for routine care.
- Neck protection for AGMP as determined by PCRA (See https://www.gov.nl.ca/covid-19/files/NL-AGMPs-COVID-19-Guideline-June-10-2020.pdf and Appendix C)

B. Staff in COVID-19 Assessment Clinic

HCWs providing direct care will be required to follow Droplet-Contact Precautions:

- A Level II gown or approved equivalent standard
- Medical mask (level 2 or3) or approved equivalent standard (Appendix D) or N95 as per PCRA for routine care.
- A face shield
- Nitrile gloves or approved equivalent standard 9" or 12" with extended cuffs

C. Staff in Paramedicine, Emergency Rooms, Operating Rooms, Non-COVID ICUs, and Case Rooms

A PCRA (See Appendices C & D) will determine if Additional Precautions are required.

- i. If the screening of the patient reveals that the patient has influenza-like symptoms and/or suspect or confirmed COVID-19, the HCWs should follow Droplet-Contact Precautions:
 - A Level II gown or approved equivalent standard
 - Medical mask (level 2 or 3) or approved equivalent standard (Appendix D) or N95 as per PCRA for routine care.
 - A face shield
 - Nitrile gloves or approved equivalent standard 9" or 12" with extended cuffs
 - Neck protection for AGMP as determined by PCRA (See https://www.gov.nl.ca/covid-19/files/NL-AGMPs-COVID-19-Guideline-June-10-2020.pdf and Appendix C)

ii. If the patient has a negative screening tool, then the HCWs performing direct patient care will perform a PCRA (See Appendices C & D) to determine the need for additional precautions.

Medical mask (level 2 or 3) or approved equivalent standard is to be worn at all times. PCRA (See Appendices C & D) before all AGMPs.

- **iii.** For AGMPs in Emergency Rooms, staff will use PPE based on PCRA. If screening tool is positive or unknown, patient is managed using Droplet-Contact Precautions (private room with door closed or AIIR/Negative Pressure Room with N95).
- iv. If screening tool is negative, precautions and PPE will be based on PCRA (for example, patient awaiting inpatient placement).
- In Paramedicine PPE should worn be in accordance with the use a risk assessment that was developed with IPAC and distributed by Provincial Medical Oversite (PMO) communications.
 Medical mask or approved equivalent standard to be worn at all times.
 All AGMPs performed or encountered by Paramedicine providers require the use of an N95 respirator or equivalent and Droplet-Contact precautions.

D. Staff who work in an acute care settings with patients who do not have symptoms of influenza-like-illness or signs and symptoms of COVID-19:

- Medical mask (level 2 or 3) or approved equivalent standard is to be worn at all times, including when in common areas (hallways, elevators).
- The mask is to be worn for repeated interactions with multiple patients
 - o It must be changed if it becomes wet, damaged or soiled
 - It is to be worn for one shift, maximum of 12 hours
- PCRA (See <u>https://www.gov.nl.ca/covid-19/files/NL-AGMPs-COVID-19-Guideline-June-10-2020.pdf</u> and Appendix C) before all AGMPs and routine care to determine appropriate choice of PPE.

E. Long Term Care and Personal Care Homes

- Medical mask (level 2 or 3) or approved equivalent standard is to be worn at all times, including when in common areas (hallways, elevators).
- A mask is to be worn for repeated interactions with multiple residents
 It must be changed if it becomes wet, damaged or soiled
- It is to be worn for one shift, maximum of 12 hours

If a resident becomes ill with influenza-like symptoms or is suspected or confirmed to have COVID-19, Droplet-Contact Precautions must be initiated immediately, and the resident

should be placed in a private room. PCRA performed prior to client encounter to determine appropriate choice of PPE.

- IPAC or Communicable Disease Community Nurse (CDCN) must be immediately contacted to reevaluate the facility risk for COVID-19
- PCRA before all AGMPs (See <u>https://www.gov.nl.ca/covid-19/files/NL-AGMPs-COVID-19-Guideline-June-10-2020.pdf</u> and Appendix C)

F. Community and Home Care

- Medical mask (level 2 or 3) or approved equivalent standard is to be worn during home visits and while performing direct client care
- A mask is to be worn for repeated interactions with multiple patients
 - It must be changed if it becomes wet, damaged, or soiled
 - It is to be worn for one shift, maximum of 12 hours
- If a client becomes ill with influenza-like symptoms or is suspected or confirmed to have COVID-19, Droplet-Contact Precautions must be initiated immediately. PCRA performed prior to client encounter to determine appropriate choice of PPE.
 - Follow recommendations found at https://www.gov.nl.ca/covid-19/long-term-care-and-community-support-services/

G. HCWs not providing direct client care while in the health care setting

- Medical mask (level1) or approved equivalent standard is to be worn at all times, including when in common areas (hallways, elevators).
 - A mask is to be worn for repeated interactions with multiple patients
 - It must be changed if it becomes wet, damaged or soiled

H. Staff working without any contact with patients or patient care areas

- A medical mask (level 1) or approved equivalent standard must be worn when the two-meter distancing is not feasible and when in common areas such as hallways, staff lounges, cafeterias, etc.
- A medical mask (level 1) will be provided per shift, and must be changed if becomes wet, damaged, or soiled

I. Patients/Clients

Ambulatory care patients or clients will be given an ASTM rated Level 1 (or approved equivalent) mask and screened for symptoms of COVID-19 upon entering the health care facility before proceeding to treatment or assessment areas.

- Hand hygiene must be performed prior to donning the procedural mask and the patient instructed that it must remain fully in place for the duration of the visit
- The mask must be worn for all encounters and should be changed if it becomes wet, damaged, or soiled

If the patient cannot tolerate wearing a mask this must be addressed on a case by case basis

J. Visitor restrictions must be strongly enforced in all healthcare facilities

See link: <u>https://www.gov.nl.ca/search/?q=visitors+to+hospitals</u> Visitors that are permitted to enter will be given an ASTM rated Level 1 (or approved equivalent) mask and screened for symptoms of COVID-19.

- Hand hygiene must be performed prior to donning the procedure mask and the visitor instructed that it must remain fully in place for the duration of the visit
- The mask must be worn for all encounters and should be changed if it becomes wet, damaged, or soiled

Use of PPE in a period of increasing prevalence or widespread community transmission of COVID-19 cases (Updated January 22nd, 2021)

The level of risk and prevalence will be determined by the CMOH, RMOHs and HCS-EOC based on epidemiology and ongoing surveillance of COVID-19 within the regional and provincial context. The HCS-EOC will update the RHAs as the situation evolves.

Guidelines for Health Care Facilities

These recommendations are for PPE usage in a period of increasing prevalence or widespread community transmission. Prevalence of COVID-19 and include the following recommendations as determined by workplace risk and Point of Care Risk Assessment (PCRA).

Notes for all settings:

- Medical mask (level 2 or 3) or approved equivalent standard is to be worn at all times, including when in common areas (hallways, elevators).
- Eye protection (e.g., full face shields), in addition to medical masks (continuous eye protection), is recommended for all HCWs when they have contact with patients, based on local epidemiology and PCRA. This is determined by the CMOH, RMOH and HCS-EOC.
- If a patient is placed in isolation for a non-COVID-19 reason (e.g. *Clostridium difficille*) the RPAP recommendation for Additional Precautions (e.g. Contact Precautions) must be followed.
- For suspect or confirmed TB, the HCW is to use Airborne Precautions.
- Medical gloves rated ASTM 3578-5 or equivalent should be chosen as appropriate for the task. If worn with isolation gowns the glove must cover the fabric cuff, such that there is a seal at the wrist.
- A minimum of Droplet and Contact Precautions (which includes wearing gloves, a gown, a medical mask and eye protection) should be implemented when caring for patients who are considered exposed to, or suspected or confirmed to have COVID-19; substitution of an N95 or equivalent respirator in place of a medical mask may occur based on a HCW's point-of-care risk assessment (PCRA) (<u>Infection prevention and</u> <u>control for COVID-19</u>: <u>Interim guidance for acute healthcare settings - Canada.ca</u>retrieved January 22nd 2021)
- This will not be unreasonably denied by their employer, or the employee shall be deployed to another area, a PCRA (See Appendices A, C & D) will determine if Additional Precautions are required.

A. Staff in Emergency Rooms, Intensive Care Units, Paramedicine, COVID-19 Assessment and Treatment units, Case Room and other areas deemed high risk as the situation evolves

HCWs providing direct care to confirmed or suspect cases will be required to follow Droplet-Contact Precautions:

- A Level II gown or approved equivalent standard
- Medical mask (level 2 or 3) or approved equivalent standard (Appendix D)
- A face shield
- Nitrile gloves or approved equivalent standard 9" or 12" with extended cuffs
- N95 respirator or approved equivalent standard, with face shield, must be worn for AGMPs or as per PCRA for routine care.
- Neck protection for AGMP as determined by PCRA (See<u>https://www.gov.nl.ca/covid-19/files/NL-AGMPs-COVID-19-Guideline-June-10-2020.pdf</u> and Appendix C)

If the patient has a negative screening tool and a negative swab for COVID-19, then the HCWs performing direct patient care will perform a PCRA to determine the need for additional precautions. Medical mask (level 2 or 3) or approved equivalent standard and full face shield is to be worn at all times.

PCRA before all AGMPs (see <u>https://www.gov.nl.ca/covid-19/files/NL-AGMPs-COVID-19-Guideline-June-10-2020.pdf</u> and Appendix C.

In Paramedicine PPE should worn be in accordance with the use a risk assessment that was developed with IPAC and distributed by Provincial Medical Oversite (PMO) communications.

- Medical mask or approved equivalent standard to be worn at all times
- All AGMPs performed or encountered by Paramedicine providers require the use of an N95 mask and all Droplet-Contact precautions
- B. Staff who work in an acute care settings with patients who do not have symptoms of ILI or signs and symptoms of COVID-19 or exposure to COVID-19:
 - Medical mask (level 2 or 3) or approved equivalent standard is to be worn at all times, including when in common areas (hallways, elevators).
 - The mask is to be worn for repeated interactions with multiple patients
 - It must be changed if it becomes wet, damaged, or soiled
 - o It is to be worn for one shift, maximum of 12 hours
 - PCRA before all AGMPs (See <u>https://www.gov.nl.ca/covid-19/files/NL-AGMPs-COVID-19-Guideline-June-10-2020.pdf</u> and Appendix C)
- C. Long Term Care and Personal Care Homes
 - Medical mask (level 2 or 3) or approved equivalent standard is to be worn at all times, including when in common areas (hallways, elevators).
 - A mask is to be worn for repeated interactions with multiple residents

- It must be changed if it becomes wet, damaged or soiled
- It is to be worn for one shift, maximum of 12 hours

If a resident becomes ill with influenza-like symptoms, or is suspected or confirmed to have COVID-19, Droplet-Contact Precautions must be initiated immediately, and the resident should be placed in a private room

- IPAC or Communicable Disease Community Nurse (CDCN) must be immediately contacted to reevaluate the facility risk for COVID-19
- PCRA before all AGMPs and routine care to determine appropriate choice of PPE. (See https://www.gov.nl.ca/covid-19/files/NL-AGMPs-COVID-19-Guideline-June-10-2020.pdf and Appendix C)

D. Community and Home Care

- Medical mask (level 2 or 3) or approved equivalent standard is to be worn during home visits and while performing direct client care.
- A mask is to be worn for repeated interactions with multiple patients
 - It must be changed if it becomes wet, damaged, or soiled
 - It is to be worn for one shift, maximum of 12 hours
- If a client becomes ill with influenza-like symptoms or is suspected or confirmed to have COVID-19, Droplet-Contact Precautions must be initiated immediately.
- Perform PCRA prior to client encounter to determine choice of PPE (including full face shield).
 - Follow recommendations found at <u>https://www.gov.nl.ca/covid-19/long-term-care-and-community-support-services/</u>

E. HCWs not providing direct client care while in the health care setting

- Medical mask (level 1) or approved equivalent standard is to be worn while working
 - A mask is to be worn for repeated interactions with multiple patients
 - It must be changed if it becomes wet, damaged, or soiled

F. Staff working without any contact with patients or patient care areas

- A medical mask (level 1) or approved equivalent standard must be worn when in common areas, and/or when the two-meter distancing is not feasible
- A mask or approved equivalent will be provided per shift, must be changed if becomes wet, damaged, or soiled
- G. Patients/Clients

Ambulatory care patient or clients will be given a medical mask (level 1) and screened for symptoms of COVID-19 upon entering the health care facility before proceeding to treatment or assessment areas.

- Hand hygiene must be performed prior to donning the mask and the patient instructed that it must remain fully in place for the duration of the visit
- The mask must be worn for all encounters and should be changed if it becomes wet, damaged, or soiled
- If the patient cannot tolerate wearing a mask this must be addressed on a case by case basis

H. Visitor restriction must be strongly enforced in all healthcare facilities

See link: <u>https://www.gov.nl.ca/search/?q=visitors+to+hospitals</u> Visitors that are permitted to enter will be given a medical mask (level 1) or approved equivalent and screened for symptoms of COVID-19.

- Hand hygiene must be performed prior to donning the mask and the visitor instructed that it must remain fully in place for the duration of the visit.
- The mask must be worn for all encounters and should be changed if it becomes wet, damaged, or soiled.

Définitions

Healthcare Worker: All staff in acute care, long-term care, personal care homes and community including home care settings.

Direct patient care: Any aspect of the health care of a patient, including treatments, diagnostic testing, counselling, self-care, patient education and administration of medication. For this purpose, it will be defined as direct care within 2 meters of the patient.

COVID-19 Unit: A unit designated by the facility as special care for COVID-19 patients.

For Case definitions see: <u>https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html</u>

APPENDIX A: Joint Statement

Joint Statement: COVID-19 and Personal Protective Equipment (PPE)

Protecting the health and safety of health care workers⁴ is an imperative for government, employers and unions/associations.

During the current COVID-19 pandemic, it is critical that appropriate steps are taken to protect the health and safety of all health care workers and patients in Newfoundland and Labrador. Utilizing the precautionary principle and preventing exposure to and transmission of COVID-19, while also preserving supplies of specialized equipment for when they are required to safely provide care, is critical.

This joint statement is issued by the Registered Nurses' Union Newfoundland & Labrador (RNU), Newfoundland and Labrador Association of Public and Private Employees (NAPE), *Newfoundland and Labrador Medical Association (NLMA), Canadian Union of Public Employees (CUPE), Association of Allied Health Professionals (AAHP), Professional Association of Residents of Newfoundland and Labrador (PARNL), Government of Newfoundland and Labrador and regional health authorities to provide clarity on the approach in this province.*

The parties agree to the following personal protection equipment (PPE) standards for health care workers in Newfoundland and Labrador dealing with suspected, presumed or confirmed COVID-19 patients:

- 1. The Chief Medical Office of Health will continue to provide guidance, based on best practice, supplemented by new evidence as it becomes available during the pandemic, on the criteria for determining suspected, presumed and confirmed COVID-19 patients.
- 2. All health care workers who cannot maintain a two meter personal distance from patients, residents, clients or family members who meet the criteria for suspected, presumed or confirmed COVID-19 shall have access to appropriate PPE (according to the procedure described in (3) below). This will include access to: surgical/procedure masks, fit tested NIOSH and/or Health Canada approved N-95 respirators or approved equivalent or better protection, gloves, face shields with side protection (or goggles), impermeable or, at least, fluid resistant gowns.

The employers commit to provide health care workers with information on safe utilization of all PPE and employees shall be appropriately trained to safely don and doff all of these supplies.

3. A point-of-care risk assessment (PCRA) must be performed before every patient interaction to determine the risk of exposure and appropriate routine practices and

⁴ Health care workers include all employees, contractors, managers, and those holding medical privileges.

additional precautions required for safe care ⁵ (Public Health Agency of Canada, 2017). Based on the PCRA, if a health care worker determines, based on their professional and clinical judgement of patient acuity, environment or otherwise, that PPE is required, they shall have access to the appropriate PPE. This will not be unreasonably denied by their employer, or the employee shall be deployed to another area. The PCRA should include the frequency and probability of routine or emergent aerosol-generating medical procedures being required. A health care worker who is not required to complete a PCRA but is required to perform work within two metres of a suspected, presumed or confirmed COVID-19 patient should consult with the direct care provider to determine appropriate PPE.

- 4. At a minimum, contact and droplet precautions must be used by health care workers for all interactions with suspected, presumed or confirmed COVID-19 patients or clients. Contact and droplet precautions includes gloves, face shields or goggles, gowns, and surgical/procedure masks.
- 5. Airborne precautions (including N95 respirator or approved equivalent or better protection) must be mandatory in areas where aerosol-generating medical procedures (AGMP) are being performed, are frequently performed, or in areas where there are intubated patients, including but not limited to emergency rooms, operating rooms, intensive care units and bronchoscopy suites.

AGMPs include but are not limited to: intubation and related procedures (e.g. manual ventilation, open endotracheal suctioning), cardio pulmonary resuscitation, bronchoscopy, sputum induction, nebulized therapy, non-invasive ventilation (e.g. BiPAP), open respiratory/airway suctioning, high frequency oscillatory ventilation, tracheostomy care, nebulized therapy/aerosolized medication administration, high flow heated oxygen therapy devices (ex. ARVO, optiflow) and autopsy.

6. The parties agree with the importance of conservation and stewardship of PPE and will assess the available supply of PPEs on an ongoing basis. The parties commit to continue to explore all available avenues to obtain and maintain a sufficient supply. The employers, government, and health care unions/associations will assess and discuss the available supply of PPE on a weekly basis.

Contingency plans will be developed for the possibility that the supply of PPE may reach a point where current supplies are anticipated to last for only 10 days (i.e. a shortage). The government and employers, as appropriate, will be responsible for developing these

⁵ Risk Assessments : 1) Health Care Workers have a responsibility to perform a Point-of-Care risk assessment before every patient interaction ; 2) Organizations have a responsibility to conduct an Organizational Risk Assessment and education/train staff accordingly; 3) Organizations should apply a hierarchy of hazard controls, which include elimination and substitution, engineering and systems controls, administrative controls, and personal protective equipment.

contingency plans in consultation with unions/associations, to ensure the safety of health care workers.

References

Public Health Agency of Canada (2017). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings. Retrieved from https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html

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APPENDIX B: Staff Safety

Staff Safety Suggestions to help minimize risk to you and your loved ones **Before Work** Maintain a clean No nail polish, shaven face for artificial nails, Leave watches Wear clean Change into Bring lunch in those who require or nail and jewelry at uniform/work street clothes a disposable fit testing and who enhancements. home into work clothes and bag may need to wear Keep nails footwear at work a respirator during trimmed their shift **During Work** Sanitize phone, ID Sanitize work Practice hand Sanitize eating Wear No hygiene before and badge, and glasses station and surface with accel appropriate handshaking with alcohol swab after each patient equipment with wipes before PPE as or fist bumps and when touching accel wipes or eating directed alcohol swabs new surfaces After Work Change into Clean water Sanitize Focus on EAP Wipe down Leave outside Shower street clothes. bottles and wellness phone. ID work shoes immediately shoes in support is Take soiled badge, and leave at at home containers activities at available at garage or

in the

dishwasher

outside front

door

least one hour

per day.

work clothes glasses, or or uniform other equipment

home and

wash in

washer

work

26

each

Regional

Health

Authority

APPENDIX C: Point of Care Risk assessment for COVID-19

BEFORE each patient/resident/client interaction, the health care worker (HCW) completes a 'Point of Care Risk Assessment' (PCRA) to determine the risk of exposure and appropriate Routine Practices and Additional Precautions required for safe care by asking the following questions:

- □ What is the prevalence of COVID-19 in the RHA?
- □ What are the patient's symptoms?
- □ What is the degree of contact?
- □ What is the degree of contamination?
- □ What is the patient's level of understanding and cooperation?
- What is the degree of difficulty of the procedure being performed and the experience level of the care provider?
- What is my risk of exposure to blood, body fluids, excretions, secretions, non-intact skin and mucous membranes? The PCRA allows the HCW to determine what personal protective equipment (PPE) to select and wear for that interaction.



APPENDIX D: Mask Descriptions

There are several types of masks available for use in the health care system. All individuals using medical face masks must be aware of the protective capabilities of the mask being worn. A point-of-care risk (PCRA) assessment should be performed to determine which offers appropriate

Due to the global demand for Personal Protective Equipment (PPE) as a result of COVID-19, the quantity of supply of PPE from regular distributors and manufacturers has been very limited leaving some forms of PPE (like medical masks) in short supply. As a result, Newfoundland and Labrador (NL), like other jurisdictions across Canada, has been seeking alternate sources of supply to accommodate the growing demand for PPE within our province.

Each country has their own certification standard for each mask type. For example, Europe uses the EN 14683 standard for medical masks, US/Canada use the ASTM standard and China uses the YY 0469 standard. Each standard varies by country; however they are **broadly similar**. The ASTM standard ASTM F2100-11 (2011) and the European standard EN 14683 are both intended to help facilitate the choice of medical face masks in the US/Canada & European markets by standardizing the information and performance data required for the masks.

All PPE is reviewed by Health Canada to assess if it meets Canadian standards for the tasks it is intended for.

The EN standard and others are listed on the Government of Canada's web site <u>https://buyandsell.gc.ca/specifications-for-COVID-19-products#200</u>

The following describes which ASTM rated mask is appropriate for specific settings

An ASTM rating is used to determine if the mask design, fit and filtration matches the protection needed. A point-of-care risk assessment should be performed to determine which offers appropriate protection. ASTM ratings range from levels 1 through 3.

- An ASTM rated mask is often referred to as a medical or surgical mask
- Level 3 is often used in the OR setting and commonly referred to as a surgical mask
- □ A surgical mask is used inside the operating room or within other -procedure areas to protect the patient environment from contamination
 - It also protects the clinician from contaminated fluid or debris generated during the procedure.

Both Level 2 and 3 ASTM rated masks provide protection for routine care and are often referred to as a medical mask

- Level 2 & 3 are suitable for routine care of COVID-19 patients
- Level 1 rated medical masks are recommended for visitors, ambulatory clients, and staff in non-clinical areas

There are masks that do not have ASTM or equivalent ratings, in the past often referred to as procedural masks.

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