

COVID-19
Train-the-Trainer
AMBULATORY CARE

Presented by Infection Control
Last Updated: March 16, 2020



SCAN ME

Resources: ipac.vch.ca

Vancouver Coastal Health Infection Prevention & Control

HOME ABOUT IPAC CONTACT US

Infection Prevention & Control

COVID-19 RESOURCES >

Download IPAC website to your iPhone or Android

Resource Manuals

- Infection Prevention and Control Standards & Best Practices Guidelines
- Acute, residential & community settings

Diseases and Conditions Table

Isolation/follow up directions for known and suspect diseases

Outbreaks

Outbreak protocols, signage, and support materials.

Quick Links

- Data Entry >
- Data Reports >
- COVID-19 and Emerging Respiratory Viruses >**
- Viral Hemorrhagic Fever e.g. Ebola Virus Disease >
- Partner Organization Links >
- Patient Handouts >
- Posters & Signage >

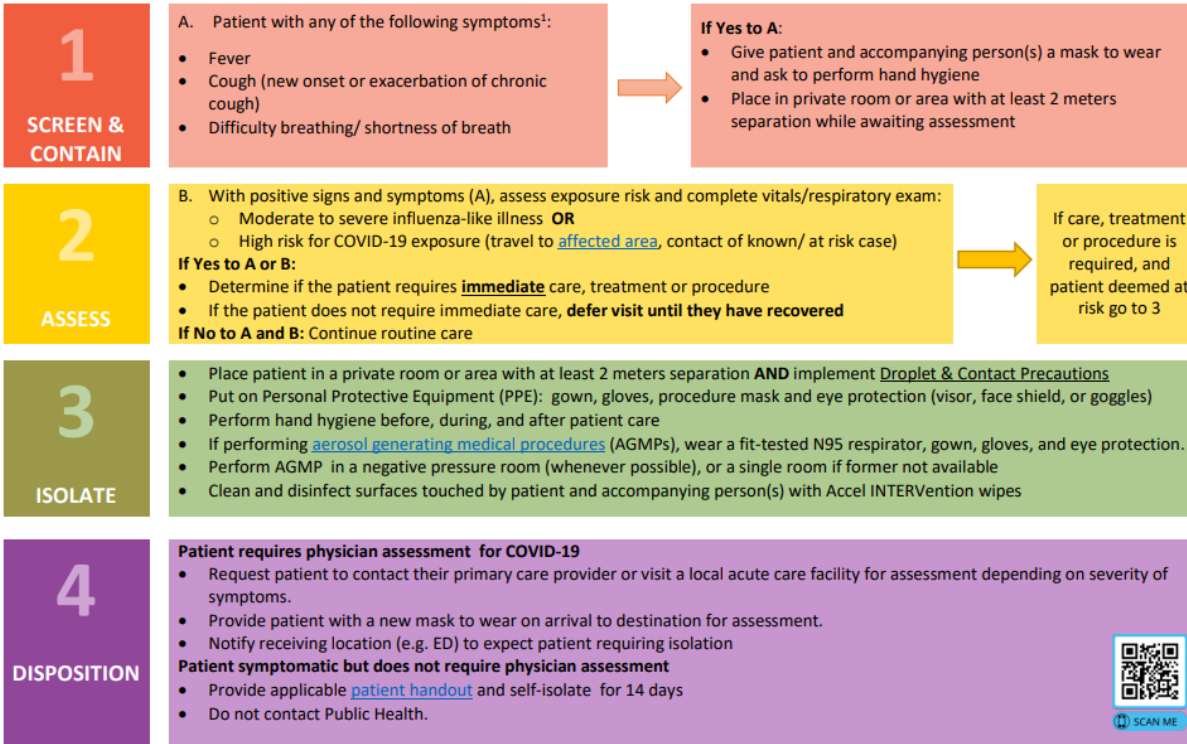


SCAN ME

Patient Identification and Assessment tool – Ambulatory Care

Version 2 March 16, 2020

VCH COVID-19 Patient Screening and Assessment for Ambulatory Care



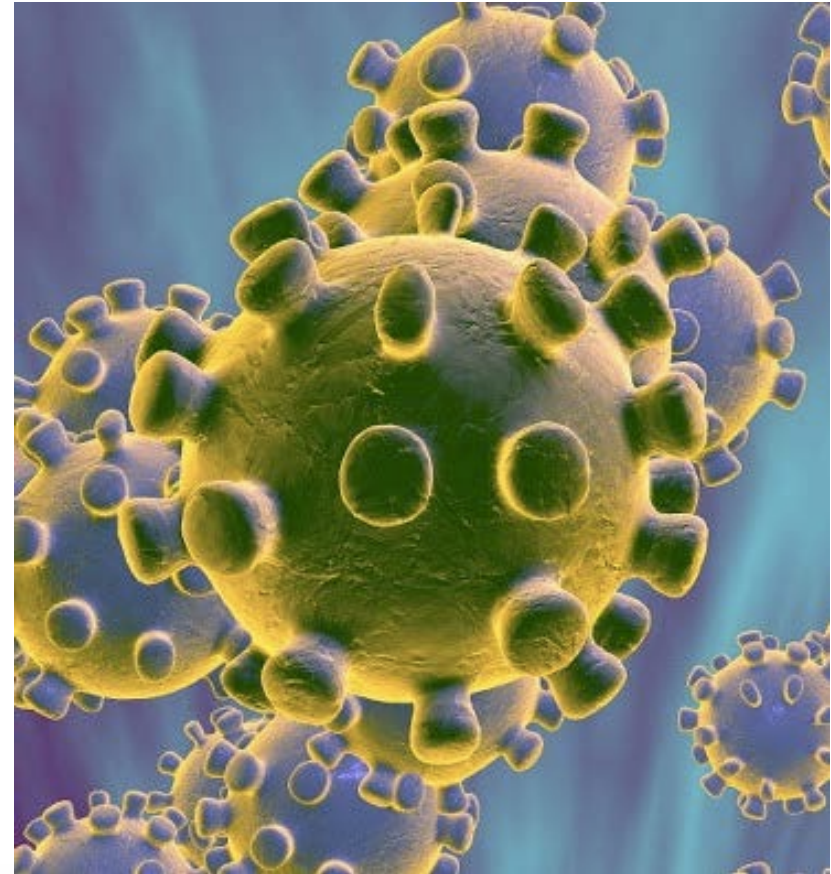
ipac.vch.ca →
 COVID-19 →
 Triage & assessment →
 COVID-19 Patient Identification &
 Assessment

¹When booking, remind patients that if they have respiratory symptoms (fever, new onset cough or difficulty breathing) they should call to cancel their scheduled appointment, treatment or procedure. For urgent procedures/visits, reschedule for end of day whenever possible and flag as requiring Droplet & Contact Precautions on arrival.



Coronaviruses (in general)

- **Enveloped viruses**
 - Cause disease in animals
 - **Can cause human disease:** typically mild, like the common cold (CoV 229E, OC43, HKU1 etc...)
 - **Rare variations with outbreak potential:** SARS-CoV, MERS-CoV, SARS-COV-2 (COVID-19) cause a range of presentations from asymptomatic, mild, severe
- **Are not environmentally hardy**
 - Susceptible to soap/water, alcohol hand rub, hospital-grade EPA registered disinfectants
- **Nomenclature**
 - COVID-19 (clinical disease)
 - SARS-COV-2 (virus name)



Treatments

- Early supportive care best known intervention
- High risk patients to seek care early. Decompensation may occur days into illness
- No current vaccination available – multiple international trials ongoing
- Anti-viral therapies currently experimental and under investigation



What to look for

Symptoms:

- Fever, new cough, difficulty breathing

AND

Exposure:

- History of travel

OR

- Close contact with a confirmed or probable case

OR

- Close contact with a person with acute respiratory illness who has been to an affected area within 14 days prior to illness onset

OR

- Laboratory exposure to biological material

AND

- No clear alternative diagnosis





Infection Prevention Practices

- Ask patient to clean their hands
- If symptomatic place a surgical mask on the patient
- Place patient in identified single room
- Place sign for Droplet and Contact Precautions
- Encourage cough and sneeze etiquette
- Observe fastidious hand hygiene



IPAC measures for COVID-19

MAJORITY OF CASES

DROPLET & CONTACT PRECAUTIONS

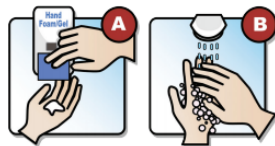
Bed #

Families and visitors:



Please report to staff before entering

Clean hands before entering and when leaving room



Clean hands with
A) hand foam/gel or B) soap and water

Staff:



Required:

- Point of Care Risk Assessment
- Gown & Gloves
- Procedure mask with eye protection
When within 2 metres of patient
- Keep 2 metres between patients

KEEP SIGN POSTED UNTIL ROOM CLEANED
HOUSEKEEPER will remove sign after "Discharge" cleaning

EXCEPTIONS:

AIRBORNE PRECAUTIONS

Private Room
Negative Pressure

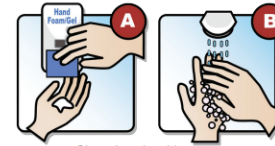
Keep door closed

Families and visitors:



Please report to staff before entering

Clean hands before entering and when leaving room



Clean hands with
A) hand foam/gel or B) soap and water

Staff:



Required:

- Point of Care Risk Assessment
- N95 Respirator



KEEP SIGN POSTED UNTIL ROOM CLEANED
HOUSEKEEPER will remove sign after "Discharge" cleaning

1.) Aerosol generating medical procedure

2.) Ventilated patients

Notify Infection Prevention & Control - Before Discontinuing Airborne Precautions



SCAN ME

Personal Protective Equipment

Encourage all healthcare providers to review on ipac.vch.ca

COVID-19 (Novel Coronavirus)

Triage & Assessment	+
Laboratory Testing	+
Signage	+
Hand Hygiene	+
Personal Protective Equipment	-

- [Donning Personal Protective Equipment \(PPE\)](#) - Poster
- [Donning Personal Protective Equipment \(PPE\)](#) - Video
- [Doffing Personal Protective Equipment \(PPE\)](#) - Poster
- [Doffing Personal Protective Equipment \(PPE\)](#) - Video
- [Droplet & Contact Sign](#)
- [VCH Practice Alert - Appropriate use of Procedure Masks and N95 Respirators](#)
- [Aerosol Generating Medical Procedures \(AGMP\) Best Practice Guideline](#)

Masks should be removed after exiting room

Taking Off (Doffing) Personal Protective Equipment (PPE)

GLOVES - the outer surface may be contaminated



1. Pinch the outer glove surface with a gloved hand and remove the first glove; hold this in your gloved hand.
2. Slide fingers of ungloved hand under the other glove at the wrist.
3. Peel glove over wrist and discard.

GOWN - the outer surface may be contaminated



1. Unfasten ties.
2. Cross your arms and pull the gown away from your neck and shoulders.
3. Turn the gown inside out and roll the gown into a bundle and discard.
4. Exit room.

HAND HYGIENE



1. Clean your hands according to point of care risk assessment (e.g. if hands are visibly soiled).
2. Alcohol based hand rub (ABHR) is the preferred method. If hands are visibly soiled then you must wash with soap & water.

EYE PROTECTION - the outer surface may be contaminated



1. When removing eye protection, handle only the elastic bands or ear pieces.

MASK or RESPIRATOR - the outer surface may be contaminated



1. Remove ear loop or elastic from nape of neck.
2. Lean forward and gently remove the elastic from the crown of your head without disturbing the respirator or mask.
3. Discard in waste container.

HAND HYGIENE



Cleaning, Disinfection, Laundry, Food

- **BCCDC currently recommends observing your routine hospital practices:**
 - coronaviruses (in general) are not particularly hardy
 - Cleaning the room is a shared responsibility after the patient leaves the room
 - Regular cleaning and disinfection, laundry, and food delivery practices
 - Key message is to **follow** institutional practices



Key Messages

- Coordinated, provincial response
 - Pandemic declared
- Priorities:
 - public/patient and HCW safety
 - rapid identification/triage, isolation, testing, reporting
 - consistent, sustainable, coordinated provincial-institutional approach
 - we are all responsible for one another



Resources

- **BC Nurse Line (811) available 24 hours/day, 7 days/week**
- **Canadian and BC response**
 - PHAC Coronavirus website
 - BCCDC Coronavirus website
 - VCH IPAC website (ipac.vch.ca)
- **International Response**
 - WHO Coronavirus website
- **International Epidemiology**
 - John Hopkins Coronavirus Dashboard
 - CIDRAP website
- **Clinical Evidence Reviews**
 - Lancet Coronavirus resource page
 - NEJM Coronavirus resource page
 - Public Health Ontario Coronavirus resource page



- **811/BCCDC:** Inquiries from Staff who are unclear whether they should be returning to work following travel should be referred back to the most recent recommendations on travel posted on BCCDC or contact 811.
- Managers should also be familiar with these recommendations when considering whether staff should be at work or not. [http://www.bccdc.ca/health-info/diseases-conditions/coronavirus-\(novel\)#Information--about--the--virus](http://www.bccdc.ca/health-info/diseases-conditions/coronavirus-(novel)#Information--about--the--virus)

VCH Infection Control Team is to support patient identification, testing, policies, processes all related to **patient care!**



Questions

- Who are your champions?



**WASH YOUR HANDS
THANK YOU!**



Novel Coronavirus update (COVID-19)

Marthe Charles, MD, MSc, FRCPC

Division Head, Division of Medical Microbiology and
Infection Prevention, VCH
Department of Pathology and Laboratory Medicine, UBC

Elizabeth Bryce, MD, DSc, FRCPC

Infection Control Officer, Vancouver Acute
Division of Medical Microbiology and Infection Prevention
Department of Pathology and Laboratory Medicine, UBC

Allison Muniak, MSc

Executive Director, Quality, Patient Safety and Infection
Control, Vancouver Coastal Health

Titus Wong, MD, MHSc (Epi), FRCPC

Division of Medical Microbiology and Infection Prevention
Regional Medical Director, Infection Prevention and Control, VCH
Co-Medical Director, BC Provincial Infection Control Network,
Provincial Health Services Authority
Department of Pathology and Laboratory Medicine, UBC

Disclosures

- None relevant to this presentation
- Information is evolving, and therefore the recommendations are fluid



Acknowledgements

- Vina, Bill, and Lori K for the invite
- Dr. Danuta Skowronksi (epi)
- Dr. Samuel Chorlton
- Dr. Elizabeth King
- BCCDC PHL
- BC PICNet
- Emergency and Critical Care Departments
- Public Health MHO's and CD Nurses
- VCH Medical Microbiology
- VCH Infection Prevention and Control

