

Coffee with Infection Prevention & Control Questions & Answers on COVID-19 PPE

1. What is the incubation period if you are not sure if you were exposed?

It is difficult to determine incubation if exposure is unknown, but 14 days after the last potential exposure would be safe based on current knowledge. You should monitor yourself for signs and symptoms of COVID-19 (fever, respiratory symptoms (cough, sore throat, rhinorrhea, nasal congestion, loss of sense of smell, odynophagia), shortness of breath, headache, muscle aches, fatigue, chills, loss of appetite, vomiting, or diarrhea) at all times whether you have knowingly been exposed or not.

2. With a mental health patient who elopes and returns, should we quarantine them for 10 or 14 days? Should we test for COVID-19 right away or only if symptomatic?

No there is no need to quarantine or test the patient unless they present with signs or symptoms of COVID-19 (fever, respiratory symptoms (cough, sore throat, rhinorrhea, nasal congestion, loss of sense of smell, odynophagia), shortness of breath, headache, muscle aches, fatigue, chills, loss of appetite, vomiting, or diarrhea). If they do have symptoms consult with the patients' most responsible physician (MRP) regarding testing. All patients should be monitored daily for signs and symptoms of COVID-19. Hand hygiene should be encouraged as much as possible.

3. Staff wearing gloves because of cuts – is this reasonable? It causes a lot of worry.

Staff should be wearing a water resistant band aid, not gloves, if they have cuts on their fingers. The band aid should be changed if it becomes wet or soiled. Gloves do not replace hand hygiene.

4. Health Canada released a list of approved disinfectants. What are the implications if a particular brand we use at home is not on the approved list?

If your product is not on the list, it has not been approved for this use by Health Canada which means the evidence of effectiveness is either lacking or unknown. If possible, use store-bought disinfectants. Familiar brands such as Clorox, Lysol, Fantastik, Microban and Zep have specific products that will work against the COVID-19 virus ([BCCDC Cleaning and Disinfection](#)).

5. I am a mammogram tech. We have to get very close to patients, like a hug. Should we wear a gown?

If the patient is not exhibiting any respiratory symptoms and is low-risk of COVID-19 a gown is not recommended. You may also refer to the PPE Recommendations for Ambulatory Settings (page 18) in our [PPE Recommendation for Healthcare Personnel in Community](#) document.

6. What is the PPM concentration for precept dilution for proper disinfection?

This question is out of our scope. If you are asking specifically about bleach the BCCDC has the [Foodsafe bleach calculator](#) available on their [Cleaning and Disinfecting](#) page.

7. I see my co-worker not using PPE correctly – what should I say/do?

We are sure your co-worker would appreciate you gently and discretely pointing out to them they are using PPE incorrectly ([Donning PPE](#) and [Doffing PPE](#)), especially as improper doffing can lead to self-contamination. It is important to remember “We are in this together and are here to keep each other safe and our patients safe”.

8. Are you saying that you only wear N95 masks if the patient is COVID-19 positive? Or as I understand it for all AGMP?

In addition to confirmed or suspected COVID-19 cases ([AGMP COVID-19 FAQ](#), [AGMP Donning PPE](#), [AGMP Doffing PPE](#)), N95 masks are worn for query or confirmed infections transmitted by the airborne route, such as pulmonary TB, chicken pox, disseminated Shingles, etc. Please review the VCH [AGMP Best Practice Guideline](#).

9. Where is it okay not to wear facial protection?

Specific to COVID-19 – it depends on the setting. Please review [PPE Recommendations for Healthcare Personnel in Acute Care](#) or [PPE Recommendation for Healthcare Personnel in Community](#).

10. What are the advantages versus disadvantages for using Microsan to disinfect gloves while being worn?

NEVER use Microsan on gloves. There is no advantage.

11. Are reprocessed N95 masks going to be used? If so, when?

All reprocessed N95 respirators are being stockpiled and stored. These respirators will not be put into circulation at this time. If these masks are ever put into circulation there will be clear communication and direction.

12.Can you clarify that Droplet + Contact precautions is the right level for suspected and positive non-AGMP patients?

Yes. Coronavirus is [transmitted via liquid droplets](#) when a person coughs or sneezes. The these droplets can enter through the eyes, nose or throat if you are in close contact. The virus is not known to be airborne (e.g. transmitted through the particles floating in the air) and it is not something that comes in through the skin. It can be spread by touch if a person has used their hands to cover their mouth or nose when they cough. That's why we recommend you cough or sneeze into your arm and wash your hands regularly.

13.Why not N95 mask during testing since you mentioned possible COVID or confirmed COVID?

Droplet + Contact precautions are sufficient during COVID-19 testing. Nasopharyngeal swabs are not an AGMP, so a N95 respirator is not necessary.