

## Coffee with Infection Prevention & Control Questions & Answers on Common Doffing Mistakes and PPE Use

**1. Do we need to post the Safety Plan in our Community Clinic areas for staff to see?**

Yes, that is part of the Provincial Health Officer order.

**2. Point of care risk assessment (PoCRA) in community is not the same as acute. We may not have details of O2 therapy and type of masks community clients are using especially for home support workers.**

PoCRA is fairly standard practice across all care settings. Staff need to use their clinical judgement when assessing the patient, the tasks they are performing and the environment they are in with every interaction that they have and use those assessments to determine what their needs are in terms of PPE. A PoCRA may be different for some disciplines depending on the clinical background that you come from and the amount of clinical judgement that you have. For home support workers it is very important that they work in close proximity with their LPN or RN supervisor and there should be a very strong care plan put in place that the client and interventions that you are performing has been assessed by an RN or LPN supervisor to determine risk and built into the care plan so safeguards can be put in place.

**3. The recovery screening document has many more screening questions than the original Community SOP. Which would you recommend or is it site specific?**

When we developed the screening tools as part of the recovery documents we aligned with BCCDC and other sites (acute and long-term) for continuity. SOPs will be updated to align with the recovery documents once all recovery documents have been finalized.

**4. Should N95 masks be used for community workers caring for home bound COVID +/- clients with CPAP/BiPAP/nebulizers/high flow O2?**

The use of an N95 mask is to protect people from aerosolized microdroplets that can be produced by CPAP BiPAP etc. If you know the patient is COVID positive a N95 should be used. These decisions should be made with a medical supervisor to help determine the level of risk. The CPAP, etc need to be used during the time you are there in order to be of significant risk.

**5. What is the status with “paper” in clinic settings? I have heard that paper should be removed.**

Paper posted on the walls – if the paper is going to be posted for a longer period of time it should be laminated or placed in a plastic sleeve so it can be wiped down.

Paper posted on the walls – if the paper is going to be posted for a short period of time, paper should be dated and posting area should be reviewed regularly to remove out dated papers.

Paper on desks – the goal is to try and keep paper to a minimum where possible. Paper as with anything you touch in the environment is it important to wash your hands. COVID will not survive very long on paper, so yes you can use paper, just practice good hand hygiene.

**6. Are paper handouts for teaching clients okay?**

If you are giving these to client for them to take home paper is fine. If you are using them between clients they should be laminated and wiped down between each client.

Plexiglass holders for teaching pamphlets – make sure staff and clients perform hand hygiene before accessing any pamphlets in these holders. Putting up signs asking people to clean their hands before accessing pamphlets.

**7. What about infection control practices with paper charts where there are multiple people who may handle the chart?**

The most important thing about handling paper charts is if they are in a binder that you are regularly wiping down the binder with disinfectant wipes and practicing good hand hygiene.

**8. What off the shelf cleaning products are adequate to address disinfectant criteria for COVID-19 can we purchase for small business community private clinics?**

Health Canada has a list of disinfectant that are effective against COVID-19.

[Hard-surface disinfectants and hand sanitizers \(COVID-19\): List of disinfectants with evidence for use against COVID-19](#)

**9. Is there a risk with skin residue from disinfectant (i.e. from regular phone cleaning)?**

Completely depends on what kind of disinfectant you are using. Generally we use non-toxic products, there are some products that should be limited or gloves should be worn when using (i.e. Cavi Wipes) – these products will be clearly labeled – this is a legal requirement. Once the product is dry it is thought to be clean and non-toxic.

As long as the disinfectant is dry before you are handling it/it touches your skin. It was a taken very important when we switched products a few years ago that the disinfectant is non-toxic and safe for use for staff.

**10. Is there any biodegradable cleaning products acceptable/adequate as disinfectants for cleaning surfaces?**

AHP is naturally biodegradable as it vaporizes into oxygen and water. There are so many biodegradable products out there we are unfortunately not aware of all products available for purchase.

**11. Should cloth chairs be replaced by wipeable chairs in the waiting area and clinic area?**

Yes, if possible all chairs in waiting areas, examination rooms, and clinical areas should be wipeable.

**12. Can a VCH staff member be fired for refusing to work in-person with a suspected/confirmed COVID patient?**

This is outside of scope. You should speak to your manager regarding this.

**13. For a non-COVID patient who is on a ventilator (e.g. spinal cord injury, no COVID symptoms) what kind of PPE do we need to be in the same room? With 2 meter distancing? Without 2 meter distancing?**

Chronic ventilated patient with no concern for COVID at this time, there is no need for airborne precautions. What additional precaution you choose to wear should be based on a PoCRA. The decision around PPE within

2 meters or outside 2 meters is based on the PPE recommendations for all other patient care. We are thankfully seeing a very low prevalence of COVID in the community right now and as such there may be changes in the PPE recommendations going forward.

**14. If a client has no symptoms in ambulatory care would a full face shield be sufficient and gloves?**

We are still recommending for staff to the current PPE recommendations a full face shield and gloves does not meet that recommendation. You still need to have eye protection, mask, and gloves if you are providing direct contact. Reading between the lines - Is the face shield good enough to replace the mask? While a face shield does provide more protection for the face because it covers more area. The mask prevents large respiratory droplets from being breathed in beneath the shield. If that is the question then the answer is no – don't think you don't need to wear a mask because you are wearing a face shield.

**15. I know we should use VCH eye protection, but the safety glasses from Canadian Tire fit over my own glasses more securely. Can you please comment.**

The big thing with eye protection is you want it to cover the tops, sides, and bottom. In these cases a full face shield is probably the best option because there is a bit of heterogeneity in safety glasses that are bought from places like Canadian Tire it is hard without being able to see them to say whether or not that particular pair is appropriate and meet the standards. The work around is to use a full face shield if it is available.

Remember PPE used in clinical setting is vetted through Occupational Health and Safety to make sure that it meets all the safety standards for WorkSafe and Health Canada so we do not encourage using PPE from outside of our own supply chain because all of it has been vetted to make sure it is safely protecting our staff.

**16. If a patient asks us to remove PPE in a situation where we may be able to do so (e.g. non-COVID case, greater than 6 feet apart) do you have thoughts about how we might respond if we do not want to.**

We would suggest being forthright with the patient and just say that you are not comfortable removing your PPE and you are following the standards that are set out by your employer and that you would prefer to wear it in that clinical context. As long as you are wearing the PPE properly and there is no risk of contamination (i.e. not going from patient to patient wearing the same pair of gloves), it is your decision around PPE use.

**17. Do we need to wear gloves as part of our PPE in private clinics or will hand washing of both clinician and patient before and after a treatment session be adequate?**

It depends on the "treatment". If there is a possibility of coming in contact with blood or body fluids gloves should be worn. If not, good hand hygiene by both the clinician and patient is sufficient.

**18. Can you speak to carpets when seeing clients?**

There is a lot of carpeting in community sites. We generally discourage using carpeting in the setting where there are patients who are immunocompromised so obviously we would not promote carpet in those settings. In some community settings the clients you are servicing or providing care do not fall into that category so carpeting can be appropriate. We recommend rubber backing to prevent mould. The carpet should be able to be cleaned properly. Recommend replacement worn carpet. Use carpet tiles if possible because they are easily removed.

**19. How do those of us working in office settings (not seeing clients in offices) ensure our office spacing and set up is pandemic friendly?**

Please refer to the [Key Principles and Safety Plan](#) and [Recovery Checklist](#) which can also be found in the Recovery Resources, Administrative Areas, tab on the IPAC website ([www.IPAC.vch.ca](http://www.IPAC.vch.ca)).

**20. Working in an office setting – staff from other teams in the building are coming to “visit” (i.e. social visits to say hello or “just” walking through)? Please comment.**

Physical distancing is important but there are a number of other infection control practices in office settings. Hand washing and cleaning your workspace, do not come to work sick are all additional components to prevent transmission in the work place – it is not one single thing you are doing, it is a collection. If someone has cleaned their hands and are at a distance, no problem with socializing in the office. Remember – Be Kind 😊.

**21. Our large team is moving into our small office space and pandemic planning is not being mentioned or taken into account. It has been mentioned to the manager and supervisor but they are non-clinical and do not seem to understand risks or best practice.**

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**22. How should we structure office settings? Plexiglass between stations, etc.? Is there best practice suggestions for spacing and such?**

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