

## Coffee with Infection Prevention & Control

### Questions & Answers on Common Doffing Mistakes and PPE Use

- 1. About treating patients with no COVID-19 symptoms but having risk factors (e.g. diabetes controlled by medication, and HbA1c around 7 or HBP but controlled with medication) should we go ahead with treatment (i.e. non-essential in person care)?**

There is a bit of a difference between the risk associated with medical comorbidities and the risk of transmission. Medical comorbidities predispose to a more severe course of COVID, but does not necessarily mean they are at higher risk to catch COVID, so an asymptomatic patient should be treated as all asymptomatic patients are. If you are providing in person care it is important for you to wear the proper PPE and clean your hands often. There is no reason to avoid care of patients with chronic conditions over fear of COVID particularly if they are not symptomatic.

- 2. For staff that must visit multiple sites, is it advised to return to multiple site visits?**

This is beyond the recommendations of IPAC and would be covered by Public Health. The general gist is when you have a very high prevalence you should avoid moving between sites. It would also depend on the type of "sites" being visited and what activities are being performed.

- 3. Cleaning and disinfecting:**

#### **Why 2 wipes is 1 not enough?**

The first wipe is to clean and the second is to disinfect.

#### **If a surface is not visibly soiled can we use only 1 wipe?**

No. Just because a surface isn't visibly soiled does not mean it isn't contaminated.

#### **What if we don't let the wipes dry?**

The rate of killing by a disinfectant wipe is reliant on time. We cannot say the wipe is 100% effective unless it is given the full "wet contact" time. The risk of not letting it completely dry means what you are cleaning may not be completely clean and disinfected.

- 4. If we cannot maintain a 2 meter distance at our workspace should we return?**

Depends on the office space but if we are within VCH there are ways to allow people to return to work safely in an area where they have maybe less than 2 meters between themselves and a co-worker. This includes the use of masks and other environmental protective measures that are actually outlined in the Recovery Resources – [Key Principles & Safety Plan for Administrative Areas](#) and [Recovery Checklist for Administrative Offices](#).

- 5. Why is COVID likely to stay on surfaces and we need to wash hands, whereas we are not so worried about touching other things e.g. fungus or MRSA?**

Different pathogens can be transmitted in different ways (e.g. touching MRSA on a surface and then touching your skin really does not cause a problem immediately because your skin is covered with staph aureus and other bacteria at baseline). A number of other steps need to occur in order for things like MRSA to cause infection. When we talk about MRSA on surfaces, when you touch MRSA on a surface and then touch your face you may become colonized with MRSA which of course should be avoided if possible but even colonization doesn't necessarily cause infection. With COVID we know that when you touch a surface and then touch your face (eyes, nose, or mouth) that is the portal of entry when it causes infection. We know COVID dies quickly on surfaces but if you touch COVID and then your face (eyes, nose, or mouth) you are basically assisting the COVID from getting on a surface into where it needs to go to cause an infection.

**6. Is IPAC working with the business community to increase cleaning and disinfecting standards to the average Canadian worker?**

No, this would fall under Public Health.