

AVENUE II COVID-19 PANDEMIC PLANNING MANUAL

TOPIC: Pandemic Planning Protocols	SUBJECT: Point of Care Risk Assessment/Personal Protective Equipment	Code: PPP009
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Point of Care Risk Assessment (PCRA) - (also known as personal risk assessment) is a dynamic risk assessment completed by a staff person before every resident care/interaction in order to determine whether there is a risk of being exposed to an infection. A PCRA will help determine the appropriate personal protective equipment (PPE) required to protect the staff in their interaction with the resident and their environment.

Avenue II has adopted the Public Health Ontario PCRA for use by staff and management which is attached at the end of this document for reference

Pandemic Plan – Personal Protective Equipment (PPE) during the pandemic.

NOTE – CURRENTLY STAFF ARE REQUIRED TO WEAR A SUPPLIED MEDICAL/SURGICAL MASK AT ALL TIMES. THIS INCLUDES INDOORS, OUTDOORS AND WHILE TRAVELING IN A VEHICLE FOR WORK PURPOSES. Social distancing must be practiced whenever possible, even when wearing PPE. Staff may be directed to wear different types of masks in different situations.

IN THE CASE OF AN EMERGENCY ACCESS THE EMERGENCY PERSONAL PROTECTIVE EQUIPMENT KIT FOR SUPPLIES.

Preamble – This document will outline PPE available to staff during the COVID-19 Pandemic. Personal Protective Equipment (PPE) is intended to protect the wearer by minimizing their risk of exposure to COVID-19. The effectiveness of PPE depends on the person wearing it correctly and consistently. Recommendations for the use of PPE are based on risk assessments of specific environment and the risk of exposure.

Source control protects others in close proximity to the wearer by preventing the spread of bacteria and viruses to others. We recommend clients also wear masks when possible as source control.

Direct care is defined as providing hands on care within 2 metres of the client for activities such as eating, bathing, washing, turning, changing clothing, oral hygiene, continence care, dressing changes, care of open wounds or toileting. Pushing a wheelchair is not classified as direct care.

PPE and use of mask as source control

Gloves –Nitrile gloves and more puncture resistant types of gloves are available to staff while supporting.

Isolation Gowns - Disposable long sleeved gowns or washable gowns are worn for direct care when skin or clothing of staff may become contaminated.

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EYE PROTECTION -

Eye protection includes face shields, goggles, or certain safety glasses. Properly fitting eye protection should be close fitting around the head and/or must provide a barrier from the front, top and sides. Staff may choose to wear eye protection at any time, in addition to the situations indicated below.

Avenue II requires eye protection during any direct care where the support staff is within 2 meters of the client. Direct care may include helping with eating, bathing, washing, turning, changing clothing, oral hygiene, toileting, and wound care. Eye protection does not need to be worn while driving.

Additional enhanced PPE as per PPP006, is required in specific situations such as when providing care to a client who is placed on Droplet and Contact Precautions or during a COVID-19 outbreak.

The direction for staff to wear eye protection is based on a number of factors:

- The ability of the client to properly wear a mask and maintain mask protocols
 - Does the client have difficulty wearing or refuse to wear a mask?
- The type of direct care that is being provided to the client as noted above
- The activity of the client.
 - Is the client taking part in an activity that may pose a risk of exposure to the staff or others?
 - Is the location of the activity
 - well-ventilated
 - with staff behind a protective barrier
 - in a large space
 - outside
- The health status of the client
 - Does the client pass screening and not exhibit symptoms of COVID-19?
 - Has the client been exposed to COVID-19 or potentially exposed to COVID-19?
- The ability of the client to adhere to cough/sneeze/spray etiquette under normal circumstances
 - Does the client regularly cough or sneeze due to allergies?
 - Does the client cough due to a medical condition or habit?
- The ability of the client to recognize social distance requirements of 2 meters
 - Does the client breach personal boundaries without warning?
- If the client is under additional precautions due to possible exposure to COVID-19 or symptoms.
- If there is an outbreak in the residence

Managers will assess each residential support situation and determine the use of the eye protection.

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Medical Mask – Level/Class 1 – 3 masks also referred to as a procedural mask or surgical mask for use by staff for respiratory etiquette to prevent the wearer from spreading germs by talking, coughing or sneezing (source control). **MCCSS currently mandates a medical mask to always be worn/used when supporting clients.** All visitors are to be supplied with a medical mask when visiting. **Non-medical grade reusable Cloth Masks or reusable dust masks are prohibited while working.**

Principles and Practices for:

Staff Masking:

- Staff will be provided with one (1) medical mask (mask) at the beginning of their shift. Staff will immediately perform hand hygiene and don the mask.
- Masks are to be worn throughout the shift and removed only when:
 - Eating and drinking
 - Are alone outside and capable of physical distancing,
 - Are alone in an office.
- When removing a mask that can be re-used, staff are to:
 - Perform hand hygiene
 - Remove the mask by undoing ties or removing the loops from around the ears,
 - Fold the mask inwards so that the outside of the mask is exposed and the inside (the side that lies against the face) is protected,
 - Place the mask in a clean paper bag folding the bag closed or a plastic container with a lid,
 - Perform hand hygiene.
- When re-using the mask:
 - Perform hand hygiene,
 - Remove the mask from the bag, handling the mask in a manner that minimizes contact with the exposed mask surface,
 - Don the mask,
 - Perform hand hygiene.
- Masks are intended to be worn for extended periods and re-used for the entire shift, however the mask should be replaced if:
 - Soiled
 - Contaminated (e.g., someone who coughs on you),
 - Moist or wet
 - Damaged, and/or
 - Difficult to breathe through.
 - Or you have a new client at a new location (this does not include moving between people in the same building)
- At the end of the scheduled shift, staff are to:
 - Perform hand hygiene,
 - Remove the mask, by undoing the ties or removing the loops from the ears,
 - Place into a paper bag (if available), fold it closed and discard the mask into regular garbage,
 - Perform hand hygiene,

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Eye protection:

Eye protection will be issued to each staff. Staff are responsible for the care and maintenance of re-usable items in accordance with appropriate procedures and guidance.

It may be cleaned and reused if the item is clear and intact. If the item is visibly damaged or suspected of damage, the item must be properly discarded.

- Move away from client room/care area
- Perform hand hygiene
- Put on gloves
- Ensure a clean level surface is available and the surface is cleaned and disinfected between cleaning each side of face shield or place a clean paper towel on table, and ensure table cleaning and disinfection between users
- Remove eye protection
- If heavily soiled, where possible wash in utility sink (not hand hygiene sink) first
- Place on table
- Clean and disinfect with an approved cleaner/disinfectant wipe focusing on the external surface and allow to air dry
- Rinse under tap in sink if cloudy and dry with clean paper towel (using a product that contains alcohol will help to reduce clouding and hence the need for this step)
- Remove gloves and discard and perform hand hygiene after procedure

In terms of the frequency for cleaning eye protection that is being worn for an extended period of time:

- cleaning and disinfecting when extended use should occur when visibly soiled and/or,
- cross contamination risk is identified (e.g., eye protection adjusted with gloves during client care) and other times, such as upon removal before breaks or after removal.

Ensuring that eye protection is not touched while being worn, or only touched and adjusted following hand hygiene, and that the eye protection has been cleaned and disinfected prior to re-donning is important.

When to use Disposable isolation gowns or reusable lab coats with other PPE

- When directed by Public Health, Primary Care or Management
- When directed for direct care when skin or clothing of staff may become contaminated and the client has a suspected case or confirmed case of COVID-19.

Washable Lab Coat instructions

- Wash on hot or warm
- Dry thoroughly
- Return to storage area