

AVENUE II COVID-19 PANDEMIC PLANNING MANUAL

TOPIC: Pandemic Planning Protocols	SUBJECT: Personal Protective Equipment /Point of Care Risk Assessment	Code: PPP009
		Date of Issue:
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Preamble – This document will outline Personal Protective Equipment (PPE) available to staff during the COVID-19 Pandemic and the Point of Care Risk Assessment tool. 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.

NOTE: STAFF ARE REQUIRED TO ALWAYS WEAR A SUPPLIED MEDICAL/SURGICAL MASK INDOORS unless an exception is noted. **Social distancing must be practiced whenever possible, even when wearing PPE. Staff may be directed to wear different types of masks in different situations. WHEN OUTSIDE AND SOCIAL DISTANCING CAN BE MAINTAINED, MASKS MAY BE REMOVED.**

THE EMERGENCY PERSONAL PROTECTIVE EQUIPMENT KIT CAN BE ACCESSED WHEN THERE IS A LACK OF ADEQUATE SUPPLIES.

Definitions –

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

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 meters 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 - protects the wearer by minimizing their risk of exposure to COVID-19.

Eye protection - includes face shields, goggles, or safety glasses that are close fitting with a protective barrier on top and sides.

PPE AVAILABLE AND RISK ASSESSMENT

Gloves –Nitrile gloves are to be worn as per required.

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 -

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.

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.

Cleaning of eye protection should occur when cleaning and disinfecting when extended use should occur when visibly soiled and/or cross contamination has occurred (e.g., eye protection adjusted with gloves during client care).

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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). 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.**

N- 95 masks – used in enhanced precautions or when directed. All staff will be fit tested for the appropriate size as per guidelines.

Principles and Practices for:

Staff Masking:

- Staff will be provided with one (1) medical mask (mask) at the beginning of their shift. Paper bags or plastic containers will be provided for safe storage when removed during a shift. Staff will follow SR001 and SR005 as appropriate.
- Masks are to be worn throughout the shift and for the following exceptions:
 - Eating and drinking
 - Outside and capable of physical distancing
 - Alone in an office
- 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 fold the mask closed and discard the mask into regular garbage.

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

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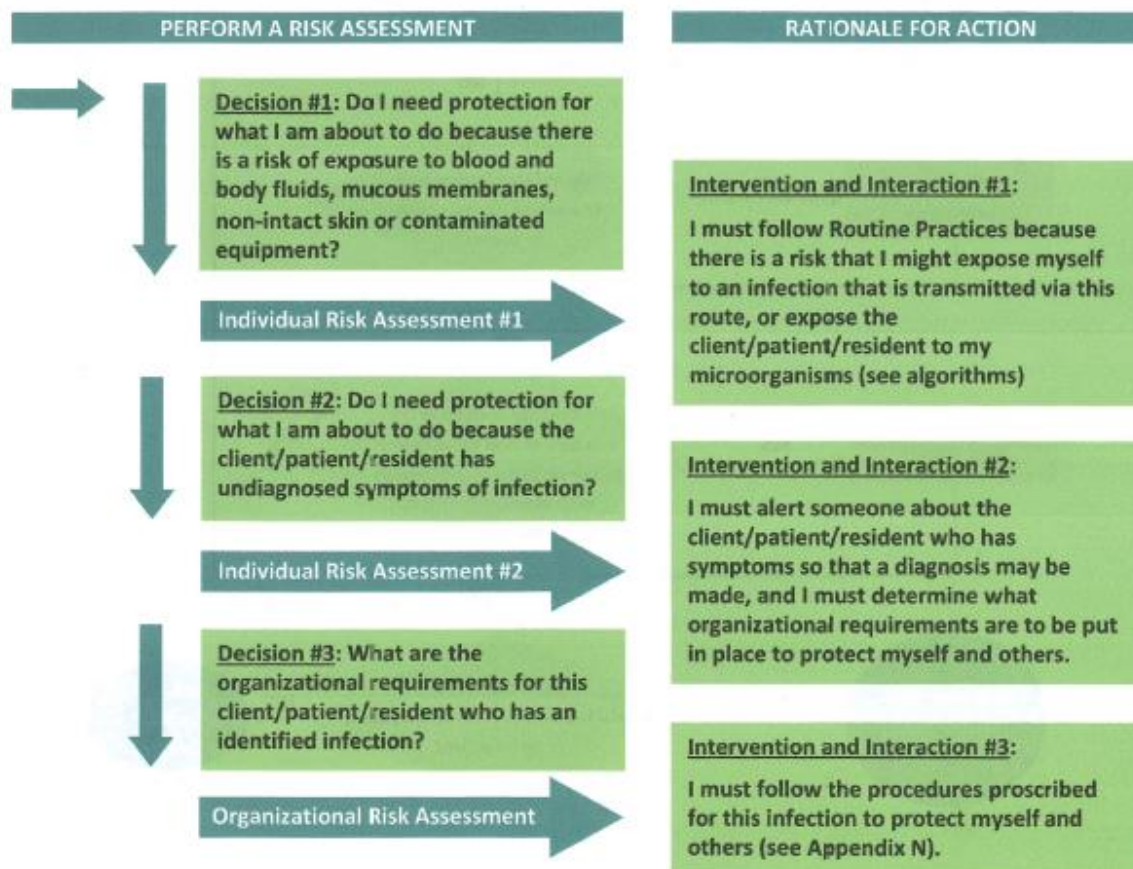


This resource is an excerpt from the *Best Practices for Routine Practices and Additional Precautions (Appendix B)* and was reformatted for ease of use

Performing a Risk Assessment Related to Routine Practices and Additional Precautions

An individual assessment of each client/patient/resident's potential risk of transmission of microorganisms must be made by all health care providers and other staff who come into contact with them. Based on that risk assessment and a risk assessment of the task, one may determine appropriate intervention and interaction strategies, such as hand hygiene, waste management, use of personal protective equipment (PPE) and client/patient/resident placement, that will reduce the risk of transmission of microorganisms to and from the individual.²⁸ When a client/patient/resident has undiagnosed symptoms or signs of an infection, interventions must be informed by organizational requirements.

Risk assessment steps to be performed by a Health Care Provider to determine an individual's risk of transmission of infectious agents and the rationale for associated protective measures



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Routine Practices Risk Assessment Algorithm for All Client/Patient/Resident Interactions

