WDGPH COVID-19 Questions from the field: Q&A for Long-Term Care and Retirement Homes

July 17, 2020

What PPE is needed for staff when an AGMP (e.g., CPAP and BiPAP) is being performed on residents?

A point of care risk assessment (PCRA) should be completed by staff before every patient interaction in order to determine whether there is risk of being exposed to body fluids and what Personal Protective Equipment (PPE) would be indicated.

If there is no reason to suspect COVID-19 infection (e.g., no signs/symptoms suggestive of COVID-19, low community prevalence) and there is no suspicion of undiagnosed TB or other airborne infection, routine practices for procedures that generate droplets and/or aerosols would be followed. As per best practices in the PIDAC document (page 16), when staff are within 2 meters of procedures generating droplets/aerosols, PPE must include a procedure/surgical mask and either protective eyewear or a face shield.

For patients with suspect or confirmed COVID-19, PPE for Droplet/Contact Precautions includes a procedure mask, gown, gloves and eye protection. When an AGMP is being performed, staff must use a fit-tested N95 respirator (or an approved equivalent or better protection) instead of a procedure mask, in addition to Droplet/Contact Precautions. Ideally, a single room should be assigned for residents requiring AGMPs, and during the procedure, the door should remain closed and the number of people in the room should be minimized.

In both instances, since COVID-19 is not an airborne transmitted disease, once the procedure is completed and the equipment is put away, staff can re-enter the room at any time (wearing appropriate PPE for Droplet/Contact Precautions, if required).

Should residents be sharing rooms if they use a CPAP?

As per the PIDAC document (page 17), single rooms, with a dedicated bathroom and sink, are preferred for the placement of all clients/patients/residents as studies have shown a clear relationship between the use of single rooms and reduced infection. However, most facilities do not have sufficient single rooms to accommodate all residents, so some might be accommodated in multi-bed rooms, which presents a risk

for transmission of microorganisms. Based on the knowledge that CPAP does generate aerosols, unless the resident had an airborne transmitted disease (e.g., TB) the absolute need for a single room would not be there, however, prudent practice would be to place a resident requiring CPAP in a single room. If this was not possible, an assessment of their roommate(s) regarding risk factors for acquisition of infection (e.g., compromised immunity, underlying diseases, neutropenia) should be done. Other alternatives could be maintaining a spatial separation of at least two metres between the resident requiring CPAP and the other residents in the room and drawing the privacy curtain between beds.

For residents with suspect or known COVID-19, if there is limited ability to perform air exchanges, the facility should assess whether the AGMP is necessary or can be delayed for 14 days, or whether the AGMP is able to be performed in an alternate space, or whether the resident requiring the AGMP is able to be cohorted with other residents who are ill with COVID-19. Ideally, a single room should be assigned for residents with CPAP when they are on Droplet/Contact precautions for confirmed or suspect COVID-19, and the door should be closed when the CPAP is running.

Are staff who work in a LTC/RH able to work in other locations that are not LTC/RH or health care facilities?

Long-Term Care employees and providers must comply with Ontario Regulation 146/20 and Retirement Home employees and licensees must comply with Ontario Regulation 158/20, both made pursuant to the *Emergency Management and Civil Protection Act*. These regulations state that employees of Long-Term Care Homes (LTC) or Retirement Homes (RH) shall not also perform work as an employee of another LTC/RH or other health service provider. Other work locations that do not fall under these regulations would be permitted. However, Ministry Guidance does recommend that wherever possible, employers should work with staff, contractors and volunteers to limit the number of work locations that they are working, to minimize risk to residents and other staff of exposure to COVID-19. Staff, contractors and volunteers should discuss with their employer if their other work location(s) are in outbreak for COVID-19.

References

Ministry of Health. COVID-19 Outbreak Guidance for Long-Term Care Homes (LTCH), Version 2. 15 April 2020.

Provincial Infectious Diseases Advisory Committee (PIDAC). Routine Practices and Additional Precautions in All Health Care Settings, 3rd Edition. November 2012.

Public Health Ontario. COVID-19 Resources and Questions from the Field. [Internet]. 5 June 2020.

Public Health Ontario. IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19. 3 May 2020.