

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

June 11, 2020

When using concentrated cleaning and disinfection products with an automatic dispenser, how often should accurate dilution be verified using test strips?

The Provincial Infectious Diseases Advisory Committee (PIDAC) Environmental Cleaning [document](#) (page 30) advises that when dispensing systems are used, the facility should verify 'regularly' that these are functioning properly.

At a minimum, it is important to follow the Manufacturer's Instructions for Use (MIFU). The MIFU and or company should provide direction on when and how often the verification of dilution should be performed.

If the MIFU is not available, or if facilities wish to take additional precautions, test strips should be used to verify appropriate dilution each time the solution is dispensed. If dispensing is anticipated to occur at multiple intervals throughout the day then daily testing is sufficient. These quality assurance measures will provide a mechanism to identify any dispenser malfunctions so that these can be identified and addressed immediately. Once dispensed or decanted, facilities should verify what the shelf life is with the manufacturer and ensure the solution is in a WHMIS labelled bottle.

Facilities should keep a log book to document when equipment was last calibrated, and when dilution products were dispensed and tested. In addition, facilities must label bottles with dates to allow for appropriate retesting or replacement of solutions, as per the MIFU, to ensure the efficacy of the products over time. Staff should have appropriate knowledge and training to ensure correct dispensing and testing of products.

Please note that (PIDAC) Environmental Cleaning [document](#) (page 59) states that "Applications of cleaning chemicals by aerosol or trigger sprays may cause eye injuries or induce or compound respiratory problems or illness and must not be used".

For facilities that are pet friendly, what precautions should be taken to prevent the potential spread of COVID-19 through pets?

Evidence does not currently suggest that pets or other domestic animals play a significant role in the spread of COVID-19, however until more is known, precautions should be taken to protect both people and pets in the facility from COVID-19. Pets should not be allowed to roam freely around the facility, and residents should avoid letting their pets interact with other people as much as possible.

In the event that a resident with a pet is suspected or confirmed to have COVID-19, they can continue to look after their pet if they are well enough, but should take [appropriate precautions](#) such as avoiding close contact (e.g., snuggling, kissing) and washing their hands before and after caring for their pet. If an ill resident is temporarily unable to care for their pet, this situation should be discussed with Public Health. Ideally the pet should remain in the home, and a staff member who is already entering the resident's space to provide direct care may be temporarily able to provide care for the pet while taking [appropriate precautions](#). Dogs should be kept on a leash (at least 2 meters away from other staff or residents), taken outside via a route that minimizes contact with others, and kept away from other animals while outdoors. If pets show any signs of illness, then a veterinarian should be contacted.

How long should an N-95 respirator be worn by staff after an AGMP (such as CPAP) is completed?

Although COVID-19 is not an airborne transmitted disease, because droplet aerosols may be generated during aerosol generating medical procedures (AGMPs), care providers must use a fit-tested N95 respirator (or an approved equivalent or better protection) in addition to Droplet/Contact precautions, when AGMPs are performed on patients with suspected or confirmed COVID-19. Public Health Ontario has developed a [Technical Brief](#) outlining minimum expectations for PPE for care of individuals with suspected or confirmed COVID-19, as well as a listing of procedures considered AGMPs.

Ideally, a single room should be assigned for residents requiring AGMPs (such as CPAP) when they are on Droplet/Contact precautions for confirmed or suspect COVID-19. During the procedure, the door should remain closed, and the number of people in the room should be minimized. Please contact public health if your facility has a resident with CPAP and requires Droplet/Contact precautions, to ensure any additional details

can be worked out on a case-by-case basis.

As per the latest [recommendations from Public Health Ontario](#), once the procedure is completed and the equipment is put away, staff can re-enter the room at any time wearing a surgical/procedure mask, eye protection, and other required PPE as per Droplet/Contact Precautions.

Can I use hand sanitizer on my gloves?

Single-use gloves should never be re-used, washed or have Alcohol-Based Hand Rub (ABHR) applied to them. Gloves must be removed and discarded immediately after the activity for which they were used and should never be worn for the care of more than one patient. Hand hygiene must be performed immediately after glove removal. Re-use of gloves has been associated with the transmission of microorganisms.

References

Alberta Health Services. [Infection Prevention and Control Best Practice Guidelines: Glove Use and Selection](#). 30 June 2016.

Centres for Disease Control and Prevention (CDC). [COVID-19 and Animals](#). [Internet]. 2 June 2020.

Provincial Infectious Diseases Advisory Committee (PIDAC). [Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition](#). April 2018.

Public Health Ontario. [COVID-19: How to care for pets and other animals](#). 16 April 2020.

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