



# **Infection Prevention and Control Coronavirus 2019 (COVID-19)**

## **Healthcare Worker Education Program**

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## **1. OVERVIEW OF CORONAVIRUS DISEASE 2019 (COVID-19)**

### **1.1 DISEASE OVERVIEW**

COVID-19 is the disease caused by SARS-CoV-2 coronavirus, a new virus that was first recognized in December 2019. Genetic sequencing of the virus suggests that it is a betacoronavirus closely linked to the SARS virus. Coronaviruses are a large family of viruses. Some can infect animals, and some can infect humans.

### **1.2 RESERVOIR**

Although the precise animal reservoir for the virus causing COVID-19 is not yet certain, recent evidence suggests that both bats and the pangolin, a scaled, anteater-like animal consumed as food in China used in traditional medicine, may be the reservoir. A virus with a genome that is more than 99% similar to SARS-CoV-2 has recently been isolated from pangolins.

### **1.3 MODE OF TRANSMISSION**

Human coronaviruses are most commonly spread from an infected person through respiratory droplets, prolonged close personal contact, touching an infected area, then touching mouth, nose or eyes before washing hands.

### **1.4 SYMPTOMS**

Reported illnesses have ranged from people being mildly sick to people being severely ill and dying. Symptoms can include:

- Fever
- A new cough, or worsening chronic cough
- Sore throat
- Runny nose
- Headache
- A new onset of fatigue
- A new onset of muscle pain
- Diarrhea
- Loss of sense of taste
- Loss of sense of smell
- In children, purple markings on the fingers and toes

Symptoms may appear in as few as two days or as long as 14 days after exposure. This is the longest known incubation period for this type of disease.

### **1.5 INCUBATION PERIOD**

- The incubation period is up to 14 days.
  - *Current estimates of the incubation period range from 1-14 days with median estimates of 5-6 days between infection and the onset of clinical symptoms of the disease. WHO recommends that the follow-up of contacts of confirmed cases is 14 days*

### **1.6 PERIOD OF COMMUNICABILITY**

Period of communicability is considered to be from 48 hours prior to onset of symptoms to 10 days after onset of symptoms. Viral shedding may occur for longer in the immunocompromised and pediatric populations.

### **1.7 RISK FACTORS**

Severe illness can occur in otherwise healthy individuals of any age, but it predominantly occurs in adults with advanced age or underlying medical comorbidities.

Comorbidities and other conditions that have been associated with severe illness and mortality include:

- Cardiovascular disease
- Diabetes mellitus
- Hypertension
- Chronic lung disease
- Cancer (in particular hematologic malignancies, lung cancer, and metastatic disease)
- Chronic kidney disease
- Obesity
- Smoking

### **1.8 TREATMENT**

This is an area of rapid change. Please review [Spectrum App](#) for updated treatments.

### **1.9 PREVENTION**

- a) Multiple vaccines are under investigation.
- b) Infection Prevention and Control is the single most important measure to prevent disease transmission.

## **SECTION 1: Personal Protective Equipment (PPE)**

- HCWs need to understand the basic principles of safe and effective PPE use:
  1. PPE must be donned properly before entering the patient care area.
  2. PPE must remain in place and be worn correctly for the duration of exposure to potentially contaminated areas. It should not be adjusted during patient care. If a breach in PPE occurs, the HCW must immediately leave the patient care area.
  3. Removal of PPE presents a high-risk for self-contamination if not done properly. It requires a structured and monitored process and must be done slowly and deliberately.
- PPE should be provided and donned outside the patient's room or in the anteroom. If the anteroom is used for removing soiled PPE upon exiting the patient's room, then the anteroom should not be considered a clean area and clean supplies, including PPE, should be stored outside of the anteroom. Clean and potentially contaminated areas need to be clearly marked and evident to all HCWs working in the area, with one-way traffic flow from the clean area to the patient room to the PPE removal area. PPE should be donned and doffed in separate areas.
- The HCW should have sufficient and undisturbed time to don and doff PPE correctly.
- Have a Buddy to monitor appropriate selection, donning, doffing and disposal of PPE; observe and ensure the HCW is not self-contaminating.

### **Gloves**

The use of gloves is not a substitute for hand hygiene but is an additional measure of protection. Gloves are used to reduce the transmission of microorganisms from one patient to another or from one body site to another. Gloves reduce the risk of exposure of HCWs to blood, bodily fluids, secretions and excretions, mucous membranes, draining wounds and non-intact skin and for handling items or touching surfaces visibly or potentially soiled. Gloves do not completely eliminate hand contamination, as hands can become contaminated during the wearing of gloves through glove defects or during glove removal. Therefore, hand hygiene is necessary after the removal of gloves. Gloves must fit and extend up over the cuff of the gown.

### **Long-sleeved Gowns and Other Apparel**

Long-sleeved gowns are worn for routine practices, as indicated by a Point of Care Risk Assessment (PCRA). This is to protect uncovered skin and clothing during procedures and patient care activities likely to produce soiling or generate splashes or sprays of blood, bodily fluids, secretions or excretions. Gowns should be cuffed and cover the front and back of the HCW from the neck to mid-thigh. The type of gown selected is based on the following:

- Anticipated degree of contact with infectious material
- Potential for blood and bodily fluid penetration of the gown (fluid repellent when heavy liquid contamination is anticipated, such as in the operating theatre and during dialysis)
- Requirement for sterility (e.g., operating theatre, central line insertion)

**Eye Protection (goggles/face shield)**

Eye glasses are not effective eye protection. Interactions involving activities likely to generate coughing, splashes or sprays of blood, bodily fluids, secretions or excretions, and procedures that potentially expose the mucous membranes of the eyes, nose or mouth warrant facial protection with a mask plus eye protection.

**Masks: (Surgical/Procedure)**

- protect patients and HCWs from asymptomatic patients/HCWs who may be shedding an infectious organism before they become symptomatic (e.g. COVID)
- protect HCWs from sprays, splashes and act as a barrier from infectious droplets
- provide a barrier when HCWs perform aseptic/sterile procedures

**N95 Respirator**

A respirator is used to prevent inhalation of airborne microorganisms. Respiratory protection may be necessary as a component of airborne precautions or a recommendation for performing Aerosol Generating Medical Procedures (AGMP) on certain patients. The use of a respirator or the need for airborne precautions is determined by a PCRA. Factors to be considered:

- the specific infectious agent
- known or suspected infection status of the patient involved
- the patient care activity to be performed
- the immune status of the HCW
- the patient's ability to perform respiratory hygiene

**Equipment Supplies**

- Eye Protection (Goggles or face shield)
- Mask surgical/procedure or N95 respirator if there is a risk of an AGMP
- Gloves
- Gown
- Alcohol-Based Hand Rub (ABHR)
- Cleaner/disinfectant wipes

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## **SECTION 2: Donning and Doffing Guidelines**

### **Pre- Donning Activities**

Prior to entering isolation room, the HCW will confirm visibly that all PPE is in good condition.

- The Buddy ensures pre-donning activities have been completed
  - HCW has changed into scrubs
  - All jewelry, watches, lanyards, ID cards, pagers and phones have been removed
  - Hair is pulled back and secured away from face

### **Donning PPE HCW will:**

- Clean hands with ABHR or soap and water
- Put on gown and ensure it covers from neck to knees to wrist
- Tie gown at the back of neck and waist
- If back not fully covered, use a 2<sup>nd</sup> gown. Gown #1 ties in front, and Gown #2 ties in back
- Put on surgical/procedure mask. Secure ties around head or loops around ears so that the mask stays in place
- Fits the moldable band to the bridge of nose and ensures the mask fits snugly to face and below chin.
- If PCRA indicates there is a risk of AGMP, don a N95 respirator in place of a mask:
  - Pre-stretch both top and bottom straps before placing the respirator on your face
  - Cup the N95 respirator in your hand
  - Position the N95 respirator under your chin with the nose piece up
  - Secure the elastic band around your head so the N95 respirator stays in place
  - Use both hands to mold the metal band of the N95 respirator around the bridge of your nose
  - Seal check the N95 respirator
- Put on eye protection (Goggles/Face Shield), positioning the eye protection over eyes/face and adjust to fit.
- Put on gloves and ensures the cuffs of the gloves are pulled up over the cuffs of the gown to prevent exposure.

**The Buddy and HCW ensure the HCW has donned the appropriate PPE successfully and that the gown fully covers the HCWs' torso**

## Doffing PPE

- Buddy to be available prior to HCW removing any PPE.
- Buddy is ready with checklist and positioned in Doffing Area.
- HCW removes gloves, using glove in glove technique:

### Glove in Glove Technique

- Grasp outside edge of glove near the wrist and peel away, rolling the glove inside out
- Hold the glove in the opposite gloved hand
- Slide 1 or 2 fingers under the wrist of the remaining glove and peel the glove off and over the first glove, making a bag for both
- Discard immediately into garbage

- HCW cleans hands with ABHR. If hands look or feel soiled, wash hands with soap and water.
- Buddy reminds HCW to keep hands away from face (Keep Hands Low and Go Slow).
- HCW begins to remove **reusable or disposable gown as follows:**
  - Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
  - Pull gown away from neck and shoulders, touching inside of gown only
  - Turn gown inside out during removal
  - Place reusable gown in linen hamper
  - Place disposable gown in garbage
- If HCW has difficulty reaching the back of his/her gown, Buddy dons a clean pair of gloves and gently assists in removing the HCWs gown. Starting at the top of gown, working from inside of gown, rolling down over HC's shoulders toward elbows. HCW should be leaning forward
- Buddy removes gloves and cleans hands with ABHR
- The HCW then slowly forms gown into a ball, touching only inside of gown, and discards in garbage
- HCW cleans hands with ABHR
- HCW dons a clean pair of gloves
- **HCW will remove Goggles/Face Shield as follows:**
  - Use one wipe to clean/disinfect inside of goggles/face shield and a second wipe to clean/disinfect outside
  - **Face Shield – do not touch front of face shield**
    - Remove the face shield by tilting your head slightly forward, grabbing the rear strap and pulling it over your head, gently allowing the face shield to fall forward and discard in garbage
    - HCW cleans hands with ABHR
  - **Goggles – do not touch the front of the goggles**
    - Remove reusable goggles by earpieces and cleans goggles with cleaner/ disinfectant wipe
    - HCW sets down cleaned goggles and removes gloves
    - HCW cleans hands with ABHR
- HCW removes gloves and cleans hands with ABHR
- HCW removes mask or N95 respirator – **do not touch the front of the mask/respirator**
  - Bend forward slightly



- Grasps **bottom** elastic band of respirator at the back of the head and pull this forward over head
- Grasps the **top** elastic band of the respirator and pull this forward over head
- Discard in garbage
- There are different styles of N95 respirators, but all styles have the same basic steps for doffing
- HCW cleans hands with ABHR

**NOTE: Perform hand hygiene between steps if hands become contaminated and immediately after removing all PPE.**

### **SECTION 3: Point of Care Risk Assessment (PCRA)**

Prior to every patient interaction, HCWs have a responsibility to assess the infectious risk posed to themselves, patients, visitors and other HCWs. The PCRA is an evaluation of the variables (risk factors) related to the interaction between the HCW, the patient and the patient's environment to assess and analyze their potential for exposure to infectious agents and identify risks for transmission. A PCRA is based on:

- Judgement about the clinical situation (including the patient's clinical condition, physical, emotional and mental state)
- Up-to-date information on how the specific healthcare organization has designed and implemented engineering and administrative controls
- Availability and use of PPE. Control measures are based on the evaluation of the variables/risk factor identified.

HCWs should routinely perform PCRA's following the process outlined in the PCRA Tool frequently throughout their workday. This will ensure appropriate control measures are put in place for their safety, the safety of all patients, and others in the healthcare environment.

For example, a PCRA is performed when a HCW evaluates a patient and situation to:

- determine the priority for single rooms or for roommate selection if rooms are to be shared by patients
- determine the possibility of exposure to blood, body fluids, secretions and excretions and non-intact skin and select appropriate control measures (e.g., PPE) to prevent exposure
- apply strategies to reduce aerosol generation during AGMPs (refer to [Infection Prevention & Control Guidance: Aerosol Generating Medical Procedures \(AGMPs\) During COVID-19 Pandemic](#))
- determine the need for additional precautions when routine practices are not sufficient to prevent exposure

## Point of Care Risk Assessment (PCRA)

HCWs perform a **PCRA** prior to **contact** with **every** patient, **every** time

- Performing a **PCRA** is the first step in **Routine Practices**. **Routine Practices are to be used** with **all** patients during **all** care to prevent and control transmission of microorganisms in **all** health care settings.
- A **PCRA** will help determine the correct PPE required to protect the HCW in their interaction with the **patient** and **patient environment** even if the patient has been placed on **Additional Precautions** as more PPE may be required.

**Prior to EACH PATIENT INTERACTION**

**ASSESS the risk with the: INTERACTION, TASK, PATIENT, ENVIRONMENT, CONDITIONS**

- This will help you decide what, if any, **PPE** you need to wear to protect yourself and to prevent the spread of germs

Will your hands come in contact with mucous membranes, non-intact skin, blood, body fluids, secretions, excretions, contaminated/ soiled items/ surfaces?

**Yes**

**Put on NON-STERILE GLOVES**



Will your clothing or skin become contaminated/ soiled from splashes/sprays of blood, body fluids, secretions, excretions or contact with soiled/ contaminated items/ surfaces?

**Yes**

**Put on a Gown**



Will your eyes, face, or mucous membranes be splashed/ sprayed with blood, body fluids, secretions, excretions?

**Yes**

**Put on a Surgical/Procedure mask and Eye Protection (Goggles/ Face Shield)**



### **Perform Hand Hygiene**

- Before initial patient or patient environment contact.**
- Before aseptic procedure.**
- After body fluid exposure risk.**
- After patient or patient environment contact.**

**Refer to Donning and Doffing Poster for the correct order to put on and take off your PPE.**

## **SECTION 4: Role of the Buddy and PPE Required**

### **PPE Required for Buddy**

The Buddy is to provide a minimum of direct assistance to the HCW during the donning and doffing process.

Buddy may be required to don a pair of clean gloves to assist HCW with gown removal.

### **The Buddy is an Active Participant**

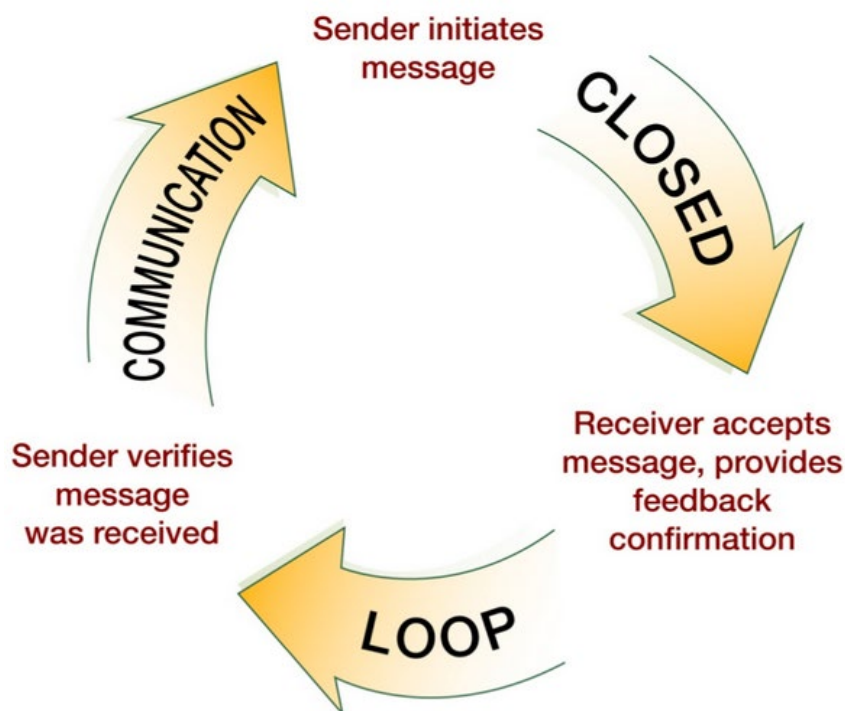
He/she turns the checklist into practice. He/she helps to ensure the safety of their colleagues. The Buddy has the responsibility of keeping the HCW calm and proceeding at a slow and deliberate pace. "Keep Your Hands Low and Go Slow"

### **Maintain Situational Awareness**

Your physical space should be set up with safety as the top priority, but never assume all is as it should be. It is up to the Buddy to manage details that ensure the safety of the HCW.

### **Communication and Leadership**

Safety demands active communication between the Buddy and the HCW they are working with. The Buddy leads the process and is not a casual observer. The safety of the HCW is top priority. As a donning and doffing Buddy, let the HCW know you are there to help and guide them through the process. Whenever you need to give a command, have the HCW repeat the command back, so there are no misunderstandings.



**Donning: Pre-Donning Briefing**

The donning process begins when the Buddy and the HCW engage one another verbally and reviews the checklist. Both the Buddy and HCW should first confirm that all PPE and other necessary supplies are available, conveniently located, correctly sized, and in good working order, free of any rips or tears. Together, you should run through the order of activities on the checklist.

**Donning: The Buddy's Role in Donning**

The Buddy's role in the donning process has three major components.

1. First and foremost, you will guide the HCW through donning according to the Buddy and HCW Guide for Donning and Doffing PPE checklist. All instructions from the checklist need to be verbally confirmed – closing communications loop – before they are acted on.
2. The Buddy ensures that he/she and the HCW are both in a clean area. You may need to assist the HCW in donning their PPE as necessary.
3. To ensure safety, continually scan your colleagues' PPE and the environment for possible contamination risks during donning.
4. The Buddy ensures the following pre-donning activities have been completed
  - HCW has changed into scrubs
  - All jewelry, watches, lanyards, ID cards, pagers and phones have been removed
  - Hair is pulled back and secured away from face

**Donning: Confirming Completion of Protocol Steps**

Completion also means a thorough and final check to ensure the HCW is completely covered, and no part of the PPE is ripped, torn or otherwise vulnerable to contamination.

**Donning: Error Catching and Pro-active Assistance**

Acting as a Buddy and protector means you are proactive about identifying breaches of protocol and possible points of contamination.

**Doffing: The Pre-doffing Briefing**

Once in the doffing area, remind the HCW to wait for your instructions before beginning the doffing protocol. It is important to remind the HCW not to touch their face or any other exposed body parts during the process.

**Doffing: The Buddy's Role in Doffing**

The Buddy's role in the doffing process is to guide the HCW through the doffing process using the checklist provided. You should assure successful completion of each doffing step, remembering that completion means a removed item is intact and has not touched 'clean' areas and has been disposed of properly in the available garbage.

**Doffing: Preparing the Doffing Area**

It is part of the Buddy's role to maintain awareness of the situation and anticipate needs. The Buddy inspects the doffing area to ensure that it is appropriately maintained, and an empty garbage is available. All other equipment necessary for doffing should also be available and in good working order.

**Doffing: Anticipating Risks**

Your role as the Buddy goes beyond reading the checklist. You should proactively sensitize the HCW to risks at different steps of the process and ensure that they are aware of the following:

- PPE is removed from dirtiest to cleanest
- PPE is removed slowly to prevent contamination. Remind HCW to “keep hands low and go slow.”
- The risk of self-contamination when removing PPE, clean hands if this occurs
- Use foot pedal when opening laundry receptacle when placing gown in bin

## SECTION 5: Competency Checklist

### 2020 COVID-19 Donning and Doffing PPE COMPETENCY CHECKLIST Trainer and Healthcare Worker

| Name:  | Dept: | Title: |  |         |     |   |  |  |
|--|-------|--------|--|---------|-----|---|--|--|
| <b>Education Parts</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> A - Introduction: Overview of S&amp;S of COVID-19, review Buddy Checklist re: Pre -Donning activities and PCRA</li> <li><input type="checkbox"/> B - Modelling: Direct observation of Donning &amp; Doffing Procedure</li> <li><input type="checkbox"/> C - Demonstration: HCW demonstration of Donning &amp; Doffing</li> <li><input type="checkbox"/> D- Provides education to HCW's on Parts A, B, C with content expert</li> <li><input type="checkbox"/> E - Is observed by content expert providing education on Parts A, B, C</li> </ul> |       |        | <b>Upon Completion of A, B &amp; C Front Line HCW:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstrates Proficiency in COVID -19 PPE Donning &amp; Doffing (Droplet/Contact).</li> </ul>   |         |     | <b>LEVELS OF PERFORMANCE (LOP)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pass</li> <li><input type="checkbox"/> Fail</li> </ul> |  |  |
| <b>Upon Completion of A, B, C, D, &amp; E Trainer:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstrates Proficiency in COVID-19 Donning &amp; Doffing</li> <li><input type="checkbox"/> Demonstrates subject matter expertise</li> <li><input type="checkbox"/> Able to answer front line HCW questions</li> <li><input type="checkbox"/> Communicates clearly</li> <li><input type="checkbox"/> Demonstrates Proficiency in Training HCW's on COVID-19 Donning &amp; Doffing</li> </ul>   |       |        | <ul style="list-style-type: none"> <li><input type="checkbox"/> PPE: Droplet/Contact Version: Gown, Mask, Eye Protection and Gloves</li> <li><input type="checkbox"/> PPE: Full Precautions Version Gown, N95 Respirator, Eye Protection and Gloves</li> </ul> |         |     |   |  |  |
| <b>Pre – Donning and Doffing of PPE</b>  |       |        | <b>Employee</b>  |         |     |   |  |  |
|  |       |        | Date   | Initial | LOP |   |  |  |
| <b>Pre- Donning</b><br>Is able to identify PPE required to provide care for suspect/confirmed COVID-19 patient.<br>Is able to advise re: pre-donning activities i.e. change into scrubs, tie hair back, all jewelry, lanyards, ID cards, stethoscope, pagers & phones are removed, etc.  |       |        |  |         |     |   |  |  |
| <b>Donning</b><br>Demonstrates Competency in Donning PPE <ul style="list-style-type: none"> <li><input type="checkbox"/> PPE: Droplet/Contact Precautions Version: Gown, Mask, Eye Protection and Gloves</li> <li><input type="checkbox"/> PPE: Full Precautions Version Gown, N95 Respirator, Eye Protection and Gloves</li> </ul>  |       |        |  |         |     |   |  |  |
| <b>Doffing PPE</b>   |       |        | <b>Employee</b>  |         |     |   |  |  |
|  |       |        | Date   | Initial | LOP |   |  |  |
| <b>Doffing</b><br>Demonstrates Competency in Doffing PPE <ul style="list-style-type: none"> <li><input type="checkbox"/> PPE: Droplet/Contact Precautions Version: Gown, Mask, Eye Protection and Gloves</li> <li><input type="checkbox"/> PPE: Full Precautions Version Gown, N95 Respirator, Eye Protection and Gloves</li> </ul>  |       |        |  |         |     |   |  |  |
| <b>Frontline HCW has been advised to contact Employee Health Services at 1-833-978-2580, re: direction on follow-up and self-isolation.</b>  |       |        |  |         |     |   |  |  |

Date: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Employee Name (Please Print): \_\_\_\_\_ Employee Signature: \_\_\_\_\_

Educator / Trainer (Please Print): \_\_\_\_\_ Educator / Trainer Signature: \_\_\_\_\_



## SECTION 6: Donning and Doffing Signage

### Putting on (Donning) Personal Protective Equipment

#### Infection Prevention and Control

#### Putting on (Donning) Personal Protective Equipment (PPE)

##### 1 Hand Hygiene



- A** Using an alcohol-based hand rub is the preferred way to **clean your hands**.
- B** If your hands look or feel dirty, soap and water **must** be used to wash your hands.

##### 2 Gown



- A** Make sure the gown covers from neck to knees to wrist.
- B** Tie at the back of neck and waist.
- C** If back not fully covered use a second gown. Gown #1 ties in front, Gown #2 ties in back.

##### 3a Procedure/Surgical mask

- Secure ties around head or loops around ears so the mask stays in place.
- Fit the moldable band to the nose bridge. Fit snugly to your face and below chin.

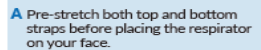


##### 3b N95 respirator

There are different styles of N95 respirators (pictured below). They include: a) molded cup, b) duckbill, c) flat-fold and d) v-fold



All styles have the same basic steps for donning; molded cup and duckbill are pictured below. Refer to the manufacturer for specific donning instructions.



- A** Pre-stretch both top and bottom straps before placing the respirator on your face.
- B** Cup the N95 respirator in your hand.
- C** Position the N95 respirator under your chin with the nose piece up. Secure the elastic band around your head so the N95 respirator stays in place.
- D** Use both hands to mold the metal band of the N95 respirator around the bridge of your nose.
- E** Seal check the N95 respirator.

##### 4 Eye protection (Goggles / Face Shield)

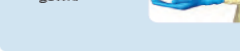


- Place over the eyes (or face).
- Adjust to fit.

##### 5 Gloves



- Pull the cuffs of the gloves over the cuffs of the gown.



#### Prévention et contrôle des infections

#### Étapes à suivre pour mettre l'équipement de protection individuelle (ÉPI)

HHN-0667 (06/2020)

##### 1 Hygiène des mains



- A** Pour **vous laver les mains**, utilisez un désinfectant à base d'alcool (méthode privilégiée).
- B** Si vos mains vous semblent sales à l'œil ou au toucher, vous **devez absolument** vous laver les mains à l'eau et au savon.

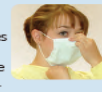
##### 2 Blouse



- A** Assurez-vous que la blouse vous couvre le corps du cou jusqu'aux genoux et les bras jusqu'aux poignets.
- B** Attachez la blouse à l'arrière du cou et de la taille.
- C** Si la blouse ne recouvre pas complètement votre dos, utilisez une deuxième blouse. Attachez la première blouse à l'avant, puis la deuxième blouse à l'arrière.

##### 3a Masque chirurgical

- Nouez les attaches derrière la tête ou placez les élastiques derrière les oreilles pour que le masque reste bien en place.
- Ajustez la bande souple à l'arête du nez. Ajustez le masque afin qu'il colle bien au visage et au menton.



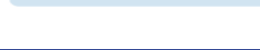
##### 3b Respirateur N95

Il existe divers types de respirateurs N95 (voir ci-dessous). Les types sont les suivants : a) coquille prémoulée, b) bec de canard, c) trois panneaux et d) plat à plis



Les étapes de bases pour mettre le masque sont les mêmes pour tous les types (voir exemples ci-dessous pour masque à coquille prémoulée et masque en bec de canard.

Renseignez-vous auprès du fabricant pour obtenir les consignes détaillées sur le port du masque.



##### 3b Respirateur N95

- A** Avant de placer le respirateur sur votre visage, étirez les deux bandes élastiques.
- B** Placez le respirateur N95 dans le creux de la main.
- C** Placez le respirateur N95 sous votre menton en dirigeant la bande nasale de façon à recouvrir le nez. Passez les bandes élastiques par-dessus la tête et les placer sur le dessus de la tête et autour du cou.
- D** À l'aide de vos deux mains, modellez la bande nasale du respirateur N95 à la forme de l'arête de votre nez.
- E** Vérifiez l'étanchéité de votre respirateur N95.

##### 4 Lunettes protectrices ou visière de protection



- Mettez les lunettes ou la visière.
- Ajustez-les au besoin.

##### 5 Gants



- Tirez les manchettes des gants par-dessus les poignets de la blouse.



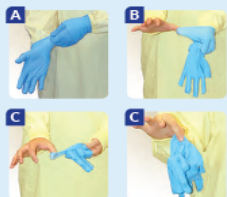


## Taking off (Doffing) Personal Protective Equipment

### Infection Prevention and Control

### Taking off (Doffing) Personal Protective Equipment (PPE)

#### 1 Gloves



- A** Grasp the outside edge of the glove near the wrist and peel away from the hand, turning the glove inside-out.
- Hold the glove in the opposite gloved hand.
- B** Slide an ungloved finger or thumb under the wrist of the remaining glove.
- C** Peel the glove off and over the first glove, making a bag for both gloves.
- Put the gloves in the garbage.

#### 2 Hand Hygiene



- A** Using an alcohol-based hand rub is the preferred way to **clean your hands**.
- B** If your hands look or feel dirty, soap and water must be used to wash your hands.

#### 3 Gown



- A** Carefully unfasten ties.
- B** Grasp the outside of the gown at the back of the shoulders and pull the gown down over the arms.
- C** Turn the gown inside out during removal.
- If the gown is reusable, put in linen hamper. If disposable gown put in garbage.

#### 4 Hand Hygiene



- **Clean your hands.** (See No. 2)
- Exit the patient room, close the door and **clean your hands** again.

#### 5 Eye protection (Goggles/Face shield)



- Do not touch front of goggles /face shield.
- Handle only by headband or ear pieces.
- Carefully pull away from face.
- Clean/Disinfect re-usable eye protection.
- Put disposable items into garbage.

#### 6 Hand Hygiene

- **Clean your hands.** (See No. 2)

#### 7 Mask or N95 respirator



- Do not touch front of mask/respirator
- Bend forward slightly and carefully remove the mask from your face by touching only the ties or elastic bands.
- Start with the bottom tie, then remove the top tie.
- Put mask in the garbage.
- There are different styles of N95 respirators but all styles have the same basic steps for doffing.

#### 8 Hand Hygiene

- **Clean your hands.** (See No. 2)

### Prévention et contrôle des infections

### Étapes à suivre pour enlever l'équipement de protection individuelle (ÉPI)

HHN-0669 (06/2020)

#### 1 Gants



- A** Saisissez le bord extérieur du gant près du poignet et glissez le gant de votre main en le retournant à l'envers.
- Tenez le gant enlevé dans la main encore gantée.
- B** Glissez un doigt non ganté ou le pouce sous la manchette du gant toujours en place.
- C** Enlevez le gant de votre main de sorte à le retourner à l'envers et en recouvrant l'autre gant de manière à former un sac pour les deux gants.
- Jetez les gants à la poubelle.

#### 2 Hygiène des mains



- A** Pour vous laver les mains, utilisez un désinfectant pour les mains à base d'alcool (méthode privilégiée).
- B** Si vos mains vous semblent sales à l'œil ou au toucher, vous devez absolument vous laver les mains à l'eau et au savon.

#### 3 Blouse



- A** Dénouez doucement les attaches.
- B** Saisissez l'extérieur de la blouse à l'arrière de vos épaules et faites retomber la blouse sur elle-même.
- C** Retournez la blouse à l'envers en l'enlevant.
- S'il s'agit d'une blouse réutilisable, placez-la dans le panier à linge. S'il s'agit d'une blouse à usage unique, jetez-la à la poubelle.

#### 4 Hygiène des mains



- **Lavez-vous les mains** (voir no 2).
- Sortez de la chambre du patient, fermez la porte et lavez-vous les mains de nouveau.

#### 5 Lunettes protectrices ou visière de protection



- Ne touchez pas le devant des lunettes protectrices ou du protecteur facial.
- Saisissez les lunettes ou la visière, par le bandeau ou les couvre-oreilles seulement.
- Enlevez doucement les lunettes ou la visière du visage.
- Nettoyez et désinfectez les lunettes protectrices ou les visières de protection réutilisables.
- Jetez les articles protecteurs à usage unique à la poubelle.

#### 6 Hygiène des mains

- **Lavez-vous les mains** (voir no 2).

#### 7 Masque ou respirateur N95



- Ne touchez pas le devant du masque ou du respirateur.
- Penchez-vous légèrement vers l'avant et retirez doucement le masque de votre visage en ne touchant qu'aux attaches ou aux bandes élastiques.
- Commencez par enlever l'attache du bas, puis enlevez celle du haut.
- Jetez le masque à la poubelle.
- Il existe divers types de respirateurs N95, mais les étapes de base pour les retirer sont les mêmes.

#### 8 Hygiène des mains

- **Lavez-vous les mains** (voir no 2).

# COVID-19

## Tips for Staying Safe

### BEFORE WORK



- Ensure fingernails are kept clean, short and do not extend beyond the fingertips. Do not wear artificial nails (gel, acrylic, nail extensions, nail wraps or nail jewellery).
- Bring a clean uniform to work, including a spare in case one becomes soiled.
- Leave rings and jewellery at home. If worn, ring must be a smooth band.
- Tie back long hair.
- Ensure you are clean shaven so not to interfere with the seal of a N95 respirator.

### DURING WORK



- Practice proper hand hygiene.
- Clean hands using alcohol-based hand rinse and use soap and water when hands are visibly soiled or feel dirty.
- Avoid touching eyes, nose and mouth.
- Try to avoid frequently touched surfaces and remember to clean hands often.
- Wear appropriate personal protective equipment and adhere to proper donning and doffing procedures.
- Do not use eye glasses as a substitute for eye protection (goggles or face shield).
- Developing even mild symptoms of COVID-19 while at work requires separation from others and immediately contacting Employee Health Services for further direction.
- Follow facility policy for calling in sick.

### AFTER WORK



- Remove uniform and place in a plastic or washable bag to be laundered at home.
- Leave work shoes at work.
- Clean and disinfect phone, ID badge and glasses.
- Shower at work or immediately upon arrival at home.
- Upon arrival at home, place work uniform in washer, and wash following clothing labels and clean hands.
- Dry clothing using the warmest temperatures recommended on the label.
- Stay active and maintain a healthy lifestyle; keep 2 metres (6 feet) from others.
- It is critical that anyone with any symptoms of COVID-19 (fever, cough or difficulty breathing), even mild symptoms, stay home to avoid spreading illness to others. Contact Tele-Care 811 or Employee Health Services. This service is available 7 days a week.

**Additional resources for employees are available on the Coronavirus Skyline page.**

## SECTION 7: Fitness to Work

Employee Health, in consultation with the Manager/Supervisor and the HCWs primary care physician, will assist in the determination of a HCW ability to safely perform duties associated with the care of a suspected or diagnosed patient with COVID-19.

No one should be excluded from training within the identified groups.

The following factors that may require some HCWs to be excluded from providing direct care for COVID-19 patients:

- Those who have not been fitted for an N95 mask within the past two - three years
- Those who cannot be fitted with the personal protective equipment, including an N95 mask
- Those who are pregnant

For those caring for patients **who have been admitted** with a confirmed diagnosis of COVID-19, the following conditions should be considered for exemption from performing Aerosol-Generating Medical Procedures:

- Respiratory conditions, i.e. Asthma, emphysema and COPD
- Other exemptions will be considered on a case by case basis in consultation with Employee Health and the HCWs' physician.

## **SECTION 8: Workplace Health and Safety Considerations**

Employee Health Nurses will act in a consulting role when dealing with workplace health and safety considerations. The PPE being used will cause increased heat stress, and wearers can expect to perspire considerably after working in this equipment after a short period of time. HCWs caring for these patients and wearing this PPE will require more break time (both in terms of frequency and duration) to allow for adequate rest and hydration.

Caring for suspected and confirmed COVID-19 patients while wearing the necessary PPE and diligently adhering to the PPE donning and doffing procedures requires consistent concentration and careful attention to detail. Excessive fatigue can impair concentration, which can increase the risk of contamination. Fatigue will be taken into consideration and HCW should identify when they are becoming fatigued or overheated while wearing the PPE and indicate to the observer that they will be exiting the room. The HCW is ultimately responsible for his or her own safety while in the room.

To prevent dehydration and exhaustion, it is essential that HCWs eat and drink. Following their shift, the HCW should proceed to a change room to remove their uniform and may prefer to shower prior to changing into street clothes or hospital-issued scrubs. While showering after care is not required, shower facilities should be made available to HCWs caring for COVID-19 patients.

### **Follow- Up after Caring for Diagnosed COVID-19**

Following each shift caring for a confirmed case of COVID-19, the following will occur as required:

- Employees and physicians that have cared for a confirmed case of COVID-19 and feel they may require defusing may self refer or from the manager/designate to Employee Health. If requested, Employee Health will either provide defusing or assist in referral to Employee/Family Assistance Program (EFAP) located either through the [Employee Health & Wellness Services](#) page on Skyline or under quick links "EFAP Homewood Health" including the 1-800 number.
- HCWs caring for clients diagnosed with COVID-19 will be provided information about signs and symptoms and self-monitoring instructions, including directions for symptomatic employee's contacting Employee Health for expedited referral and workplace exclusion.
- Employee Health remains in contact with employees who have expedited referrals and work exclusions until the employee is given clearance to return to the workplace.



## SECTION 9: Healthcare Worker Action Following Exposure

Public Health and/or Infection Prevention & Control will notify Employee Health Services of every positive case of COVID-19 that impacts any Horizon Health Facility. Using the [COVID Risk Assessment Tool](#) and after reviewing the patient chart, all HCWs in contact with the COVID-19 Positive case will be interviewed to identify exposure.

### HIGH RISK EXPOSURE:

Note that the definition does not cover all potential exposure scenarios and is not intended as a substitute for an individual assessment of the risk of exposure for clinical or individual management decision-making.

Refer to the [COVID Assessment of the risk of exposure of healthcare workers when providing care to a confirmed COVID-19 case](#).

### MEDIUM RISK EXPOSURE:

Refer to the [COVID Assessment of the risk of exposure of healthcare workers when providing care to a confirmed COVID-19 case](#).

### LOW RISK EXPOSURE:

Any other contacts are considered low risk. Refer to the [COVID Assessment of the risk of exposure of healthcare workers when providing care to a confirmed COVID-19 case](#).

### Employee Health Services (EHS) will:

The Employee Health Nurse, with the nurse/department manager, will develop a list of HCWs who had a contact with a confirmed case (patient/co-worker) quickly and triage them based on the exposure risk level: high (red), medium (yellow) or low (green). Refer to the [COVID Assessment of the risk of exposure of healthcare workers when providing care to a confirmed COVID-19 case](#).

### For High Risk Exposures:

1. The HCW CANNOT work during the monitoring period.
2. Public Health will be notified of all high-risk HCWs, and in collaboration with Employee Health, a plan for monitoring and follow-up for high-risk HCWs will be determined.
3. Employee Health will call all high-risk HCWs daily for 14 days from their last unprotected contact. During the initial call/interview with the HCW, a detailed explanation of self-monitoring and self-isolation will be reviewed. Each HCW will also be told that if they develop symptoms, they are to immediately call EHS for direction and swabbing. If a HCW develops any new symptoms, consult both the Medical Officer of Health (MOH) and Occupational Health physician for medical direction.
4. Documentation of the daily interview will be done on the Daily Monitoring Tool. At the end of the 14 days from last exposure, they send the form to Public Health and scan this into the Parklane Employee Health Charting System.
5. At the end of the 14 days of self-isolation, Public Health and/or the MOH will be asked to clear the HCW prior to returning to return to the workplace.

### **For Medium Risk Exposures:**

1. The HCW CAN work during the monitoring period after an assessment of the HCWs role and population served. The HCW may require an accommodation.
2. Employee Health will review the required use of PPE in the workplace.
3. The HCW must self-monitor for new respiratory symptoms or worsening of old symptoms for 14 days from the day following the last exposure and report these to Employee Health immediately.
4. The Employee Health nurse will contact the HCWs daily and document symptoms on the Symptom Monitoring Tool.
5. A nasopharyngeal swab will be performed on day five and day 10. Employee Health Nurse is responsible for referring HCWs to the COVID-19 screening clinic as a priority on day five and day 10.
6. The HCW is required to follow hygiene and social distancing measures at home to prevent the spread of COVID-19 to others (see information sheet).
7. When not at work, the HCW is required to self-isolate at home for 14 days following exposure.
8. If the HCW develops symptoms:
  - i. At home, he or she notifies the Employee Health nurse
  - ii. At work, notify manager who contacts the Employee Health immediately
  - iii. Sent home from work
  - iv. The Employee Health Nurse completes the COVID-19 screening requisition
  - v. Employee Health notifies MOH and Occupational Health Physician
  - vi. Result follow-up:
    - If negative: follow-up is provided by the Employee Health nurse ([SOP No: 2 - Consult of Symptomatic HCW with Negative Swab](#));
    - If positive: follow-up is provided by Public Health in collaboration with Employee Health ([SOP No: 3 - Consult of Symptomatic HCW with Positive Swab](#)).

### **For Low Risk Exposures:**

1. The HCW CAN work during the monitoring period. Education on self-monitoring should be provided in all areas where there are COVID-19 confirmed cases and to all departments providing care or services to the area.
2. The HCW must self-monitor for new respiratory symptoms or worsening of old symptoms for 14 days from the day following the last exposure.

### **HCWs Who Develop Symptoms** **Management of HCW Screening:**

#### **Negative COVID-19 Result Process**

All HCWs entering Horizon facilities will be screened prior to entry. The questions will be updated based on Public Health definition. If a HCW answers "yes" to any question, they will be sent home and required to call both their manager and Employee Health Services. HCWs who have two or more symptoms at home are encouraged to call Employee Health Services for an expedited referral to the COVID-19 Assessment Clinic.

**Employee Health Services (EHS) will:**

1. Call the HCW to assess symptoms. If the HCW has two or more of the symptoms, a referral will be made to the COVID-19 Assessment Clinic.
2. The HCW will be asked to self-isolate until the results of the swab are known.
3. Results of the Nasopharyngeal swab is obtained by Employee Health.
4. Employee Health will call HCW with **negative** results.
5. HCW will be able to return to work if the following three criteria are met:
  - a. Negative test result
  - b. Resolution of fever
  - c. Improved symptoms
6. If the HCW has an “influenza-like illness” (ILI), the Occupational Exposures Policy ([HHN-HR-031](#)) will be followed, and the HCW must remain off work for seven days from the onset of symptoms.

**Positive COVID-19 Result Process**

1. Public Health will notify the HCW of the **positive** results and then notify Manager of Employee Health and Wellness or designate who, in turn, will notify the appropriate area Employee Health and Infection Prevention & Control if required.
2. Employee Health will start contact tracing of HCW's who worked with the positive HCW to identify close contacts maintaining the confidentiality of the HCW. In collaboration with the Manager of the HCW, a plan will be developed to ensure continuity of service.
  - a. If a **non-patient care** area, those who are at low to medium risk will be allowed to remain at work with the following:
    - i. Daily monitoring of symptoms of those in the workplace by Employee Health
    - ii. Clear direction to HCWs of self-isolation at home and physical distancing in the workplace – no leaving their department during their shift
    - iii. Identification of a separate entrance into the facility and department
    - iv. Provision of appropriate PPE
    - v. Separate washroom and lunchroom
    - vi. Food Services to provide one meal per shift
    - vii. Additional cleaning by Environmental Services Employees
  - b. If a **patient care** area in consultation with Public Health (PH) those who are identified as low risk **may** be allowed to remain at work if the following is clearly adhered to:
    - i. Daily monitoring of symptoms of those in the workplace by Employee Health
    - ii. Clear direction to HCWs of self-isolation at home and physical distancing in the workplace – no leaving their department during their shift
    - iii. Identification of a separate entrance into the facility and department
    - iv. Provision of appropriate PPE
    - v. Separate washroom and lunchroom
3. For a **Positive** COVID-19 HCW at the end of the 14 days of self-isolation, PH will request the HCW contact EHS for a return to work plan.

4. Employee Health Services will:  
Develop an individual return to work plan as described in the following:
  - a. The HCW will be able to return to work if the following four criteria are met:
    - i. No fever for the last 48 hours (with no antipyretics);
    - ii. No acute symptoms for the last 24 hours (excluding residual cough that may persist);
    - iii. Negative PCR on day 14 and day 15 (24 hours apart); Employee Health will complete a COVID-19 Combined Referral and Lab Requisition and forward to the Clinic;
    - iv. Mandatory 14-day monitoring and self-isolation period completed.
5. Employee Health Nurse completes Assessment Form based on the criteria identified. If the HCW meets all criteria, they will be able to return to work, and the information will be documented in the HCWs' file. For HCWs who do not meet all criteria, their files will be referred to the Occupational Health Physician for further assessment.
6. If unable to obtain two negative PCR's and the other criteria have been met, the Occupational Health Physician, in collaboration with the MOH, will develop a return to work plan, and the HCW would be educated on the use of PPE and self-monitoring.

**Reporting a workplace infectious disease to WorkSafeNB**

1. A report to WorkSafeNB must be completed for any HCW who tested POSITIVE for COVID-19 if there is a potential spread in the workplace. It will be the responsibility of WorkSafeNB to investigate and determine whether the disease has been spread in the workplace or in the community in collaboration with Employee Health and Infection Prevention & Control if required.
2. The Occupational Health Physician must complete Medical Form 8-10 after assessing a HCW who tested POSITIVE for COVID-19.
3. Employee Health, on behalf of the COVID-19 Positive HCW, will enter this into Parklane Incident Reporting System and in collaboration with Disability Management, complete all paperwork to maintain the privacy of the HCW.



## **Assessment of HCWs exposure risk while providing care to a CONFIRMED COVID-19 CASE**

This table is designed to support the assessment of health care workers' exposure risk while providing care to a confirmed COVID-19 case in any Horizon Health Network facility and to make recommendations concerning monitoring these workers' symptoms and withdrawing these workers from the workplace. Individual assessment of a health care worker's exposure risk must factor in the following: duration of exposure, use of a mask by the sick person (source control), and PPE items worn by the worker during the exposure.

Refer to the table below to categorize the exposure risk level.

### **STEP 1 – CATEGORIZATION OF RISK<sup>1</sup> of a workplace exposure to the Covid-19 (confirmed case) by a HCW**

| Scenarios around exposure to a confirmed COVID-19 case during their contagiousness period <sup>2</sup>                           |                               | Personal protective equipment (PPE) worn by the healthcare worker |                                   |                                       |                         |                       |        |                |                 |        |
|--|-------------------------------|---|-----------------------------------|---------------------------------------|-------------------------|-----------------------|--------|----------------|-----------------|--------|
|  |                               | N95 respirator, eye protection, gown and gloves                   | N95 respirator and eye protection | Mask, eye protection, gown and gloves | Mask and eye protection | Mask, gown and gloves | Mask   | Eye protection | Gown and gloves | No PPE |
| Performing an aerosol-generating medical procedure (AGMP) or being present in the room while one is being performed <sup>3</sup> |                               | NOT SIGNIFICANT (NS)  | HIGH                              | HIGH                                  | HIGH                    | HIGH                  | HIGH   | HIGH           | HIGH            | HIGH   |
| Close (<2 metres) and extended (≥ 10 minutes, cumulative) contact (NO AGMPs)   | Source was not wearing a mask | NS  | LOW                               | NS                                    | MEDIUM                  | HIGH                  | HIGH   | HIGH           | HIGH            | HIGH   |
|  | Source was wearing a mask     | NS  | LOW                               | NS                                    | LOW                     | LOW                   | MEDIUM | MEDIUM         | MEDIUM          | MEDIUM |
| Close (<2 metres) limited (<10 minutes, cumulative) contact (NO AGMPs)   | Source was not wearing a mask | NS  | NS                                | NS                                    | LOW                     | LOW                   | LOW    | LOW            | LOW             | LOW    |
|  | Source was wearing a mask     | NS  | NS                                | NS                                    | LOW                     | LOW                   | LOW    | LOW            | LOW             | LOW    |
| Non-close contact (over 2 metres) with a confirmed COVID-19 case, regardless of duration (NO AGMPs)                              |                               | NS  | NS                                | NS                                    | NS                      | NS                    | NS     | NS             | NS              | NS     |

Adapted from Vitalite (April 16, 2020)

Public Health Management of cases and contacts associated with novel coronavirus disease April 15, 2020  
UPDATED OCT. 8, 2020

## Details

<sup>1</sup> When uncertain between two risk levels, it is recommended to use the higher level.

<sup>2</sup> For investigation purposes, the contagiousness period of a confirmed case is defined as beginning **48 hours before the onset of symptoms** until isolation is lifted (as defined by NB Public Health).

Due to their close, frequent, or repeated contact with vulnerable people when providing care, a conservative approach to symptom monitoring and work restriction of HCWs is encouraged to quickly identify symptoms and thereby reduce transmission of the infection from a potentially contagious HCW to patients, other HCWs and visitors in health care settings.

## **STEP 2 – MANAGEMENT OF RISK of a workplace exposure to the COVID-19 virus (confirmed case) by a HCW jointly with NB Public Health**

| Exposure risk level    | Monitoring of symptoms<br>Until 14 days after last exposure        | Disposition of HCW   |
|------------------------|--|--|
| <b>HIGH</b>            | Daily Follow-Up by Employee Health                                 | Self-isolation for 14 days following the last exposure     |
| <b>MEDIUM</b>          | Daily follow-up* by Employee Health and PCR at day five and day 10 | Daily follow-up by Employee Health                         |
| <b>LOW</b>             | Self-monitoring by the employee                                    | Stay at Work with appropriate PPE                          |
| <b>NOT SIGNIFICANT</b> | Self-monitoring by the employee                                    | Assess need for accommodation due to high risk populations |

\*The daily follow-up\* by the Employee Health is described in the [SOP No 1: Employee Health Surveillance](#)

### **Assessment and course of action following a workplace exposure by a health care worker who had contact with a patient who has tested for COVID-19 (source patient) and is awaiting the result.**

A HCW may have been exposed to a patient who was tested for COVID-19 (suspected infection) without the worker wearing personal protective equipment (PPE).

In this case, **while awaiting the patient's test result**, follow this procedure:

1. No work restriction, the employee CAN work. This employee is not considered to be contagious.
2. No action is required before the result is available.
3. If the result is positive: refer to steps 1 and 2.

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## **SECTION 10: Actions Immediately Following an Unprotected Exposure to COVID-19**

**Potential exposure to COVID-19 (i.e. direct exposure without appropriate PPE, percutaneous injuries) must be reported immediately to the supervisor, Employee Health or designate.**

When this type of exposure occurs:

- Immediately implement exit procedures and safely remove PPE in a slow controlled step-by-step manner. The observer will talk the HCW through the steps and offer support.
- Once the PPE has been removed, first aid should be performed immediately. The site of a percutaneous injury should be thoroughly rinsed with running water, and any wound should be gently cleansed with soap and water. If mucous membranes are affected, they should be flushed with running water if contaminated with blood, bodily fluids, secretions or excretions.
- Immediately report to the supervisor and Employee Health. Medical attention should be obtained immediately.
- The HCW will be directed to immediately self-isolate. Employee Health, in collaboration, will ensure that HCWs who have a family or roommate are relocated to another facility for the duration of the isolation.
- The HCW will be placed on paid leave as per Collective Agreement. Those not covered by a collective agreement will receive remuneration equal to their daily wage. (CUPE – Article 14.07, NBNU).
- Follow up medical care and support will be provided by the Infectious Diseases physician as required and notification of regional Public Health.

### **HCWs Who Develop Symptoms:**

- If at work, immediately stop working or not report to work
- Self-isolate as per above
- Call Employee Health who will assist the HCW obtain necessary medical care
- Comply with work exclusions until they are deemed no longer infectious to others as decided by Regional Public Health and Infectious Disease specialist

## SECTION 11: Buddy and Healthcare Worker Guide for Donning and Doffing PPE

### Pre-Donning Activities

#### **The Buddy ensures pre-donning activities are complete**

- ☐ All jewelry, watches, lanyards, ID cards, pagers and phones have been removed
- ☐ Hair is pulled back and secured away from face

### DONNING PPE

#### **The Buddy ensures the HCW has donned the appropriate PPE successfully and that the gown fully covers the HCWs torso**

- ☐ HCW clean hands with ABHR or soap and water
- ☐ HCW puts on **gown**. The Buddy may assist with putting on and tying gown (All ties should be properly secured with a simple bow. You may not want to tie gown too tight as you will need bending room (allow for good range of motion)
- ☐ If back not fully covered, use a second gown. Gown #1 ties in front & Gown #2 ties in back
- ☐ HCW puts on a **surgical/procedure mask** or a **N95 respirator** as required per guidelines:
- ☐ Secure ties or elastic bands at crown of head and neck
- ☐ Fit flexible band to nose bridge
- ☐ Fit snug to face and below chin
- ☐ Seal check N95 respirator
- ☐ HCW puts on **goggles/face Shield** and adjust to fit.
- ☐ HCW puts on **gloves** extending over the wrists. Ensure the cuffs of the gloves are pulled up over the cuffs of the gown sleeve to prevent exposure.
- ☐ Buddy will verify PPE has been donned properly and provides coverage.

## **DOFFING PPE**

**The Buddy will observe the HCW doffing his/her PPE and provide guidance and support as required.**

- ☐ Buddy reminds HCW to keep hands low and go slow.

**If using a reusable or disposable gown, gloves are to be removed separately. HCW will remove gloves using glove-in-glove technique as follows:**

- ☐ Grasp outside edge of glove near the wrist and peel away, rolling the glove inside out
- ☐ Slide 1 or 2 fingers under the wrist of the remaining glove and peel away
- ☐ Discard immediately into garbage
- ☐ HCW cleans hands with ABHR

**HCW will remove reusable or disposable gown as follows:**

- ☐ Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- ☐ Pull gown away from neck and shoulders, touching inside of gown only · Turn gown inside out
- ☐ If the gown is reusable, place in linen hamper
- ☐ If gown is disposable discard in garbage
- ☐ HCW cleans hands with ABHR
- ☐ HCW exits room and closes door if patient on Full Precautions. If patient on Droplet/Contact Precautions door may be left open
- ☐ HCW cleans hands with ABHR

**HCW will remove Goggles/Face Shield as follows:**

**Face Shield** – do not touch front of face shield

- ☐ Remove the face shield by tilting your head slightly forward, grabbing the rear strap and pulling it over your head, gently allowing the face shield to fall forward and discard in garbage
- ☐ HCW cleans hands with ABHR

**Goggles** – do not touch the front of the goggles

- ☐ HCW cleans hands with ABHR and puts on clean gloves
- ☐ HCW removes reusable goggles by ear pieces and cleans goggles with cleaner/ disinfectant wipe
- ☐ HCW sets down cleaned goggles and removes gloves
- ☐ HCW cleans hands with ABHR

**HCW will remove surgical/procedure mask as follows:** – do not touch the front of the mask

- ☐ If using a surgical/procedure mask with ear loops, hook index finger around each loop behind the ears and slowly lift it out and away from face and discard.
- ☐ If using a surgical/procedure mask with ties, unfasten the bottom tie first and unfasten the top tie second.
- ☐ Lift the surgical/procedure mask slowly out and away from face
- ☐ Discard in garbage
- ☐ HCW cleans hands with ABHR

**HCW will remove N95 as follows:** – do not touch the front of the respirator

- ☐ Bend slightly forward, grasp bottom elastic band of respirator at the back of the head and pull this forward over head
- ☐ Grasp the top elastic band of the respirator and pull this forward over head
- ☐ Discard in garbage
- ☐ HCW cleans hands with ABHR

**NOTE: Perform hand hygiene between steps if hands become contaminated and immediately after removing all PPE.**

## **SECTION 12: References**

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<https://www.shea-online.org/index.php/education/33-priority-topics/emerging-pathogens/722-novel-coronavirus-2019-2019-ncov-faq>