

PPE Task Force Webinar Follow Up for Managers & Physician Leaders

Frequently Asked Questions (FAQs)

Webinar date: Monday, January 25, 2021

Question	Response				
<p>1. How do I find the most up to date documents on the HHS website?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 5px;">Accessing Clinical Guidelines</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p>From Citrix: Go to the Hub</p> <ul style="list-style-type: none"> • click COVID-19 Information • Click Staff & Physicians box • Click Clinical Resources square • Access drop down menu </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p>From External HHS website:</p> <ul style="list-style-type: none"> • Click Red Banner at the top: COVID-19 Updates here • Click Staff & Physicians box • Click Clinical Resources box • Access drop down menu </td> </tr> </tbody> </table>	Accessing Clinical Guidelines		<p>From Citrix: Go to the Hub</p> <ul style="list-style-type: none"> • click COVID-19 Information • Click Staff & Physicians box • Click Clinical Resources square • Access drop down menu 	<p>From External HHS website:</p> <ul style="list-style-type: none"> • Click Red Banner at the top: COVID-19 Updates here • Click Staff & Physicians box • Click Clinical Resources box • Access drop down menu
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<p>2. What type of support/messaging is there for outpatients and/or their caregiver who refuse to don a mask due to their own beliefs?</p>	<ul style="list-style-type: none"> • More information is available in the following protocol: CORP – Hamilton Health Sciences (HHS) Patient and Visitor Masking Protocol During the COVID-19 Pandemic and Higher Rates of Disease Spread with the Community (“non-low” epidemiology). • If they continue to refuse and require care, staff and physicians will add eye protection when within 2 metres of unmasked patients (or essential caregivers) • We cannot refuse care for any patient and/or their essential caregivers who refuse to don a mask. 				
<p>3. How long would recovered COVID + patient expect some immunity from a repeat exposure?</p>	<ul style="list-style-type: none"> • Early data suggests that immunity from natural infection lasts weeks to months in most people • We do not recommend testing asymptomatic COVID recovered patients (within 90days of their infection), however if new symptom onset or new exposures occur we would test to rule out the possibility of reinfection. To date we have not had any cases of reinfection in recently positive individuals in Hamilton. 				
<p>4. Serology tests have been approved by Health Canada. Will they be used at HHS?</p>	<p>Serology is available at HHS, and is used on case by case basis as needed. This is determined typically in consultation with Infection Control</p>				
<p>5. All of your CQI is unit based? What about consultant services. We have difficulty obtaining PPE sometimes?</p>	<ul style="list-style-type: none"> • All PPE needed to protect staff and physicians is available on wards and on ambulatory clinics. If you have difficulty accessing PPE please reach out to the manager to identify where it is located. • Daily observations of infection control and PPE practices is an expectation for all clinical areas of HHS using the observation checklist. Any area can use this checklist including consulting services. We are providing tools with the checklist that are in keeping with CQI methods to assist in the uptake of the observation process. 				

	<ul style="list-style-type: none"> • Consulting services can join any team's CQI huddle to keep abreast of information. Consider identifying a rotating champion among your team who is responsible to keep up with IPAC and PPE practices, and who can help disseminate key information in a meaningful way among peers and learners. This champion could also be someone who attends huddles with a team where your work is commonly practiced. Interprofessional discussion about IPAC and PPE practices is always beneficial for everyone's learning.
<p>6. <i>Does the extended use practice apply to N95 or does it continue to be re-use?</i></p>	<ul style="list-style-type: none"> • Extended use has always applied to N95 respirators • See Mask/ Respirator use in the following clinical guidelines in the policy library and external HHS website: <ul style="list-style-type: none"> ○ Surgical Procedural Guidelines ○ AGMP & Non-AGMP Testing and Care Guidelines • An N95 is required when participating in AGMP care of a COVID positive or suspect patient • Extend the use of your N95 when seeing multiple COVID positive or suspect patients requiring AGMPs • If participating in AGMP care of a single COVID patient, doff and discard your N95 after completing the AGMP care, and don an appropriate medical mask to care for your next patient.
<p>7. <i>Are we worried about the availability of PPE given increased use?</i></p>	<ul style="list-style-type: none"> • PPE is actively being tracked by logistics and our current supply can be viewed on the PPE Tracker located on the HUB: https://www.hamiltonhealthsciences.ca/covid19 • At this time PPE supplies have stabilized (e.g. medical masks and eye protection), this is why we have moved to extended use (and no longer require same-day re-use)
<p>8. <i>Are patients who have advanced dementia required to wear masks? They may not be able to take them off or understand how to adjust or remove them to eat or drink?</i></p>	<ul style="list-style-type: none"> • Staff can assess the patient's ability to wear a mask for the duration the staff needs to be within 2m. If the patient can tolerate a mask for this time, staff can assist the patient to don a mask, and then remove it after providing care upon exiting. • There are some patients who are at a safety risk if a mask is imposed or left on without observation. • If an adult patient or essential caregiver is unable to wear a mask, staff are to don eye protection.
<p>9. <i>Can Terracycle boxes be available in clinical areas?</i></p>	<ul style="list-style-type: none"> • This is being piloted at MUMC to ensure that when Terracycle boxes are on units, they are used appropriately. If the pilot is successful we will be expanding to other areas.
<p>10. <i>How are the internationally sourced PPE tested by HHSC-to meet the ASTM Standards</i></p>	<ul style="list-style-type: none"> • HHS has had an external third party vendor perform testing on our internationally sourced Medical masks to ensure they are equivalent to a manufacturer ASTM rated mask.

<p>11. How do you clean goggles and still have eye protection while leaving the unit?</p>	<ul style="list-style-type: none"> • When going for break, remove your personal goggles and wash with soap and water in a designated sink on the unit, a hand hygiene sink, or a bathroom sink. This can be done prior to leaving a unit or in an external location to the unit. • Do not wash your eye protection in break room or kitchen sinks.
<p>12. I had heard that we were being instructed to change to Level 2 mask and gown when going into rooms on outbreak wards. Is that the case? Your slides didn't address.</p>	<ul style="list-style-type: none"> • There is NO standard that outbreak units need to change to Level 2 masks. To reinforce, Level 1 masks provide the appropriate standard of protection for COVID patients, unless undergoing AGMP's • HHS policy states that a level one or level two medical mask is appropriate for the care of COVID patients. Public health and most other hospitals do not require a specific level of mask or gown to care for COVID positive patients, and this has also been the recommendation from the Regional Subject Matter Experts.
<p>13. In radiology, we have been receiving a greater number of requests for portable x-ray/ultrasound studies on patients on an outbreak ward who would otherwise come to DI for their images. What is better from an infection control aspect: a portable team who wanders around the hospital acquiring imaging go to the ward, or to have the isolated patient come to DI?</p>	<ul style="list-style-type: none"> • Imaging decisions (portable vs. departmental imaging) is based on the most appropriate for the clinical needs of the patient. This is based on the patient's ability to tolerate transfer to DI for testing consistent with clinical practice to date. Outbreak status does not impact decisions about clinical care or location for diagnostic tests or treatments. Patients under additional precautions because they may be COVID positive, suspect, or due to exposure risk on an outbreak unit, can be transported in additional precautions for tests. Please see IC - Coronavirus Infectious Disease (COVID - 19) Surveillance and Management of.
<p>14. Can physicians eat in radiology reporting rooms as they are considered a separate area?</p>	<p>Eating and drinking can only occur in clearly identified areas that have signage and room capacity posted. These designated areas are determined on a case by case basis by the unit manager. Managers should follow guidance provided in the CORP - Safe Practices with Food and Drink Protocol and reach out to HSW for consultation.</p>
<p>15. Work space for residents is very limited. Who do I talk to about ensuring rooms are available?</p>	<p>Learners' supervisors should assist in problem solving access to work space. Rooms can be booked by administrative support staff through the HHS booking system, and all rooms' capacities have been adjusted with physical distancing in mind. HHS' Student Education has and continues to explore other options with site administrators and the university when recurring problems exist.</p>