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Public Health Ontario | Santé publique Ontario

OMA Ontario Medical Association

Community Based Clinical Practices and Infection Prevention and Control – A review and a new beginning for 2021 and beyond

This is a joint presentation brought to you by Public Health Ontario and the Ontario Medical Association

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February 17, 2021

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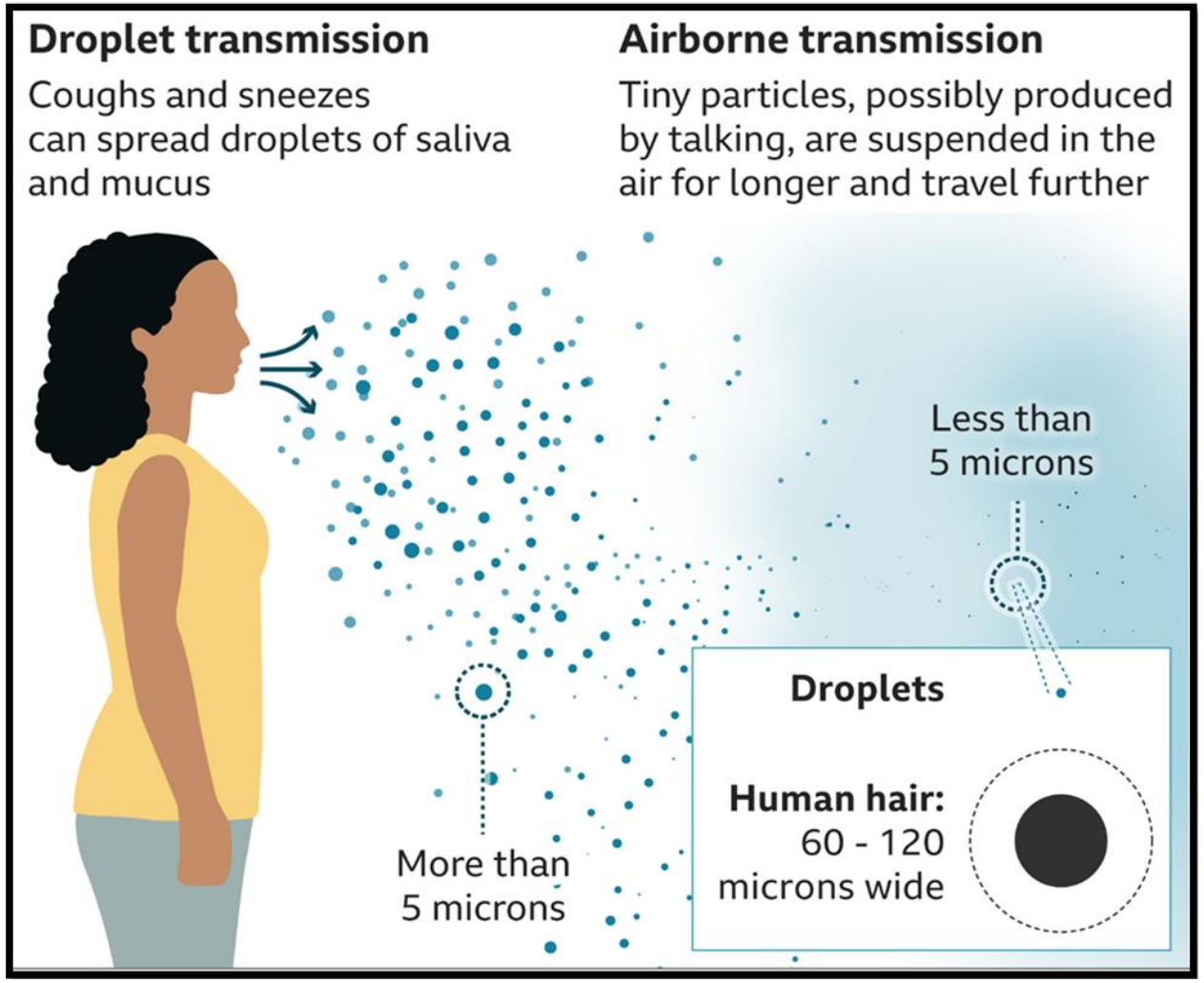
Ontario. Chief Medical Officer of Health; Ministry of Health; Ministry of Long-Term Care. COVID-19 directive #5 for hospitals within the meaning of the *Public Hospitals Act* and Long-Term Care Homes within the meaning of the *Long-Term Care Homes Act, 2007*. Issued under section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2021 Feb 16]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/public_hospitals_act.pdf

Objectives

- At the end of this session, participants will be able to:
  - Discuss potential routes of transmission for COVID-19 and strategies for mitigation
  - Discuss the purpose of an organizational risk assessment and application of the hierarchy of controls
  - Apply the personal or point-of-care risk assessment in the selection of personal protective equipment
  - Discuss key elements for setting up and monitoring an IPAC informed setting, including screening, waiting spaces, physical distancing and auditing
  - Discuss environmental cleaning and its importance in community based clinical practices

Transmission of COVID-19

- Predominant mode is via respiratory droplets during close unprotected contact

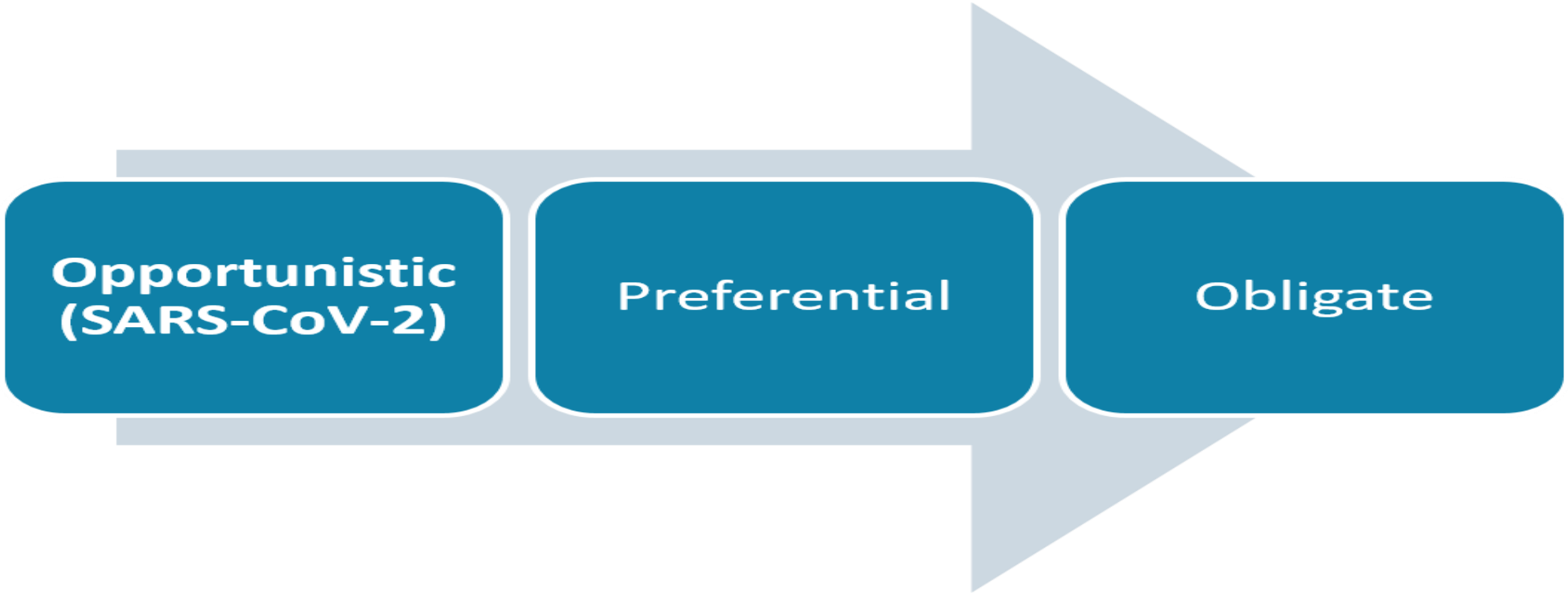


What is “Airborne” Transmission

- “Airborne” = special meaning = describes infections that are **efficiently** transmitted by inhalation of aerosols that have remained suspended in the air for a long period of time or in air currents over long distances.
- COVID-19 does not show characteristics of airborne spread
  - Secondary household attack rates 18.1%, 27% in systematic reviews/meta analyses
  - Measles - household secondary attack rates > 90% pre-vaccine era
  - Absence of significant clusters in non-household settings
  - Reproductive rates less suggestive of airborne spread compared to measles
  - New Variants of Concern are potentially more transmissible, but have not changed in their **mode** of transmission

Ontario Agency for Health Protection and Promotion (Public Health Ontario). COVID-19 routes of transmission – what we know so far [Internet]. Toronto, ON: Queen’s Printer for Ontario; 2020 [cited 2021 Feb 16]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/covid-wwksf/2020/12/routes-transmission-covid-19.pdf?la=en

Efficiency of Airborne Transmission



- Consider pathogens on a spectrum of efficiency for airborne transmission

Opportunistic Aerosol Transmission of COVID-19

- Opportunistic aerosol transmission of SARS-CoV-2 can occur under the right combination of conditions:
  - Poorly ventilated space AND
  - Sufficient quantity of infectious virus produced
- Less frequent
- Less efficient

Aerosol Generating Medical Procedures (AGMPs)

- Medical procedures:
  - result in the production of aerosols that create the potential for airborne transmission
  - infections are otherwise transmissible by the droplet/contact
  - epidemiologically associated with an increased risk of acquisition of infection.
- Intubation, extubation, tracheotomy, non-invasive ventilation, high frequency oscillation, high flow nasal oxygen etc.
- Unlikely for AGMPs to be performed in outpatient clinical office settings
- Procedures such as Upper endoscopy, TEE etc. – are not classified as AGMPs using the above definition.

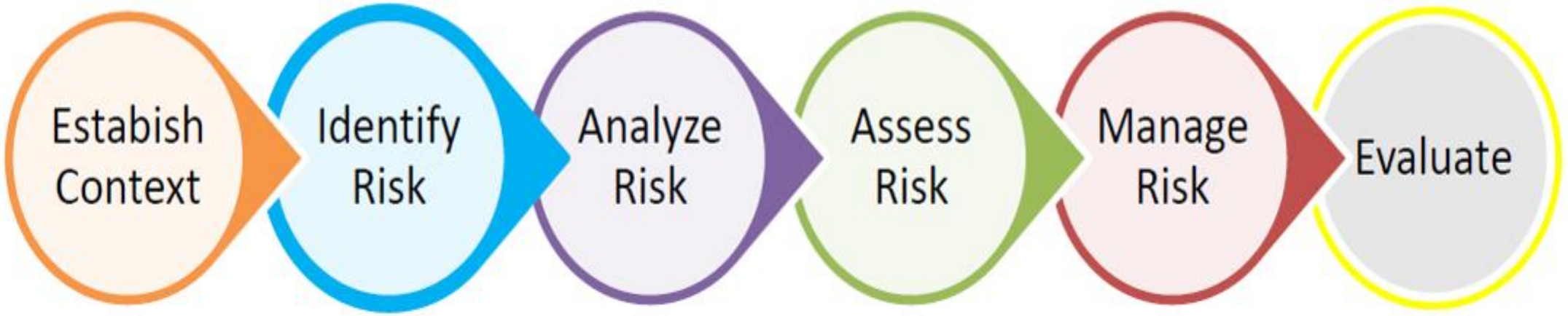
Ontario Agency for Health Protection and Promotion (Public Health Ontario). IPAC recommendations for use of personal protective equipment for care of individuals with suspect or confirmed COVID-19 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2021 [cited 2021 Feb 16]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?la=en
Ontario Agency for Health Protection and Promotion (Public Health Ontario). COVID-19 routes of transmission – what we know so far [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2021 Feb 16]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/covid-wwksf/2020/12/routes-transmission-covid-19.pdf?la=en

Evidence for transmission of SARS-CoV-2 during AGMPs

- Little evidence of AGMPs contributing to HCW transmission of SARS-CoV-2
- Evidence from SARS:
  - Transmission occurred during high risk procedures when only surgical mask was used, BUT in the absence of eye protection
  - Transmission was not different when using N95
  - Contamination likely occurred during doffing

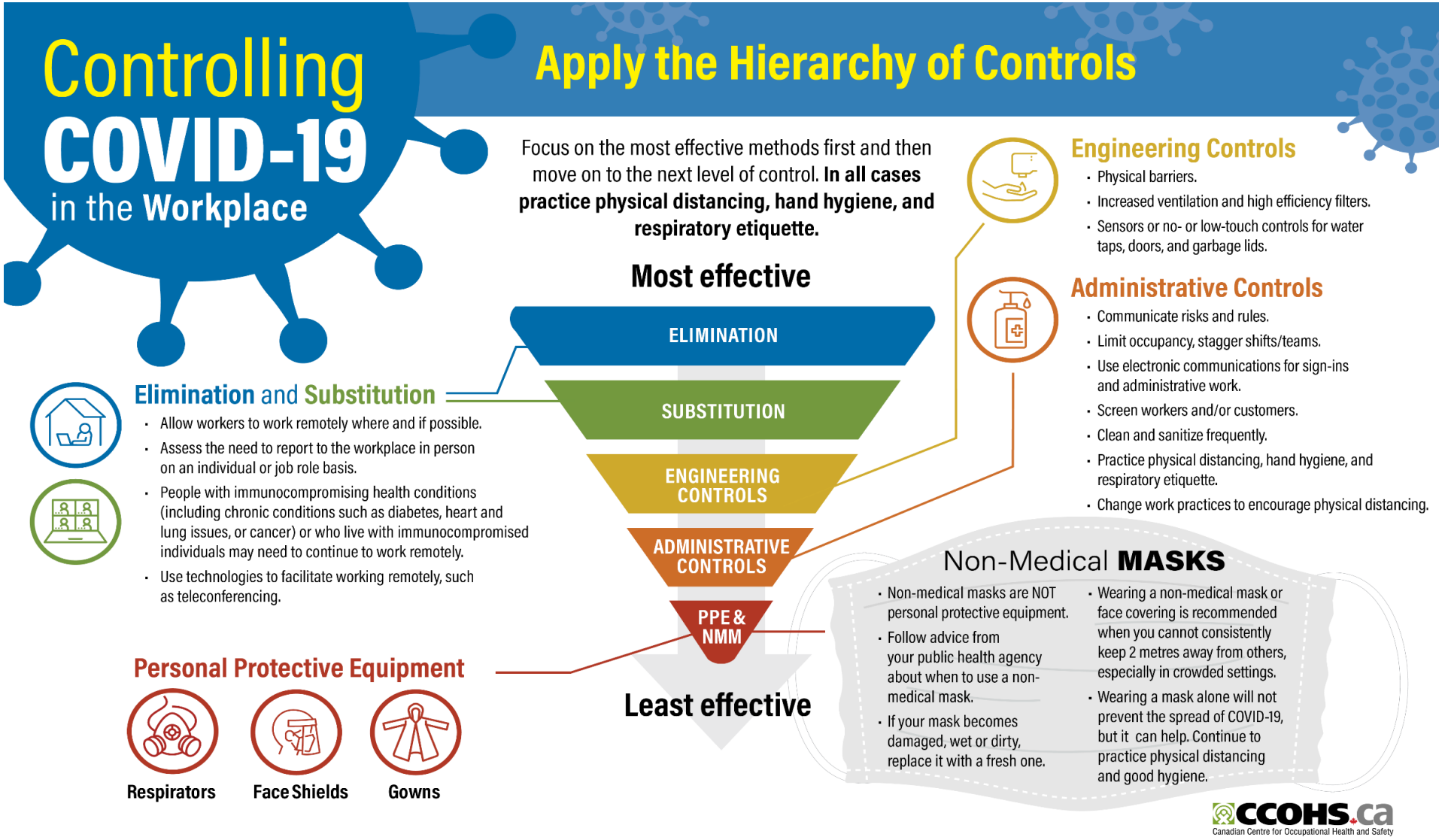
Organizational Risk Assessment – Infectious Disease Threat (IDT)

The following diagram illustrates six (6) steps to completing an IDT ORA:



- Identify internal and external risks and the likelihood of facing those risks
- Considers the risk of exposure and potential transmission for all those who use the organization
- Performed on an annual basis; re-evaluate action plan and effectiveness of control strategies

Source: Public Services Health and Safety Association. Infectious diseases threats organizational risk assessment tool for acute care V1 VIFMNAEN0119 [Internet]. Toronto, ON: Public Services Health and Safety Association; 2020 [cited 2020 Dec 30]. Part 2 – Conducting an infectious disease threat organizational risk assessment (IDT ORA). Available from: https://www.pshsa.ca/resources/infectious-disease-threats-risk-assessment-tool-for-acute-care



Source: Canadian Centre for Occupational Health and Safety. Controlling COVID-19 in the workplace infographic [Internet]. Hamilton, ON: Canadian Centre for Occupational Health and Safety; 2020 [cited 2021 Feb 16]. Available from: https://www.ccohs.ca/products/posters/covid-hierarchy/. Used with permission.

Point-of-Care Risk Assessment

- An evaluation of the interaction of the health care provider, the patient/client and the patient/client's environment to assess and analyze the potential for exposure to infectious disease.
- The risk assessment process is dynamic, based on continuing changes in information as care progresses, thus must be done before each interaction with a client/patient/resident.
- Informs the selection of personal protective equipment (PPE)

Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Routine practices and additional precautions in all health care settings. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2012. Available from: https://www.publichealthontario.ca/-/media/documents/B/2012/bp-rpap-healthcare-settings.pdf?la=en

Point-of-Care Risk Assessment – Assessing risk of transmission

The risk of transmission of microorganisms between individuals involves factors related to:

- the client/patient/resident infection status (including colonization)
- the characteristics of the client/patient/resident
- the type of care activities to be performed
- the resources available for control
- the health care provider immune status.

Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Routine practices and additional precautions in all health care settings. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2012. Available from: https://www.publichealthontario.ca/-/media/documents/B/2012/bp-rpap-healthcare-settings.pdf?la=en

Point-of-Care Risk Assessment – Assessing risk of contamination

- Contamination of skin or clothing by microorganisms in the client/patient/resident environment
- Exposure to blood, body fluids, secretions, excretions, tissues
- Exposure to non-intact skin
- Exposure to mucous membranes
- Exposure to contaminated equipment or surfaces

Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Routine practices and additional precautions in all health care settings. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2012. Available from: https://www.publichealthontario.ca/-/media/documents/B/2012/bp-rpap-healthcare-settings.pdf?la=en

Point-of-Care Risk Assessment – Selection of Controls

- Point-of-care risk assessment
  - Very important
  - First step in patient/client interaction
- When there is a risk of transmission of infection or contamination
  - IPAC controls are put into place
  - For example:
    - Place the patient/client immediately into a single room away from the rest of the patients/clients in your office
    - Alcohol based hand rub (ABHR) is readily available in your office
    - Don the required PPE

Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Routine practices and additional precautions in all health care settings. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2012. Available from: https://www.publichealthontario.ca/-/media/documents/B/2012/bp-rpap-healthcare-settings.pdf?la=en

Personal Protective Equipment (PPE)

COVID-19 Personal Protective Equipment

- Follow Droplet and Contact Precautions for all interactions within 2 metres of patients who screen positive
  - Surgical/procedure mask (fit-tested N95 respirator for aerosol generating medical procedures)
  - Isolation gown
  - Gloves
  - Eye protection (goggles or face shield)
  - Hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE
- Health Canada authorized medical devices

Health Canada. Authorized medical devices for uses related to COVID-19: overview [Internet]. Ottawa, ON: Government of Canada; 2020 [cited 2020 Oct 09]. Available from: https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/medical-devices/authorized.html

PPE: Cleaning and Disinfection

- Re-useable gowns must be cleaned in a commercial-grade laundry
- Follow the manufacturer's instructions for cleaning and disinfecting re-useable eye protection
- Single use eyewear that is being re-used or use for extended period must be cleaned and disinfected between use. Consider the following:
  - Dedicated to a single staff member
  - Cleaned to remove visible soiling, then disinfected
  - Ensure eyewear remains wet for the correct amount of contact time
  - Properly label and store

Personal Protective Equipment: Important Resources

Public Health Ontario Resources:

- IPAC Recommendations for the Use of Personal Protective Equipment for Care of Individuals with COVID-19
- Recommended steps for putting on and taking off personal protective equipment
- Personal Protective Equipment (PPE) videos
  - Putting on Full PPE
  - Taking off Full PPE

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Additional precautions signage and lanyard cards [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2020 May 25]. Available from: https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/routine-practices-additional-precautions/additional-precautions-signage

COVID-19: Masking/Full-shift Masking

- Purpose: Source control
- Full-shift Masking and Eye protection
  - Medical mask is worn for the duration of a shift in direct patient care areas
  - Medical mask is worn by staff working outside of direct patient care areas when interacting with other staff, when physical distancing cannot be maintained
  - Masks and eye protection should be discarded once removed – consider re-use for supply shortages
    - Must be changed if visibly soiled, wet or otherwise damaged, or used during an interaction with a patient on Droplet and Contact precautions
    - Ensure proper mask storage
  - Eye protection for shift duration should be considered

Monitoring Appropriate PPE Use

Auditing Resources

- PHO resources that can be adapted for use as audit tools
  - Routine Practices and Additional Precautions best practice document (Appendices E and L)
- Another facility's tools
- IPAC Canada members have access to audit tools

Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Routine practices and additional precautions in all health care settings. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2012. Available from: https://www.publichealthontario.ca/-/media/documents/B/2012/bp-rpap-healthcare-settings.pdf?la=en

Why, When, and Who Should We Audit?

- To achieve immediate and long-term improvement
- Should include a snapshot of practices across all staff types
- Auditing should take place at regular intervals throughout the year **plus** whenever there is a change to equipment or a process, or when rates of healthcare-associated infections are increasing
- All types of staff
  - Nurses, volunteers, students, physicians, etc.

A Culture of Safety and Transparency

- Acknowledge that there are many barriers beyond the individual that can affect compliance
- Encourage a judgement and blame-free environment where staff are able to report errors or near misses without fear of punishment
- Encourage collaboration across disciplines to identify unsafe practices and seek solutions to patient safety problems

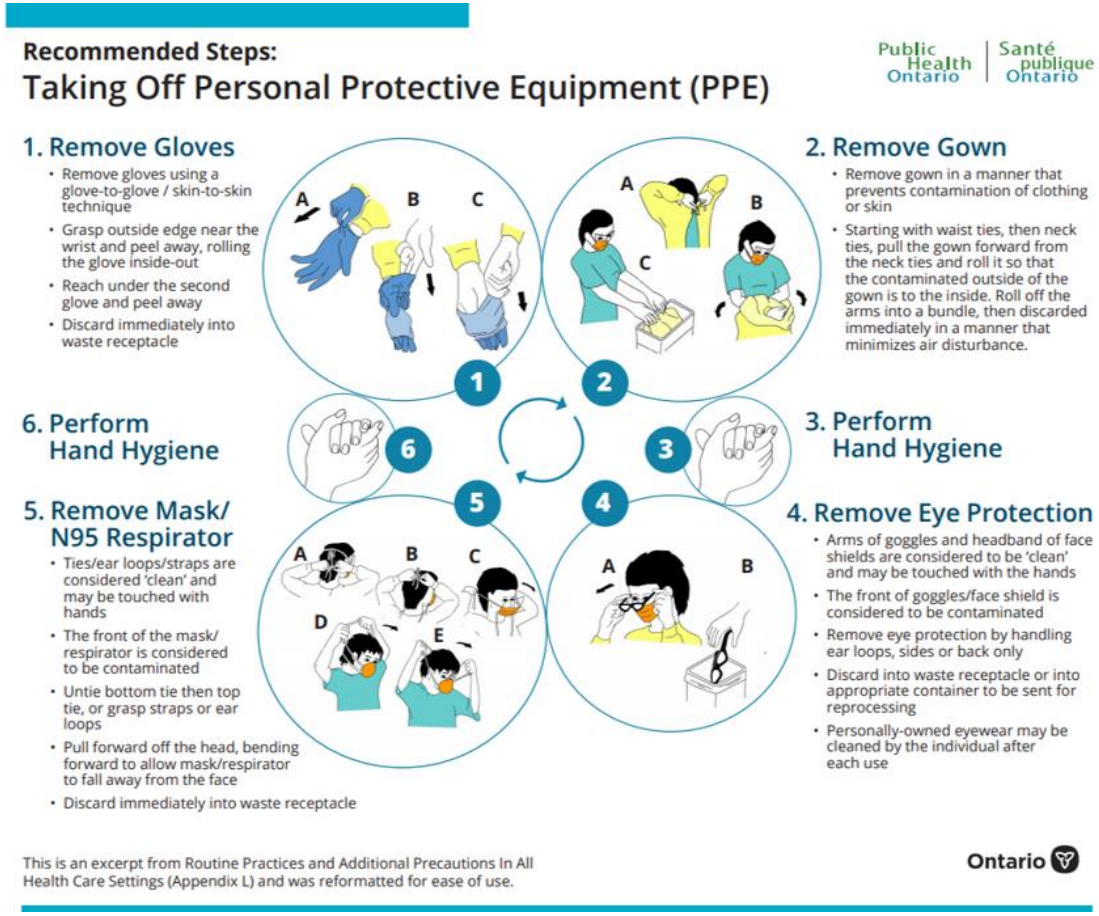
Auditing Your Setting

Audits should observe:

- Proximity of areas for putting on and taking off PPE to point-of-use
- PPE supply availability and storage to reduce contamination
- Staff education in donning and doffing PPE
- Signage for steps to put on and take off PPE and indicating additional precautions
- Location and availability of Alcohol-based hand rub (ABHR)
- Location of lined garbage receptacles and laundry bins
- Process of disposing of the garbage and laundry
- Awareness of where, when and how to clean and disinfect reusable PPE

Auditing the Care Provider

- Audits should observe the:
- Selection of PPE
  - Based on the personal risk assessment, additional precautions, and best practices
- Order of putting on the PPE
- Order of taking off the PPE
- Use of safe removal practices
- Hand hygiene moments
- Environmental contamination



Ontario Agency for Health Protection and Promotion (Public Health Ontario). Recommended steps: putting on personal protective equipment (PPE) / taking off personal protective equipment (PPE) [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2020 Oct 09]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ppe-recommended-steps.pdf?la=en

Example Audit

Unit: 1A Auditor name: Kasey Gambeta

Date: Jan 15, 2020 Time: 1:00 pm

Item	Observations	HCW type	Y	N	NA	Comment
1	Hand hygiene (HH) was performed before donning PPE	N	X			
2	Appropriate PPE was selected for task	N	X			
3	PPE was donned in correct order	N	X			
4	PPE was doffed in correct order	N		X		Gown removed before gloves
5	HH was performed before removal of facial protection	N	Y			
6	There is adequate space for staff to safety don/doff PPE	NA	X			
7	PPE is easily accessible	NA	X			
8	PPE is stored in a way that prevents contamination	NA		X		PPE carts were found with the drawers open
9	Signage for PPE donning/doffing steps visible	NA	X			

What Types of Feedback Should be Given?

- Immediate versus planned
- Feedback should be
  - Specific, Timely, Non-threatening
- The auditor should be open to feedback from the person being observed
  - May identify barriers to compliance

What Can the Audit Data Be Used For?

- Share with staff to promote compliance with best practices
- Identify practices that may require an intervention to improve compliance
- Assess the impact of interventions to improve compliance
- Monitor compliance with best practice over time

Setting up the office

Reception and Waiting Area Set Up

- Signage is posted at the entrance and at reception areas requiring all patients and any visitors to:
  - wear a face covering/non-medical mask (if tolerated),
  - perform hand hygiene
  - maintain respiratory etiquette and
  - report to reception to self-identify
- Minimal seating
- There is access to alcohol based hand rub (ABHR) with 60% – 90% alcohol
- Non-essential items (e.g., magazines and toys) are removed

Ontario. Ministry of Health; Ministry of Long-Term Care. COVID-19 guidance for the health sector: signage [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [modified 2020 Jan 27; cited 2021 Jan 27]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx#signage Ontario Agency for Health Protection and Promotion (Public Health Ontario). Multilingual COVID-19 resources [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2020 Feb 16]. Available from: https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/public-resources ; Ontario Agency for Health Protection and Promotion (Public Health Ontario). Coronavirus disease 2019 (COVID-19): how to wash your hands / how to use hand sanitizer [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2020 Oct 09]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/factsheet-covid-19-hand-hygiene.pdf?la=en ; Ontario Agency for Health Protection and Promotion (Public Health Ontario). Cover your cough [Internet]. Toronto, ON: Queen's Printer for Ontario; 2013 [cited 2020 Oct 09]. Available from: https://www.publichealthontario.ca/-/media/documents/C/2013/clincial-office-cough-signage.pdf

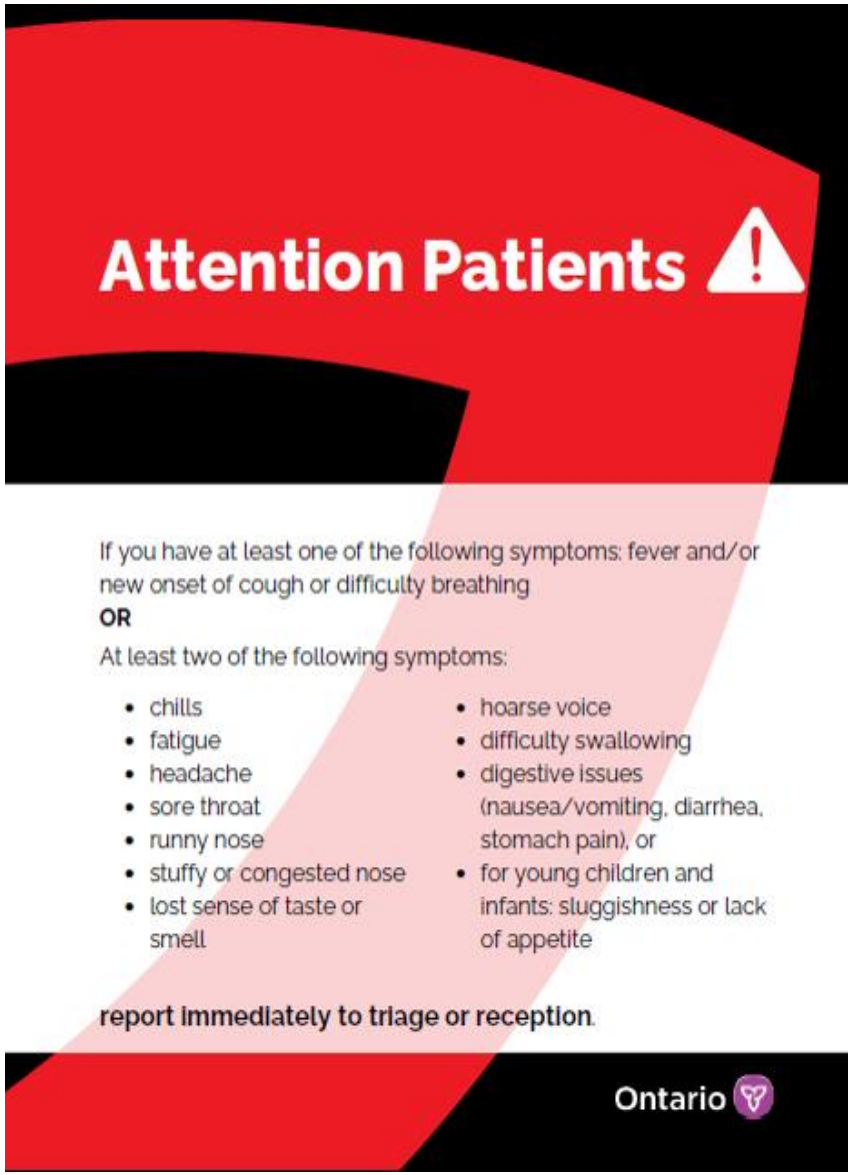
Screening Protocols

- Anyone entering the facility must be screened for signs and symptoms of COVID-19 through:

1. Passive Screening
2. Active Screening

Passive Screening

- Signage should be posted at the entrance notifying patients and visitors of the need to self-screen
- If symptomatic, should not enter the facility if appointment is not urgent
- If urgent, they should don a mask and report immediately to reception



Source: Ontario. Ministry of Health; Ministry of Long-Term Care. COVID-19 guidance for the health sector: signage [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [modified 2020 Jan 27; cited 2021 Jan 27]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx#signage

Active Screening Protocols: Staff

- All staff are aware of the symptoms of COVID-19 and how to self-monitor
- All staff are screened upon entry to the clinic
- Staff have been instructed to remain at home, or return home from work immediately, if symptoms develop

Ontario. Ministry of Health. COVID-19 patient screening guidance document [Internet]. Version 4.0. Toronto, ON: Queen's Printer for Ontario; 2020 [modified 2020 Jun 11; cited 2020 Oct 09]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_patient_screening_guidance.pdf
Ontario Agency for Health Protection and Promotion (Public Health Ontario). Coronavirus disease 2019 (COVID-19): how to self-monitor [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2020 Oct 09]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/factsheet-covid-19-self-monitor.pdf?la=en

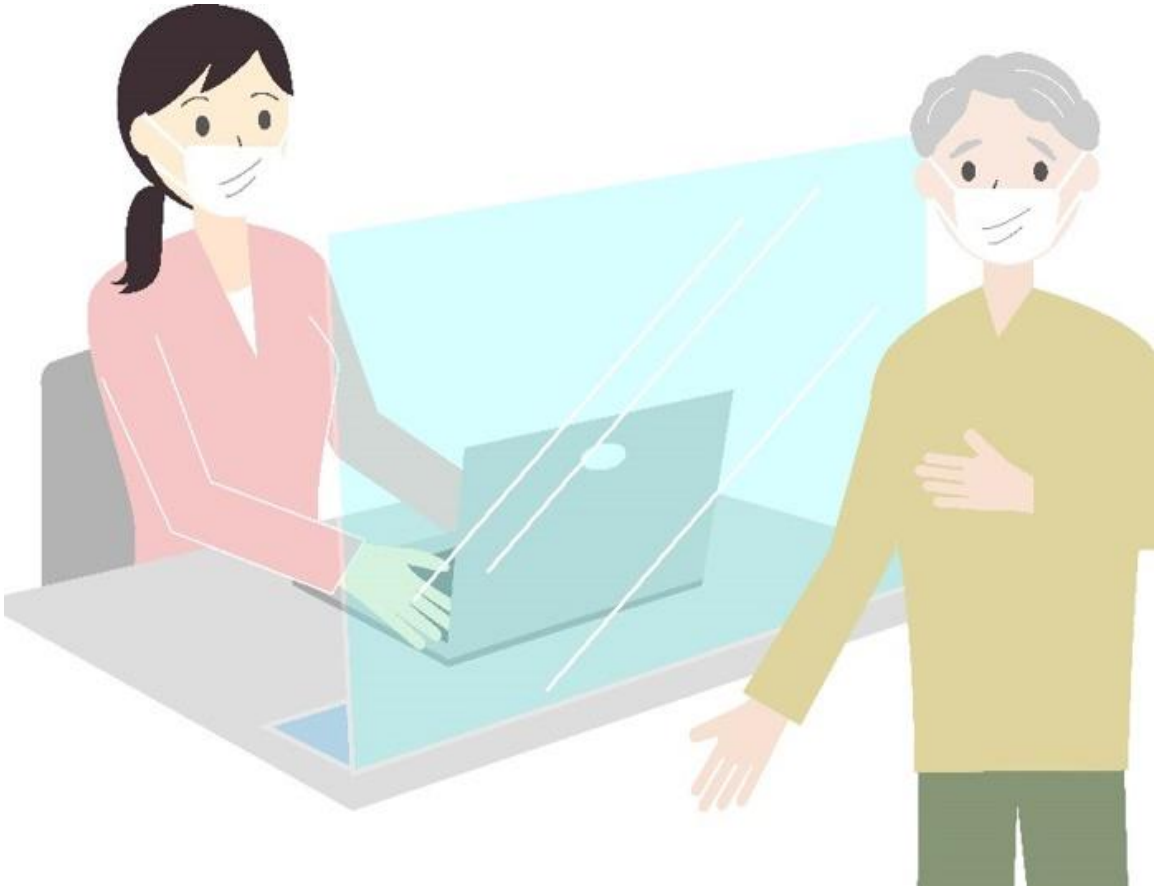
Active Screening Protocols: Patients and Visitors

1. **Screening prior to appointment**

   Patients are screened over the phone for symptoms of COVID-19 **before their appointments** using the latest Ministry COVID-19 Patient Screening Guidance Document

   Accompanying visitors are also screened

2. **In-person screening at the clinic**



Ontario. Ministry of Health. COVID-19 patient screening guidance document [Internet]. Version 4.0. Toronto, ON: Queen's Printer for Ontario; 2020 [modified 2020 Jun 11; cited 2020 Oct 09]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_patient_screening_guidance.pdf

Active Screening: The Screener and Keeping Records

- A staff member trained to screen everyone entering the facility
- Staff conducting screening on site are ideally behind a barrier to protect from contact/droplet spread
  - If a barrier is not available, maintain a 2-metre distance, and
  - Use Droplet and Contact Precautions
- ABHR is easily accessible to screening staff
- Record names and contact information for anyone entering the facility:
  - Including all staff, patients, visitors and other essential visitors (e.g., courier, laboratory pick-up personnel, delivery personnel, mail delivery and suppliers)

Ontario. Ministry of Health. COVID-19 guidance: primary care providers in a community setting [Internet]. Version 6. Toronto, ON: Queen's Printer for Ontario; 2020 [modified 2020 Sep 04; cited 2020 Oct 09]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_primary_care_guidance.pdf

Positive Screen: Over the Phone

- **Positive screen over the phone:**
  - A patient who screens positive for symptoms of COVID-19 over the phone are instructed to self-isolate immediately and referred to a local testing location or emergency department;
  - Patients with severe symptoms are directed to the emergency department

Government of Ontario. COVID-19 testing locations [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2020 Oct 09]. Available from: https://covid-19.ontario.ca/assessment-centre-locations/

Positive Screen: At the Clinic

- A patient who screens positive at the primary care facility wears a surgical/procedure mask and is advised to perform hand hygiene
- Immediately place in a room with the door closed (not cohorted with other patients)
- If an exam room is unavailable, the patient is instructed to return outside until a room is available
- Immediately implement Droplet and Contact precautions
- May offer clinical examination and testing if the provider:
  - Can properly follow Droplet and Contact Precautions, and
  - Is educated in proper donning and doffing

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Coronavirus disease 2019 (COVID-19): how to wash your hands / how to use hand sanitizer [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2020 Oct 09]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/factsheet-covid-19-hand-hygiene.pdf?la=en

Supporting physical distancing in the clinical office

- Provide care virtually whenever possible
- Post signage to limit number of riders in elevators
- Maintain a one way traffic flow
- Place markings on the floor indicating 2 metre spacing
- Limit the number of non-essential individuals accompanying patients
- Stagger appointments
  - Avoid using the waiting room
  - Space out chairs in the waiting room
  - Have patients stay outside of the clinic until the exam room is ready for them
  - Place patient directly in exam room on arrival

Supporting physical distancing among staff

- Stagger staff breaks and lunches
- Staff common areas (e.g., break facilities, meeting rooms)
  - Provide more locations for eating, changing and taking breaks
  - Ensure HVAC systems are properly maintained
  - Choose spaces with windows that open and keep them open as much as possible
  - Use any outdoor spaces available to you as weather permits
  - Limit the number of tables and chairs (i.e., number of chairs equals the number of people allowed in the room)
  - Choose a meeting space that will allow 2 metre distance
  - Consider multiple meetings and limiting the number of attendees (e.g., huddles)
  - Signage on the door to break/meeting rooms indicating the number of people allowed in the room

Ontario. Ministry of Labour, Training and Skills Development. Meal and break periods at work during COVID-19 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2021 Feb 16]. Available from: https://www.ontario.ca/page/meal-and-break-periods-work-during-covid-19

Examination Room Set Up

- ABHR is available both outside and inside the examination rooms and throughout the facility
- Tissue boxes and hands-free waste receptacle provided
- Locations for putting on and taking off PPE identified
- Signage is posted throughout the primary care facility reminding staff and patients of:
  - The signs and symptoms of COVID-19
  - Proper hand hygiene and PPE removal sequence
  - Physical distancing
  - Respiratory etiquette (e.g. cover your cough)

Ontario. Ministry of Health. COVID-19 reference document for symptoms [Internet]. Version 7.0. Toronto, ON: Queen's Printer for Ontario; 2020 [modified 2020 Sep 21; cited 2020 Oct 09]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf

Indoor Air Quality

- Improve indoor air quality
  - Ventilate with outdoor air
- Terminology
  - Ventilation
  - Filtration
  - Air purifiers
  - Air cleaners
- FAR less preferable to other hierarchical measures of source control

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Use of portable air cleaners and transmission of COVID-19 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2021 Feb 16]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2021/01/faq-covid-19-portable-air-cleaners.pdf?la=en

Implementing portable air cleaners in your practice

- Optimize source control first
  - Screening and exclusion of individuals
  - Apply limits on number of occupants within an enclosed space
  - Physical distancing and barriers
  - Masking
  - Optimize existing ventilation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Use of portable air cleaners and transmission of COVID-19 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2021 Feb 16]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2021/01/faq-covid-19-portable-air-cleaners.pdf?la=en

Considerations for Portable Air cleaners

- Ability to follow all manufacturer guidance
- Placement:
  - Central
  - Preferably within breathing zones
- Rate and direction of air flow:
  - Unobstructed, low flow
  - Directed away from individuals
- Noise
- Complements existing HVAC filtration and ventilation systems

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Use of portable air cleaners and transmission of COVID-19 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2021 Feb 16]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2021/01/faq-covid-19-portable-air-cleaners.pdf?la=en

How long can the virus live on surfaces?

Surface	Lifespan of SARS-CoV-2
Paper and tissue paper	3 hours
Copper	4 hours
Cardboard	24 hours
Wood	2 days
Cloth	2 days
Stainless Steel	2-3 days
Polypropylene Plastic	3 days
Glass	4 days
Paper Money	4 days
Outside of Surgical Mask	7 days

Chin AWH, Chu JTS, Perera MRA, Hui KPY, Yen H, Chan MCW, et al. Stability of SARS-CoV-2 in different environmental conditions. Lancet Microbe. 2020;1(1):e10. Available from: https://doi.org/10.1016/S2666-5247(20)30003-3
Van Doremalen N, Bushmaker T, Morris DH, Holbrook MG, Gamble A, Williamson BN, et al. Aerosol and surface stability of SARS-CoV-2 as compared with SARS-CoV-1. N Engl J Med. 2020;382(16):1564-7. Available from: https://doi.org/10.1056/NEJMc2004973
Ontario Agency for Health Protection and Promotion (Public Health Ontario). COVID-19 routes of transmission – what we know so far [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2021 Jan 04]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/covid-wwksf/2020/12/routes-transmission-covid-19.pdf?la=en

Best Practices for Environmental Cleaning

- Surfaces, furnishings, equipment, and finishes are smooth, non-porous, seamless (where possible), and cleanable (e.g., no wood or cloth furnishings)
- All common areas are regularly cleaned and disinfected (e.g., minimum daily)
- High-touch surfaces are cleaned and disinfected at least daily and more frequently if contamination risk if higher
- Clean and disinfect exam room after every patient visit

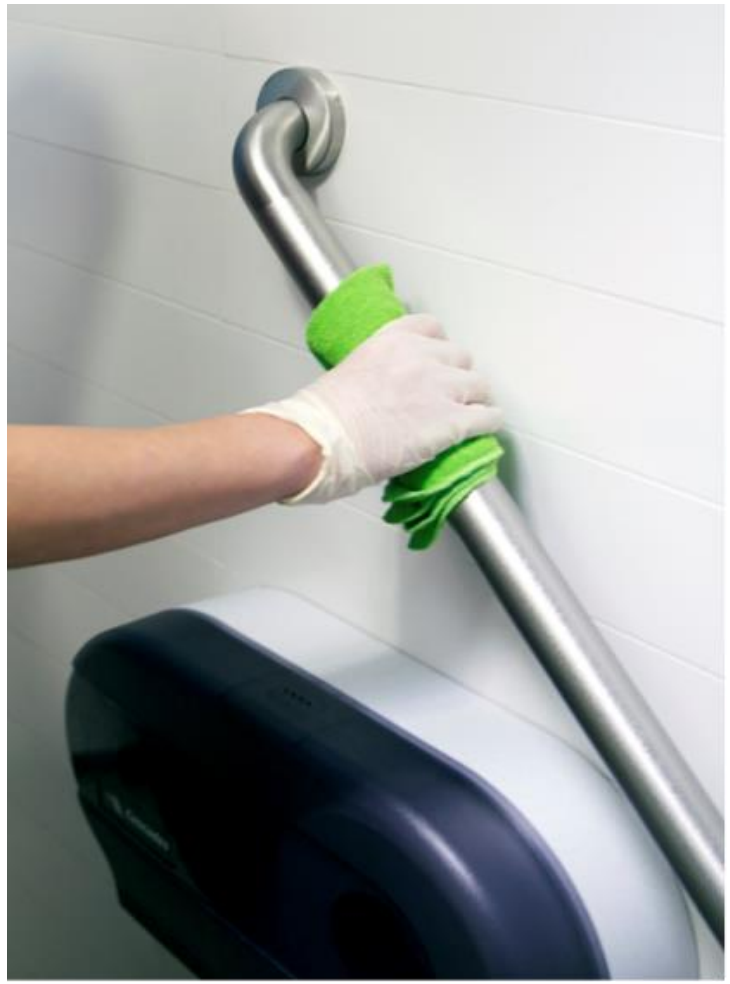
Environmental Cleaning: Product Selection and Use

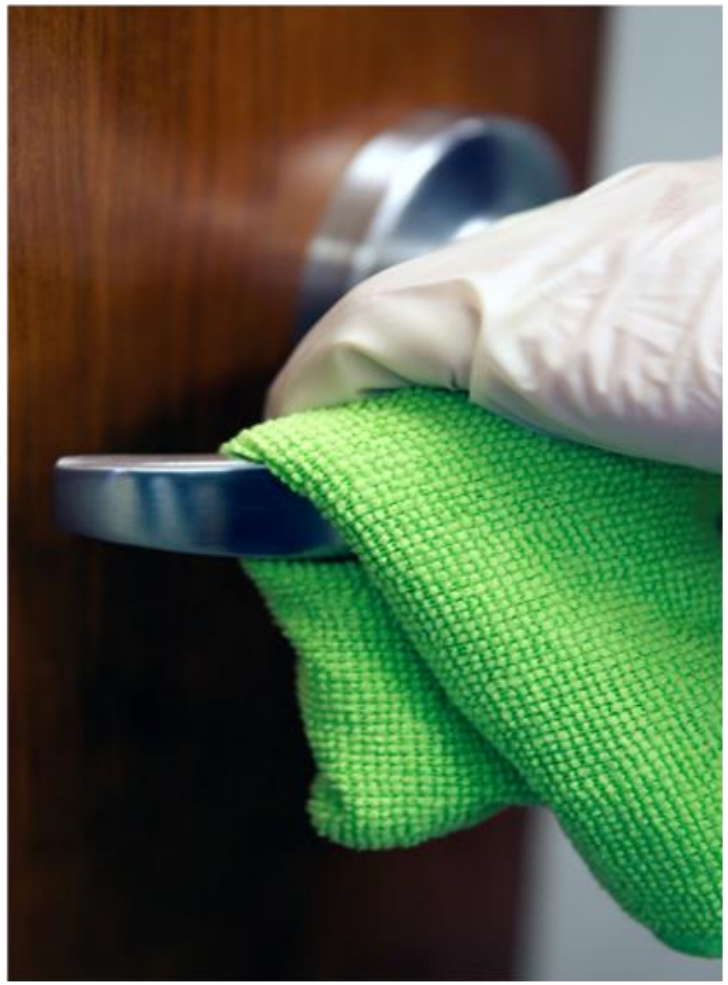
- The efficacy and spectrum of activity of the disinfectant
- Licensed for use in Canada – drug-identification number (DIN)
- Used according to manufacturer's instructions (MIFU) for dilution, temperature, water hardness, use, shelf life, storage conditions, labelled with expiry date
- Adhere to indicated contact time (surface remains wet for the required amount of time to achieve disinfection)
- Do not "double dip"
- Compatible with the items and surfaces requiring disinfection
- Ease of use – e.g., ready to use
- Safe for use for both staff and patients

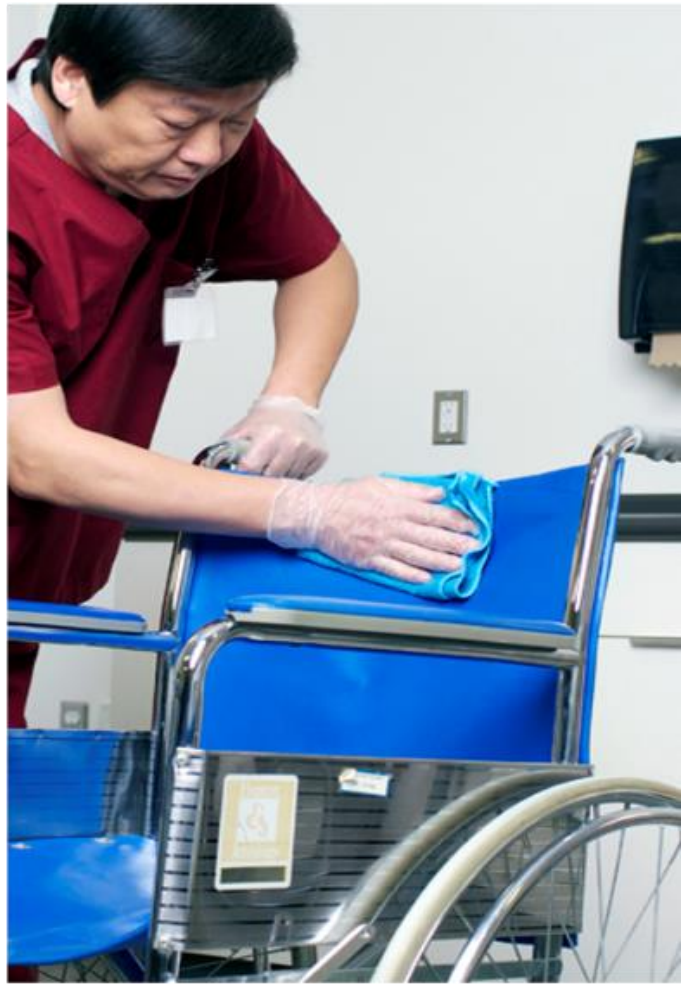
Health Canada. Hard-surface disinfectants and hand sanitizers (COVID-19): list of disinfectants with evidence for use against COVID-19 [Internet]. Ottawa, ON: Government of Canada; 2020 [cited 2020 Oct 09]. Available from: https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html

High touch surfaces (1 of 2)

High touch surfaces (2 of 2)







“Non-cleanable” Equipment Considerations

- Try to find a cleanable alternative
- Dedicating to one patient/have patient bring in their own
- Patient cleans hands before and after use
- If patient is showing symptoms of communicable illness, defer use of this type of equipment
- Laminate paper products for wiping
- If equipment becomes damaged or soiled, replace
- Use barriers/covers

Variants of Concern: Key Messages

- Hot of the Press: PIDAC's Interim Guidance for Infection Prevention and Control of SARS-CoV-2 Variants of Concern for Health Care Settings
  - Public health authorities in several countries have identified three VOCs that may be associated with increased transmissibility – these have been found in Ontario
  - Travel history remains an important part of the assessment of COVID-19 patients
  - PPE recommendations remain the same for all variants of concern
  - There is no data suggesting the duration of infectivity is longer
  - Due to evidence of increased transmissibility, attention to the basics is essential
  - Patients should also be masking whenever possible, including within exam rooms
  - HVAC systems should be reviewed to ensure compliance with CSA Z317.2-19

Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Interim guidance for infection prevention and control of SARS-CoV-2 variants of concern for health care settings [Internet]. Toronto, ON: Queen's Printer for Ontario; 2021 [cited 2021 Feb 16]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/voc/2021/02/pidac-interim-guidance-sars-cov-2-variants.pdf?la=en

CSA Group. CSA Z317.2-19: Special requirements for heating, ventilation, and air-conditioning (HVAC) systems in health care facilities. Toronto, ON: CSA Group; 2019.

Resources

Public Health Ontario

- CHECKLIST Infection Prevention and Control Assessment for Primary Care, Specialty and Walk-in Clinics during COVID-19
- COVID-19 IPAC Fundamentals Training
- Considerations for Community-Based Health Care Workers on Interpreting Local Epidemiology
- Use of Portable Air Cleaners and Transmission of COVID-19
- COVID-19: Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings

Ontario Medical Association

- PPE at-a-glance poster
- Summary of COVID-19 clinical guidance for community-based practices
- Guide to resuming in-person care

…and more at:

www.oma.org/coronavirus

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