

COVID-19 UPDATE

Keeping You Safe



Thunder Bay Regional
Health Sciences
Centre

To: All Hospital and Health Research Institute staff and professional staff

From: Stephanie Erickson, Acting Manager Infection Prevention and Control

Date: April 17, 2020

RE: **PPE Requirements and Process for the Emergency Department**

The health and safety of all staff, professional staff, patients and the community is our utmost priority. In addition to following all priority practices of frequent hand washing and physical distancing of two meters, the following PPE requirements and procedures for the **Emergency Department (ED)** have been put in place to reduce the risk of exposure to the virus for yourself, and others.

To reduce movement throughout the hospital as much as possible, staff and professional staff who require access to the ED or are exiting from ED are asked to take the most direct route.

Appropriate donning, doffing, and emergency donning/doffing areas have been created on the unit and will be stocked with appropriate levels of PPE for your use.

Upon entry to the ED, all staff must enter the designated **DONNING Room** and put on the appropriate PPE. Once patient care, tasks, and duties have been completed, all staff must enter the designated **DOFFING Room**, remove all PPE, and perform appropriate hand hygiene before exiting the ED.

All staff and professional staff performing care or completing duties in the ED must follow these steps to ensure the health and safety of all:

- PPE for Droplet/Contact precautions will be worn by **ALL staff** at **ALL times** while in the ED.
- PPE will be donned **before entering** the department, in the designated donning area, and doffed **upon exiting** the department, in the designated doffing area.
- In all areas of the ED, staff must change their gloves and perform hand hygiene between each patient. This applies to ED staff and any other staff performing activities in the department (e.g., lab techs).
- All ED staff will be assigned to either patients in the **Low Risk** area, or patients in the **High Risk** area. Designated nursing stations will be available in each area with dedicated computers.
- Dedicated equipment should be used whenever possible. If not possible, equipment **MUST** be cleaned and disinfected after patient use.

Movement between Low and High Risk Areas:

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Le Centre régional des sciences de la santé de Thunder Bay, un hôpital d'enseignement et de recherche, est reconnu comme un leader dans la prestation de soins et de services aux patients et aux familles et est fier de son affiliation à l'**université Lakehead, à l'École de médecine du Nord de l'Ontario et au collège Confédération.**

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- If staff who are designated to the Low Risk area are needed to assist in the High Risk area, gloves are to be changed and hand hygiene is to be performed. Staff members **MUST** change full PPE **before** returning back to the Low Risk area.
- If staff who are designated to the High Risk area are needed to assist in the Low Risk area, full PPE **MUST** be changed **before** entering the Low Risk area. Staff members **MUST** change their gloves and perform hand hygiene **before** returning to the High Risk area.
- Any other staff working in ED (e.g., lab techs, housekeepers) are to perform their activities in the Low Risk area first, and then move on to the High Risk area. If a STAT test or room clean is required in the High Risk area, staff **MUST** change their gloves and perform hand hygiene. They **MUST** change their full PPE appropriately **before** moving back to the Low Risk area.

Frequently Asked Questions:

How do staff care for MRSA/VRE/ESBL patients who are COVID-19 positive or presumptive?

If treating a COVID-19 positive or presumptive patient who also requires precautions for MRSA/VRE/ESBL, gloves are to be changed and hand hygiene is to be performed (as per routine practices) before moving onto the next patient. Gowns/masks/eye protection are not required to be changed.

How do staff care for a C.diff patient who is COVID-19 positive or presumptive?

If treating a COVID-19 positive or presumptive patient who also requires precautions for C. diff, full PPE is to be changed and hand hygiene is to be performed upon entry and exit from the patient area. These patients **are not** to be cohorted with another patient.

How do staff care for a Tuberculosis patient (or patient with another airborne illness) who is COVID-19 positive or presumptive?

If treating a COVID-19 positive or presumptive patient who also requires precautions for Tuberculosis or another airborne illness, full PPE is to be changed and hand hygiene is to be performed upon entry and exit from the patient area. These patients **are not** to be cohorted with another patient.

Once PPE has been doffed appropriately and the staff member has performed hand hygiene, you are able to move to other areas of the hospital for lunch or break purposes.

To support all staff and professional staff with questions in relation to donning and doffing PPE; Rachelle Thompson has been designated as the Infection Control Practitioner and will be available to support the ED.

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For further information please contact Stephanie Erickson, Acting Manager Infection Prevention and Control at ericksos@tbh.net.

All Hospital COVID-19 updates are available on the iNtranet at <https://comms.tbrhsc.net/covid-19-information/>.

For more information about COVID-19, please contact the Thunder Bay District Health Unit at 1-888-294-6630 or www.tbdhu.com/coronavirus. More information is also available at <https://files.ontario.ca/moh-coronavirus-info-sheet-english-2020-02-18.pdf>.

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