

COVID-19 Protocol for Aerosol-Generating Medical Procedures (AGMP) in The Works Supervised Injection Site (SIS) Environment

This protocol was developed in consultation with Toronto Public Health (TPH) infection prevention and control (IPAC) and Public Health Ontario (PHO) IPAC experts regarding the risks associated with AGMPs [(e.g., high flow oxygen therapy, cardio-pulmonary resuscitation (CPR))] in The Works.

Routine Practices:

Routine Practices refer to infection prevention and control (IPAC) practices to be used with all clients during all care, to prevent and control transmission of microorganisms in all health care settings (including home health care). Routine Practices are based on the premise that all clients are potentially infectious, even when asymptomatic, and that the same safe standards of practice should be used routinely with all clients to prevent exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items and to prevent the spread of microorganisms.

Routine Practices include, but are not limited to performing a risk assessment, hand hygiene, and use of Personal Protective Equipment (PPE).

A **risk assessment** must be done before each interaction with a client or their environment in order to determine which interventions are required to prevent transmission during the interaction. The risk assessment process is dynamic, based on continuing changes in information as care progresses, and thus must be done before and during each interaction with a client.

Hand hygiene is considered the most important and effective IPAC measure to prevent the spread of infections. Hand hygiene refers to using alcohol-based hand rub (70-90% alcohol concentration) or washing your hands with liquid soap and warm water.

PPE is clothing or equipment worn for protection against hazards. PPE is used alone or in combination to prevent exposure and transmission of infectious agents. This is done by placing a barrier between the infectious source and one's own mucous membranes, airways, skin and clothing.

Additional Precautions:

- Droplet and Contact Precautions are recommended for the routine care of patients with suspected or confirmed COVID-19.
 - PPE required for Droplet/Contact Precautions gloves, gown, eye protection and a surgical mask.
- In addition to Droplet and Contact Precautions, Airborne Precautions should be used when aerosol generating medical procedures (AGMPs) are planned or anticipated to be performed on patients with suspected or confirmed COVID-19.
 - The Works uses high flow oxygen and may perform cardio-pulmonary resuscitation which are considered AGMPs.

Space/Set-up

- Ensure there is a minimum 2 metre distance between all clients in the SIS at all times. This will be achieved by closing the middle booths (note: there will be 2 booths open at either end).
- The floor around the 2 end booths will be marked with tape in order to clearly define the 2 meter radius.

- When performing an AGMP anyone in the space (i.e., staff and clients) who are not involved in direct care must maintain a minimum of a 2 metre distance from where the AGMP is being performed. This reduces the risk of staff or other clients being exposed to droplets generated by the AGMP.

Personal Protective (PPE) for a planned or anticipated AGMP

- PPE for TPH staff within 2 metres of the AGMP includes gloves, gown, eye protection and a fit-tested, seal checked N95 mask.

Bag Valve Mask and Non-Rebreather Equipment

- Bag Valve Mask
 - The CareFusion Air Life Bacterial/Viral Filter (product #: 303 EU) must be attached to the BVM when in use. (this is the preferred product)
 - Link to product: https://r.search.yahoo.com/_ylt=AwrCmmTDUHVVeKTQAHAAAXFwx.;_ylu=X3oDMTByNXM5bzY5BGNvbG8DYmYxBHBvcwMzBHZ0aWQDBHNIYwNzcg--/RV=2/RE=1584775492/RO=10/RU=https%3a%2f%2fwww.carefusion.com%2fDocuments%2fspecifications%2frespiratory-care%2fRC_AirLife-Legacy-Filtration-Specs_SP_EN.pdf/RK=2/RS=tRtjnO6a9LutU342LoMciwIwZUE-
 - The Rescuer HEPA Filter Attachment (product #: 4000F)
 - Link to product: <http://www.blssystemsltd.com/bvm.html>
- Non-rebreather
 - The Flo₂Max Isolation Oxygen Therapy Mask must be used.
 - Link to product: <https://www.emrn.ca/en/flo2max-oxygen-mask.html>

Crowd control

- Identify a staff person for crowd control while an AGMP is being performed or anticipated. This will help ensure a minimum of a 2 metre distance is maintained around the AGMP.

Cleaning and Disinfection after an AGMP

Note: all clutter should be removed from the Injection Room prior to opening to reduce the amount of cleaning that has to be done

- If staff perform an AGMP (i.e., high flow oxygen therapy, CPR), a terminal clean is required within the 2 meter radius of the AGMP.
- All non-essential items will be removed from the injection room to reduce the required amount of cleaning.
- Following the AGMP, any equipment/supplies that cannot be cleaned/disinfected (e.g., tape, gauze, syringes) must be discarded.
- The SIS will be closed while cleaning/disinfection takes place.
- Consideration should be given to cleaning the entire space as those who are responding to the medical emergency will potentially move in and out of the 2 meter space however every effort should be made to reduce or eliminate the need for staff responding to the overdose moving outside the 2 metre zone.
- Before cleaning:

- Gather materials required for cleaning before entering the area (e.g., PPE, cleaners/disinfectants).
 - Cavi Wipes
 - Cavi Wipes will be used to clean and disinfect (e.g., SIS booth walls, booth table tops, chairs, SIS nursing station counter tops, phones, doors, door knobs, oxygen tanks, oxygen carry cart, eye wash station, hand washing sink, foot wash sink, mirrors, sharps containers)
 - Chlorine bleach
 - The floor will be disinfected using bleach.
 - 5.25% Sodium hypochlorite at 50,000 ppm (i.e., 1:50 dilution of household bleach); for more information on using bleach as a disinfectant, see PHO's Chlorine Dilution Calculator, available at: <https://www.publichealthontario.ca/en/health-topics/environmental-occupational-health/water-quality/chlorine-dilution-calculator>
- Follow the manufacturer's instructions for proper dilution and contact time for cleaning and disinfecting solutions.
- Follow Contact, Droplet precautions for cleaning.
- Clean hands and put on appropriate personal protective equipment (for droplet precautions) on entering the 2 metre radius.
- During cleaning:
 - Progress from the least soiled areas to the most soiled areas.
 - Progress from high surfaces to low surfaces.
 - Remove gross soil prior to cleaning and disinfection.
 - Dry mop prior to wet/ damp mop.
 - Minimize turbulence to prevent the dispersion of dust that may contain microorganisms (e.g., never shake mops).
 - Do not double-dip cloths.
 - Change cloths/ mop heads frequently.
 - Change cleaning solutions as per manufacturer's instructions. Change more frequently in heavily contaminated areas, when visibly soiled and immediately after cleaning blood and body fluid spills.
 - Containers for liquid soap, cleaners/disinfectants are disposable.
 - The practice of topping up is not acceptable since it can result in contamination of the container and solution.
 - Be alert for needles and other sharp objects. Pick up sharps using a mechanical device and place into sharps container. Report incident to supervisor.
 - Collect waste, handling plastic bags from the top (do not compress bags with hands).
 - Remove PPE and clean hands when leaving the area.
- After cleaning:
 - Tools used for cleaning and disinfecting must be cleaned and dried between uses.

- Launder mop heads daily. All washed mop heads must be dried thoroughly before re-use.
- In addition to the above cleaning process, if there is a blood or body fluid spill please use the [Toronto Public Health Clinics Cleaning up Blood and Body Substances](#) document.

References

Centers for Disease Control and Prevention (2020). Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States. Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>.

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Provincial Infectious Diseases Advisory Committee (2018). Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition. Retrieved from: <https://www.publichealthontario.ca/-/media/documents/bp-environmental-cleaning.pdf?la=en>.

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