

The MSSS's recommendation¹

DEFINITION OF A PATIENT SUSPECTED OF HAVING COVID-19

Anyone who:

- Travelled outside of Canada within the last 3 weeks; OR
 - Has been to one of the public places identified by public health authorities; OR
 - Was in close contact with a confirmed case or a person under investigation for COVID-19; OR
 - Received instructions to voluntarily self-isolate at home;
- AND** has a fever OR a cough OR difficulty breathing.

PROTECTIVE MEASURES

APPLYING MEASURES TO PROTECT AGAINST AIRBORNE/ CONTACT TRANSMISSION WITH MASK **N95***, INCLUDING WEARING EYE PROTECTION.

1. On-site staff must wear uniforms provided and washed by the hospital centre and all shoes worn must be worn only in the work units and the hospital;
2. Personal protective equipment must be put on under the supervision of someone who knows how to properly put on this type of protection.

During an aerosol-generating procedure (AGMP).

- For patients at risk of an AGMP. While the criteria below can help to determine the severity of a diagnosis and which patients need to be admitted into intensive care, they can also be used to potentially predict who will eventually need an AGMP.

Adults:

- Respiratory rate \geq 24/min or acute respiratory distress;
- Need for $>$ 4L of oxygen (nasal cannula or MV) for \geq 90% saturation;
- Systolic BP $<$ 90 mmHg despite adequate fluid resuscitation;
- Any criteria deemed severe by the clinician (e.g., altered state of consciousness).

Children: Cough or difficulty breathing with at least one of the following symptoms (WHO, 2020c):

- Central cyanosis or $<$ 90% saturation on room air;
- Severe respiratory distress;
- Signs of pneumonia with a marked decrease in the overall condition (e.g., inability to drink, lethargy, loss of consciousness, convulsions).
- Moreover, these criteria are not closely related to this type of additional precaution since, for example, in end-of-life care, we would no longer apply additional airborne/contact precautions faced with such criteria, but rather additional droplet/contact precautions with eye protection.
- Although intubation is recognized as an AGMP and should therefore be performed according to the conditions of additional airborne/contact precautions, once the patient is intubated and the wait time has elapsed to eliminate 99.9% of aerosols, it would be reasonable to then provide care using additional droplet/contact precautions, including wearing eye protection, if there's no risk of extubation.

FOR ALL OTHER SUSPECTED OR CONFIRMED CASES, USE DROPLET/CONTACT PROTECTION:²

- **Procedural mask**** for all healthcare workers at less than 2 metres from the patient.
- **Single-use eye protection** (face shield or protective goggles). Prescription glasses are not considered adequate protection. This protection may be used for a full work day.
- **Non-sterile long-sleeved gown**, single-use and disposable (wear a waterproof gown if there is a risk of coming into contact with bodily fluids, e.g.: vomit). If there's no contact with the patient, then you are not required to change (for example, for "drive through" screening).
- **Single-use non-sterile gloves** that are well-fitted and cover the wrists.
- Do not touch your eyes, nose or mouth if your hands are potentially contaminated.
- Systematically remove the gown and gloves when leaving the examination room.
- Perform proper hand hygiene. The mask and eye protection can be kept for seeing other patients if they haven't been contaminated.

The FIQ's recommendation

DEFINITION OF A PATIENT SUSPECTED OF HAVING COVID-19

Anyone who:

- Travelled outside of Canada within the last 3 weeks; OR
 - Has been to one of the public places identified by public health authorities; OR
 - Was in close contact with a confirmed case or a person under investigation for COVID-19; OR
 - Received instructions to voluntarily self-isolate at home;
- OR** has a fever OR a cough OR difficulty breathing.

PROTECTIVE MEASURES

FOR ALL AEROSOL-GENERATING MEDICAL PROCEDURES (AGMPs), USE A **POWERED AIR PURIFYING RESPIRATORY PROTECTIVE DEVICE (PAPR: POWERED AIR-PURIFYING RESPIRATOR), AND FULL-BODY PROTECTIVE EQUIPMENT.**

FOR ALL OTHER SUSPECTED OR CONFIRMED PATIENT CASES, USE **N95 AIRBORNE/CONTACT MASKS, OR THE EQUIVALENT OR SOMETHING BETTER WHENEVER POSSIBLE:**

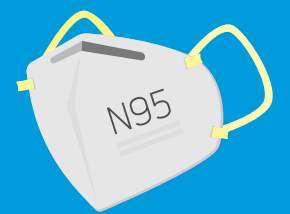
- **Respiratory protective devices that filter** particles must have undergone usability tests (Fit test) and must be well fitted. The FIQ has reservations about using or reusing expired masks. The risk is much higher of touching a contaminated part. N95 masks must be removed carefully to avoid any cross contamination. To avoid this risk, professionals must put on and remove personal protective equipment under the supervision of someone who knows how to put on and take off this type of protection.
- **Single-use eye protection** (face shield or protective goggles). Prescription glasses are not considered adequate protection. This protection may be used for a full work day, taking into account the healthcare professional's clinical judgement in relation to the possible contamination of the eye protection.
- **Non-sterile long-sleeved gown**, single-use and disposable (wear a waterproof gown if there is a risk of coming into contact with bodily fluids, e.g.: vomit or for severe cases). It is recommended that you change gowns between each patient.
- **Single-use non-sterile gloves** that are well-fitted and cover the wrists.
- Do not touch your eyes, nose or mouth if your hands are potentially contaminated.
- Systematically remove the gown and gloves when leaving the examination room.
- Practice good hand hygiene before putting on personal protective equipment and after removing it, in compliance with the infection prevention and control procedure. It is important to remove the protective material in a way that prevents contamination and then to properly wash and dry your hands (a damp environment can be a factor of contamination).
- Use disposable instruments, but if that's not possible, wash and disinfect the material between each patient.
- Dispose of personal protective equipment according to the infection prevention and control procedure.
- As much as possible, care must be given in individual, closed negative pressure rooms or closed, properly ventilated rooms with an antechamber.
- The FIQ subscribes to the following MSSS recommendations:
 1. On-site staff must wear uniforms provided and washed by the hospital centre and all shoes worn must be worn only in the work units and the hospital;
 2. Personal protective equipment must be put on under the supervision of someone who knows how to properly put on this type of protection.

* Despite the MSSS's recommendation to limit the wearing of the N95 filtration device, the FIQ advises healthcare professionals to use and advocate for their clinical judgement to justify the use of N95 based on criteria such as:

- The symptomatology of the patient;
- The regional epidemiological context;
- Proximity (the ability to use physical distancing, of at least 1 metre, in the care environment);
- The length of the interaction (brief of prolonged contact);
- The type of ventilation (negative pressure);
- The logistical context related to procuring material and the prioritization of its use in critical care units such as intensive care and emergency services;
- New knowledge that is emerging about SARS-CoV-2 (COVID-19).

** The FIQ recommends the following measures if the procedural mask is used while treating suspected cases:

- That the mask be properly fitted;
- To prioritize 3 micron filters;
- For optimal mask effectiveness, the professional and patient must be facing one another head on; during a procedure when the patient is to the side of the professional, droplets and airborne particles could reach healthcare professionals on the sides of their faces;
- It is important to change the mask when it becomes damp because it will lose its protective properties, unless it is waterproof.



1. Adaptation of the main elements from the MSSS: *Tableau synthèse priorisation des FIT-TEST*, [Online] (French) [https://msss.gouv.qc.ca/professionnels/documents/coronavirus-2019-ncov/05-20200406-covid-tableau-synt-priorisation-fit-tests-V5.pdf] and [https://www.inspq.qc.ca/sites/default/files/covid/2906-mesures-prevention-milieu-soins-aigus-covid19.pdf] (Viewed on April 17, 2020).

2. "It is recommended to implement additional precautions to prevent droplet/contact transmission including wearing eye protection for hospitalized patients, whether they are under investigation or have confirmed cases. If the patient's clinical condition exhibits intensive care admission criteria, as described in the *Prise en charge rapide des personnes pouvant être infectées par le SARS-CoV-2 section*, the recommendation is to implement measures to prevent airborne/contact transmission including wearing eye protection (if these measures are not already in place). This steady increase in measures should allow us to ensure gradual implementation of additional airborne precautions that will help to protect workers in the event that a patient's condition suddenly deteriorates and requires emergency AGMPs." [Online] (French only) [https://www.inspq.qc.ca/sites/default/files/covid/mesures-prevention-milieu-soins-aigus-covid19.pdf] (Viewed on March 27, 2020).