

COVID-19 Assessment Center Operational and Infection Prevention and Control Measures

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PPE Donning Recommendations and Doffing Procedures & Continued Use

Although coronaviruses are known to cause common colds, and most infected with COVID-19 have minor symptoms, with the volume of patients anticipated to be seen in the assessment center, there is an increased risk of self-contamination.

The recommended PPE is as follows:

Security: none required while working behind plexi glass barrier. Then the following recommendations apply:

- For no contact with visitors/patients wear a face shield, or mask/eye protection
- If contact with visitors/patients wear a face shield, or mask/eye protection, gloves and gown

Clerk: none required while working behind plexi glass barrier, mask if 2 meter spatial separation cannot be maintained

Nurses/Physicians: For screening and nasopharyngeal swab collection must wear gown, gloves, face protection and N95.

Doffing PPE:

PPE must be removed in the following order:

1. Remove gloves (if worn). Some guidance recommends cleaning hands with alcohol based sanitizer after glove removal. This is not part of routine IPAC recommendations however staff may choose to add this step.
2. Remove gown (if worn).
3. **Clean hands** with alcohol-based hand rub (ABHR).
4. Remove eye protection. (see note on next page)
5. Remove mask or N95 (if separate from eye protection). (See note on next page).
6. **Clean hands** with ABHR.

Throughout this document there are sections that refer to gown and gloves only required for direct contact. **Direct contact** refers to providing hands-on care (e.g. bathing, washing, lifting or turning patient, changing clothes, continence care, dressing changes, care of open wounds/lesions, toileting). In the assessment center it is recommended that the nurse wear gown and gloves as they may come into contact with the patient during the assessment in particular if there are medical needs present.

Soap and water can also be used for hand hygiene at any moment. ABHR is preferred in this setting due to convenience.

Staff in the assessment center must wear eye protection and mask or respirators for multiple patients while they are caring for them. Gown and Gloves must be changed between each patient followed by Hand Hygiene.

A mask or respirator may be worn until it becomes:

- Wet
- Damaged

- Contaminated (with splashes or sprays of body fluids)
- Uncomfortable – it is not recommended to wear an N95 for more than 4 hours at a time, as it can become uncomfortable or difficult to breath

Aerosol Generating Medical Procedures (AGMP)

AGMP are not performed in the assessment center, such as sputum induction, or nebulized therapies. Although current ministry guidance does not identify nasopharyngeal (NP) swab collection as an aerosol generating medical procedure, we are recommending at this time that staff continue with to use an N95 as a higher level of protection.

Assessment Center Process

1. Patients to enter clinic, stanchions direct flow to security.
2. Security stationed at entrance shall ask what patient is at the assessment center for. If protected by plexi-glass barrier, then no PPE required. If security is required to exit area with plexi-glass barrier, then security to wear **mask** and **eye protection**. The same PPE can be continuously worn as noted above. All required PPE and hand sanitizer to be stocked at Security desk. * Note if there are issues arising within or outside the assessment centre requiring security attention, security to notify Assessment Centre staff. Assessment Centre nurse to take over Security screening at entry during this time period.
3. If patient attended by other visitors not being tested and not required for caregiving they should be asked to wait outside in their vehicles - not to enter hospital.
4. Security will redirect patient to appropriate area if they are not present to be assessed for COVID-19.
5. Security to **provide a mask** (if patient does not have one) and instruct patient to **clean hands** and direct them to seating area. Security may provide educational materials. https://www.oha.com/Bulletins/MOH_CoronavirusPEC_Poster_8-5x11_EN%202020-03-09%20FINAL.pdf a supply of these forms will be available at Security desk.
6. Patient to take a number from dispenser next to security desk.
7. Patient presents to clerk at desk. Shows clerk their number and then disposes of number in supplied garbage can. Clerk not to handle number. Clerk is protected by plexi-glass barrier, thus does not require PPE, unless 2 meter spatial separation cannot be maintained.
8. Clerk confirms contact information in system (**including phone number**), obtains health card, and registers patient. If patient is not insured/does not have OHIP coverage, Clerk to collect contact information and confirm identification and register patient in system as usual.
9. Clerk gives health card and other identification back to patients and **cleans hands**.
10. Patient directed to **clean hands** and sit in waiting room.
11. Clerk to print admitting face sheet, attach to clipboard, along with screening tool and set to side for nurses.
12. Nurse wearing **N95 mask** and **eye protection, gown and gloves** to bring patient to exam room. Rooms 1-4 to be used first. Asymptomatic patients are in seen the old fracture clinic area. If capacity exceeded, staff to contact Nurse Manager for direction. The same N95 and eye protection can be continuously worn as noted above.

13. Nurse completes the screening for symptoms, travel and exposure to a sick person who has travelled to determine if patient meets [case definition](#). Nurse to take temperature of patient using no touch thermometer.
14. Nurse notifies physician that patient is ready for assessment and whether meets case definition.
15. If patient needs immediate medical attention, nurse notifies physician right away.

Testing Instructions

See attached link for detailed instructions on collection of Nasopharyngeal swabs. Note that only one swab is required for outpatient testing.

Written instructions for NP swab collection:

https://www.wrh.on.ca/documents/150/Nasopharyngeal_Swab_Collection_V2.pdf

Video instructions for NP swab collection:

<https://www.youtube.com/watch?v=DVJNWefmHjE>

If it is not possible to obtain a nasopharyngeal swab then the second choice is a deep nasal:

<https://www.publichealthontario.ca/-/media/documents/lab/covid-19-deep-nasal-swab-steps.pdf?la=en>

The third choice is a throat swab.

Patient Care Procedure

1. All patients presenting to the Assessment Center can be tested for COVID-19 – regardless of symptoms.
2. Patient to be isolated in a separate room in the assessment area if not already placed.
3. Physician is to **clean hands** and wear **N95 respirator, eye protection, gown, and gloves** for patient assessment. Gloves may be donned at point of care.
4. Physician obtains nasopharyngeal swab, removes gloves, cleans hands and dons new gloves.
5. Physician assesses the patient, and suggests next steps (e.g. admission, discharge home).
6. Physician shall provide the patient with [information on self-isolation](#) and inform them that we are required to report them as a case to the Public Health Unit and the staff at the health unit will be in contact with them.
7. If being discharged, the physician or nurse shall provide the patient with [health information](#) regarding how to protect yourself from becoming sick.
8. For patients all patients tested the nurse or clerk shall complete the COVID-19 Reporting Form (specific to Assessment Center). IPAC shall round through the clinic several times a day to obtain forms. IPAC shall report the case to the public health unit.
9. If patient needs immediate medical attention follow procedure for “Possible COVID-19 Patient Requiring Emergency Medical Care.”

10. When patient assessment is completed follow doffing procedures. N95 and eye protection may remain if caring for multiple patients.

Assessment Center Patient Requiring Emergency Room Assessment

1. Patient remains in isolated room in Assessment Center.
2. Assessment Center nurse to phone **ED Charge Nurse cell phone (519-995-5416)** to notify that a patient in the Assessment Center requires an assessment in the ED.
3. The ED Charge nurse will determine where the patient is assigned.
4. Patient will be reminded to **wear a surgical mask** and keep proper distance from other patients, as a precaution.
5. If assessed by a physician in the Assessment Center, the physician will also call the **ED physician to complete physician to physician hand off.**

Assessment Center Patient Requires Diagnostic Imaging Services

1. Assessment enter bring patient to x-ray machine in assessment center.
2. DI staff are phoned after the order is placed and come to assessment center to perform x-rays. Minimizing patient transport through the facility.
3. DI staff to **clean hands** and don **mask** and **eye protection**, (gown and gloves only required for direct contact) and take over care of patient.
4. Follow doffing procedures outlined above. Mask and eye protection may remain if caring for multiple possible COVID-19 patients.

Assessment Center Patient Requires Laboratory Testing

1. Patient remains in isolated room in assessment center.
2. Clerk in assessment center to phone laboratory to notify of lab orders placed on possible COVID-19 patient.
3. Lab to **clean hands** and don **mask, eye protection**, and gloves (gown only required if direct contact with patient required) for blood draw.
4. No special handling of blood specimens is required. Lab brings samples back to lab and processes them as per routine measures.
5. Follow doffing procedures outlined above. Mask and eye protection may remain if caring for multiple possible COVID-19 patients.