



CoP Meeting – RVH IPAC Hub

January 20, 2022

RECENT QUESTIONS

- Can staff use a medical mask instead of an N95 respirator with a suspected/confirmed case of COVID-19 if not **fit-tested**?
 - Yes. Well-fitted surgical/procedure (medical) masks continue to be recommended as appropriate based on point of care risk assessment (PCRA)
 - HCWs who are not yet fit-tested must wear a well-fitted medical mask, or a KN95 respirator, or a non fit-tested N95 respirator (or equivalent)
 - Other appropriate PPE include eye protection, isolation gown, and gloves for direct care of patients with suspect or confirmed case of COVID-19
 - Employers must make reasonable efforts to ensure HCWs obtain fit-testing at the earliest opportunity

RECENT QUESTIONS

- What to do when a staff tests positive on RAT but then receives a negative result for the RT-PCR test?
 - If **asymptomatic**:
 - ✓ May return to work after consultation with local PHU. Decision made on case by case basis
 - ✓ Should do another rapid antigen test for confirmation
 - If **symptomatic**:
 - ✓ Err on the side of caution and treat as a positive COVID-19 case
 - ✓ Confirmatory RT-PCR test is not required

RECENT QUESTIONS

- Should a staff or client, who tested positive for COVID-19, extend self-isolation beyond 10 days if there was a high risk exposure to another COVID-19 positive individual during that period?
 - No
 - Unless they are immunosuppressed. Then, should extend isolation to **20 days**.
 - ✓ Examples include cancer chemotherapy, untreated HIV infection with CD4+ T lymphocyte count <200, combined primary immunodeficiency disorder, taking prednisone >20 mg/day (or equivalent) for more than 14 days, or taking other immunosuppressive meds.
 - Factors such as advanced age, diabetes, and end-stage renal disease are generally not considered severe immunocompromised impacting non-test based clearance
 - Duration of self-isolation should be also extended if still symptomatic and symptoms have not improved in last 24 hours (48 hours for gastrointestinal symptoms)

RECENT QUESTIONS

- Can a staff, who tested PCR positive for COVID-19, come back to work after 10 days of self-isolation even if the rapid antigen test (RAT) was positive on day 6 or 7?
 - Yes, as long as the individual is **asymptomatic** and not immunocompromised
 - Or if symptomatic, symptoms have improved in the last 24 hours (48 hours for gastrointestinal symptoms)
 - Continue to monitor for any new symptoms
 - If symptoms develop, need to self-isolate and get re-tested, including for other respiratory viruses like influenza and RSV

RECENT QUESTIONS

- What is test-to-work and work-self isolation?
 - To meet critical workforce needs for highest risk settings
 - If staff is in self-isolation as **high-risk contact**, they may return to work on work self-isolation if they:
 - ✓ remain **asymptomatic**
 - ✓ are actively screened ahead of each shift, rapid tested till day 10 based on last exposure, and test negative on required testing
 - ✓ are fully vaccinated (2 doses)
 - ✓ no eating meals in shared space with other staff
 - ✓ wearing well-fitting medical mask or N95 respirator for source control
 - ✓ preferably would begin no sooner than day 7 after two negative RATs on day 6 and 7

RECENT QUESTIONS

- Is the mandatory asymptomatic RAT required to screen staff who have previously been diagnosed with and cleared of COVID-19 infection?
 - Staff with prior COVID-19 infection should resume asymptomatic rapid antigen screening **30 days** after their initial/presumed positive result
 - For MCCSS CLSs, any positive results from a RAT are no longer required to confirm it with a RT-PCR test (until at least January 31, 2022)

RECENT QUESTIONS

- Do support workers who attend to multiple homes in the same day need to be tested at each home?
 - Support workers are required to demonstrate proof a negative COVID-19 test result from a test taken on the day of the visit or on the previous day
 - If visiting multiple homes, support workers can show proof of a valid negative RAT to gain entry without being retested

RECENT QUESTIONS

- What is considered a frequent day absence?
 - Resident who leaves the home several times a week (3 or more times a week)
 - Absences are typically on a predictable schedule or for a predictable reason
 - Residents on frequent day absences should be PCR **and** RAT tested 2x per week, on the same days
 - Example: PCR and RAT on Tuesday; then PCR and RAT on Friday

RECENT QUESTIONS

- How often should staff perform an individual risk assessment?
 - Before every resident/client interaction or task to determine risk of being exposed to an infection
 - Allow staff to select the correct PPE required to protect themselves and others based on:
 - ✓ Task at-hand
 - ✓ Health status of the resident/client
 - ✓ If resident/client is under additional precautions
 - ✓ If there is an outbreak in the home
 - ✓ If resident is in isolation on admission as per guidance

RECENT QUESTIONS

- What is short-range and long-range transmission?
 - “**Long-range transmission**” can occur with SARS-CoV-2 under the right combination of conditions – the three Cs:
 - ✓ Closed spaces with poor ventilation
 - ✓ Crowded spaces
 - ✓ Close contact
 - ✓ AND when sufficient quantity of infectious agent is present
 - SARS-CoV-2 most commonly transmits when in close contact with an infected person’s respiratory particles, referred to as “**short-range transmission**”.

RECENT QUESTIONS

- What is the interim recommended PPE for visitors entering the room of a resident with a suspected or confirmed case of COVID-19?
 - Well-fitted medical mask or non-fit tested N95 respirator, isolation gown, gloves, and eye protection
 - Limited to those providing essential care
 - Designated caregivers should also consider being fit-tested and using N95 respirators when providing direct care to or interacting with a resident with suspected, probable or confirmed case of COVID-19
 - If a caregiver does not have their own fit-tested N95, homes should make every effort to provide access to fit-testing and N95 respirators, where requested
 - Consider restricting to fully vaccinated

RECENT QUESTIONS

- What is extended use of a medical mask/N95 respirator?
 - Extended use refers to the practice of wearing the same item of PPE continuously without removing it
 - Is preferable to re-use because repeatedly doffing and donning used PPE can increase the risk of self-contamination
 - Extended use of N95 respirator should only be considered during supply shortages and in consultation with your IPAC professional
 - Based on risk assessment, there may be reasonable opportunities to extend the use of PPE safely

RECENT QUESTIONS

- Is double masking recommended?
 - No
 - Do not layer PPE, including double masking
 - Do wear a well-fitted, well constructed mask

