SPAULDING'S CLASSIFICATION FOR MEDICAL DEVICE REPROCESSING

CLASS	USE	EXAMPLES OF DEVICES	REPROCESSING METHOD (MINIMUM REQUIREMENT)
NON-CRITICAL	Touches intact skin		Mechanical cleaning + intermediate or low-level disinfection, depending on degree of contamination
SEMI-CRITICAL	Touches mucous membranes and non-intact skin		Mechanical cleaning + high level disinfection (HLD)
CRITICAL	Enters sterile tissue, vascular system or body space		Mechanical cleaning + sterilization

A medical tool, device or equipment that is **not** designated for single-use by the manufacturer should be appropriately reprocessed before re-use. Reprocessing of critical and semi-critical medical equipment/ devices is necessary to prevent transmission of infection between clients/residents or to healthcare workers. Reprocessing involves cleaning of the device followed by appropriate level of disinfection or sterilization based on Spaulding's classification, manufacturers' instructions, the national guidelines published by the Canadian Standards Association (CSA) and the Public Health Agency of Canada (PHAC, Health Canada), and provincial standards.

Devices that are labelled as **single-use** or disposable (such as needles and syringes) are not validated to be reprocessed and should be discarded after one use in the correct manner. If a device does not have any reprocessing instructions, it should be considered single-use. Noncritical and semi-critical equipment/ devices that are dedicated to or owned by a client/resident, re-used only by that client/resident, and not used for another purpose, do not require reprocessing between uses, provided they are adequately cleaned and stored dry between uses.

Reusable foot care equipment/devices are considered **critical** devices and should be properly cleaned and sterilized for each individual client/resident treatment. Steam sterilization is required for foot care instruments *with* a printout or electronic record for each cycle. Methods like boiling, flash sterilization, dry heat, and ultraviolet irradiation are **not** acceptable. If the required standards for reprocessing cannot be achieved, single use disposable items should be used and discarded after use. The use of liquid chemicals for sterilization of instruments is also not recommended for critical medical device/equipment due to the limitations in maintaining sterility to point of use.

If reprocessing is done at the home/facility and not by an external service provider, all personnel involved in reprocessing equipment/devices should have formal education and training necessary for the volume and complexity of the equipment.

Sources: www.publichealthontario.ca[1] | www.publichealthontario.ca[2] | ipac-canada.org[1] | ipac-canada.org[2] |

HOW TO DISPOSE ALCOHOL-BASED HAND SANITIZERS

Alcohol-based hand sanitizer used in healthcare settings typically contains between 60-95 percent alcohol by volume, and is considered an **ignitable hazardous waste** because of the high alcohol content. Alcohol-based hand sanitizer is flammable and should be discarded properly as hazardous waste when it is past the expiration date in a safe and environmentally-friendly way. It should **never** be disposed of in regular garbage or flushed down the drain, as the liquid and vapours in water pipes and sewer systems can cause fires or even explosions.

Any liquids that has an alcohol concentration of higher than 24 percent is classified as ignitable hazardous waste as defined in Regulation 347 of the Ontario *Environmental Protection Act,* R.S.O. 1990. Any alcohol with higher concentrations is also not allowed to be diluted. An empty container of hand sanitizer may be placed in recycle bin. However, if any product residue remains in the container, it should be discarded also as hazardous waste. Alcohol-based hand sanitizer that is in excess or past its expiration date can also be recycled or repurposed sometimes, when possible, depending on the services provided by the third-party hazardous waste disposal companies in the region.

Sources: www.ontario.ca | www.epa.gov

COVID-19 GUIDANCE DOCUMENT FOR RETIREMENT HOMES - UPDATED

The Ministry for Seniors and Accessibility (MSAA) has also revised their COVID-19 guidance document for retirement homes to reflect the appropriate evidence-based preventative measures for the expected new "steady state" of COVID-19, while prioritizing resident safety and reducing staffing burdens. The full document can be accessed by clicking on the PDF icon. As of **March 29, 2023**:

- Active screening is no longer required, including for staff, general visitors, and caregivers. Retirement homes should promote self-monitoring for symptoms of COVID-19 and other infectious diseases.
- Active screening is no longer required for residents returning from any type of absence.
- Daily temperature checks are no longer required in residents. Temperature checks are only recommended if the resident is symptomatic, has tested positive for COVID-19, or has been exposed to COVID-19. Home shall continue to monitor residents for symptoms daily.
- To support resident mental health and to encourage social activities for residents, physical distancing between residents is no longer recommended during gatherings, organized events, communal dining, and recreational services.
- Outdoor masking continues to be recommended for staff, students, and volunteers when in close proximity to a resident. Outdoor masking for residents and visitors is no longer recommended.
- Indoor masking using a medical mask continues as a **requirement** for all staff, students, and volunteers for the duration of their shifts. Visitors should also wear a medical mask indoor when in common areas but can remove the mask while in a resident's room.

COVID-19 GUIDANCE DOCUMENT FOR LONG-TERM CARE HOMES - UPDATED

An updated COVID-19 guidance document for long-term care homes was released by the MLTC on March 22, 2023 and below are some of the key changes made. The complete guidance document can be accessed by clicking on the icon to the right. As of **March 31, 2023**:

- Asymptomatic screen testing using rapid antigen test is no longer required or recommended for staff, students, volunteers, support workers, caregivers and visitors.
- Daily temperature checks are no longer required in residents. However, home shall continue to monitor residents for symptoms daily.
- Active screening, testing, or isolation of residents is no longer required after returning from an absence unless the resident is symptomatic.
- Active screening is no longer recommended for visitors and caregivers. LTC homes should continue to promote self-monitoring for symptoms of COVID-19 and other infectious diseases.
- Physical distancing between residents is no longer necessary when holding group activities.
- LTC homes are no longer required to submit daily COVID-19 outbreak data to the ministry. However, homes shall continue to report confirmed outbreaks using the Critical Incident System, and to report suspected or confirmed cases to local public health unit.
- The recommendation for outdoor masking for residents, caregivers, and visitors has been removed. However, it is still recommended for staff to wear a mask outdoor when in close proximity to a resident. Requirement for indoor masking remains in place for all, including visitors and caregivers.
- It is recommended (but not required) for caregivers and visitors to wear masks when they are alone with a resident in their room. For residents living in shared rooms, homes should seek to designate a space that enables residents to interact with their visitors without masks.

Ontario MINISTRY OF LONG-TERM CARE

simcoe muskoka DISTRICT HEALTH UNIT

COVID-19 Community Risk

CLICK HERE

For the date of:

25 March, 2023

Overall Risk Level	Trend	For the week ending March 25, 2023:
Very High High **Moderate** Lower (Caution)	= Similar	The overall COVID-19 Risk Level is **Moderate** Compared to the previous week COVID-19 activity is ***similar***.