



# COVID-19 TRAINING

Direction des soins infirmiers  
Infection prevention and control team  
March 2020, revised in September 2021

# TRAINING PLAN

- Mission and objectives
- Clinical features
- Triage tools
- Treatment of a suspected or confirmed case in hospital
- Treatment of a suspected or confirmed case in FMG and medical clinics
- Additional precautions
- User transfer
- Hygiene and sanitation
- Roles and responsibilities



## MISSION OF THE CISSS DE LA CÔTE-NORD

- Quickly screen or detect the presence of the virus in order to control its transmission;
- Protect employees who provide care and services;
- Protect users.

# TRAINING OBJECTIVES

## **Infection prevention and control (IPC) team of the CISSS de la Côte-Nord:**

- Train health care workers (HCW) on the various measures related to COVID-19.

## **Multiplying agents / IPC champions:**

- Read and understand the content of the training, as well as all available documents related to COVID-19.

## **Employees:**

- Read the information contained in this document, as well as all documents made available to you;
- Learn how to apply all procedures related to COVID-19.

# EPIDEMIOLOGY

## In Canada

- 7.4% of cases have been hospitalized, of which 19% were admitted to intensive care;
- The total number of COVID-19 cases: 1 499 165, as of August 31, 2021
- 66.81% of the population is fully vaccinated

## In Québec

- 11 288 deaths to date

❖ *Statistics updated as of September 1<sup>st</sup>, 2021*



# WHAT IS COVID-19

- COVID-19 is a disease in the family of viruses called *coronaviruses*;
- Coronaviruses are viruses that can cause mild respiratory infections in humans and animals;
- Certain specific coronaviruses may be more virulent, such as the Severe Acute Respiratory Syndrome (SARS) and the Middle East respiratory syndrome coronavirus (MERS-CoV);
- The strain of COVID-19 is called SARS-CoV-2.

## The variants:

- Since December 2020, certain new variants of the virus are under heightened global monitoring, because they are contagious and possibly more virulent than other variants circulating in the world. Some could have a negative impact on the efficacy of vaccines against COVID-19 (INSPQ).

# CLINICAL FEATURES

- **Symptoms vary from a mild infection (more frequent) to a severe lower respiratory tract infection.**
- **Children between 0 and 5 years old, when symptoms appear suddenly, and persist for more than 24 hours:**
  - Fever (rectal temperature of 38.5 °C [101.3 °F] and over);
  - Cough (new or exacerbated) OR shortness of breath OR breathing difficulties;
  - Sore throat AND fever (rectal temperature of 38.1 °C [100.6 °F] and over);
  - Abdominal pain OR vomiting OR diarrhea AND fever (rectal temperature of 38.1 °C [100.6 °F] and over).



## CLINICAL FEATURES (continued)

- **Children between 6 and 17 years old and adults when the symptoms appear suddenly;**
- **One of the following symptoms:**
  - Fever (oral temperature of 38.1 °C [100.6 °F] and over);
  - Loss of taste or smell;
  - Cough (new or exacerbated), shortness of breath or breathing difficulties.
  - Sore throat
- **At least two of the following symptoms:**
  - Nausea or vomiting;
  - Headache;
  - Abdominal pain;
  - Diarrhea;
  - Severe fatigue;
  - Significant loss of appetite;
  - General muscle pain (not related to physical effort).





# CLINICAL FEATURES (continued)

## POSSIBLE ATYPICAL GERIATRIC SYMPTOMS

- **Sudden change in mental state:**
  - More confused;
  - More drowsy;
  - “We no longer recognize him”;
  - No longer knows how to use their things.
- **Loss of autonomy:**
  - Fall;
  - New incontinence;
  - Is no longer able to take part in the care routine.
- **Change in behaviour (new behaviour or end of an existing behaviour):**
  - Agitated;
  - Not themselves;
  - Aggressiveness/irritability.
- **Loss of appetite;**
- **Disrupted sleep.**



## CLINICAL FEATURES (continued)

- **Incubation period:** 3 to 14 days (5 to 7 days in most cases);
- **Mode of transmission: contact/droplet:**
  - The disease is mostly transmitted through contact with respiratory droplets from a symptomatic infected person;
  - Primarily during close contact between people, within two metres, and for over 15 minutes;
  - Transmission is also possible through contaminated objects near the infected person (WHO, 2020), but this mode of transmission seems to be less significant;
  - Certain studies show the presence of viral particles in the feces, but there is no evidence of fecal/oral transmission;
  - Airborne transmission is possible during aerosol generating medical procedures.
- **Contagious period:** Between 10 and 28 days, depending on the severity of the disease and the background of the user.

# TRIAGE

It is important to triage users before appointments to assess the presence of symptoms or exposure criteria

Which tool to use: Triage tool for patients with an appointment.

For whom: For all users, without exception.

When: Before and on the day of the appointment.

New admission, regardless of the sector (HC, CHSLD, youth centre, NTS, RAC, URCl, boarding school or group home).

Where: Operating block, emergency department, home care, rehabilitation centre, medical clinic, FMG, outpatient clinic, etc.



# TREATMENT OF A SUSPECTED OR CONFIRMED CASE in hospital

## Step 1

- Get the user to wash their hands with a hydroalcoholic solution;
- The user must keep their procedure mask on at all times;
- Place the user AND their escort, if applicable, in a separate room with the door closed or in the dedicated waiting room (if the user is a confirmed case, use a negative pressure room, if available);
- If the escort shows symptoms consistent with COVID-19, they must be considered possibly infected.

# TREATMENT OF A SUSPECTED OR CONFIRMED CASE in hospital (continued)

## Step 2: Apply additional measures promptly

### Enhanced **contact/droplets** isolation precautions with N95 and eye protection\*

- Suspected user (warm) COVID-19 (with symptoms and/or risk factors);
- Warm user with undocumented AGMP risk.

### Enhanced **airborne/contact** isolation precautions with eye protection

- Confirmed user (hot) COVID-19;
- When an AGMP with a recognized or possible risk of transmitting infectious aerosols must be performed on a warm or hot user (refer to section *Medical interventions generating aerosols*).

*Note: Additional airborne/contact precautions with eye protection should be maintained until the post-AGMP air change is complete.*

### **Contact/Droplets Isolation**

- Hospitalized user receives a negative COVID-19 result, but presents respiratory symptoms that could be the result of another respiratory virus.

\*The CNESST recommends that warm and hot users wear N95 mask.

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## TREATMENT OF A SUSPECTED OR CONFIRMED CASE **in hospital** (continued)

Only applies to users on gurneys and hospitalized users

### **Step 3**

- Notify the microbiologist on duty if necessary;
- Notify the IPC of the facility if necessary;
- Limit investigations as much as possible;
- Consider a return home while awaiting the result, if the clinical condition permits.

## **TREATMENT OF A SUSPECTED OR CONFIRMED CASE in FMG or medical clinics**

### **Step 1**

- Get the user to wash their hands with a hydroalcoholic solution;
- The user must keep their procedure mask on at all times;
- Place the user AND their escort, if applicable, in a separate room with the door closed or the dedicated waiting room;
- If possible, place the user directly in the examination room, when known to be positive;
- If the escort shows symptoms consistent with COVID-19, they must be considered possibly infected.

## **TREATMENT OF A SUSPECTED OR CONFIRMED CASE in FMG and medical clinics (continued)**

### **Step 2: Apply additional precautions promptly**

Suspect or confirmed user: **Enhanced contact** isolation **with** N95 and eye protection (no waiting time for the room, no negative pressure);

### **Specific to FMG and medical clinics:**

- Provide a dedicated waiting room, with two-metre distancing, if possible;
- Prioritize a dedicated waiting for suspected or confirmed users (mandatory for confirmed cases:
  - Limit the amount of material cluttering rooms, encourage storing material in closed cabinets.
- Arrange appointments for the late morning or late afternoon;
- Users must arrive on time for appointments;
- Limit the number of accompanying persons.



## TREATMENT OF A SUSPECTED OR CONFIRMED CASE in FMG and in medical clinic (continued)

- The staff must disinfect the examination room between each suspected or confirmed user:
  - Door handle
  - Materials used
  - Chair
  - Examination table
  - Etc.
- In the event there are many suspected users and an insufficient number of dedicated rooms, these users may be seen in the physician's office by applying the measures above;
- For PPE application, please refer to the following slides.

# ADDITIONAL PRECAUTIONS

## Steps to follow before entering the room / examination room:

1. Wash your hands;
2. Put on non-sterile, disposable or reusable long-sleeved gown (depending on the situation). Ensure that it is attached securely at the neck and waist. Use a waterproof gown if there is a risk of contact with biological fluids;
3. Put on the N95 mask and perform a leak check;
4. Put on eye protection. Prescription lenses are not considered adequate protection;
5. Put on gloves, taking care not to puncture or tear them, and ensure that they cover the cuffs of the gown.



## PUTTING ON PPE



## ADDITIONAL PRECAUTIONS (continued)

- Avoid touching eyes, nose and mouth with potentially contaminated hands;
- Limit the staff required to provide care to the user to a minimum.
- Keep records of all health care workers entering the room / examination room;
- Keep records of all family members entering the room / examination room, if applicable;
- Limit the amount of equipment entering the room;
- Carry out process audits if necessary;
- The user must remain in their room / examination room.

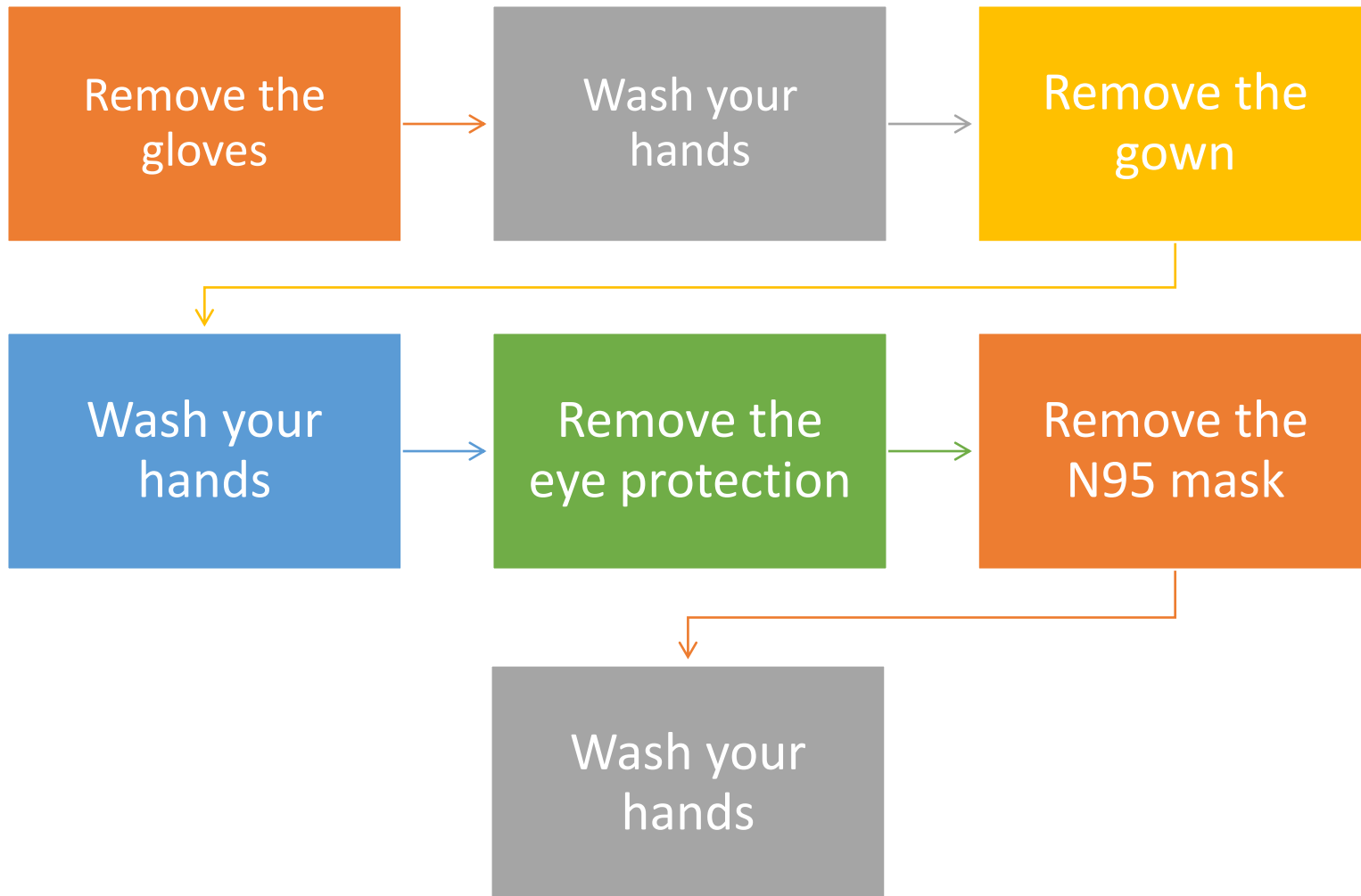


## ADDITIONAL PRECAUTIONS (continued)

**Here are the steps to follow when leaving the room / examination room (do these steps two metres away from the user):**

1. Remove gloves while avoiding any contamination. Take the outer edge of the glove near the cuff, and roll it inside out. Slide your hand into the second glove and remove it.
2. Perform hand hygiene with the hydroalcoholic solution.
3. Remove the gown while avoiding contaminating your clothes or skin. Grab the straps at the neck, pull the outer “contaminated” side of the gown forward and roll it inside out. Roll up the sleeves into a ball and dispose of the gown.
4. Perform hand hygiene with the hydroalcoholic solution.
5. Remove the eye protection with the temples or the headband of the face shield. The front of the eye protection is considered contaminated.
6. **To perform in the anteroom. If there is no anteroom, do it outside the room.** Remove the N95 mask using the straps. The front of the mask is considered contaminated.
7. Wash your hands.


## REMOVING PPE



# ADDITIONAL PRECAUTIONS (continued)



## AIRBORNE PRECAUTIONS/ ENHANCED CONTACT




Visitors


Go to the nursing station before entering

**ACCES PROHIBITED WITHOUT AUTHORISATION**


### WHEN ENTERING




Clean your hands




Put on a blouse



Wear a  
N-95 mask  
Verify tightness



Wear eye  
protection




Wear gloves


### WHEN LEAVING




Remove the  
gloves



Remove the  
jacket




Remove the  
eye protection



Remove the  
N-95 mask




Clean your hands



Close doors and windows

Negative pressure in the room

Discard materials or disinfect after usage



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# ADDITIONAL PRECAUTIONS (continued)



CONTACT/GOUTELETTES RENFORCÉES  
AU CHLORE



Visiteurs

Se présenter au poste des infirmières avant d'entrer

## À L'ENTRÉE



Pratiquer l'hygiène  
des mains



Revêtir la blouse



Porter le masque



Porter la protection oculaire



Enfiler les gants

## À LA SORTIE



Retirer les gants



Retirer la blouse



Retirer la protection  
oculaire



Retirer le masque



Pratiquer l'hygiène  
des mains



Matériel dédié ou désinfecté après usage.  
Le matériel doit être désinfecté au chlore.





# PERSONAL PROTECTION DURING AEROSOL GENERATING MEDICAL PROCEDURES (AGMP)

- In the presence of infectious agents that can be transmitted by **droplets** and by **droplets/contact**, aerosol generating procedures may cause airborne transmission;
- This type of airborne transmission is considered **opportunistic**;
- **In the presence of COVID-19, AGMPs are separated into three groups, based on their risk:**
  - Recognized risk (endotracheal intubation, resuscitation, etc.);
  - Possible risk (BiPAP, CPAP, tracheotomy [the surgical procedure], etc.);
  - Undocumented risk (nebulization, gastrointestinal endoscopic procedure, etc.).

**NB: Consult the latest version of the AGMP summary table for the exhaustive list and the measures to implement.**



## SAMPLE COLLECTION IN A SUSPECTED CASE

- Oropharyngeal AND nasopharyngeal sample collection (refer to the OCM);
- Decontaminate the outside of the sample with an Oxivir wipe before taking it out of the tube;
- Identify the sample with the Omnilab label and put the appropriate priority code based on the latest call for vigilance;
- Put the sample in a biohazard bag;
- Do not use a pneumatic system for transportation;
- Inform the laboratory of the shipment of the sample.



## USER TRANSFER SUSPECTED OR CONFIRMED CASE IN HOSPITAL

- Ask the user to perform hand hygiene before putting on the personal protective equipment (PPE);
- Make the user wear the PPE, based on the current type of isolation. Make them wear a procedure mask (**do not make the user wear an N95 mask**);
- Cover the wheelchair with a clean bedsheet;
- Inform the receiving department that additional protection measures are required (name the type of poster displayed, not the user's diagnosis);
- Make sure that the receiving department and the stretcher-bearer are wearing the required PPE;
- The hygiene and sanitation team or the receiving department must perform disinfection in accordance with the measures in place and based on the type of isolation;
- Remove the PPE once the transfer is complete and perform hand hygiene;
- Disinfect the stretcher or the wheelchair used for the transfer.



# HYGIENE AND SANITATION

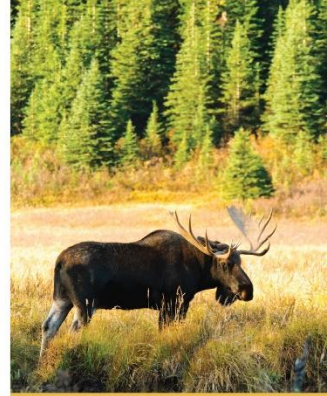
- Wear the PPE, as shown near the entrance of the room / examination room, when performing daily maintenance;
- Pay special attention to high-touch areas;
- When additional precautions no longer apply, remove the room's bedding and curtains before the final disinfection. Dispose of all the material that cannot be disinfected (including toilet paper);
- Disinfection is performed using chlorine products, hydrogen peroxide, or Oxivir and Clorox wipes. Refer to the **disinfection** table.

*\* Do not forget the required waiting time (based on the type of room) after the negative pressure is turned off before disinfecting the room.*



## ROLES AND RESPONSIBILITIES

- Quickly implement additional precautions;
- Ensure safe, quality care;
- Limit the number of staff members who provide care to the COVID-19 case, as far as possible;
- Ensure good communication between the health care team, the managers and public health authorities;
- Ensure confidentiality;
- Properly complete the registers dedicated to the COVID-19 case.



## REFERENCES

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# QUESTIONS



FAIRE  
UNE DIFFÉRENCE  
DANS LA VIE  
DES GENS



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