

# **Durham Region Health Department** FAX about...

For Health Care Professionals

# Respiratory Preparedness Checklist for Primary Care Providers

The following message is being sent on behalf of the Durham Ontario Health Team (OHT) Coordinated Regional Response Team.

Institutional Outbreaks in Durham Region are increasing indicating an early start of the respiratory season. As a reminder, many of the proven measures used to help mitigate COVID-19 transmission and outbreaks should be considered when your setting is experiencing heightened respiratory activity. During periods of high community transmission, consider implementing the following IPAC measures:

#### **Entrance and Screening**

Ensure passive screening signage is posted at the entrances to your clinics for patients to disclose if they are symptomatic; provide clear directions on what to do if they are symptomatic.

Have a plan to promptly identify and segregate COVID-19 positive cases from the waiting room to limit potential exposure to other patients. For example, consider segregating the patient into a separate secluded space or escorting them directly into a separate room. If there are spatial constraints, consider having COVID-19 patients wait in their car until being called upon.

Symptomatic patients should be asked to mask with a medical mask and masks should be made available to them if they did not bring one.

# **Masking**

Continue to maintain a good supply of medical masks at your clinic and ensure that patients have access to masks. Consider promoting universal masking of staff and visitors at your clinic during periods of high community transmission to help with source control.

All staff should be fit tested for N95 respirators and maintain supply of N95 respirators.

#### Ventilation

If available, deploy HEPA units in shared common spaces. Weather permitting, open windows to increase air circulation. Strategically relocate HEPA units to spaces that have more respiratory activity.

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# **Physical Distancing**

Consider reinstating capacity limits in staff break rooms to help mitigate staff to staff transmission. Physical distancing may prevent your clinic from losing your health human resources during periods of high community transmission. If possible, distance chairs in waiting rooms.

# **Cleaning and Disinfection**

Ensure all your disinfectant products are hospital grade disinfectants with a drug identification number (DIN#) listed. The Lakeridge IPAC Hub highly recommends that all disinfectant products have a wet contact time of 1 minute (or less) and have a virucidal kill claim for most of the circulating respiratory viruses including gastro enteric viruses like Norovirus.

Establish internal processes to ensure all high touch surfaces cleaned and disinfected on a daily basis. Consider the frequency of patient traffic to and from your clinic to help guide the frequency of cleaning and disinfecting of high touch surfaces.

## **Personal Protective Equipment (PPE)**

Ensure there is a sufficient supply of PPE available in the clinic for staff including masks, gowns, gloves, eye protection and N95 respirators and ensure supply is not expired.

Hand hygiene should be performed before and after donning and doffing PPE (for example, before putting on gloves and after taking gloves off).

Don and doff PPE after every patient interaction, if worn.

PPE should not be extended from patient to patient, however some exceptions for extended use can be considered. If medical masks and respirators are extended for use, ensure that they are changed if damaged or soiled, after every nutritional break and as soon as it has been doffed.

Never extend glove use from patient to patient as it facilitates cross contamination and possible transmission of infectious agents to patients and or staff.

### **Hand Hygiene**

Provide Alcohol Based Hand Sanitizer (ABHR) at the entrances, waiting rooms, and any space where patients are seen. Post appropriate hand hygiene signage throughout the facility.

Stock ABHR with a minimum alcohol content of 70% and ensure supply is not expired.

Ensure all staff are practicing good hand hygiene practices and are following the 4 moments:

- 1. Before coming into contact with the patient and patient environment
- 2. Before aseptic procedure
- 3. After bodily fluid exposure risk
- 4. After leaving the patient and patient environment

If you have any feedback about Fax Abouts or want to recommend a topic for distribution, please email <a href="mailto:Faxabout@durham.ca">Faxabout@durham.ca</a>.

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