COVID-19 Protocol for Additional Precautions for SARS-CoV-2 in Health Care Settings

February 1, 2022

Updated Log:
February 1, 2022: Sections 1.0, 2.0 and 4.0
January 3, 2022: Section 2.0

1.0 Introduction

a) The Chief Medical Officer of Health (CMOH) is responsible for ensuring that Nova Scotians are optimally protected in health care settings, where there is a recognized risk of contracting and transmitting COVID-19 that can be mitigated with appropriate use of engineering and administrative controls and personal protective equipment;

b) In Nova Scotia, with the emergence of the Omicron variant of concern (B1.1.529), there is a need to take interim steps as a precautionary approach in light of the increased transmissibility of the Omicron variant;

c) It is necessary to set out a consistent, provincial approach to COVID-19 prevention in healthcare settings;

d) This protocol will supplement existing occupational health, safety and wellness (OHSW), infection prevention and control (IPAC), and public health (PH) measures and guidance for health care settings;

e) To the extent anything in this protocol conflicts with requirements outlined in PH guidance documents for the health care sector issued by the Office of the CMOH (OCMOH), this protocol prevails;

f) This protocol will apply to all health care settings, including hospitals defined by the Hospitals Act; Long-term care facilities licensed under the Homes for Special Care Act; privately-operated care facilities for seniors, along with independent or assisted living services for seniors; health authority as defined in the Health Authorities Act; home care agency funded under the Homemaker Services Act; privately-operated home care services and agencies; Emergency health services, ambulance services and communications centre as defined in the Emergency Health Services Act; and organizations primarily funded by the Minister

of Community Services that provide residential placements and supervision to, including participants of the Disability Support Program (Temporary Shelter Arrangements, Independent Living Support and Supervised Apartments) and Children and youth in the care of the Minister of Community Services under the Children and Family Services Act; and physicians providing care in the community, including family, pediatricians and other specialists; pharmacies and pharmacy immunization clinics.

e) This protocol will be enacted as an interim measure, until such time that all healthcare workers who provide direct patient/resident/client care or support services in the patient/resident/client care environment, have had an opportunity to be fit-tested;

f) As this pandemic evolves, there will be continual review of emerging evidence to understand the most appropriate measures to take. This will continue to be done collaboratively by IPAC, OHSW, and PH;

g) This protocol has been developed with considerations of the interests of the Occupational Health and Safety Act, and CSA Z94.4-18; Selection, Use and Care of Respirators, with a view to balancing the interests of healthcare workers against the unknown risk of harm as well as to those who receive care and services in health care settings.

2.0 Introduction

Health Care Workers: Individuals who provide health care or support services, such as nurses, physicians, dentists, paramedics, allied health professionals, unregulated healthcare providers, clinical instructors and students, volunteers, housekeeping staff in health care settings, pharmacists, pharmacy technicians, pharmacy interns and pharmacy students.

Health Care Settings: All hospitals as defined by the Hospitals Act; long-term care facilities licensed under the Homes for Special Care Act; privately-operated care facilities for seniors, along with independent or assisted living services for seniors; homes licensed by the Minister of Community Services under the Homes for Special Care Act; health authority as defined in the Health Authorities Act; home care agency funded under the Homemaker Services Act; privately-operated home care services and agencies; emergency health services, ambulance services and communications centre as defined in the Emergency Health Services Act; and organizations primarily funded by the Minister of Community Services that provide residential placements and supervision to, including participants of the Disability Support Program (Temporary Shelter Arrangements, Independent Living Support and Supervised Apartments) and Children and youth in the care of the Minister of Community Services under the Children and Family Services Act; and physicians providing care in the community, including family, pediatricians and other specialists, and pharmacies and pharmacy immunization clinics.pediatricians and other specialists.

Suspected COVID-19 in Acute Care: Patient has identified symptoms (unexplained fever >38°C or fever-like symptoms, new or worsening cough, or two or more of: sore throat, runny nose, headache, shortness of breath, other acute respiratory illness consistent with infection) OR physician has a high clinical suspicion of COVID-19 infection OR Chest Xray is consistent with COVID-19 OR symptoms/exposure cannot be determined due to physical and / or mental status.

Suspected COVID-19 in LTC: Resident has identified symptoms as per the Covid-19 Management in Long-Term Care Facilities Directive.

Probable COVID-19: A person who has symptoms compatible with COVID-19 and had a high-risk exposure and has not a laboratory confirmation or had a validated point of care (POC) antigen test for SARS-CoV-2 completed and the result is positive, as set out in https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html#nat.

Confirmed COVID-19: Patient has a positive test, including a laboratory confirmed PCR, a POC rapid antigen test or a POC molecular test, as set out in https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html#nat.

Aerosol Generating Medical Procedures (AGMP): A medical procedure that can generate aerosols that consist of small droplet nuclei and present a risk for airborne transmission of pathogens that would not otherwise spread by the airborne route.

3.0 Background

In early December 2021, the first case of the more transmissible Omicron variant of concern (B.1.1.529) was detected in Nova Scotia. There is evidence of community spread of the Omicron variant, with rapidly increasing daily case counts of COVID-19 in Nova Scotia. Nova Scotia Health IPAC, OHSW, and PH have been closely monitoring the evolving COVID-19 pandemic and the appearance of the Omicron variant while the Delta variant continues to circulate. There are many questions that remain to be answered about the Omicron variant and, as has been the case with the appearance of each of the earlier variants, health care workers are asking whether current infection prevention and control measures are sufficient to protect them in the workplace. This protocol is intended to summarize what is known to date and outline recommended measures to keep health care workers safe at work.

SARS-CoV-2 is transmitted in the air, most frequently and easily at short range through exposure to respiratory particles that range in size from large droplets that fall quickly to the ground to smaller droplets, often called aerosols, which can remain suspended in the air for a period of time. There is evidence to suggest that long-range transmission can occur under the right set of conditions, such as during aerosol-generating medical procedures and close contact in a poorly ventilated indoor setting. The relative role of large respiratory droplets versus smaller droplet particles in short-range transmission has not been conclusively determined.

On Dec. 22, 2021, the World Health Organization issued Recommendations on mask use by healthcare workers, in light of the uncertainty around the mechanisms for increased transmissibility for this variant and its rapid replacement of previous SARS-CoV-2 variants. In consideration of a precautionary approach, this protocol is intended to protect health care workers' health and safety in the health care setting.

4.0 Testing

All health care settings, including Nova Scotia Health hospitals, Department of Seniors and Long-Term Care licensed Long-term facilities, home care agencies, and Emergency Health Services, organizations primarily funded by the Minister of Community Services that provide residential placements and supervision to, including participants of the Disability Support Program (Temporary Shelter Arrangements, Independent Living Support and Supervised Apartments) and Children and youth in the care of the Minister of Community Services under the Children and Family Services Act; and physicians providing care in the community, including family, paediatricians and other specialists, and pharmacies and pharmacy immunization clinics must immediately implement the following precautions and procedures, as applicable to health care workers when dealing with suspected, probable, or confirmed COVID-19 patients/residents/clients:

- engage on the conservation and stewardship of personal protective equipment (PPE). Hospitals, long-term care facilities, home care agencies, and EHS must provide all health care workers with information on the safe utilization of all PPE and health care workers must be appropriately trained to safely don and doff all PPE;
- assess the available supply of PPE on an ongoing basis and must explore all available avenues to obtain and maintain a sufficient supply of PPE;

- In the event that the supply of PPE reaches a point where utilization rates indicate that a shortage will occur, the Government of Nova Scotia (Department of Health and Wellness) and employers subject to this protocol, as appropriate, will be responsible for communicating PPE supply levels and developing contingency plans, in consultation with affected labour unions, to ensure the safety of health care workers; and
- organizational risk assessment must be continuously updated to ensure that it assesses the appropriate health and safety control measures to mitigate the transmission of infections, including engineering, administrative, and PPE measures. This must be communicated to the Joint Health and Safety Committee, including the review of the organization's environment when a material change occurs.

All health care workers must:

- perform a point of care risk assessment before every patient/resident/client interaction to determine the most suitable respiratory protection;
- at a minimum, if providing care to patients, residents, or clients with suspected, probable, or confirmed COVID-19 infection, wear a well-fitting medical mask OR respirator (N95), gloves, face shields with side protection (or goggles), and appropriate isolation gowns. As an interim measure, health care workers who are not yet fit-tested for an N95 respirator (or equivalent) may wear a respirator, and employers in health care settings will make reasonable efforts to ensure their employees obtain fit-testing at the earliest opportunity;
- use fit-tested, seal-checked N95 respirators (or approved equivalent) in the room where Aerosol Generating Medical Procedures (AGMPs) are being performed, are frequent or probable; and
- if providing direct care to or interacting with suspected, probable, or confirmed COVID-19 patients, residents, or clients, have access to appropriate PPE and will not be denied access to respirators (N95), or an approved equivalent.