

IPAC Recommendations for Increasing Activity

Guidance for managers and recovery planning working groups leads

Note: "staff" below may refer to staff/researchers/learners/volunteers

General Overview Infection Prevention and Control Practices

- Review [Hand Hygiene Practices](#) with staff
- Review [Personal Protective Equipment \(PPE\)](#) donning and doffing with staff
 - Donning and doffing videos and posters [here](#)
 - Post donning and doffing posters at point of care
- Review [Cleaning and Disinfection; Cleaning of Toys](#)
- Review [Routine Practices for Infection Prevention and Control](#)
 - Ensure staff understand appropriate use of PPE (see PPE section below)
 - Ensure adequate supply of PPE
 - Ensure adequate supply of alcohol based hand rub and availability at point of care (e.g. user-friendly spot in client rooms) as well as in common areas of clinic
 - Ensure adequate supply and positioning of disinfection wipes (e.g. disinfection-wipes)

Waiting areas

- Number of patients scheduled is dependent on waiting area and clinic room capacity
- Organize waiting area to accommodate distancing of 2 meters between families
 - May need to reorganize and remove or mark off chairs if inseparable
- Coordinate client scheduling with other clinics if sharing the waiting room
 - Minimize waiting time of clients and families, have staff meet families and direct them to client rooms as soon as possible
 - Develop a plan for clients who may show up early for appointment
- CAF team to dedicate area close to the main entrance for families waiting for transportation such as wheel trans or taxi's

Flow of traffic

- Minimize contact of inpatients vs outpatients whenever possible; 3rd floor inpatient units are for current inpatient clients, caregivers and staff only
- Maximum elevator capacity is 6 people (for example, 2 clients, 2 caregivers and 2 staff)
- Contact Director of Environmental Services (7040) for floor signage to indicate direction of traffic flow in the building. Consider additional signage and retractable belt lines to direct traffic if needed

Cleaning and Disinfection

- ALL shared equipment (including personal equipment such as stethoscopes) require disinfection with hospital approved disinfection wipes between clients; this should be done **by staff**
- All high touch surfaces i.e. exam table, chairs etc. require disinfection with hospital approved disinfection wipes between clients; this should be done **by staff**
- Staff should wear gloves to protect hands when cleaning with disinfection-wipes
- Appointment rooms do not require thorough cleans between clients unless client on isolation precautions or room is visibly soiled

Adapted from UHN IPAC Recommendations for Increasing Capacity in Ambulatory Care, June 10, 2020
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- Appointment rooms should receive clean by Environmental Services as soon as possible, if visibly soiled ie. feces, vomit, urine in environment
- Exam rooms to be cleaned and disinfected by Environmental Services at the end of the day
- Environmental Services cleaning and disinfection schedules of clinic, washrooms, waiting rooms and common spaces (Appendix 1)
- Call Environmental Services to clean washroom if visibly soiled (i.e. feces, vomit or urine visibly present in washroom); use signage to indicate that washroom should not be used while awaiting cleaning

Personal Protective Equipment

- Clinic should have masks, eye protection, gowns, gloves, and disinfection-wipes readily available at an easily accessed location within the clinic space
- All staff who are client-facing (and all research staff who are participant-facing) require level-2 procedural masks and eye protection. Use of gowns and gloves is based on risk assessment (Appendix 2).
- All non direct client-facing staff need to wear level-1 procedural masks in common areas such as hallways and elevators.
- Eye protection can be face shield, mask with visor, or goggles (dedicated to each staff)
- Disinfection wipes include cavi-wipes and other wipes that have been approved by the IPAC team
- Staff working with aerosol-generating procedures should wear N95 mask
- **PPE conservation strategy is in place:**
 - Masks can be reused if not wet, visibly soiled or damaged
 - Staff do not need to change masks between clients; masks only need to be changed **after** visiting clients who are in isolation for respiratory symptoms
 - Goggles can be cleaned with disinfection-wipes and re-used
 - Use wall hand sanitizers whenever possible. 400 mL hand sanitizers are prioritized for clinical areas and common areas
 - Empty 400 mL hand sanitizer bottles are to be returned to screening area for refilling
- Contact Frank V at 6045 to order PPE for specific teams as needed

Appointment Rooms

- Minimize equipment in rooms
- Provide only a small supply of clean and/or sterile medical supplies
- De-clutter the clinic space (including common areas such as reception) to allow effective cleaning
- Multiple staff and clients may share common spaces such as therapy gyms while wearing PPE (max 10 people including staff per therapy gym). For inpatient clients who may not be masked, maintain 2 m of physical distance between non-masked individuals. Clean equipment in between clients as indicated above.
- Dedicate areas for inpatient vs outpatient activity whenever possible.

Staff

- Staff must be educated to practice physical distancing from one another (maintain 2 metres as much as feasible unless masked)
- For shared office spaces, staff need to wear mask unless 2 metres of physical distance can be maintained. Hoteling stations around the hospital can also be used. Sanitize hands before and after using hoteling stations and they will be cleaned regularly by

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environmental services.

- Use of universal masking and eye protection must be reinforced with staff prior to restarting clinical activities; if training is required, please refer staff to the videos [here](#)
- Create posters for doors to locker rooms and staff lounges identifying how many persons can be in each room at a time to allow for 2 metres between them
 - May need to stagger start times, entry into these space or breaks
- No shared food allowed. Food must be individually packaged

Escalation pathway for issues

- Review this guidance document
 - For summer programming, review recent summer camp guidance documents
- Staff escalate concern to manager
- Manager escalate concern to Working Group Leads
 - BRI/TLI: Tom Chau, Kathryn Parker
 - CAF: Bohodar Rubashewsky, Mazen Almaoui
 - Inpatients: Elaine Widdett, Peter Rumney, Marilyn Ballantyne
 - VAADOP: Lindsey Crawford, Mazen Almaoui, CJ Curran
- WG leads consult with specialty team such as IPAC as needed
 - If there has been a process gap that resulted in potential exposure to staff or clients, complete incident report in Meditech
- Note: additional information can be found in the FAQ [here](#)

Appendix 1: environmental services cleaning schedule – TBD

- Atrium and waiting areas: three times daily
- High touch areas:
- Hoteling stations:
- Front reception desk:
- Other areas:
- Contact Raj Pokhrel x 6034

Appendix 2: IPAC risk assessment

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Risk Assessment

To determine what PPE you need to wear ask these questions:

- What are the environmental conditions?
- What is degree of contact with the client or client's equipment?
- What is the level of contamination?
- How difficult is the procedure and your experience with the procedure?
- What is the client's level of understanding and level of cooperation?
- Will there be a potential for splashing or spraying of secretions or excretions?

