



INFECTION PREVENTION AND CONTROL GUIDANCE	
SCREENING	<p>Every patient should be screened for symptoms and exposure criteria for COVID-19 using the following tools:</p> <ul style="list-style-type: none"> • SHA EMS 2020 Pandemic Screening Algorithm. • COVID 19 EMS Rapid Screening Tool. • All EMS Personnel are subject to the SHA’s Daily Fitness for Work Screening and the Continuous Mask Use Policies Daily Fitness/Continuous Mask Use.
PATIENT ASSESSMENT	<ul style="list-style-type: none"> • SHA EMS 2020 Pandemic Screening Algorithm is applied at a distance of 2 meters prior to initial patient contact. • On low acuity calls, consider having one Paramedic assess the patient while your partner(s) remains “clean” at a distance of 2 meters or greater.
PERSONAL PROTECTIVE EQUIPMENT (PPE)	<ul style="list-style-type: none"> • Paramedics should be wearing a surgical mask during patient contact and in patient care areas as per SHA guidelines Daily Fitness/Continuous Mask Use. • Maintain a distance of at least 2 m or greater from patient and bystander while applying the Pandemic Screening Algorithm. • CONTINUOUS and EXTENDED USE PPE EMS QUICK GUIDE (See chart attached). • The following PPE is required for patient care when one or more of the screening questions are answered yes and when <u>AGMPs are NOT performed: Droplet/Contact Plus precautions</u>: <ul style="list-style-type: none"> ○ Gloves ○ Long-sleeved cuffed gown ○ Procedure/surgical mask ○ Facial/eye protection such as: <ul style="list-style-type: none"> ▪ procedure/surgical mask with safety glasses or face shield <i>or</i> ▪ mask with visor attachment • The following PPE is required for patient care when screening questions have a yes answer and an <u>AGMP is performed: Droplet/Contact Plus + Airborne precautions</u>: <ul style="list-style-type: none"> ○ Gloves ○ Long-sleeved cuffed gown ○ N95 respirator ○ Facial/eye protection such as: <ul style="list-style-type: none"> ▪ Goggles or face shield with safety glasses. • Normal prescription eyewear doesn’t meet the standard of safety glasses/eye protection. • Guidelines for extended N95 use can be found at: Guidelines for N95 Extended Use During Transport-Minimizing Exposure. • Paramedics are required to refer to and follow the Saskatchewan Health Authority (SHA) instructions for putting on (donning) and taking off (doffing) PPE. • When possible Paramedics should watch each other doff PPE to ensure no contamination occurs. • When donning gowns, always tie gowns at both at the neck and waist to avoid accidental contamination. When removing gowns, untie the neck tie first, and then the waist. • Paramedics are to refer to the SHA Summary of PPE Recommendations for Patients Suspected or Confirmed to have COVID-19 in Acute Care. This table provides information on PPE requirements for specific activities and/or



	<p>settings within an acute care facility.</p> <ul style="list-style-type: none"> • On calls where the patient refuses service or cancelled calls, return to the ambulance and follow the appropriate doffing procedure, store the doffed PPE in a plastic bag and dispose of as per routine practice. • When it's time to transport, the driver should doff gloves and gown using proper doffing and hand hygiene technique; eyewear and mask may remain in place. • Prior to assisting/moving the patient in to a facility, the driver should perform hand hygiene and don, a clean gown and gloves. • Gloves and Gown) are to be removed before leaving the patient's room. EXCEPTION: When an AGMP is performed, N95 respirator + facial/eye protection to be removed OUTSIDE of room (or as per facility protocol). • In the event of a gross breach in a Paramedics PPE a shower is a recommended course of action when available.
<p>TRIAGE AND PATIENT ACCESS POINTS</p>	<ul style="list-style-type: none"> • Health care facilities have minimized the number of access points and have erected partitions or barriers in areas where patients present directly for care (e.g., triage and reception desks, screening desks/tables, patient reception desks, Emergency rooms). Ensure that you are aware of these processes at your local facilities, upon arrival at a facility that you are not familiar with discuss the appropriate access and egress points with Triage prior to entry. • SHA has facility visitor restrictions in place SHA Facility Visitor Restrictions. Limit people accompanying a patient to only a guardian of a non-emancipated minor or a decision maker for the patient that likely needs consent (consent for surgery, DNR etc.).
<p>HAND HYGIENE</p>	<ul style="list-style-type: none"> • All health care workers (HCWs) and visitors should perform hand hygiene when indicated, preferably using an Alcohol based hand rub) (70-90%) or plain soap and water, if hands are visibly soiled. • Indications for Hand Hygiene: <ul style="list-style-type: none"> ○ Upon arrival and departure from a facility/unit ○ Before donning gloves ○ After doffing gloves ○ After removing PPE ○ Before preparing/administering medications ○ Before eating, preparing or serving food and assisting at mealtime ○ Before or after group activities ○ After performing personal functions (blowing nose/using the toilet etc.) ○ After coughing or sneezing ○ After handling garbage or waste ○ Before and after servicing patient equipment • Education should be provided to patients and caregivers about how and when to perform hand hygiene.
<p>PATIENT PLACEMENT</p>	<ul style="list-style-type: none"> • Prior to arrival (refer to the radio patch information outlined in the Pandemic Screening Algorithm). • Upon arrival to a facility, all suspected or confirmed ILI/COVID-19 patients will remain in the ambulance until assigned a location within the facility. • One paramedic goes into the emergency department with registration information and the completed COVID 19 EMS Rapid Screening Tool to coordinate the placement of the patient (or as per facility protocol).



<p>PERFORMING AEROSOL GENERATING MEDICAL PROCEDURES (AGMPs)</p>	<ul style="list-style-type: none"> • AGMPs are defined as any procedure carried out on a patient that can induce the production of aerosols as a result of manipulation of a person's airway, including but not limited to the following practices: <ul style="list-style-type: none"> ○ Intubation including Supraglottic airway devices, CPAP, BVM, Nebulized therapy, Entonox therapy, open airway suctioning, supplemental O2 flow greater than 15 LPM. The attached link is the SHA's AGMP Risk Stratification Algorithm SHA AGMP List. ○ NOTE: Hands only CPR, Nasopharyngeal swab collection, Intra-nasal medication admin, and medication delivery through a metered dose inhaler (MDI) are not considered AGMPs. • AGMPs should be limited to those that are medically necessary. • The number of Paramedics should be limited to only those necessary to perform the AGMP. • Guidelines for minimizing exposure to AGMPs in the ambulance can be found at: AGMP During Transport - Minimizing Exposure. • On arrival to a facility AGMPs must be discontinued prior to entering the facility, the exception is cardiac arrest however the patient must have at minimum a SGA with a Hepa filter in place.
<p>PATIENT MOVEMENT/TRANSPORT OUTSIDE OF ROOM</p>	<ul style="list-style-type: none"> • When movement is required: <ul style="list-style-type: none"> ○ Use predetermined transport routes to minimize exposure for staff, other patients and visitors. ○ Prior to leaving the patients room, doff soiled gloves; perform hand hygiene and don clean gloves. ○ Droplet/Contact Plus Precautions must be maintained during patient transport. • If patients must leave their room for medically necessary tests, they should: <ul style="list-style-type: none"> ○ Perform hand hygiene. ○ Put on clean clothing or hospital gown/housecoat. ○ Put on a procedure/surgical mask. ○ Minimize touching or contact of surfaces outside of room. • Moving patients who are on CPAP or BiPap within a facility should be avoided. When movement is required (follow facility protocols): <ul style="list-style-type: none"> ○ Use the most direct route and ensure other patients or visitors are at least 2 metres from the transferring patient. ○ All HCWs who are providing care within 2 metres must follow airborne precautions.
<p>PATIENT CARE ITEMS AND EQUIPMENT</p>	<ul style="list-style-type: none"> • Use disposable equipment when possible. • If reusable equipment cannot be dedicated for single patient use, clean and disinfect thoroughly with a low-level disinfectant before reuse. <ul style="list-style-type: none"> ○ All reusable equipment used outside of the ambulance (for example in a patient's home) should be placed in a plastic bag, and then disinfected at the end of the event. This includes personal equipment (stethoscopes/scissors etc.). • Items that cannot be appropriately cleaned and disinfected may require disposal. Prior to disposal, please consult with a Supervisor/Manager or Owner/Operator.
<p>VISITOR MANAGEMENT</p>	<ul style="list-style-type: none"> • <u>Visitors</u> to any EMS facility will not be permitted. Consider alternative methods of payment and communication aside from in person.



<p>ENVIRONMENTAL CLEANING AND DISINFECTION</p>	<ul style="list-style-type: none"> • All surfaces, especially those that are horizontal and frequently touched, should be cleaned at least twice daily, in addition to routine ambulance/station/base/workplace cleaning procedures. • Utilize the following EMS Cleaning Work Standards as per the situation: <ul style="list-style-type: none"> ○ EMS Scheduled Surface Clean/Airborne Clean ○ EMS Post Patient Ambulance Clean ○ EMS Terminal Deep Clean
<p>PARAMEDIC UNIFORMS</p>	<ul style="list-style-type: none"> • Paramedic Uniforms: <ul style="list-style-type: none"> ○ Paramedics are to change into and out of uniforms at work. ○ If laundry facilities are available at your station/base/workplace, paramedic should launder there. If station/base/workplace laundry facilities aren't available, uniforms should be placed in a plastic bag before leaving the base/station/workplace for routine laundering at home. Dispose of plastic bag after placing uniform in the laundry. ○ Bring laundered uniform back to work in a new plastic bag. ○ Footwear should be easily wiped down. <ul style="list-style-type: none"> ▪ Footwear; must at a minimum be wiped down at the end of your shift. ▪ If bring footwear home, place in plastic bag before leaving the base/station/workplace to carry home. Bring footwear back to work in a plastic bag.
<p>LINEN AND DISHES</p>	<ul style="list-style-type: none"> • No special precautions are required; routine practices are sufficient. • If transporting used linen, place in a plastic bag. • K-bro gowns should be placed in a blue plastic bag for quicker turn-around.
<p>PAPERWORK</p>	<ul style="list-style-type: none"> • On scene documentation during ILI/COVID calls should be done by a "clean" Paramedic outside the 2 meter barrier. • Documentation in the patient compartment during AGMPs should be limited or done after transfer of care/completion of the call. • Care must be taken to minimize the amount of paperwork exposed during a call (for example a single PCR on a clipboard). • Paramedics should be aware and follow facility specific guidelines regarding handover of PCR/paperwork. • Care must be taken at the end of the call to ensure the equipment used in the documentation process is cleaned which includes clipboards and pens.
<p>WASTE MANAGEMENT</p>	<ul style="list-style-type: none"> • No special precautions are required; routine practices are sufficient.
<p>EDUCATIONAL RESOURCES</p>	<ul style="list-style-type: none"> • www.saskatchewan.ca/COVID-19 • MHS West Training Portal • SCOP COVID-19 Best Practice Messages

Additional Resources:

Government of Saskatchewan website: [Video: Correct Donning and Doffing of Personal Protective Equipment](#)

Infection Prevention and Control for Clinical Office Practice: [Saskatchewan guideline](#)

**References**

Alberta Health Services: Novel Coronavirus (2019-nCoV) Interim IPC Recommendations.

<https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-emerging-issues-ncov.pdf>

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<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-response-airborne.pdf>

Infection Prevention and Control for COVID-19. Second Interim Guidance for Acute Healthcare Settings (Draft) (March 2020)

Ministry of Health-Kingdom Saudi Arabia: Middle East Respiratory Syndrome us; Guidelines for Healthcare Professionals. Version 5.1, May 21, 2018. <https://www.moh.gov.sa/CCC/healthp/regulations/Documents/MERS-CoV%20Guidelines%20for%20Healthcare%20Professionals%20-%20May%202018%20-%20v5.1%20%281%29.pdf>

Provincial Infection Control Network of British Columbia (PICNet) (7 February 2020).

<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/covid-19-aerosol-generating-medical-procedures.pdf>

Public Health Ontario. Technical Brief Updated IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19 (12 March 2020).

<https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?la=en>

World Health Organization: Infection prevention and control during health care when COVID-19 is suspected. Interim Guidance (19 March 2020). [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)



CONTINUOUS¹ and EXTENDED USE² PPE EMS Quick GUIDE when caring for Patients suspected or confirmed to have COVID-19

This document provides recommendations for Continuous face mask³ use and Extended use of face masks³ and eye protection⁴.

Location Ambulance	Context/Activity	Hand Hygiene	Disposable Gloves	Gown	Face Mask ³	N95 Respirator	Eye Protection ⁴
Ambulance or EMS Staff/Paramedics hospital transport services	Performing an aerosol generating medical procedure (AGMP) AGMP list/risk algorithm	✓	✓ Single use	✓ Single use	✗	✓ Extended use	✓ Extended use
	Direct patient care – (within 2 metres) with possible or confirmed cases of COVID-19	✓	✓ Single use	✓ Single use	✓ Extended use	✗	✓ Extended use
	Driver transporting possible or confirmed case in vehicle, no direct patient care	✓	✗	✗	✓ Continuous Use	✗	✗
	Working in Emergency Departments or assessment areas with possible or confirmed case(s) – direct patient care within 2 metres	✓	✓ Single use	✓ Single use	✓ Extended use	✗	✓ Extended use
	All individuals transferring possible or confirmed case) – within 2 metres	✓	✓ Single use	✓ Single use	✓ Single or Extended use	✗	✓ Single or Extended use

¹Continuous face mask use: all healthcare workers who come into contact with patients during the course of their shift must wear a face mask at all times.

²Extended use of face masks and eye protection: is the practice of wearing the same face mask and eye protection for repeated interactions with multiple patients for the maximum of one complete shift.

³Face mask defined as a procedure or surgical mask (Level 1 or 2) Change mask if it becomes wet, damaged, or soiled (soiled with sweat, nasal/oral secretions, soaked through with any liquid form, torn, stretched straps, feeling mask is not secured properly or sliding/falling down or seal feeling compromised in any way, or if difficult to breathe through). Discard mask when taking a scheduled break and at end of shift.

⁴Eye protection defined as goggles or face shield (may be disposable or reusable devices).

References:

- Alberta Health Services: AHS IPC Recommendations-PPE Table for COVID-19 Assessment Centres & ERs with Pre-Triage
- Public Health England: Recommended PPE for healthcare workers by secondary care inpatient clinical setting, NHS and independent sector
- Public Health Ontario: Updated IPAC Recommendations for PPE Care of Individuals with Suspect or Confirmed COVID-19
- Shared Health Manitoba: Provincial Requirements for Personal Protective Equipment (PPE)
- Vancouver Coastal Health: PPE Recommendations – Acute
- WHO: Advice on the use of masks in the context of COVID-19 Interim Guidance Apr 6, 2020
- WHO: Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19)