

Webinar Q&A
PPE in the Home – Friday April 3, 2020 @ 4 pm ET

Question	Answer	CPC Exchange
<p>Robin 04:15 PM</p> <p>I understand the need for the provider to be safe, but what about when you are seeing a client who is scared that the provider will infect the other residents of the home? There are communities where the clients for home care are afraid of providers spreading the disease due to the nature of the work of going house to house, and they are being directed to gown, glove and mask. Just a consideration.</p>	<p>If the provider is in full PPE, they are not going to infect anyone.</p>	<p>If you'd like to continue this conversation head to the Canadian Palliative Care Exchange and create a discussion topic or contribute to a conversation already taking place.</p> <p>There is no cost to participate.</p> <p>Join now to share and learn alongside your colleagues from across Canada: www.cpcexchange.ca</p>
<p>Christina 04:20 PM</p> <p>If a patient has a tracheostomy but is not screening positive for ARI, should an N95 mask still be worn during close contact?</p>	<p>No, however if you are suctioning the trach, it would be prudent to do so, as the patient may be infected but not yet symptomatic. Current guidelines say that you should do so if the patient is suspected or confirmed to have Covid-19.</p>	
<p>Judy 04:22 PM</p> <p>Donning mnemonic</p> <p>Hand (wash)</p> <p>The Gown</p>	<p>Last step should be GLOVES, not gown. Gown is second, after hand hygiene.</p>	

<p>to M (mask) E (eye goggles) G (gown)</p>	
<p>Mercedes 04:23 PM</p> <p>For home visit, how about booties to cover shoes? I read a study where HCWs were carrying the virus on their shoes because everything else was protected but not their feet.</p>	<p>None of the protocols anywhere recommend shoe covers for Covid-19 as part of PPE.</p>
<p>Marianne 04:26 PM</p> <p>These instructions are not possible in inclement weather in which you need to wear coat, mitts, hats, and boots. You can always put goggles and mask on in the car, but the other may need to be done just inside the door.</p>	<p>You cannot risk donning PPE inside the door. You will contaminate yourself from the home as you do it. It must be done outside the home. Maybe in your car or just outside your car, leaving your coat etc. in the car. Very challenging in very bad weather. I also heard a comment about not leaving the buckets outside in rain or snow, but I don't think that is an issue. A little rainwater or snow isn't going to hurt anything. But your "outdoor" cue sheet may be destroyed so you had better memorize all the steps you need to do outside the house. Fortunately, there are only 3.</p>
<p>Carrie 04:29 PM</p>	<p>CAEP says "greater than 6 lpm".</p>

<p>At home they say litres of flow. What =60%?</p>	
<p>Marianne 04:30 PM</p> <p>An alternative to the large garbage bin is that you toss all your own contaminated stuff into your dirty pail and then sort it out when you get home (easier if you only do one visit).</p>	<p>I want my gown and gloves off inside the house. Don't want to try removing a paper gown in a windstorm.</p>
<p>Marianne 04:35 PM</p> <p>I think you can safely do the doffing and dealing with your equipment just inside (after cleaning the door handle) as you will not touch anything other than the clean door handle once you are in the process. An option is to bring a lab coat which you can put on after doffing (and hand hygiene).</p>	<p>I would not bother with the lab coat. It is just one more thing to bring. Where would you leave it during the visit? You cannot take it in the house, or it will be contaminated. If you leave it outside, it may be stolen.</p>
<p>Paul 04:36 PM</p> <p>Where/when do you recommend doffing after visiting an apartment building?</p>	<p>Doff gowns and gloves in the apartment, eyewear and mask just outside the door, same as at a house. The protocol was written to apply to both. Where to DON for an apartment visit is a good question though. Probably just outside the apartment door, rather than walking through the lobby, up the elevator etc. with full PPE on.</p>

<p>Anonymous 04:36 PM</p> <p>What do we do as substitute if we don't have viral wipes?</p>	<p>Hard to take bleach solution to the house to clean your stuff. I guess you could do it, using paper towels or something, but would need to then bleach wipe the outside of the bleach solution bottle and leave all the paper towels behind.</p>	
<p>Ashley 04:38 PM</p> <p>With having to reuse ear loop masks for an entire day for multiple visits.</p>	<p>As per the protocol if they are left on, they CANNOT be touched, or you need to do immediate hand hygiene. If you are driving, and you touch your mask and then the steering wheel or gear shift lever, you need to viral wipe those surfaces. Once removed, a mask cannot be reapplied.</p>	
<p>Ashley 04:38 PM</p> <p>Would it be feasible to spray the mask with 99% rubbing alcohol, or would this render the mask unusable d/t becoming 'wet'?</p>	<p>I don't know if this process would safely disinfect the mask and I fear you are correct, and the mask would become unusable.</p>	
<p>Lisa 04:39 PM</p> <p>If you pick up the equipment with the wipe that should help.</p>	<p>If this comment relates to the comment in the presentation that once you have picked up your equipment you have recontaminated your glove, you are correct but I have been thinking about this since the webinar, and I don't think it matters. Every time you pick up a</p>	

	<p>contaminated item to decontaminate it the same thing applies, in home or in clinic, yet that is what we do all the time. So, let's say "so what" if my glove is now recontaminated. Everything I clean is now wet with the viral wipe chemicals and will be rewiped a second time before use, so I think it is OK. The guidelines say, "Two wipes: the first one to clean, the second one to disinfect".</p>	
<p>Anonymous 04:40 PM</p> <p>A lot of nurses see 15-20 patients in a day. How does this work for us when we see such a large volume of patients? Especially for the ones who live in apartments. We are also very short on supplies. What happens when I've used all my Cavi wipes and can't get any more to clean my equipment?</p>	<p>A valid concern, but outside the scope of this webinar. The webinar and protocol have to assume that you have access to the PPE you need.</p>	
<p>Ruth 04:42 PM</p> <p>In the community, nurses are seeing multiple clients, how do we accomplish all these tasks?</p>	<p>As per the webinar, you need to do all these things to keep yourself safe, or you are at high risk. You may be able to do multiple visits with the same goggles and mask provided YOU DO NOT TOUCH THEM AND YOU DO NOT REMOVE THEM AND YOU CAN SAFELY DRIVE YOUR</p>	

	CAR WITH THEM ON. But you MUST use a fresh gown and gloves for each visit. You cannot risk contaminating the inside of your car.	
Valerie 04:43 PM Does it HAVE to be bleach solution or can you use the viral wipes on the goggles?	Public Health Canada and the CDC recommend bleach. The HNHB LHIN recommends viral wipes, but the problem with viral wipes is: 1. They cannot get into the hinges and louvers of the goggles, and 2. They are in short supply	
Anonymous 04:44 PM Instead of wiping can we use Lysol sprays?	Lysol wipes, yes (if you can get them) but I don't think I would want to be spraying stuff around inside a house. Plus, if you use spray, you will need paper towels or something to wipe with, so more stuff to carry into the house that has to be left behind.	
Marianne 04:43 PM A pair of tongs can be useful. Just remember which end clean and which end is is dirty depending on at which stage and for what purpose you use them.	I drop the goggle in the bleach gently without using tongs but use tongs to take them out. But yes, you could get the mask out of the dirty bucket with tongs, but then you have to clean the tongs, and you are going to wash out the goggles and the bucket while wearing your vinyl gloves, so you probably don't need the tongs for this purpose.	

<p>Marianne 04:45 PM</p> <p>Given that the virus is very sensitive to soap and hot water, do you really need to use the viral wipes (which can be scarce) on items that can be washed? If you want to be extra careful, you could wipe the pail down with the bleach solution.</p>	<p>Yes, you could wipe with bleach, both pails. But I do think you should wipe them with SOMETHING, not just rely on soap and water. I make this comment based on the Public Health Canada Guidelines for reprocessing the goggles, which say to do BOTH soap and water and bleach bath.</p>	
<p>Anonymous 04:46 PM</p> <p>When leaving the house when are the gloves removed? I don't remember that part being mentioned. Put dirty bucket in car and then gloves off and hand hygiene?</p>	<p>No, the gloves and gown are removed INSIDE the house and discarded into the large garbage bin the family provided. Various protocols have various ways of doing this. Follow your local or institutional protocol. I like the method of removing gown and gloves together as a unit.</p>	
<p>Anonymous 04:47 PM</p> <p>Are masks made at home out of material a suitable resource?</p>	<p>Not recommended as yet for health care workers, but some hospices and hospitals are looking at using these for visitors.</p>	
<p>John 04:47 PM</p> <p>If you can plan to minimize visits and do only one visit day per week, can you just leave everything in the bucket for a week to decontaminate?</p>	<p>I wouldn't. There are reports of Covid-19 living for many days on hard surfaces, such as aboard cruise ships.</p>	

<p>Marianne 04:48 PM</p> <p>Given that the virus will eventually die on surfaces, you can probably keep the masks in a safe place for a few days and then reuse them!</p>	<p>I disagree. See above.</p>	
<p>Sheena 04:48 PM</p> <p>Is there evidence suggesting the goggles are decontaminated after wiping with viral wipes? Is this 100% false proof?</p>	<p>Sheena, your concern is exactly the same as mine. I have yet to see a protocol that advocates for wiping goggles with viral wipes.</p>	
<p>Anonymous 04:48 PM</p> <p>Is there any "quick; on-the-run" way to disinfect an ear loop mask? If we don't remove it, it will protect us, but places the patient at risk.</p>	<p>Not as yet, and probably not. Techniques being researched include radiating or autoclaving masks, but this could not be done on the run.</p>	
<p>Marianne 04:49 PM</p> <p>In hospitals nurses are being told to put masks and goggles down carefully and put the same ones back on. Also, hand hygiene immediately after touching things is vital.</p>	<p>Both are correct. The first is driven by the desire to conserve resources, but if not done extremely carefully will contaminate your face. And your second comment is vital.</p>	
<p>Lee 4:49 PM</p> <p>I'm thinking of all the health professionals that come to the home to care</p>	<p>A "Clean" station in the home won't be clean for very long.</p>	

<p>for the patient. Clean and Dirty station in the home might be an option to consider. Reprocessing to be done in centralized way. New PPE also to be distributed. Recycled to be distributed.</p>		
<p>Anonymous 4:50 PM</p> <p>Is there any reason that we wouldn't use this procedure outside our trunk and enter and exit the home in full PPE assuming yard is empty?</p>	<p>No. You will contaminate your car opening it with dirty PPE on, and you cannot risk leaving the ABHR and viral wipes container out in the open to be stolen, or risk leaving your trunk open. Plus getting a paper gown off in the wind without contaminating your clothes is impossible.</p>	
<p>Kelly 04:50 PM</p> <p>Is there a video still to come?</p>	<p>Yes. It is in "Postproduction" and will be available soon.</p>	
<p>Risa 4:51 PM</p> <p>I wonder if bringing a door jam or heavy beanbag to hold the door open would help.</p>	<p>Where and when would you use it to prop the door? Would you prop the door open as you went in the house and leave it open for 15-20 min? Or take it in with you and contaminate it? Then how would you get it out of the house safely and clean it?</p>	
<p>Anonymous 04:54 PM</p> <p>Would you suggest that as prescribers we should</p>	<p>Not part of this webinar. However, directives have gone out to conserve "end of life meds" and not routinely order them</p>	

<p>utilize the symptom response kits more?</p>	<p>ahead of time “just in case” because many are now on backorder.</p>	
<p>Marianne 04:55 PM</p> <p>I think it is prudent to wear mask and eye protection for all visits, and gloves if in direct contact. If gowns are in short supply, a lab coat may be a reasonable substitute in a low risk situation.</p>	<p>It is almost impossible if not outright impossible to do a home visit and not touch anything, so I say gloves for all visits too. Eye protection is up to you. Surface acquisition is a major way of getting Covid-19.</p>	
<p>Angela 04:56 PM</p> <p>Some organizations don't want their staff to wear PPE to home visits, they are concerned it will scare the clients.</p>	<p>It would scare me more to do a home visit on a confirmed or suspected Covid-19 patient without PPE.</p> <p>The joint statement issued on 30 March 2020, by the Chief Medical officer of Health of Ontario, the Ontario Ministry of Health, the Ministry of Labour, Training and Skills Development , and the Ontario Nursing Agency, which states: “ The employers commit to provide all health care workers with information on safe utilization of all PPE and employees shall be appropriately trained to safely don and doff all of these supplies.” This document has that in mind. The statements also include the following:</p>	

	<ul style="list-style-type: none">• #1: A point-of-care risk assessment (PCRA) must be performed before every patient interaction. If a health care worker determines, based on their professional and clinical judgement that health and safety measures may be required in the delivery of care to the patient, then the worker shall have access to the appropriate health and safety control measures, including an N95 respirator.• #2: At a minimum, contact and droplet precautions must be used by health care workers for all interactions with suspected, presumed or confirmed COVID-19 patients. Contact and droplet precautions includes gloves, face shields or goggles, gowns, and surgical/ procedure masks.• #3: All health care workers who are within two metres of suspected, presumed or confirmed COVID-19 patients shall have access to appropriate PPE. This will include access to: surgical/procedure masks, fit tested NIOSH-approved N-95 respirators or approved	
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	equivalent or better protection, gloves, face shields with side protection (or goggles), impermeable or, at least, fluid resistant gowns.	
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