



The Safety Bulletin (formally known as the PPE Bulletin) has been created to provide ongoing direction to health care workers regarding the recommended safety guidelines, processes and Personal protective equipment (PPE) supply. If you have any questions about PPE, Infection Prevention and Control (IPAC) or Safety as it relates to COVID-19 please call the OHS Hotline at 1-833-233-4403 or email OHS_Healthcareworkers_COVID19@saskhealthauthority.ca

Updated Guidance on Aerosol Generating Medical Procedures (AGMPs):

On November 30, 2020, the Saskatchewan Health Authority (SHA) introduced enhanced measures to protect healthcare workers (HCWs) during Aerosol Generating Medical Procedures (AGMPs) following a HCW exposure. These measures were put in place to provide immediate protection of staff and physicians who are at increased risk of exposure to COVID-19 during an AGMP until a more in-depth safety review could be completed.

To help clarify communications distributed last week, this Safety Bulletin is intended to provide a summary of the current AGMP management recommendations in the various healthcare settings within the SHA.

After further review and assessment by the SHA Safety Task Force , it was determined that the use of N95 respirators in most health care settings will continue to be determined using a risk assessment approach, including the use of screening tools, daily monitoring for symptoms, Point of Care Risk Assessment (PCRA), and an increased emphasis on testing. These recommendations may change as more information and testing options become available.

AGMPs:

An N95 respirator is NOT required if you are able to check all three of the boxes below:

- The patient/resident has **screened negative** with the inpatient, outpatient and continuing care screening tool or is no longer on droplet contact plus precautions ([based on the Modification of Precautions Algorithm](#))
- Patient/Resident has been tested for COVID-19 and has a **negative test result**
- The patient/resident has **no new or worsening symptoms** as determined through daily monitoring of symptoms

A [Rapid Update](#) has been created on this for ease of reference.

Exceptions:

Emergency/Pre-Hospital Emergency Medical Services:

- In settings like emergency and pre-hospital EMS where thorough screening may not be possible due to the urgency of providing care, empiric PPE use protocols are now in place. Empiric PPE refers to:
 - Universal mask and eye protection (i.e. face shields or goggles)





- N95s for all AGMPs
- Gown and gloves based on PCRA or indications for other additional precautions

OR Setting:

- **An N95 respirator must be worn for all AGMPs.** In the OR setting, a “pause to yellow” process has been implemented.
- Currently, inpatients that have screened negative, are asymptomatic and test negative continue to be treated as “yellow” with full precautions and observation of settle times. This is evaluated on a weekly basis.

Code Blue Management:

- All code blues require **full precautions (i.e. N95 respirator, eye protection, gown and gloves)**

Placement and Precautions

Acute Care:

- The decision to place and maintain a patient on Droplet/Contact Plus precautions (i.e. to use N95 respirator for AGMPs) will continue to be based on the [Acute Care Placement and Modification of Precautions Algorithms](#). The modification of precautions algorithm was recently revised to emphasize some important components in the process.
- Given the increased prevalence in the community, it is important that all new admissions should be offered a COVID test, regardless of screen status or presence of symptoms.
- For patients currently admitted, there should be regular and ongoing monitoring for the development of new, or worsening of symptoms. A daily symptom monitoring form, such as the one available [here](#), should be used for all patients.
- **THINK TO TEST = THINK TO ISOLATE: If at any point, there is a consideration to test a patient due to new, worsening, or lack of improvement of symptoms, that patient should be immediately placed on Droplet/Contact Plus precautions.**
- A negative test result should not be used as the sole determining factor guiding when to modify or remove precautions. Those decisions must take into account the other risk factors as guided by the Modification of Precautions Algorithm.

Long Term Care:

- In the Long Term Care settings, risk assessments should be performed according to existing [guidelines](#), as well as daily monitoring of symptoms for [residents](#).
- **THINK TO TEST = THINK TO ISOLATE: If, at any point, there is a consideration to test a resident due to new, worsening, or lack of improvement of symptoms, that resident should be immediately placed on Droplet/Contact Plus precautions.**

If you have any questions about PPE please call the OHS Hotline at 1-833-233-4403 or email OHS_Healthcareworkers_COVID19@saskhealthauthority.ca



Key Documents and Algorithms

Please review the following work standards and guidelines:

- [AGMP list](#)
- [Settle Time Work Standard](#)
- [COVID 19 Acute Care Placement and Precautions Algorithm](#)
- [Modification of precautions algorithm](#)
- [Inpatient, Outpatient and Continuing Care Screening Form](#)
- [COVID 19 Pandemic Daily Monitoring Record Acute Care](#)
- [COVID 19 Pandemic Daily Monitoring Record Long-term Care](#)
- [Point of Care Risk Assessment \(PCRA\) Guidelines](#)
- [PCRA Algorithm](#)
- [Protocol for Operative Management of Surgical Patients \(ALL Ages\) COVID-19 Pandemic](#)

Frequently Asked Questions:

Q: What are the three things I need to know to remove an admitted patient from Droplet/Contact Plus precautions?

A: 1) The inpatient screen is negative
2) The test/COVID-19 swab is negative
3) No new or worsening symptoms as determined by continuous point of care risk assessment

Q: A patient requires admission, how do I place a patient from ER that screens negative and has no COVID symptoms?

A: This patient should be placed using the COVID 19 Acute Care Placement and Precautions Algorithm. A test should be performed.

Q: A screened negative and asymptomatic patient is admitted but we do not have the COVID-19 test back. They require an AGMP. What do I do?

A: An inpatient requiring an AGMP (e.g. CPAP, intubation) must have a negative screen, no new or worsening symptoms as determined by ongoing point of care risk assessment and negative test on admission to be treated using routine precautions. This patient needs to be placed on Droplet/Contact Plus precautions with an N95 respirator worn during the AGMP.

Q: Why can't we treat inpatients who require an operation and AGMP that screen negative, are asymptomatic and test negative with routine precautions?

A: Surgical Services and Safety continue to evaluate this scenario. For now, the surgical algorithm requires an N95 for all AGMPs. This is being continuously evaluated.

Q: A patient has screened positive but the attending physician feels the positive symptom is due to an underlying medical condition. What do we do?

A: The patient can be screened negative if the underlying symptom can be attributed to their underlying condition. This must be carefully reviewed and if there is any doubt the patient should screen positive

Q: A screen negative and asymptomatic patient has a COVID-19 test come back positive. What do I do now?

A: This patient should be isolated and placed on Droplet/Contract Plus precautions.

