

# COVID-19 CONSIDERATIONS DURING YOUR ICU ROTATION

LAKERIDGE HEALTH – OSHAWA

# COVID SWAB EVERYONE!

- INCLUDES
  - ADMISSIONS FROM WARDS/ER, TRANSFERS IN FROM OTHER FACILITIES (INCLUDING OTHER LH SITES)
- POSSIBLE EXCEPTION:
  - PATIENTS PREVIOUSLY ADMITTED WITH A NEGATIVE COVID SWAB IN PAST 72 HOURS (CHECK WITH ATTENDING)



## COVID TESTING: WHO NEEDS A **SECOND** SWAB?

- MODERATE AND HIGH RISK PATIENTS
  - PATIENTS WITH COVID SYMPTOMS AND FROM HIGH RISK ENVIRONMENTS. EG: RESPIRATORY FAILURE, BILATERAL LUNG INFILTRATES, KNOWN COVID CONTACT WITH RESPIRATORY SYMPTOMS, UNEXPLAINED FEVER, ETC.
  - ALWAYS DISCUSS WITH ATTENDING THE NEED FOR 2<sup>ND</sup> SWAB AND PRIOR CLEARING PATIENT COVID FREE.
- LOW RISK PATIENTS
  - PATIENTS WHO ARE LOW RISK FOR COVID-19 INFECTIONS DO NOT NEED A SECOND SWAB (NO RESPIRATORY SYMPTOMS, NON-COVID CAUSE IDENTIFIED FOR INITIAL PRESENTATION, PLANNED SURGERY)



# PPE GENERAL CONCEPTS

- SURGICAL MASKS MUST BE WORN AT ALL TIMES
- FACE-SHIELD OR GOGGLES MUST BE WORN IN ADDITION TO A SURGICAL MASK IF UNABLE TO KEEP 2 M FROM STAFF/VISITOR/PATIENTS
- N95 MASKS FOR AGMP PROCEDURES OR RISK OF AGMP
  - SOME MODELS ARE IN SHORT SUPPLY, YOU MAY NEED TO BE RE-FITTED FOR A DIFFERENT ONE THAN YOU HAVE USED PREVIOUSLY (CONTACT HEIDI MCHATTIE/OHS). VIDEO BELOW OUTLINING THE USE OF N95 MASKS
  - [HTTPS://WWW.YOUTUBE.COM/WATCH?V=KI0O5vJKOH4](https://www.youtube.com/watch?v=KI0O5vJKOH4)
- PPE TRAINING IS DONE ON THE FIRST DAY OF YOUR ROTATION AND YOU MUST SIGN THE ATTENDANCE SHEET AS PROOF OF TRAINING

See appendix 1



# RESIDENT INVOLVEMENT IN PATIENT CARE DURING PANDEMIC

– UNDERSTAND WHERE YOU ARE ON THE MATRIX AND LET YOUR STAFF KNOW

**TRAINEE COMPETENCY/COVID STATUS MATRIX FOR QUEEN'S UNIVERSITY TRAINEES – V1.4 (November 25, 2020)**

		Virtual care	Discussion about patient, rounding without patient contact	Routine patient contact, no airborne precautions	Non-AGMP procedures, no airborne precautions	Non-AGMP-procedures or patient contact but airborne precautions in place (e.g., BiPAP/HFNC)	AGMP to be performed by someone other than trainee but trainee present in room/performing non-AGMP procedures	AGMP may be performed by trainee
<b>Clinical fellow/assistant OR Senior PG trainee deemed INDEPENDENT airway competent by program</b>	COVID negative or no COVID testing/precautions required	YES	YES	YES	YES	YES *must have fit tested N95 available and PPE orientation	YES *must have fit tested N95 available and <b>enhanced</b> PPE orientation	YES *must have fit tested N95 available and <b>enhanced</b> PPE orientation
	Suspect COVID pending test/confirmed COVID positive*	YES	YES	YES	YES	YES *must have fit tested N95 available and PPE orientation	YES *must have fit tested N95 available and <b>enhanced</b> PPE orientation	YES *must have fit tested N95 available and <b>enhanced</b> PPE orientation
<b>Senior PG trainee deemed airway/AGMP competent by program</b>	COVID negative or no COVID testing/precautions required	YES	YES	YES	YES	YES *must have fit tested N95 available and PPE orientation	YES *must have fit tested N95 available and <b>enhanced</b> PPE orientation	YES *must have fit tested N95 available and <b>enhanced</b> PPE orientation
	Suspect COVID pending test/confirmed COVID positive*	YES	YES	YES	YES	YES *must have fit tested N95 available and PPE orientation	YES *must have fit tested N95 available and <b>enhanced</b> PPE orientation	YES only with direct attending supervision, otherwise NO *must have fit tested N95 available and <b>enhanced</b> PPE orientation
<b>PG trainee deemed airway/AGMP non-competent by program</b>	COVID negative or no COVID testing/precautions required	YES	YES	YES	YES	YES *must have fit tested N95 available and PPE orientation	YES *must have fit tested N95 available and <b>enhanced</b> PPE orientation	YES *must have fit tested N95 available and <b>enhanced</b> PPE orientation
	Suspect COVID pending test/confirmed COVID positive*	YES	YES	YES	YES	YES *must have fit tested N95 available and PPE orientation	YES *must have fit tested N95 available and <b>enhanced</b> PPE orientation	NO
<b>PG trainee with COVID accommodations</b>	COVID negative or no COVID testing/precautions required	YES	YES	YES	YES	YES *must have fit tested N95 available and PPE orientation	YES *must have fit tested N95 available and <b>enhanced</b> PPE orientation	YES *must have fit tested N95 available and <b>enhanced</b> PPE orientation
	Suspect COVID pending test/confirmed COVID positive*	YES	YES	NO	NO	NO	NO	NO
<b>UGME student</b>	COVID negative or no COVID testing/precautions required	YES	YES	YES	YES	YES *must have fit tested N95 available and PPE orientation	YES *must have fit tested N95 available and <b>enhanced</b> PPE orientation	YES *must have fit tested N95 available and <b>enhanced</b> PPE orientation
	Suspect COVID pending test/confirmed COVID positive*	YES	YES	NO	NO	NO	NO	NO

# WHAT IS AN AGMP? (AEROSOL GENERATING MEDICAL PROCEDURE)

- ✓ ENDOTRACHEAL INTUBATION/EXTUBATION
- ✓ BAG MASK VENTILATION (BMV)
- ✓ BRONCHOSCOPY, LARYNGOSCOPY
- ✓ AIRWAY SUCTIONING
- ✓ ADMINISTRATION OF NEBULIZED MEDICATIONS

EVENTS DURING WHICH THERE MAY BE AN AGMP IN THE ROOM:

ACLS (CODE BLUE), BIPAP/CPAP, OPTIFLOW

See appendix 2



# PROTECTED CODE BLUE



## Adult Protected Code Blue (PCB) – Ward, ED and CrCU

### PROTECTED CODE BLUE TEAM

#### RESPONDING STAFF ARRIVAL

- Upon arrival: **do not rush inside**. Don appropriate PPE and enter room with equipment needed to support ongoing resuscitation.
- Team huddle to confirm intubation plan and decision on who will perform the intubation. Brief team with plan, roles and responsibilities.

#### TO ENTER ROOM

- Protected Code Blue Team Leader Physician
- Respiratory Therapist
- ED or CrCU Nurse x 2

**INTUBATION MUST BE PERFORMED BY MOST EXPERIENCED AIRWAY CLINICIAN**

#### STAFF IN ANTEROOM

(donned in Droplet/Contact PPE)

- RN to assist with mixing medications, passing equipment
- Safety Inspector to control entry and exit to room, verify PPE in place prior to entry, observe PCB Team donning/doffing PPE



#### ADDITIONAL EQUIPMENT NEEDED

- Video laryngoscope brought to PCB room by RT
- Defibrillator brought into room if not already there
- ACLS and intubation medication bundle, equipment bundles brought into room
- Resuscitation bag with filter
- Do not bring crash cart into room



See appendix 3

# PROTECTED CODE BLUE

## PROTECTED PROCEDURES

- Place/confirm non-rebreather (NRB) with filter in place, if unavailable use NRB mask.
- If no pulse, start/continue chest compressions
  - Attach defibrillator, analyze rhythm and shock if indicated
  - Stop resuscitation if confirmed unwitnessed asystolic arrest, when physician ordered.
  - Continue 2-minute chest compression cycles and provide ACLS medications
- Intubate utilizing **RSI** (if emergent intubation) and **video laryngoscopy**.
- If unable to intubate
  - Insert LMA, attach resuscitation bag with filter and ventilate
  - STAT call anaesthesia for assistance
  - Consider surgical airway
- Secure endotracheal tube and tape connections
- Wipe down equipment twice. Once in room and then again outside of room.

## REMOVAL OF PPE AND DEBRIEF

- In anteroom (or in hall if not available), staff individually remove PPE while observed by Safety Inspector
- Transport team to don fresh Tier 2 PPE (N95/gown/gloves/face shield).
- Team debrief

## PLAN FOR TRANSFER

- Confirm destination
- Determine who will transport patient
- Initiate post-intubation management

## PCB SIMPLIFIED INTUBATION DRUG COCKTAIL

DRUG	Up to 100 kg	> 100 kg
Induction: <b>Ketamine</b>	100 mg IV push	150 mg IV push
Neuromuscular blocker: <b>Rocuronium</b>	100 mg IV push	150 mg IV push
Rescue drug for hypotension: <b>Phenylephrine</b>	100 mcg IV push PRN	150 mcg IV push PRN



# SCREENING FOR SYMPTOMS/EXPOSURE

- SCREEN AND SCAN COMPUTERS AT HOSPITAL ENTRANCES
- IF YOU DEVELOP ANY SYMPTOMS OF ILLNESS OR BECOME AWARE YOU HAVE HAD EXPOSURE TO COVID-19, CONTACT:
  - OCCUPATIONAL HEALTH: OHNURSES@LH.CA
  - EDUCATION LEAD DR. K. SRIDHAR: [KSRIIDHAR@LH.CA](mailto:KSRIIDHAR@LH.CA)
  - SITE COORDINATOR PATRICIA SHERWIN: PSHERWIN@LH.CA

# APPENDIX 1: PPE FOR SUSPECTED OR CONFIRMED COVID

IPAC Measures for the care of Patients with Suspected or Confirmed COVID-19 by care scenario			
	Providing routine care	Aerosol-generating Medical Procedures (AGMP) <sup>1</sup>	Emergent tracheal intubation and Protected Code Blue
Personal Protective Equipment (PPE)	<b>Droplet and Contact</b> precautions, including: <ul style="list-style-type: none"><li>Mask with visor/goggles/face shield</li><li>Level 2 (yellow) gown</li><li>Gloves (use extended cuff if gown coverage inadequate)</li></ul>	<b>Droplet and Contact + N95</b> , including: <ul style="list-style-type: none"><li>N95 fit-tested respirator</li><li>Face shield or goggles</li><li>Level 2 (yellow) gown</li><li>Nitrile gloves (use extended cuff if gown coverage inadequate)</li></ul>	<b>Droplet and Contact + N95</b> , including: <ul style="list-style-type: none"><li>N95 fit-tested respirator</li><li>Face shield OR Face shield with bib</li><li>Level 2 gown +/- Bouffant cap</li><li>Nitrile gloves</li></ul>
Room Accommodation	<ul style="list-style-type: none"><li>Single Patient Room</li></ul>	<ul style="list-style-type: none"><li>Airborne Isolation Room (negative pressure)</li><li>If not available, single patient room with door closed and Hepa filter</li><li>If not available, single patient room with door closed</li></ul>	<ul style="list-style-type: none"><li>Airborne Isolation Room (negative pressure)</li><li>If not available, single patient room with door closed and Hepa filter</li><li>If not available, single patient room with door closed</li></ul>
Room Wash Out Period	None	See Washout Time following Aerosol Generating Medical Procedure for Suspect or Confirmed COVID-19 Document <ul style="list-style-type: none"><li>For settings other than Operating Room: 60 minutes after AGMP</li><li>For Operating Room: 20 minutes after AGMP</li></ul>	
Cleaning	Hospital Approved Disinfectant		
	<sup>1</sup> AGMP <ul style="list-style-type: none"><li>See <a href="#">Aerosol-Generating Medical Procedures (AGMP) for Suspected/Confirmed COVID-19 Infection</a></li></ul>		



# APPENDIX 2: AGME'S



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## Aerosol-Generating Medical Procedures (AGMP) For Suspected/Confirmed COVID-19 Infection

The following list is based on guidance from Public Health Agency of Canada, Public Health Ontario, and Ontario Health, in addition to consensus among Infection Prevention and Control leaders at multiple institutions in Ontario (see footnote) in order to provide more clarity.

	<b>AGMP</b>	<b>Not AGMP</b>
<b>Description</b>	Procedures that can produce aerosols and have been previously associated with a higher risk of infection transmission	Many of the procedures below can result in coughing and subsequent droplet spread of COVID-19 and should be avoided unless necessary in patients with suspect or confirmed COVID-19 infection
<b>Type of Precautions</b>	<b>Airborne(N95) + Droplet and Contact Precautions</b> during procedure and washout time after procedure	<b>Droplet and Contact Precautions</b> during procedure and NO washout time
<b>Procedures</b>	<ul style="list-style-type: none"> <li>• Endotracheal Intubation and Extubation</li> <li>• Intubation and Manual Ventilation during Cardiopulmonary Resuscitation/Code Blue</li> <li>• High-flow oxygen (AIRVO, Optiflow)</li> <li>• Manual ventilation (e.g. bag-mask ventilation) <b>*Avoid where possible</b></li> <li>• Non-invasive ventilation (e.g., CPAP, BiPAP) <b>*Avoid where possible</b></li> <li>• Bronchoscopy (diagnostic or therapeutic) <b>*Avoid where possible</b></li> <li>• Sputum Induction (diagnostic and therapeutic) <b>*Avoid where possible</b></li> <li>• Nebulized medications <b>*Avoid where possible</b></li> <li>• Open airway suctioning (including suctioning of disconnected ventilator circuit or via tracheal device; or, deep insertion for nasopharyngeal or tracheal suctioning) <b>*Avoid where possible</b></li> <li>• Humidified oxygen therapy by large volume nebulizer <b>*Avoid where possible</b></li> <li>• Autopsy of airway or lung tissue</li> <li>• Surgery, including:               <ul style="list-style-type: none"> <li>○ Nasopharyngoscopy, laryngoscopy</li> <li>○ Oral, pharyngeal, transphenoidal and airway surgeries including thoracic surgery and tracheostomy insertion</li> <li>○ Chest tube insertion or needle thoracostomy for trauma or pneumothorax (where air leak likely)</li> <li>○ Oral/dental surgery with high speed drilling</li> <li>○ Tracheal dilatation (risk unknown)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Ventilator circuit disconnect</li> <li>• Pulmonary function testing</li> <li>• Thoracentesis</li> <li>• Chest compressions alone</li> <li>• Oral suctioning (eg. Yankauer)</li> <li>• Collection of nasopharyngeal or throat swab</li> <li>• Care for a patient on ventilator</li> <li>• Chest tube removal or insertion (unless in the setting of emergent insertion for ruptured lung/pneumothorax)</li> <li>• Coughing</li> <li>• Oral suctioning</li> <li>• Oral hygiene</li> <li>• Gastroscopy or Colonoscopy</li> <li>• Laparoscopy (GI/pelvic)</li> <li>• ERCP</li> <li>• Cardiac stress tests</li> <li>• Caesarian section or vaginal delivery of baby done with epidural</li> <li>• Any procedure done with regional anesthesia</li> <li>• Electroconvulsive Therapy (ECT)</li> <li>• Transesophageal Echocardiogram (TEE)</li> <li>• Nasogastric/nasojejunal tube/gastrostomy/gastrojejunostomy/jejunostomy tube insertion</li> <li>• Bronchial artery embolization</li> <li>• Chest physiotherapy (outside of breath stacking)</li> <li>• Oxygen delivered by nasal prongs, Venturi masks, oxymasks and non-rebreather masks</li> </ul>











## APPENDIX 2: AGME'S

### AGMPS: UPDATE FEBRUARY 4<sup>TH</sup>

- THE MAIN CHANGE IS THE REMOVAL OF MECHANICAL VENTILATION AND VENTILATOR DISCONNECT FROM THE AGMP LIST
- ROOM PRIORITIZATION FOR SUSPECT OR CONFIRMED COVID-19 PATIENTS UNDERGOING AGMPs, INCLUDING NON-INVASIVE VENTILATION, WILL BE IN ORDER OF PREFERENCE:
  - 1) AIRBORNE ISOLATION ROOM
  - 2) SINGLE ROOM WITH DOOR CLOSED AND EXHAUSTED/DUCTED HEPA FILTER
  - 3) SINGLE ROOM WITH DOOR CLOSED (+/- NON-DUCTED HEPA FILTER, IF AVAILABLE)



# APPENDIX 3: CODE BLUE PPE

 <b>Lakeridge Health</b>		
<b>Doffing Personal Protective Equipment (PPE)</b> For COVID-19 <b>Protected Code Blue/Pink, Intubation and Bronchoscopy</b>		
Protected Code Blue/Pink of patient with confirmed COVID-19 or PUI		
Doffing Steps: Progress from Steps 1-9		
Doffing Step and PPE Type		Instructions
<b>1</b> <b>Gloves</b>		<ul style="list-style-type: none"> <li>Remove gloves using a glove-to-glove/skin-to-skin technique</li> <li>Grasp outside edge near the wrist and peel away, rolling the glove inside out</li> <li>Reach under the second glove and peel away</li> <li>Dispose immediately into waste receptacle</li> </ul>
<b>2</b> <b>Hand Hygiene</b>		<ul style="list-style-type: none"> <li>Use Alcohol Based Hand Rub (ABHR), or soap and water if hands are visibly soiled</li> </ul>
<b>3</b> <b>Gown</b>		<ul style="list-style-type: none"> <li>Remove gown in a manner that prevents contamination of clothing or skin</li> <li>Starting at the neck ties, the outer 'contaminated' side of the gown is pulled forward and turned inward, rolled off the arms into a bundle, then discarded immediately</li> </ul>
<b>4</b> <b>Hand Hygiene</b>		<ul style="list-style-type: none"> <li>Use Alcohol Based Hand Rub (ABHR), or soap and water if hands are visibly soiled</li> </ul>
<b>5</b> <b>Face Shield (+/- Bib)</b>		<ul style="list-style-type: none"> <li>Grasp face shield strap from back of your head and pull it off</li> <li>If using face shield with bib ensure the adhesive strip detaches from your scrubs in a single pulling motion.</li> </ul>
<b>6</b> <b>Bouffant</b>		<ul style="list-style-type: none"> <li>Remove bouffant</li> </ul>
<b>7</b> <b>Hand Hygiene</b>		<ul style="list-style-type: none"> <li>Use ABHR</li> <li>Soap and water if hands are visibly soiled</li> </ul>
<b>8</b> <b>N95 Respirator</b>		<ul style="list-style-type: none"> <li>Remove mask by handling straps (front of mask is considered dirty)</li> <li>Pull forward off the head, bending forward to allow mask/respirator to fall away from the face</li> <li>Dispose immediately into waste receptacle</li> </ul>
<b>9</b> <b>Hand Hygiene</b>		<ul style="list-style-type: none"> <li>Use ABHR</li> <li>Soap and water if hands are visibly soiled</li> </ul>

# APPENDIX 3: CODE BLUE PPE









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## Donning Personal Protective Equipment (PPE)

For COVID-19 Protected Code Blue/Pink, Intubation and Bronchoscopy

Protected Code Blue/Pink of patient with confirmed COVID-19 or PUI

**Donning Steps:** Progress from Steps 1-6

Donning Step and PPE Type		Instructions
<b>1</b> <b>Clean your hands</b> <i>before reaching for PPE</i>		<ul style="list-style-type: none"> <li>Use Alcohol Based Hand Rub (ABHR), or soap and water if hands are visibly soiled</li> </ul>
<b>2</b> <b>N95 Respirator</b> <i>(must be fit tested)</i> <b>and Bouffant</b>		<ul style="list-style-type: none"> <li>Place mask over nose and under chin</li> <li>Secure straps</li> <li>Mould metal piece to your nose bridge</li> <li>Perform a seal-check</li> <li>Put on bouffant</li> </ul>
<b>3</b> <b>Face shield (+/- bib)</b>		<ul style="list-style-type: none"> <li>Choose which face shield you are using (with/without bib)</li> <li>Put on face shield.</li> <li>If using Face Shield with Bib, Remove strip from adhesive and press onto scrub top (using adhesive is optional)</li> </ul>
<b>4</b> <b>Gown</b>		<ul style="list-style-type: none"> <li>Put on gown over top of face shield with bib.</li> </ul>
<b>5</b> <b>Gloves</b>		<ul style="list-style-type: none"> <li>Put on gloves, taking care not to tear or puncture gloves</li> </ul>
<b>6</b> <b>Visual Inspection</b>		<ul style="list-style-type: none"> <li>Recorder will do a visual inspection prior to patient encounter.</li> </ul>

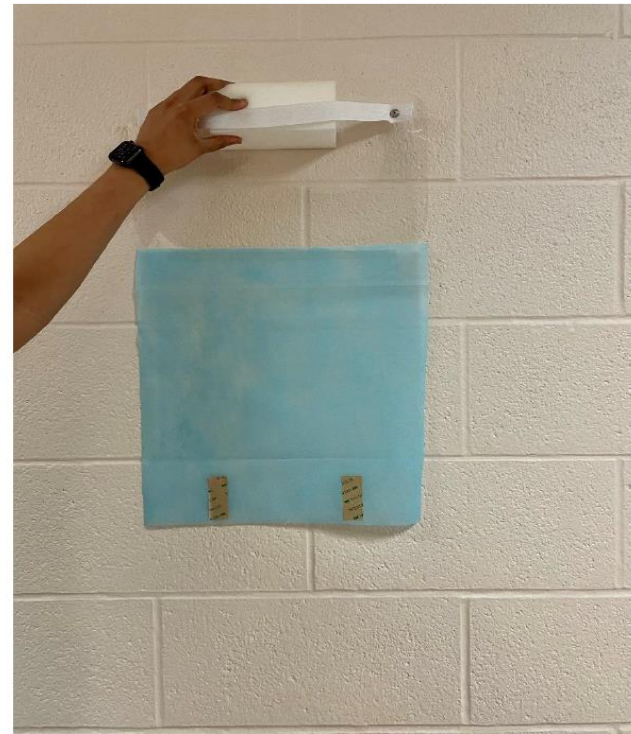


## APPENDIX 3: CODE BLUE PPE



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### Protected Code Blue (PCB) Personal Protective Equipment (PPE) Update



# APPENDIX 4: BIPAP/CPAP



## Guidance for Adult Non-Invasive Ventilation (BIPAP/CPAP) during COVID-19 Pandemic

Clinical Scenario	Guidance	Priority of rooms for non-invasive ventilation. Optimize bed space appropriately prior to moving to next option (1,2,3)	PPE	Consultation Prior to Implementing
<b>COVID-19 Positive or COVID-19 Status Unknown</b>				
COVID positive or suspected case with moderate/high probability <sup>12</sup>	Avoid non-invasive ventilation. <sup>2</sup>	<ol style="list-style-type: none"> <li>1. Airborne infection isolation room (AIIR) with negative pressure and anteroom</li> <li>2. Single room with HEPA unit ducted to exhaust system or exhausted outside</li> <li>3. Single room and door closed (Portable HEPA units are not required)</li> </ol>	Droplet + Contact + N95 <sup>3</sup> when on machine and washout time	Consult ICU
Low/Moderate probability of COVID with high suspicion of CHF or non-infectious COPD <sup>4</sup>	Carefully consider if felt could be beneficial over intubation.	<ol style="list-style-type: none"> <li>1. Airborne infection isolation room (AIIR) with negative pressure and anteroom</li> <li>2. Single room with HEPA unit ducted to exhaust system or exhausted outside</li> <li>3. Single room and door closed. (Portable HEPA units are not required)</li> </ol>	Droplet + Contact + N95 <sup>3</sup> when on machine and washout time	Consult ICU
Asymptomatic new admission and COVID test pending with home non-invasive ventilation with clinical consensus non-COVID <sup>6</sup>	If needed use non-invasive ventilation, including home machine as per usual procedure.	<ol style="list-style-type: none"> <li>1. Airborne infection isolation room (AIIR) with negative pressure and anteroom</li> <li>2. Single room with HEPA unit ducted to exhaust system or exhausted outside</li> <li>3. Single room and door closed (portable HEPA units are not required))</li> </ol>	Droplet + Contact + N95 <sup>3</sup> when on machine and washout time	All should be tested for COVID. Consider withholding, if safe to do so, until testing. If testing is negative, then transition to isolation room and Droplet + Contact when on machine.
<b>COVID-19 Ruled Out/Resolved</b>				
Acute respiratory failure with 2 or more negative tests and clinical consensus non-COVID	If needed use non-invasive ventilation.	<ol style="list-style-type: none"> <li>1. Semi-private - separate patient spaces with physical barriers (curtains or dividers)</li> <li>2. Multi-bed room - separate patient spaces with physical barriers (curtains or dividers)</li> </ol>	Droplet + Contact when on machine and NO washout time	Consult IPAC prior to any multi-bed room considerations
Chronic Respiratory Failure with single negative COVID test, and clinical consensus non-COVID <sup>6</sup>	If needed use non-invasive ventilation, including home machine as per usual procedure.	<ol style="list-style-type: none"> <li>1. Semi-private - separate patient spaces with physical barriers (curtains or dividers)</li> <li>2. Multi-bed room - separate patient spaces with physical barriers (curtains or dividers)</li> </ol>	Droplet + Contact when on machine and NO washout time	Consult IPAC prior to any multi-bed room considerations
Asymptomatic new admission, single negative COVID test with home non-invasive ventilation with clinical consensus non-COVID <sup>6</sup>	If needed use non-invasive ventilation, including home machine as per usual procedure.	<ol style="list-style-type: none"> <li>1. Semi-private - separate patient spaces with physical barriers (curtains or dividers)</li> <li>2. Multi-bed room - separate patient spaces with physical barriers (curtains or dividers)</li> </ol>	Droplet + Contact when on machine and NO washout time	Consult IPAC prior to any multi-bed room considerations

<sup>1</sup>E.g. Bilateral CXR infiltrates, fever, respiratory failure, known contact.

<sup>2</sup>No strong evidence for non-invasive ventilation in pneumonia, as we learn more about disease this recommendation may change.

<sup>3</sup>Fitted N95, face shield, level 2 gown (yellow ones), gloves. Can consider bouffant.

<sup>4</sup>No evidence of pneumonia clinically or on imaging, no fever, significant history of CHF or COPD, classic presentation of CHF or COPD.

<sup>5</sup>No other clear reason for respiratory failure plus criterion in 1.

<sup>6</sup>No hypoxic respiratory failure, use of CPAP or BiPAP at home for OSA or other hypercapnic conditions.

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# APPENDIX 5: OPTIFLOW

## Guidance for Adult Use of Heated High Flow Oxygen (HHFO, e.g. Optiflow and AIRVO) during COVID-19 Pandemic

Clinical Scenario	Guidance	Priority of rooms for heated high flow oxygen. Optimize bed space appropriately prior to moving to next option.(1,2,3)	PPE	Consultation
<b>COVID-19 Positive or COVID-19 Status Unknown</b>				
COVID positive or suspected case with Moderate/High probability <sup>1</sup>	If indicated	<ol style="list-style-type: none"> <li>1. Airborne infection isolation room (AIIR) with negative pressure and anteroom</li> <li>2. Single room with HEPA unit ducted to exhaust system or exhausted outside</li> <li>3. Single room and door closed. (portable HEPA units is not required)</li> </ol>	Droplet + Contact + N95 <sup>2</sup> when on HHFO and washout time after discontinuation	Consider ICU Consult if over 60% O <sub>2</sub> Notify IPAC
Low probability of COVID with high suspicion of CHF or non-infectious COPDE	If indicated	<ol style="list-style-type: none"> <li>1. Airborne infection isolation room (AIIR) with negative pressure and anteroom</li> <li>2. Single room with HEPA unit ducted to exhaust system or exhausted outside</li> <li>3. Single room and door closed. (portable HEPA units is not required)</li> </ol>	Droplet + Contact + N95 <sup>2</sup> when on HHFO and washout time after discontinuation	Consider ICU Consult if over 60% O <sub>2</sub> Notify IPAC
<b>COVID-19 Ruled Out/Resolved</b>				
COVID-19 negative and clinical consensus non-COVID <sup>3</sup>	If indicated	<ol style="list-style-type: none"> <li>1. Semi-private - separate patient spaces with physical barriers (curtains or dividers)</li> <li>2. Multi-bed room - separate patient spaces with physical barriers (curtains or dividers)</li> </ol>	Droplet + Contact when on HHFO and NO wash out time	Consult IPAC prior to any multi-bed considerations

<sup>1</sup>E.g. Bilateral CXR infiltrates, fever, respiratory failure, +/- exposure.

<sup>2</sup>Fitted N95, face shield, level 2 gown (yellow ones), gloves. Can consider bouffant.

<sup>3</sup>This also applies for tracheostomy patients

# APPENDIX 6: TRACHEOSTOMY SUCTIONING

## Guidance for Adult Tracheostomy Suctioning during COVID-19 Pandemic

Clinical Scenario	Guidance	Priority of rooms Tracheostomy suctioning. Optimize bed space appropriately prior to moving to next option.(1,2,3)	PPE	Consultation
<b>COVID-19 Positive or COVID-19 Status Unknown</b>				
COVID positive or suspected case with Moderate/High probability <sup>1</sup>	If indicated	<ol style="list-style-type: none"> <li>1. Airborne infection isolation room (AIIR) with negative pressure and anteroom</li> <li>2. Single room with HEPA unit ducted to exhaust system or exhausted outside</li> <li>3. Single room and door closed. (portable HEPA units is not required)</li> </ol>	Droplet + Contact + N95 <sup>2</sup> when suctioning and washout time after procedure	Consider ICU Consult
Low probability of COVID with high suspicion of CHF or non-infectious COPDE	If indicated	<ol style="list-style-type: none"> <li>1. Airborne infection isolation room (AIIR) with negative pressure and anteroom</li> <li>2. Single room with HEPA unit ducted to exhaust system or exhausted outside</li> <li>3. Single room and door closed (portable HEPA units are not required)</li> </ol>	Droplet + Contact + N95 <sup>2</sup> when suctioning and washout time after procedure	Consider ICU Consult
<b>COVID-19 Ruled Out/Resolved</b>				
COVID-19 negative and clinical consensus non-COVID	If indicated	<ol style="list-style-type: none"> <li>1. Semi-private - separate patient spaces with physical barriers (curtains or dividers)</li> <li>2. Multi-bed room - separate patient spaces with physical barriers (curtains or dividers)</li> </ol>	Droplet + Contact and NO wash out time	Consult IPAC prior to any multi-bed considerations

<sup>1</sup>E.g. Bilateral CXR infiltrates, fever, respiratory failure, +/- exposure.

<sup>2</sup>Fitted N95, face shield, level 2 gown (yellow ones), gloves. Can consider bouffant.