

Memorandum

To: NS Health Leadership Teams, Zone Executive and Medical Directors
From: Core COVID Network (IPAC, OHSW, ID)
Date: December 27, 2021
Subject: Protocol for Droplet Precautions for SARS-CoV-2 in Health Care Settings

Please distribute to all Team Members working in clinical settings

Nova Scotia Health Infection Prevention and Control, Infectious Diseases, and Occupational Health Safety and Wellness have been closely monitoring the evolving COVID-19 pandemic and the appearance of the Omicron variant while the Delta variant continues to circulate. We are aware that there are many questions that remain to be answered about the Omicron variant and, as has been the case with the appearance of each of the earlier variants, health care workers are asking whether current infection prevention and control measures are sufficient to protect them in the workplace. This memorandum is intended to summarize what is known to date and outline recommended measures to keep health care workers safe at work.

SARS CoV2 is transmitted in the air, **most frequently and easily at short range** through exposure to respiratory particles that range in size from large droplets that fall quickly to the ground to smaller droplets, often called aerosols, which can remain suspended in the air for a period of time. There is evidence to suggest that **long-range transmission can occur under the right set of conditions**, such as during aerosol-generating medical procedures and close contact in a poorly ventilated indoor setting. **The relative role of large respiratory droplets versus smaller droplet particles in short-range transmission has not been conclusively determined.**

On Dec. 22, 2021, the [World Health Organization issued Recommendations](#) on mask use by healthcare workers, in light of the Omicron variant of concern. NS Health, the IWK, Department of Seniors and Long-Term Care and Department of Health has reviewed these recommendations and the Office of the Chief Medical Officer of Health (OCMOH) will be enacting a **COVID-19 Protocol for Additional Precautions for SARS-CoV-2 in Health Care Settings** under the *Health Protection Act (2004)*. The following interim precautions and procedures based on the Nova Scotia context will be required in health care settings across Nova Scotia. The protocol will be enacted as an interim measure in health care settings defined under the protocol, until such time that all healthcare workers who provide direct patient, resident, client care or support services in the patient, resident, and client care environment, have had an opportunity to be fit-tested.

Required Precautions and Procedures

- All health care workers should perform a point of care risk assessment to determine the most suitable respiratory protection (i.e. well-fitting medical mask or respirator (N95 or equivalent) or fit-tested N95 respirator (or equivalent) to wear when caring for a patient.
- HCWs providing care to patients with suspected or confirmed COVID-19 infection (YELLOW and BLUE patients on NSH pathways) should wear a well-fitting medical mask OR N95 respirator (or equivalent). Until such time as the HCW has been fit-tested, a non-fit tested N95 respirator (or equivalent) may be used. This applies to all settings where care of patients with suspected or confirmed COVID-19 occurs (e.g. acute care, long-term care, home care).
- A fit-tested, seal-checked, N95 respirator (or equivalent) should always be worn by HCW performing AGMPs on patients with suspected or confirmed COVID-19.
- All healthcare workers providing care to patients with suspected or confirmed COVID-19 infection should have ready access to a sufficient supply of well-fitting medical masks and N95 respirators and should be free to use a N95 respirator (or equivalent) based on their assessment of the situation and their risk. Additional supply will be made available to replenish as needed.
- Provision of immediate and then ongoing education on choosing and wearing a well-fitting medical mask or respirator and eye protection.
- Ongoing education on how to use the point of care risk assessment to choose the proper respiratory protection to wear when caring for a patient with suspected or confirmed COVID-19.
- Regular unit-level audits on adherence to proper mask, respirator, and eye protection use.

NS Health and IWK Infection Prevention and Control, Occupational Health Safety and Wellness and Infectious Diseases will continue to monitor evolving evidence and recommendations and work with system partners to update this guidance if needed.

Definitions

Health Care Workers: Individuals who provide health care or support services, such as nurses, physicians, dentists, paramedics, allied health professionals, unregulated healthcare providers, clinical instructors and students, volunteers, and housekeeping staff in health care settings.

Health Care Settings: All hospitals defined by the Hospitals Act; Long-term care facilities licensed under the Homes for Special Care Act; privately-operated care facilities for seniors, along with independent or assisted living services for seniors; health authority as defined in the Health Authorities Act; home care agency funded under the Homemaker Services Act; privately-operated home care services and agencies; Emergency health services, ambulance services and communications centre as defined in the Emergency Health Services Act.

Suspected COVID-19 in Acute Care: Patient has identified symptoms (unexplained fever $>38^{\circ}\text{C}$ or fever-like symptoms, new or worsening cough, or two or more of: sore throat, runny nose, headache, shortness of breath, other acute respiratory illness) consistent with infection OR physician has a high clinical suspicion of COVID-19 infection OR Chest Xray is consistent with COVID-19 OR symptoms/exposure cannot be determined due to physical and / or mental status.

Suspected COVID-19 in Home Care: Client has identified symptoms (unexplained fever $>38^{\circ}\text{C}$ or fever-like symptoms, new or worsening cough, or two or more of: sore throat, runny nose, headache, shortness of breath, other acute respiratory illness) consistent with infection

Suspected COVID-19 in LTC: Resident has identified symptoms as per the [Covid-19 Management in Long-Term Care Facilities Directive](#).

Probable COVID-19: A person who has symptoms compatible with COVID-19 and had a high-risk exposure **and has not a laboratory confirmation or** had a validated point of care (POC) antigen test for SARS-CoV-2 completed and the result is positive as per the [Public Health National Case Definition](#).

Confirmed COVID-19: Patient has a positive test, including a laboratory confirmed PCR, a POC rapid antigen test or a POC molecular test as per the [Public Health National Case Definition](#).

Aerosol Generating Medical Procedures (AGMP): A medical procedure that can generate aerosols that consist of small droplet nuclei and present a risk for airborne transmission of pathogens that would not otherwise spread by the airborne route.

Additional Resources available on the [COVID-19 Hub](#):

- [How to wear a Face Mask](#)
- [Well-Fitting Mask Poster](#)
- [Safety Huddle: The Importance of Maintaining Safe Masking](#)