

# Shelter X

## Infection Control Protocol - COVID-19 Additions

Approved by:

Effective date:

Original author: Linda Jacobson, Toronto Humane Society

Revision Date:

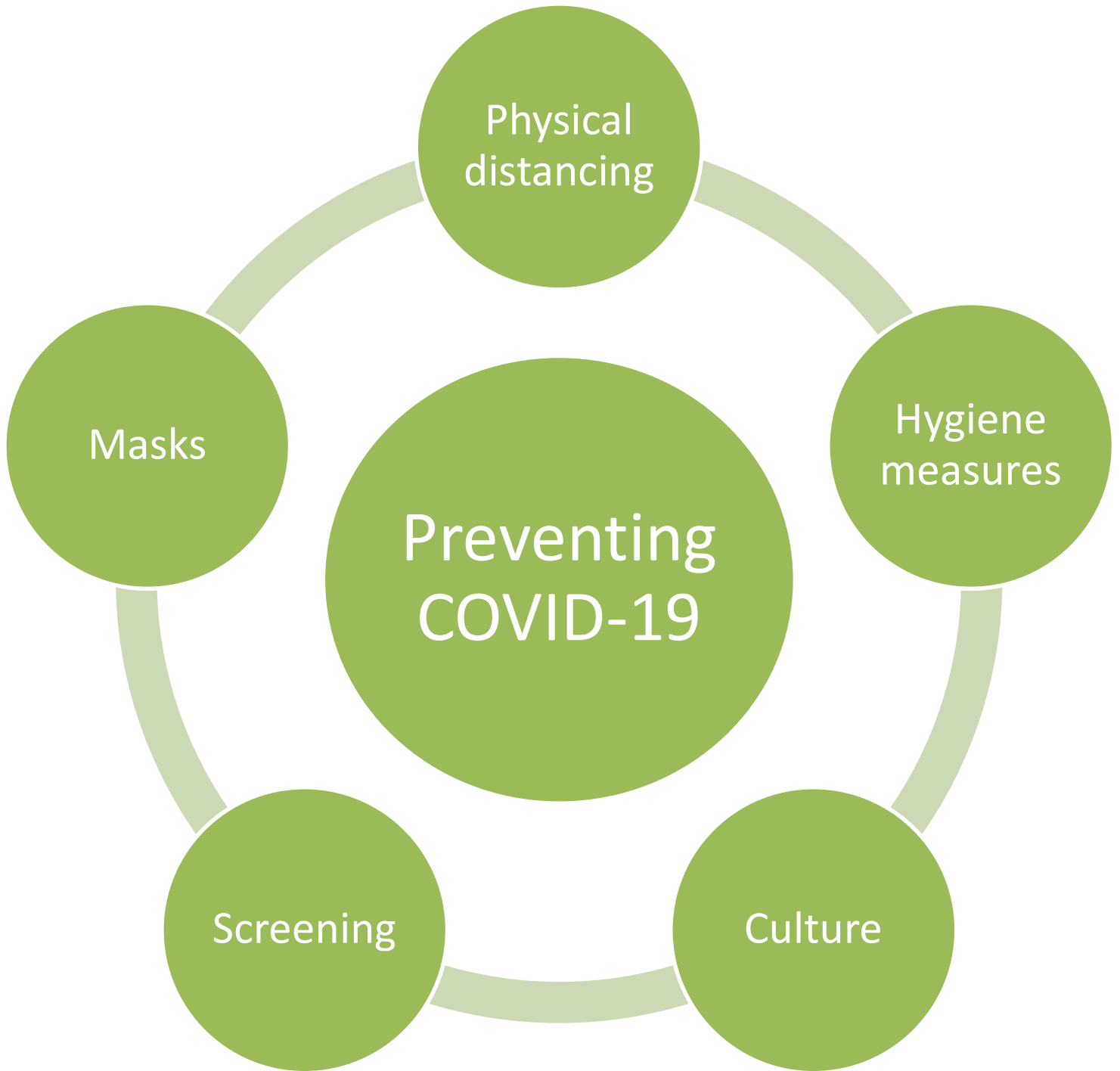
Main Sources:

1. **Infection Prevention and Control Best Practices for Small Animal Veterinary Clinics, 2020 Update** <http://oahn.ca/resources/ipc-best-practices/>
2. Ontario Veterinary Medical Association **COVID-19 Guide for Practices** (April 17) [https://www.ovma.org/assets/1/6/COVID\\_guide\\_for\\_practices\\_revised\\_April\\_17.pdf](https://www.ovma.org/assets/1/6/COVID_guide_for_practices_revised_April_17.pdf)
3. **College of Veterinarians Updates and Guidance** [cvo.org](http://cvo.org)
4. **COVID-19: A Guide to Reopening Veterinary Medicine in Ontario** [https://www.ovma.org/assets/1/6/Practice\\_Reopening\\_Guide.pdf](https://www.ovma.org/assets/1/6/Practice_Reopening_Guide.pdf)
5. **Workplace Safety & Prevention Services: Guidance on Health and Safety For Veterinary Services** (Pet Groomers/ Dog Walkers/ Pet Boarding/ Animal Care Providers) during COVID-19 <https://www.wspss.ca/WSPS/media/Site/Resources/Downloads/covid-19-veterinary-health-and-safety-guidance.pdf?ext=.pdf>
6. **Amid the Coronavirus Crisis, a Regimen for Reentry** <https://www.newyorker.com/science/medical-dispatch/amid-the-coronavirus-crisis-a-regimen-for-reentry>
7. For **comprehensive guidelines in the human healthcare setting**, refer to: <https://www.cdc.gov/infectioncontrol/guidelines/index.html>

## Additional Infection Control Measures During COVID-19

### The COVID-19 Prevention “Big Five”

Dr. Atul Gawande (author of “The Checklist Manifesto”) describes extremely low rates of infection in staff at the enormous hospital where he works in Boston, USA. He emphasizes that prevention must include five strategies, all of which are essential. One or two alone won’t work, but together they are literally life-saving. This is why it is so important to **use all the strategies**. And **use them everywhere, not just at work**.

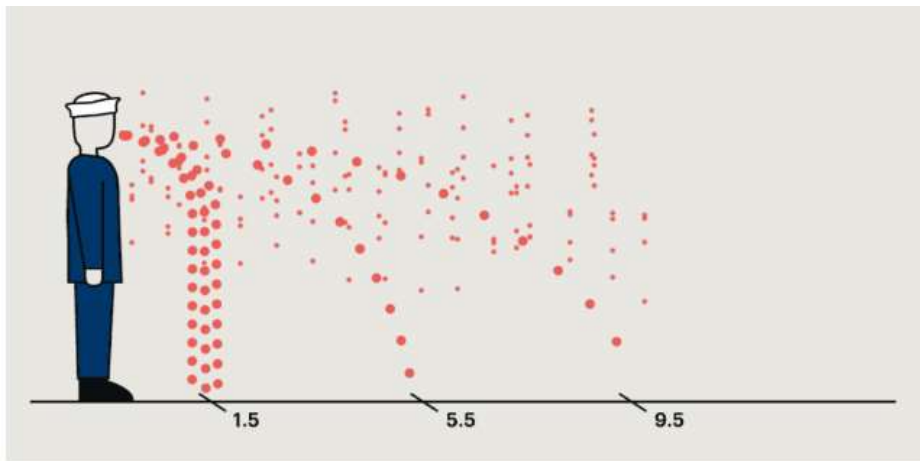


“Skip one, and the ‘treatment’ won’t work. But, when taken together, and taken seriously, they shut down the virus.”  
– Dr. Atul Gawande

## How does COVID-19 spread?

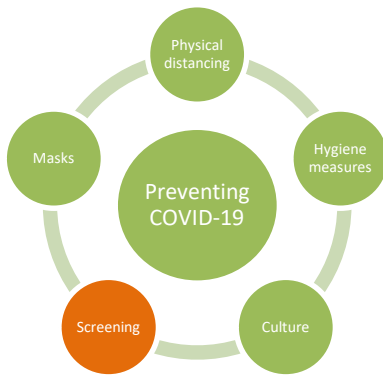
1. Spread is mainly through **aerosol droplets** – virus contained in drops of liquid sprayed out through coughing, sneezing or speaking.
  - a. It is spread by people who have symptoms of disease but also by infected people who have silent or asymptomatic disease, or before symptoms show.
2. It is also presumed to spread by contact with **contaminated surfaces**, then touching eyes or mouth, but this is considered **a less important risk of infection**.
  - a. Virus particles can live on surfaces for varying amounts of time
    - i. Stainless steel or plastic – up to 3 days
    - ii. Cardboard – 1 day
    - iii. Paper – 3 hours
    - iv. Animal hair – unknown but not thought to be a significant risk

The longer you are in a closed space with an infected person, and the closer you are to that person, the higher the risk of infection. Just walking past someone is very unlikely to result in infection (unless they sneeze on you!)



*A study conducted at a naval base in the nineteen-forties found that germs were most commonly collected within a foot and a half of the sneezing subject, but in some cases they could travel much farther.*

## One: Screening



1. Screening questions help keep us safe by **identifying people who may be infected with COVID-19**
2. Copies of the questionnaire (below) can also be found in the Telemedicine Protocol, PetPoint COVID screening template. This is the reference questionnaire and other versions must match this one.
3. Screening questions are required:
  - a. The first time someone enters the building every day (staff or others)
  - b. When setting up appointments with clients
  - c. When clients drop off animals (or may be asked to confirm no change since telemedicine consult)
4. **Self-screening** means not coming to work if you think you may have COVID-19 and ensuring you report this to your supervisor.
  - a. Remember, being sick is NOT a sign of weakness or lack of commitment. **Coming to work sick could endanger someone's life**

## Reference COVID-19 Screening Questionnaire

### 1. Are you currently experiencing any of these symptoms?

- Fever (feeling hot to the touch, a temperature of 37.8 degrees Celsius or higher)
- Chills
- Cough that's new or worsening (continuous, more than usual)
- Barking cough, making a whistling noise when breathing (croup)
- Shortness of breath (out of breath, unable to breathe deeply)
- Sore throat
- Difficulty swallowing
- Runny nose (not related to seasonal allergies or other known causes or conditions)
- Stuffy or congested nose (not related to seasonal allergies or other known causes)
- Lost sense of taste or smell
- Pink eye (conjunctivitis)
- Headache
- Digestive issues (nausea/vomiting, diarrhea, stomach pain)
- Muscle aches
- Extreme tiredness that is unusual (fatigue, lack of energy)
- Falling down often
- For young children and infants: sluggishness or lack of appetite

**If yes, deny entry, recommend self-quarantine.**

### 2. Are you in any of these at-risk groups?

- **Pregnant or recently gave birth**
- **Getting treatment that compromises (weakens) your immune system**  
(for example, chemotherapy, medication for transplants, corticosteroids, TNF inhibitors)
- **Having a condition that compromises (weakens) your immune system**  
(for example, lupus, rheumatoid arthritis, other autoimmune disorder)
- **Having a chronic (long-lasting) health condition**  
(for example, diabetes, emphysema, asthma, heart condition)
- **Regularly going to a hospital or health care setting for a treatment**  
(for example, dialysis, surgery, cancer treatment)

**If yes, deny entry if employee or volunteer, recommend stay at home.**

### 3. Have you travelled outside of Canada in the last 14 days?

**If yes, deny entry, recommend quarantine for 14 days from date of return to Canada.**

### 4. In the last 14 days, have you been in close physical contact with someone who:

- Tested positive for COVID-19,
- Is currently sick with a new cough, fever, or difficulty breathing; or
- Returned from outside of the country in the last 2 weeks?

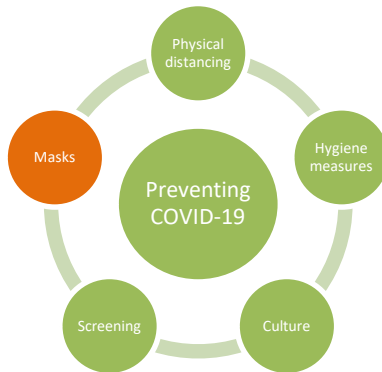
**Close physical contact means:**

- speaking with someone less than 2 metres away for over 15 minutes
- being in the same room or workspace for over 15 minutes
- living in the same home

**If yes, deny entry, recommend self-quarantine.**

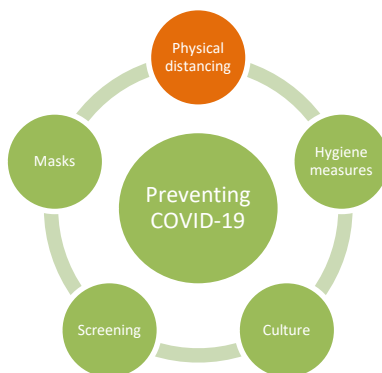
Source: <https://covid-19.ontario.ca/self-assessment/>

## Two: Masks



1. Masks help keep us safe by **preventing aerosols from getting from the wearer to the other person**
2. They also help keep the wearer safe, but are less effective for this
3. Cloth masks with **breathing valves** are being sold commercially. These are **NOT acceptable** because they do NOT protect other people (and offer relatively poor protection to the user).
4. Masks **must be worn by all people in the building** - staff or the public
  - a. Wear masks correctly, covering the nose and mouth
    - i. TIP: If you wear glasses that get fogged up by a mask, fold the metal strip at the top of the mask to fit snugly over your nose. Breathe through your nose, not your mouth. Try putting a folded tissue just inside the top of the mask.
  - b. The same mask can be worn for the day
  - c. Wash masks after the work day. Normal laundering is fine.

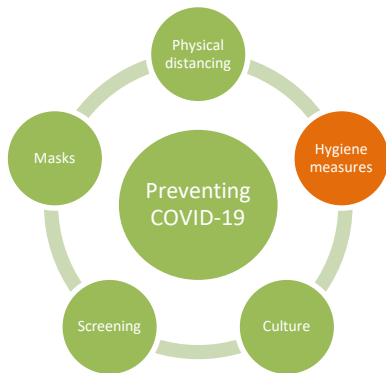
## Three: Physical distancing



1. Physical distancing keeps us safe by **preventing virus-containing aerosols from reaching our mouth, nose and eyes.**
2. Stay **at least 2 metres** away from other people whenever physically possible
  - a. 2m is not an absolute, it is a **minimum**. Stay further away if you can.
3. There is less risk of infection outdoors

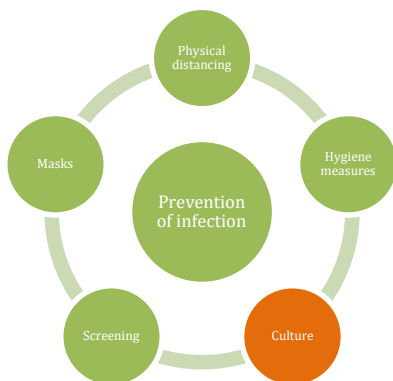
4. If you have to perform a task with another person (e.g. lifting an animal or object, blood draw), remember that **the shorter the contact time, the lower the risk of infection**.
  - a. Plan and prepare beforehand
  - b. Work outdoors or in a large space if you can
  - c. Keep doors open if you can

#### Four: Hygiene measures



1. Hygiene measures keep us safe by **removing virus from contaminated hands or surfaces**.
2. Wash or sanitize your hands/gloves:
  - a. Every time you go into or out of a group environment
  - b. Before and after handling every animal
3. Disinfect objects and surfaces that are frequently touched:
  - a. Disinfection must be scheduled at the start and end of the working day, at a minimum
  - b. During the day, pay attention to **frequently touched metal and plastic objects and surfaces** and disinfect these regularly.

#### Five: Culture



Consistently using prevention measures requires commitment – to your own health, and to the health and safety of others. It will also help the animals in our care, who also suffer when infection control

measures are not consistently applied. *Your commitment to these measures could literally save a life – yours or someone else’s.*

**Caring and commitment mean speaking out.** Use Fearless Feedback to politely remind your co-workers to follow the prevention strategies. Speak to your manager or supervisor if you have concerns.

### Conserving PPE and other vital supplies:

1. Shortages of PPE are quite likely as businesses reopen and demand increases. Drug shortages and shortages of other supplies are also possible. Conserving supplies also helps the environment and the shelter’s finances!
2. Gloves:
  - a. **Don’t wear gloves if you don’t need to.**
  - b. Wash hands when you are near a sink, to conserve hand sanitizer
  - c. Wear the same pair of gloves for an extended period
  - d. Wear non-surgical gloves instead of surgical gloves where possible (e.g. cat neuters)
3. Gowns:
  - a. Use re-usable gowns where appropriate
4. Masks:
  - a. Use cloth masks unless surgical masks are required
  - b. For short, low-risk surgeries, consider using cloth masks e.g. routine cat OVH. Higher risk surgeries e.g. orthopedics, long procedures, require surgical masks to protect the patient. Dentals require goggles, surgical masks, face shields because of aerosolization.
5. Medical disposables:
  - a. Be thoughtful about how you can reduce use and increase re-use – e.g. wash and re-use syringes and tubes for repeat enemas in the same patient

### Housing and handling COVID-exposed animals

See separate COVID-19 exposed or infected animals protocol.



## Putting on (donning) and taking off (doffing) PPE during COVID-19

Source: <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

### **Putting on PPE:**

The exact order isn't critical. Use common sense. For example, it makes sense to put on a hairnet first (head is presumed to be free of infectious agents) and booties second-last (shoes are presumed to be contaminated). Gloves go on last because hands are likely to become contaminated while donning other PPE.

### **Taking off PPE:**

Removing PPE correctly is extremely important. The exact order isn't critical. What matters most is being aware that each item is now considered contaminated, and avoiding contamination of clothes and skin, and especially hands, when removing. Hands should always be washed or sanitized after removing PPE.

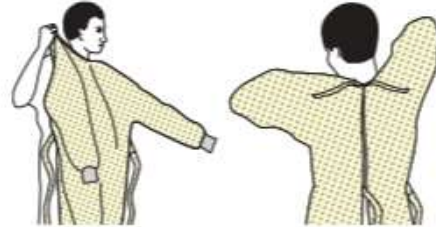
The CDC posters below provide more details for how to safely put on and take off PPE.

## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



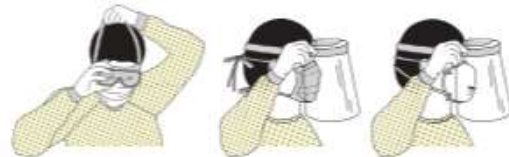
### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



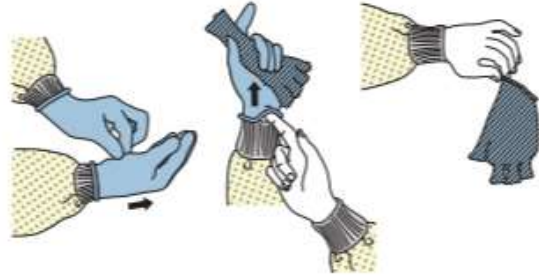
## Doffing – TAKE PARTICULAR CARE because of PPE is now contaminated

### HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

#### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



#### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



#### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

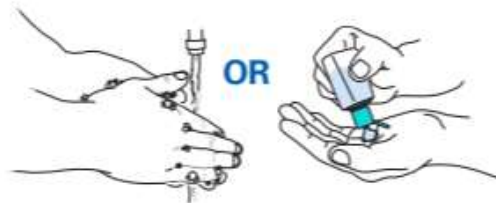


#### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



#### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
BECOME CONTAMINATED AND IMMEDIATELY AFTER  
REMOVING ALL PPE**

