

Klachkova, Anastasiya (CSC/SCC)

From: Dunn Kathleen (NHQ-AC)
Sent: February 22, 2021 9:28 AM
To: Clement Chris (NHQ-AC)
Subject: INSPQ

INSPQ
Institut national de santé publique du Québec
<https://www.inspq.gc.ca/>
EN landing page
<https://www.inspq.gc.ca/en>

From: Clement Chris (NHQ-AC) <Chris.Clement@CSC-SCC.GC.CA>
Sent: February 19, 2021 7:12 PM

To: [REDACTED]
Cc: Dunn Kathleen (NHQ-AC) <Kathleen.Dunn@CSC-SCC.GC.CA>; Massicotte Nancy (QUE) <Nancy.Massicotte@CSC-SCC.GC.CA>; Nadeau Jean-Pascal (QUE) <jean-pascal.nadeau@csc-scc.gc.ca>; Ouellet Jonathan (QUE) <Jonathan.Ouellet@csc-scc.gc.ca>
Subject: FW: INSPQ - N95 required for HCWs

Hi [REDACTED]

In follow up to our conversation earlier this evening below please find the a link to the recommendation and a translated version of the steps to determine if N95's are required.

You will also see the assessment CSC used to determine why we are not implementing at this time.

We will reassess on Monday once more testing is completed or if new cases emerge over the weekend.

Please let me know if you have any questions.

Also I am reflecting on conversation in which you agree that if you were in any other jurisdiction that you would not make the recommendation to move to N 95's so I would ask if you feel that you need to make the recommendation you highlight that the decision was influenced by your interpretation of the recommendations from INSPQ and not solely the assessment of the site.

I am also highlighting making a recommendation such as the move to N 95 on a Friday evening is challenging. This kind of a move will take time and planning, there will need to be additional education for staff especially those who have never worn an N95 before. FIT testing has been on hold due to limited supply during the pandemic, we have just recently secured a sustainable supply chain for N 95's but they are new models and require staff to re FIT test. I think making a recommendation of this magnitude would be better when there is time to have a fulsome discussion with leadership and ensure that there is an effective plan to transition if the recommendation is supported by CSC.

I also think that it is worth noting that CRC feels the situation is well enough under control to withdraw from the site and I am sure that this would not be the case of CRC felt that the site did not have control over the outbreak.

I am happy to discuss further.

Thanks and have a great weekend.

CC

From: Dunn Kathleen (NHQ-AC) <Kathleen.Dunn@CSC-SCC.GC.CA>

Sent: February 11, 2021 8:40 AM

To: Ma Kristina (NHQ-AC) <Kristina.Ma@CSC-SCC.GC.CA>

Cc: Clement Chris (NHQ-AC) <Chris.Clement@CSC-SCC.GC.CA>; VanDalen Madison (NHQ-AC) <Madison.VanDalen@CSC-SCC.GC.CA>

Subject: FW: INSPQ - N95 required for HCWs

Kristina

Here is the summary from the PHAC IPC team – aligns with what you had presented

The decision point is around sustained transmission.

The hot zones are facility specific.

Kathy

From: Popaljar, Adina (PHAC/ASPC) <adina.popaljar@canada.ca>

Sent: February 10, 2021 5:54 PM

To: Dunn Kathleen (NHQ-AC) <Kathleen.Dunn@CSC-SCC.GC.CA>

Subject: RE: INSPQ - N95 required for HCWs

Hi Kathy,

I found a guidance document on the INSPQ website published Feb 8 on the use of N95s in hot zones. It's in French and did not see an EN translation. I translated to the best of my knowledge the key points below. It **seems like it is a last resort in situations where there is sustained transmission** on the unit termed as "uncontrolled outbreak". There is a detailed tool to determine if the facility should implement N95s, looks quite thorough.

Hope this helps for now. Will let you know if get more info tomorrow.

Best,

Adina

<https://www.inspq.qc.ca/sites/default/files/publications/3106-exposition-travailleurs-sante-eclosion-controlee.pdf>

Committee on nosocomial infections of Quebec: Recommendations on risk management of HCW exposure to aerosols in uncontrolled outbreak situations in healthcare settings

In light of the findings issued by the INSPQ in the document Transmission of SARS-CoV-2: findings and proposed terminology as well as the review of data in gray and scientific literature, the Committee on nosocomial infections of Quebec (CINQ) revised its recommendations regarding the use of a respirator. The term APR refers to any type N95 respirator or equivalent.

Step 1: Determine whether there is an uncontrolled outbreak.

A) Sustained and increase transmission/cases of COVID 19. Ongoing testing has not revealed new cases within the last 48 hours.

B) Continue to have new cases with epi link to the outbreak after 10 or more days of implementing IPC outbreak measures.

If neither A nor B are applicable, then wearing of N95 by all HCWs is not deemed necessary. If either one is applicable, go to Step 2.

Step 2: Ensure essential IPC measures are in place and address non-compliance issues. CSC has conducted their own internal IPC checklist and CRC has also done a review and made some recommendations on Donning and Doffing station placement, placement of hand sanitizer, phone allocation for inmates. There have not been any identified areas of non-compliance by CSC or CRC.

Step 3: Evaluate the effectiveness of IPC measures and correction of non-compliance.

Outbreak under control? A) No new cases B) Decrease in new confirmed cases

If yes to either A or B, then wearing of N95 by all HCWs is not deemed necessary. Despite ongoing testing there are no new inmate cases in the past 48 hours. We will continue to monitor this and if new cases emerge we will re-evaluate.

Based on the above we have determined that the use of N 95's are not required at this time, we will continue to re-evaluate the situation and adjust as necessary.

Step 4: Analyze the situation and make a decision.

If there is no improvement in the outbreak situation, assess the possibility of further modifying key IPC measures.

All IPC measures are important in managing an outbreak but the three steps that should be considered in making the final decision on whether or not to recommend an N95 are as follows:

- The patient does not wear a medical mask when they are less than two meters from another person (source control).
- Ventilation not in accordance with the recommendations (?provincial directive).
- There are several rooms with more than two confirmed COVID-19 cases on the same outbreak unit (high density).

Step 5: Terms/considerations for wearing an N95

- Option 1: HCW wears the N95 at the entrance to the room of suspected or confirmed COVID-19 cases. Change the N95 in the hallway between each room of suspected or confirmed COVID-19 cases. Wear a medical mask in the rooms of non-suspected COVID-19 cases as well as in common areas.
- Option 2: Consider the following situations
Uncontrolled outbreak in a unit where patients are unable to comply with the recommended IPC measures (e.g. wandering, lack of collaboration) when all alternative measures have been attempted.

OR

Uncontrolled outbreak when all patients on the unit are confirmed cases of COVID-19.

N95s should be worn when treating suspected or confirmed COVID-19 cases.

N95s should be worn in common areas considered hot zones.

N95s are not required in areas not considered "hot zones" (eg: utility, pharmacy, guard post, break or meal rooms) – a medical mask must be worn.

Step 6: Weekly re-evaluation of the addition of N95s

Step 7: Ending the use of N95s as additional measure