

Klachkova, Anastasiya (CSC/SCC)

From: Dunn Kathleen (NHQ-AC)
Sent: February 23, 2021 9:28 AM
To: Arseneault Bev (NHQ-AC)
Cc: Carver Regan (PRA); Clement Chris (NHQ-AC)
Subject: FW: Quebec N95 directive

Bev,
here is the background, links to CNESST press release and guidance from INSPQ (provincial public health authority)

Background:

Apparently it was not the decision/direction of INSPQ. CNESST - a group linked to labour laws (something like WSIB) mandated the N95s based on their own interpretations of documents where aerosols are mentioned. Not from the ministry of health. Here is the press release

CNESST press release on mandated N95s in QC – Feb 9

<https://www.cnesst.gouv.qc.ca/fr/salle-presse/communiqués/covid-19-cnesst-oblige-port-n95-dune-protection>

“The Committee on Standards, Equity, Health and Safety at Work (CNESST) announces that it will require, from February 11, 2021, the wearing of a respirators N95 or superior protection for all HCWs working in a healthcare setting in a hot zone. This announcement comes in the wake of new scientific knowledge and the changing context of the pandemic, particularly with regard to the increased infectious potential of the new variants.

This new positioning with regards to PPE stems from the Opinion of the Committee on nosocomial infections of Quebec (CINQ) on the management of the risk of exposure to aerosols of HCWs in an uncontrolled outbreak situation in healthcare settings (the document I shared yesterday with translated key points), as well as in the opinion of the National Institute of Public Health of Quebec of January 8, 2021 which recognizes the transmission of the virus by aerosol.

Remember that the wearing of this type of respirator was until now reserved for AGMPs.

This requirement applies in particular to hospitals, medical clinics, family medicine groups, outpatient clinics, rehabilitation settings and long-term care settings. Workers in these settings should also perform respirator fit testing beforehand.”

INSPQ doc
EN Translation

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.

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

Committee on nosocomial infections of Quebec: Recommendations for 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.

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.

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.

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 for providing care to 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, security, 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