



Nova Scotia College of Respiratory Therapists

Recommendations for Respiratory Therapists Working in the Community Care and Clinic Setting

On March 26th, 2020, the Chief Medical Officer of Health, operating under the Health Protection Act, issued a Public Health Order to all individuals residing in Nova Scotia regarding the global COVID-19 pandemic. Under this Order, non-essential health services were postponed until the spread of the virus could be contained, which included non-essential care provided in the community care and clinic setting. As the data suggests the curve is flattening, the Province has initiated the plan to incrementally reduce restrictions related to COVID-19 with the gradual phasing in of health services that were affected.

The information presented below is intended to provide Respiratory Therapists with guidance applicable to returning to work in the community care and clinic setting. These guidelines apply to those Respiratory Therapists working in community and private practice and includes guidance from the Office of the Chief Medical Officer of Health (OCMOH). The NSHA and IWK have developed their own internal policies and protocols, which may differ from that of the OCMOH. As such, Respiratory Therapists working in in-patient or out-patient NSHA and IWK settings should follow and comply with the policies and protocols of their employer.

Working in these settings can present a unique set of challenges. As you return to your workplace, it is important to adhere to implemented workplace measures that are based on provincial reopening guidelines necessary to minimize the risk of contracting and/or the spreading of the infection in your workplace.

Please note that this guidance document is based on current available information and is subject to change as new information becomes available. ***It is your responsibility*** to regularly review the websites below so that you are aware of any updated information and to adapt practice accordingly.

<https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>

<https://novascotia.ca/coronavirus/>

<https://ipac-canada.org/coronavirus-resources.php>

<https://www.cdha.nshealth.ca/coronavirus>



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Recommendations:

Upon returning to work, all employers and healthcare workers must follow the Public Health Order issued by the OCMOH, including direction arising from that order and the directives given under the authority of the Health Protection Act (HPA).

The following is guidance to support the re-opening of access to previously restricted health care services. These recommendations are to be incorporated into reopening plans for all respiratory therapy services that are delivered in the community care and clinic setting.

1. Communication Plan:

When booking in-person appointments, patients should be provided with clear and transparent communication regarding the changes to practice and to the workplace environment specifically related to COVID-19.

Patients should be made aware of what to expect upon arrival for an in-person appointment including but not limited to:

- symptom screening assessment,
- personal protective equipment (PPE) requirements,
- time of arrival for appointment,
- waiting area expectations, and
- acceptable accompaniment for in-person appointments.

To facilitate contact tracing in the event of an exposure, facilities should maintain a log of the time and date of in-patient visits and staff work schedules.

2. Risk Assessment:

Upon arrival to the workplace, all healthcare workers, staff, and patients should be screened for symptoms of COVID-19 or exposure to someone who tested positive for COVID-19 in the past 14 days. Workplaces should also consider posting accessible signage to discourage staff and patients with symptoms of or exposure to COVID-19 in the past 14 days from entering the office.

- Employees must stay home if they are ill or exhibiting symptoms of COVID-19 and are to contact 811 for advice on testing.
- Prior to all in-person appointments:
 - a) Patients should be advised to complete the 811 online assessment at <https://811.novascotia.ca/>, or



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- b) This assessment can also be done virtually when an appointment is being booked, or
 - c) Upon arrival for appointment.
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- If screening is done in another manner, any patient who currently has one or more of the symptoms compatible with COVID-19 should be directed to call 811 to arrange for testing. An in-person appointment should not be booked until testing for COVID-19 is negative unless deemed urgent. ([Symptoms of COVID-19](#))
 - Anyone who arrives for an in-person appointment and is experiencing COVID-19 symptoms should immediately be asked to wear a surgical/procedure mask and isolated in a space within the office away from others. Patients should be referred to 811 to arrange for testing.
 - If a health care worker/staff develops symptoms of COVID-19 in the workplace, they must immediately apply a surgical/procedure mask and be excluded from work. The individual should be directed to call 811 to arrange for COVID-19 testing.
 - Workplaces should have an identified space where anyone exhibiting symptoms of COVID-19 can be isolated.
 - Employers have a responsibility to adjust absenteeism policies to enable staff to stay home when ill, in quarantine (self-isolation), or if they are taking care of children or someone who is ill. They must ensure that plans are in place for increased worker absences due to illness or isolation.

3. Virtual Care:

Virtual care is care delivered remotely by technology and includes the use of telephone, video call, or email to provide treatment. Services that can effectively be provided through virtual care should continue to be incorporated into the delivery of care.

Examples of services where virtual care may be appropriate include, but are not limited to:

- Monitoring symptoms,
- Providing patient education,
- Review of care plans to reinforce best care,
- Monitoring compliance with care plans, and
- Addressing questions or concerns a patient or family member may have.



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- If an in-person visit is deemed essential for care, an initial virtual care visit with the patient is recommended prior to the in-person visit. This will ensure that patients are only seen in-person for the portion of their care that requires direct assessment.
- It is recommended that in-person visits are attended by the patient alone unless assistance is required.

4. Infection Prevention and Control:

Infection Control Practice Standards must be adhered to in the workplace. These measures must always be utilized in every aspect of patient care. Appropriate signage should be present to remind staff and patients to practice good hygiene. Signage should be appropriate for staff and patients age, ability, literacy level and language preferences.

The following measures are universally required in all patient care settings.

- 1) **Hand Hygiene:** Hand hygiene is the single most effective way to prevent the spread of communicable diseases and infections. Hand hygiene may be performed either by using soap and running water, or with alcohol-based hand rubs.

Hand hygiene must be performed:

- Before and after contact with any patient, their bodily substances or items contaminated by them,
- Between different procedures on the same patient,
- Before putting on and after taking off gloves,
- After performing self care (e.g. using the toilet, blowing your nose), and
- When hands come into contact with secretions, excretions, blood, and body fluids (use soap and running water whenever hands are visibly soiled).

Increased access to handwashing facilities should be provided such as: placing hand sanitizer dispensers at office entrances, treatment room entrances and at reception desks. This access should be accessible to staff and patients with disabilities or other accommodation needs.

[\(Hand Hygiene eLearning tool by Infection Prevention and Control Canada\)](#)

- 2) **Respiratory Etiquette:** Respiratory etiquette describes a combination of measures intended to minimize the dispersion of respiratory droplets when coughing, sneezing, and talking. Staff and patients should be aware of the importance of respiratory etiquette measures including:



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- Cover coughs and sneezes with a medical (surgical/procedure) mask, or if not available, a non-medical mask or tissue (Dispose of tissues in a lined waste container), OR
- Cough/sneeze into the bend of your arm, not your hand, and
- Perform hand hygiene immediately after a cough or sneeze.

3) **Disinfection:** An important measure in the prevention of the spread of the virus is enhanced cleaning and disinfecting practices for workspaces, paying special attention to high touch surfaces.

Everyone plays a role in making office spaces and clinical assessment areas safer, including employers, staff, patients, and all others who interact with workplaces. To reduce the risk of transmission and facilitate disinfection, it is recommended that:

- All non-essential items should be removed from waiting areas and patient care areas.
- A minimum of twice daily increased environmental cleaning of staff work environments and commonly touched areas is implemented. Commonly touched areas include light switches, door handles, toilets, taps, handrails, counter tops, touch screens/mobile devices, keyboards, reception counters, seating areas and objects or machines used in therapies. Staff should be provided sanitizing wipes so they can clean their own workspace.
- Workplaces reduce the number of common surfaces that need to be touched (e.g. no-touch waste containers).
- Contactless payment methods be offered and, if possible, cash transactions avoided.
- When possible, medical and non-medical equipment is not shared. Shared equipment should be cleaned and disinfected before and after use and at the end of the day.
- The exchange of papers is limited. If documents must be exchanged, leave them on a clean surface while maintaining a 2-meter distance.
- Staff have access to tissues, no-touch trash receptacles, hand soap, alcohol-based hand sanitizers approved by Health Canada, disinfectants, and disposable towels.



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- All external service providers and suppliers should adhere to provincial COVID-19 health and safety requirements when entering the office.

Cleaning and sanitizing information is available at <https://novascotia.ca/coronavirus/staying-healthy/#clean>. A list of [approved hard surface disinfectants and hand sanitizers](#) can be found on the Government of Canada website.

5. Physical Distancing:

Physical distancing is proven to be one of the most effective ways to reduce the spread of illness during an outbreak. Physical distancing should continue to be practiced in the community care setting whether the care is being provided in a clinic setting or at a patient's home.

- When performing activities that do not require direct physical contact, you should attempt to maintain physical distancing of at least 2-metres.
- A minimum of a 2-metre separation between staff is required (e.g. desk spacing).
- General practices to maintain physical distancing, such as avoiding greetings like handshakes, should be reinforced.
- Physical separations, such as plexiglass barriers, installed between staff and patients offer additional protection and are recommended specifically for reception/intake areas.
- Employers will need to develop plans so that patients can safely be managed in waiting areas by maintaining appropriate physical distancing and to keep interactions between patients limited.
- In addition, offices that have lab, diagnostic and ancillary services within their clinic should consider pre-booked appointments and other measures to maintain public health requirements for physical distancing.

6. Personal Protective Equipment:

The use of appropriate personal protective equipment (PPE) will need to be implemented upon return to work this includes understanding the indications for the use of medical and non-medical masks.



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- For all patient care areas, it is recommended that healthcare providers wear a medical mask in addition to maintaining a physical distance of 2-metres. It is important to note that masks do not replace the physical distancing requirements if workplace space allows.
- A point of care risk assessment should be completed to determine PPE needs for individual patient encounters.
- Employers must ensure staff have proper training in putting on (donning) and removing (doffing) PPE to prevent cross-contamination and the potential spread of infection.

[NSHA video on donning and doffing PPE](#)

Medical masks

- Should be considered in the workplace for all health care professionals and staff providing direct patient care with a patient who has symptoms compatible with COVID-19.
- Should be replaced when visibly soiled, damp, damaged or hard to breathe through; it does not need to be changed between patients.
- Should cover your nose & mouth; not dangle below your face or sit on your forehead (or anywhere else). Do not touch the front of your mask, but if you do, remember to do hand hygiene immediately afterwards.

Non-Medical Masks

- Should be recommended for individuals in the community while travelling to access health care services and experiencing symptoms or if they will be in close contact with others while symptomatic.
- Should be considered in the workplace if a physical barrier (e.g. plexiglass at reception desk) is not in place or if physical distancing of 2-metres cannot be maintained.
- Should be considered for use by anyone in situations when exposure to crowded public spaces is unavoidable and consistent physical distancing is not possible.
- Should be considered for patients and accompanying support persons as a requirement in the office setting.



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More information regarding the appropriate use of non-medical masks can be found through the [Public Health Agency of Canada's website](#).

Please note: For standard, low risk encounters with proper hand hygiene procedures executed there is no need for gloves unless there is a risk of exposure to bodily fluids.

7. Aerosol Generating Medical Procedures (AGMPs):

Special consideration must be given for aerosol generating medical procedures (AGMPs). AGMPs are medical procedures that can generate aerosols contributing to airborne transmission of the virus. AGMPs require additional PPE including gloves, gowns, N95 masks and eye protection/face shields.

- In the community care and clinic setting, AGMPs **should only be performed on patients when medically necessary** for patients who are considered low risk for COVID-19. Alternatives to AGMPs should always be considered first. If an AGMP is considered essential, it is imperative that you anticipate and plan for the procedure in advance including evaluating where the procedure will take place and PPE requirements.
- Treatment of sleep disordered breathing disorders (SDB) must be given special attention regarding limiting the risk of transmission of COVID-19. The use of positive airway pressure (PAP) devices, including continuous positive airway pressure (CPAP), bilevel positive airway pressure (BPAP), or other more complex modes (e.g. adaptive servo ventilation [ASV]), should be assumed to increase the risk of droplet and aerosolized transmission.

The following recommendations have been made by the Canadian Thoracic Society regarding management of these patients during the pandemic. ([CTS Guideline](#))

- Routine in-person visits should be avoided.
- Testing should be limited to extremely urgent cases only (life-threatening).
- If testing is required, home testing (with disposable equipment) over in-lab testing is preferred.
- Proper personal protective equipment (PPE) for all staff and cleaning precautions for the physical space and equipment should be instituted for all required testing.
- In-lab titration studies should be avoided secondary to potential risks of aerosolization.
- In cases where clinical suspicion of SDB is high, consider empiric treatment with delayed diagnostic testing. This could include an empiric trial of auto-titrating PAP, nocturnal oxygen, and BiPAP, among others.
- Use of rental equipment is discouraged.



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Examples of AGMPs in the community care and clinic setting include:

- Humidified O₂ with flows greater than 6LPM
- Aerosolized medications (change to metered dose inhalers when possible)
- Positive pressure devices (increased risk if humidified)
- Deep suctioning
- Humidified ventilator circuits
- Trach changes
- Pulmonary function/diagnostic testing

This list is not exhaustive. If you have concerns or questions regarding AGMPs, related to the care you are expected to provide, contact the Registrar at registrar@nsCRT.com for guidance.

Please refer to the [NSHA COVID-19 PPE Recommendations](#) for additional guidance related to PPE.

Note: Anyone required to wear an N95 mask must have appropriate fit testing done.



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Resources

- <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>
- <https://novascotia.ca/coronavirus/>
- <https://ipac-canada.org/coronavirus-resources.php>
- <https://www.cdha.nshealth.ca/coronavirus>
- <https://aasm.org/covid-19-resources/covid-19-mitigation-strategies-sleep-clinics-labs>
- <https://cts-sct.ca/wp-content/uploads/2020/05/CJRCCSM-COVID-19-SDB-Position-Statement.pdf>