

September 10, 2020 v1

Patroller safety is of the utmost importance to the Canadian Ski Patrol, Atlantic East Division, Nova Scotia Zone and is why it is important that every member read this document.

The following guidelines have been developed by the National COVID-19 Recovery Planning Committee for Patrollers and Patrol Leaders to consider when planning for the 2020-2021 winter ski/board season. With the advice on COVID-19 changing from day to day, it is highly recommended that patrollers and Patrol Leaders consult with local public health authorities before providing first aid services. These guidelines may require updates or changes to keep our patrollers safe during the pandemic. These guidelines will become part of the greater plan between local patrols/zones and the individual areas we serve.

Remember “Check for further dangers” is still the first thing in our “scene survey”.

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## 1. PRIOR TO PATROLING

### 1.1 Patroller considerations

Any patroller who falls into a vulnerable population, should seriously consider NOT participating in providing services to patients until it is deemed safe to do so, or they have received a vaccine.

Regular Members and any Associate Member that choose to temporarily opt-out, for the 2020-2021 year, upon request, from providing advanced first aid services or assistance in patrol activities will be able to do so without penalty to their membership or instructor status.

#### **Vulnerable populations may include;**

Anyone who is:

- an older adult (60+)
- at risk due to underlying medical conditions (e.g. heart disease, hypertension, diabetes, chronic respiratory diseases, cancer)
- at risk due to a compromised immune system from a medical condition or treatment (e.g. chemotherapy)

Anyone who has:

- difficulty accessing medical care or health care advice
- difficulty doing preventive activities, like frequent hand washing and covering coughs and sneezes
- ongoing specialized medical care or needs specific medical supplies
- ongoing family supervision needs or support for maintaining independence

**During the pandemic your safety should always be the priority.**

**In all situations, screening questions and donning PPE should be done first.**



## 1.2 Screening

Before leaving home for a scheduled patrol day, each patroller must perform a self-screening for any of the following symptoms:

- New or worsening Cough
- Shortness of breath or difficulty breathing
- Fever (i.e. chills, sweats)
- A temperature equal to or over 38°C
- Fatigue or weakness
- Muscle or body aches
- Loss of sense of smell or taste
- Headache
- Gastrointestinal symptom (abdominal pain, diarrhea, vomiting)
- Feeling very unwell

Children tend to have abdominal symptoms and skin changes or rashes. (*Red, purple or blueish lesions, on the feet, toes or fingers without clear cause*)

[https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html?utm\\_campaign=gc-hc-sc-coronavirus2021-ao-2021-0005-10682704212&utm\\_medium=search&utm\\_source=google-ads-113824938468&utm\\_content=text-en-434525470065&utm\\_term=%2Bcovid-19](https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html?utm_campaign=gc-hc-sc-coronavirus2021-ao-2021-0005-10682704212&utm_medium=search&utm_source=google-ads-113824938468&utm_content=text-en-434525470065&utm_term=%2Bcovid-19)

Screen everyone for any of the following risk factors

- Been ordered to be in a 14-day self-isolation?
- Have tested positive for COVID-19 within the last 14 days?
- Had known contact with a confirmed positive case COVID-19 in the last 14-days?
- Had close contact with any person with acute respiratory illness who has travelled outside your province in the last 14 days?
- Travelled anywhere outside of Canada or when required by provincial regulations, your province in the last 14 days?

Note: See COVID-19 Screening Questionnaire Form (Appendix 1)

**If anyone has answered Yes to the screening questions, they should be considered positive and not be allowed to patrol.**

All patrollers should clean their hands, using proper hand washing techniques or by using hand sanitizer frequently. Whenever social distances of 2m cannot be maintained in the venue patrollers should wear medical grade surgical masks. Masks must be disposed of and replaced after each patient encounter, or when moistened, soiled or otherwise damaged. Use hand sanitizer or wash hands before and after mask removal or adjustment.

## 1.3 Before arrival to patrol room

Before the patrollers arrive at the patrol room, they should consider a few personal grooming items. Consider securing long hair in a braid, so it can be tucked underneath a gown\clothing or hat. Consider arriving clean shaven as facial hair can alter the effectiveness of masks. You should also consider removal of watches, bracelets and jewellery, to help eliminate glove rips.

All efforts must be made by patrollers to maintain greater than 2m (6-foot) distance from all others at the patrol room. This means;

- if social distancing can't be maintained then masks must be donned. Local health authority requirements mandate wearing of mask indoors.
- arriving at the patrol room ready to patrol, (actually ready not simply prepared to get ready)
- changing in your vehicle, before entering the patrol room and leaving personal items in your vehicle where possible.
- keep all your personal belongings in a closed bag or personal locker at all time.

Patrol rooms are setup to eliminate wherever possible touch contacts between individuals. Where they cannot be eliminated, consideration to deep and multiple cleaning of shared items (pens, clipboards, etc.) and high contact points (tables, chairs, beds) must be done.

Patrol and first aid rooms will need to have the ability to do proper hand washing for both your patrollers and patients. When possible, have soap and potable water in a wash station this will make washing hands more effective, when done properly (See Canadian Handwashing Poster). At minimum patrol and first aid rooms will need a large supply of hand sanitizer with at least 60% alcohol. It is encouraged for patrollers to carry a small container of hand sanitizer in the FA kit.

Recommendation: Consider creating packages of required PPE in Ziplock bags to limit contamination of new PPE from shipment boxes.

### **When distance cannot be maintained**

Evidence from other viruses such as SARS and influenza does not support a benefit to wearing a N95 respirators for routine clinical care. The Public Health Agency of Canada (PHAC) and World Health Organization (WHO) recommendations for droplet and contact precautions for care of known or suspected cases of COVID-19 include:

- meticulous hand hygiene
- eye protection (face shield/safety glasses/goggles)
- surgical masks (minimum 2-Ply)
- gloves
- gowns

For all advanced first aid activities including “Patient Assessment” and treatments, patrollers should take all droplet and contact procedures.

**Please Note:** *Canadian Ski Patrol is not recommending the use of N95 masks by first aid providers. For N95 masks to be used properly training in their use needs to be provided, and fit test needs to be performed. Please leave the N95 masks for the Health Care professional that require them and have the training.*

## **1.4 Patrolling**

While skiing, patrollers should consider the use of cloth masks, particularly for lift lines and chairlifts. The use of a bandana or neck tube is not encouraged due to low effectiveness as a barrier to airborne infections.

Patrols are to consider:

- having break times at different times to minimize contact with each other
- visitors and family members should be kept to minimum in the patrol room (consider not allowing at all)
- scheduling of patrollers into specific teams (e.g. Saturday or Sunday). If there is a concern of exposure on one team, this reduces risk of how many patrollers need to be self-isolating.

Patrollers are encouraged to separate the contents of their first aid kits into smaller components contained in plastic bags to make cleaning easier and to prevent cross contamination.

## **1.5 Disinfecting and cleaning**

Proper preparation of the designated “cleaning” person is needed: washing hands prior to cleaning, appropriate PPE, washing hands after cleaning.

Consider:

- having an inside/outside team (pending weather concerns)
- designated cleaning person
- patroller who was providing treatment complete the process by then doing the cleaning (with a change of PPE as needed)

All frequently touched or high touch surfaces should be disinfected, at a min of twice a dy. This should include tables, chairs, equipment cases, light switches, door handles, water taps on sinks, handles on toilets, cupboard handles, plastic curtains between beds etc. All surfaces or soft surfaces that came in contact with a patient should be disinfected or sent to be laundered after treatment of each patient. All equipment should be disinfected between patients, including pulse oximeters, thermometers, medical scissors, clipboards for accident forms, and first aid kits (inside and out).

**First aid rooms** should be deep cleaned (i.e. all surfaces should be cleaned, not just high-touch surfaces) at the end of every shift, the garbage sealed and disposed of properly, and any laundry sealed in a clear bag.

All visibly soiled surfaces should be cleaned before disinfection. Ensure disinfectant product has a “Drug Identification Number” (DIN), and follow the product instructions for dilution, contact time required for disinfection and safe use. Common disinfectant can include but not limited to:

- 1:50 dilution of chlorine bleach (5.25%) and water (made fresh daily)
- Hydrogen peroxide 0.5%
- Quaternary ammonium compounds (QUAT)
- “Spray Nine”
- “Lysol” spray/wipes
- Original “Pine Sol”
- Isopropyl alcohol 60% or higher

#### 1.5.1 Laundry

Take these precautions when doing laundry:

- Laundry should be placed in a laundry basket with a plastic liner.
- Don't shake dirty items
- Wear gloves and a mask when handling.
- Wash with regular laundry soap and hot water (60-90°C)
- Clean your hands with soap and water immediately after removing your gloves.

#### 1.5.2 Tools and equipment

All equipment used on site within 2m of a patient should also be cleaned, including but not limited to:

- items coming into contact with patient: (toboggans, trauma bag and content, jacket, gloves, helmet)
- other considerations: (avalanche equipment, drills, bamboo poles, etc.)

#### 1.5.3 Radios, cell phones and tablets

All electronic equipment should be cleaned by the patroller at the start of the shift when assigned, after each patient, and before returning to the charger at the end of the shift. Follow the manufacturer's recommendation.

E.g. <https://support.lrsus.com/hc/en-us/articles/360044817054-Recommended-general-Motorola-Solutions-radio-body-worn-camera-and-accessory-cleaning-and-disinfecting-guidelines-in-response-to-the-coronavirus-COVID-19-pandemic>

1.5.3.1 General cleaning:

- Apply 0.5% detergent-water solution with a cloth, then use a stiff, non-metallic, short-bristled brush to work all loose dirt away from the device. Use a soft, absorbent, lint free cloth or tissue to remove the solution and dry the device.
- Make sure that no solution remains entrapped near any connectors, cracks or crevices.

1.5.3.2 Disinfecting:

- Devices may be disinfected by wiping them down with over-the-counter isopropyl alcohol (rubbing alcohol) with at least 70% alcohol concentration.
- When cleaning with isopropyl alcohol, the alcohol should never be applied directly to the device. It should be applied to a cloth, which is then used to wipe down the device.
- The effects of certain chemicals and their vapors can have detrimental effects on plastics and the metal platings.

Do not use bleach, solvents or cleaning sprays to cleanse or disinfect your device.

**Remember to always wash your hands after disinfecting!**

## 1.6 After Patrolling – End of Day Recommendations

If a patroller has concerns on the possible exposure, the following is a suggested process:

- Before leaving home, place a plastic bin by the entrance and place a clean change of clothes and a plastic bag in the bathroom.
- On arrival home, leave your outer clothing shoes, gloves, etc., and any items from your pockets (keys, phone, wallet) in the bin by the entrance to your home for decontamination later with soap and warm water or other disinfectant or leaving in a separate area for minimum of 48 hours
- Proceed to the bathroom without touching anyone or anything (including your new clean clothes) and immediately shower placing your used clothing in a plastic bag.
- After showering and putting on clean clothes, take the plastic bag directly to the washing machine and wash your used clothes without touching them.
- Disinfect your car and other items you left by the entrance to your home. After disinfecting everything, thoroughly wash your hands with warm water and soap for 20 seconds.
- Some may opt to change at the patrol room prior to returning to their vehicle. Discuss with your patrol leader on options and cleaning of the area used when done and before the next person.

## 1.7 Documentation

Beyond the normal accident reporting required, we should also be considering collection of data for contact tracing. At a minimum, you should be collecting name, phone number, and time of contact for all parties that your patrollers have met. Any contact with patients lasting longer than 15 minutes should have a contact tracing form completed, even if no accident report form was completed. The patrollers should also have a sign in and sign out sheet for the patrolling day.

It will also be highly recommended that you consider the use of Health Canada contact tracing app COVID Alert available for both “Apple IOS” devices and “Android” (Released July 28,2020) if it is available in your area. ***The app does not track any personal information or use any mobile data, it works only on Bluetooth.*** More information on how it works can be found at:

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



## 1.8 When to self monitor vs. self isolate

### 1.8.1 Self-monitoring

Patrollers should always be in a state of self monitoring for symptoms of COVID-19, because we will be in close contact with other people that may have been COVID-19 positive or be treating medically vulnerable people. If you develop symptoms, you should self isolate immediately and contact your PL and Public Health Authority as soon as possible to get tested.

You should self isolate when:

- After high risk encounters
  - Contact with Health Care Workers, family, or caregivers, or any others who were in contact with a COVID-19 without appropriate PPE
  - Lived with or had greater than 15 min close contact (2 metres) with a suspected or confirmed COVID-19 Positive Case
  - Sneezed or coughed on by COVID-19 positive case without proper PPE
- When you become symptomatic
- After travelling outside your province

### 1.8.2 Self isolation (14 Days)

Stay at home and monitor yourself for symptoms even if mild. Avoid contact with other people to help prevent the spread of the disease in your home and in your community. Contact your local Public Health Authority to arrange testing.

Once a member of the patrol team is self isolating and has contacted the Patrol Leader, the patrol leader must contact all patrollers on the team, or any patroller that they have met, to inform them of the possible contact. At that point, the patroller should self monitor. If a member of the patrol team has a confirmed positive case of COVID-19, the patrollers on their team need to follow the guidance provided by their local health authority.



## 1.9 References

For more information, visit:

### 1.9.1 Canada

- <https://www.ohscanada.com/features/perform-proper-n95-fit-test/>
- <https://www.cchst.ca/>
- <https://www.canada.ca/en/health-canada.html>

### 1.9.2 Province

- <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-cc-cpr.pdf>
- [http://www.bccdc.ca/Health-Info-Site/Documents/CleaningDisinfecting\\_PublicSettings.pdf](http://www.bccdc.ca/Health-Info-Site/Documents/CleaningDisinfecting_PublicSettings.pdf)
- <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/cleaning-and-disinfecting>
- <http://www.manitoba.ca/covid19/restartmb/prs/index.html>
- <https://www2.gnb.ca/content/gnb/en/departments/ocmoh.html>
- <https://www.gov.nl.ca/hcs/>
- <https://www.nshealth.ca/coronavirus>
- <https://novascotia.cupe.ca/2020/03/16/nsha-coronavirus-update/>
- <http://www.hss.gov.yk.ca/healthservices.php>
- <https://www.gov.nt.ca/covid-19/en/services/travel-moving-around/nwt-border-information>
- <https://gov.nu.ca/>
- <https://www.publichealthontario.ca/-/media/documents/ncov/evidence-brief/eb-covid-19-first-responders.pdf?la=en>
- <https://www.publichealthontario.ca>
- <https://www.publichealthontario.ca/-/media/documents/ncov/factsheet-covid-19-environmental-cleaning.pdf?la=en>
- <https://www.princeedwardisland.ca/en/topic/health>
- [https://www.quebec.ca/sante/problemes-de-sante/a-z/coronavirus-2019/?gclid=Cj0KCQjw-af6BRC5ARIsAALPIIVyf-PwTabRRM-gPdtwv7VZIPB2N5dF6w-j-gGmCL5tDDgj1hKd1laAj6GEALw\\_wcB](https://www.quebec.ca/sante/problemes-de-sante/a-z/coronavirus-2019/?gclid=Cj0KCQjw-af6BRC5ARIsAALPIIVyf-PwTabRRM-gPdtwv7VZIPB2N5dF6w-j-gGmCL5tDDgj1hKd1laAj6GEALw_wcB)
- <https://www.saskhealthauthority.ca/>
- <http://www.hss.gov.yk.ca/healthservices.php>



**APPENDIX 1**

COVID-19 Screening Questionnaire Form

Patient name:	
Patient phone number:	
Date:	
Contact with:	

Do you have any of the following symptoms?

	YES	NO
New or worsening cough		
Shortness of breath/Difficulty breathing		
Fever (Adult greater than 37.8 C/Pediatrics greater than 38.0 C)		
Feeling Feverish		
Chills		
Fatigue or weakness		
Unexplained muscle or body aches		
New loss of smell or taste		
Headaches		
Gastrointestinal symptoms (abdominal pain, diarrhea, vomiting)		
Feeling very unwell		

Have you:

	Yes	NO
Been ordered to be in a 14-day or as per local as per local authority directives self-isolation?		
Tested positive for COVID-19 in the last 14-days?		
Had known contact with a confirmed positive case COVID-19 in the last 14-days?		
Had close contact with any person with acute respiratory illness who has travelled outside your province in the last 14 days?		
Travelled anywhere outside of Canada or when required by provincial regulations, your province in the last 14 days?		

Patient signature: \_\_\_\_\_

## APPENDIX 2

### Treatment/Clinic Room

This document is largely inspired by “General principles development in prevention and in control of infections nosocomial 2nd edition” publish by “La Direction des communications du ministère de la Santé et des Services sociaux du Québec”.

These guidelines will need to be discussed between the local patrol/zone with the area management. This will be a collaborative effort between the patrol and resort.

#### 1. Room preparation

##### 1.10 Hand washing station (HWS)

**Principle:**

Hand hygiene is a precaution that must be applied by everyone, with all types of patients, anytime, regardless of diagnosis or infectious status. Hand hygiene includes washing hands with soap and water, as well as the use of a hydroalcoholic solution<sup>1</sup> (HAS). The hand washing station (HWS) allows hand washing with soap and water, an activity that should be done frequently during care activities. Cleaning of the hands with HAS is also performed at least as frequently as hand washing. The practicality of the use of a HAS, as cleaning requires less time than hand washing while being as effective except for a few exceptions, (e.g. if hands are visibly soiled).

**Application:**

This measure applies to all areas that receive users (patients, visitors and patrollers): common areas including reception areas or treatment rooms.

**Design criteria and technical performance**

- Provide HWS's reserved for first aiders that are in close proximity and easy to access in order to encourage their use.
- Install HAS dispensers easily accessible for patients and visitors, particularly in main entrances, treatment rooms as well as patrol rooms. Distribute them according to the organization of care and the needs of users. Design these stations by considering the following components:
  - HAS support and dispenser (equipped with a drip collector);
  - anti-splash surface to protect surfaces (wall, partition, floor) sensitive to the alcohol in HAS.

##### 1.11 Personal protective equipment (PPE)

**Principle:**

Personal protective equipment (PPE) protects against a risk of possible splashing on the skin and mucous membranes or a risk of soiling by body fluids or secretions during care, hygiene and sanitation activities. It consists of clothing, gloves and special protective equipment (mask and / or eye protection and or gowns) worn by staff and visitors to protect against infectious risk.

**Application:**

This measure applies to the treatment/clinic rooms.

Design criteria and technical performance:

- Design a physical environment that encourages the use of PPE (while minimizing clutter) and facilitates access
- Plan easily accessible storage: e.g. cupboards/locker/shelving for PPE
- Position the PPE storage as follows:

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<sup>1</sup> Use hydroalcoholic solution approved by Health Canada « <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html> »



- outside rooms near the entrance
- near hand washing stations, but protected from splashes
- Provide spaces large enough for changing and storage (eg: lockers and hooks) of people who need to wear PPE near the entrance to the clinic/treatment room
- Organize spaces to safely dispose of soiled single use (e.g. PPE) or multiple use (e.g. blankets) while avoiding cross contamination (contact of clean and dirty parts)

### 1.12 Safe spacing and protective screens

#### Principle:

The proximity between an infected source (person, object) and a potentially receptive person increases the risk of the spread of contagious microorganisms (e.g. droplets respiratory infections). Clearance or a protective screen may reduce the risk of infection.

#### Design criteria and technical performance

- Provide a minimum space of 2 metres between stretchers, beds and armchairs if there is no protective screen (plastic curtains are encouraged for easier cleaning).
- Subdivide the waiting areas into small sectors and separate them by either:
  - curtain (height of curtains to be from 308-457mm (12-18 inches) below ceiling mounted track to a distance of not more than 254-308mm (10-12 inches) from the floor<sup>2</sup>)
  - low walls or any other element of furniture or architecture, so that people with infectious disease may be excluded. (Gap at top is to allow possibility of smoke to reach smoke detectors/sprinkler systems; length is to ensure protection to next bed if coughing).

### 1.13 Sanitation facilities

#### Principle:

Sanitation facilities, particularly toilets and washrooms, can be heavily contaminated by users and therefore constitute a high-risk area for transmission. To eliminate infectious agents, the facility must have easy and frequent cleaning of the hard surfaces (e.g. walls, floors, ceilings and doors).

#### Application:

This measure is particularly applicable in areas that host patients.

#### Design criteria and technical performance

- Frequency of cleaning is balanced on the usage of the washroom facilities located in the clinic/treatment room.

### 1.14 Equipment and supplies

#### Principle:

Equipment, materials and supplies for patient care may be heavily contaminated and may therefore constitute a reservoir or source of microorganisms.

It can be equipment used for:

- movement (toboggans, stretchers, wheelchairs)

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<sup>2</sup> CUBICLE CURTAIN SPECIFICATIONS DIVISION 10190, "<https://www.fabtex.com/content/assets/0/137-specifications-cubicle-curtain.pdf>"



- hygiene (basins, toilets)
- care (thermometer, pulse oximeter)

It can also be:

- equipment handled by the patient, or
- by the first aid providers

**Application:**

This measure applies in areas that receive patients, i.e. common areas such as reception areas) or treatment rooms, depending on the risk levels.

**Design criteria and technical performance**

- Design safe routes for transporting equipment, materials, and soiled and clean supplies. Consider the establishment of separate one-way routes, traffic control to prevent the movement of users and equipment in certain areas at high risk of contamination.
- Plan a physical environment that facilitates access to storage and safe cleaning, disinfection.
- Set up patrol/treatment rooms to minimize the movement of first aiders from the patient's bedside and soiled equipment.
- Plan spaces (reserved room or closed cabinet) of appropriate size to store clean equipment/supplies:
  - provide easy access for usage after cleaning of multiple use items
  - avoid storing boxes on the floor or in contact with the ceiling
  - avoid the accumulation of dust and store it away from humidity
  - promote the rotation of equipment/supplies first in/first out
- Provide facilities for soiled equipment, materials and reusable supplies.
  - facilitate the handling of soiled equipment and materials in order to avoid contamination (hard surfaces, person, and clean material)
  - plan spaces large enough for the equipment awaiting cleaning and the material and equipment necessary for cleaning, as well that the safe storage of products
  - allow the following sequence: cleaning, rinsing, disinfection, drying and packaging, without the possibility of contact of the soiled material with the clean material in accordance with manufacturer's instruction (if available)
  - avoid storing the cleaned equipment in the soiled unit after cleaning and / or disinfection.
- Provide separate area for -cleaning of any mobility devices (stretchers, wheelchairs) used for assessment and treatment
- Prepare a transport plan and storage conditions for cleaned equipment, which must be coordinated between cleaning and put back in service.

**1.15 Hard surfaces**

**Principle:**

Risk prevention through the choice of materials, coatings and the assembly aims to limit the transmission of infectious agents. Surfaces directly in contact with the patient and the staff are said to be "High contact surface" and those which are unlikely to be in contact are said to be "low risk surface". Consider the material as viral particles can last longer on hard surface than others, depending on the material.

**Application:**

This measure applies in areas that receive patients, or treatment rooms. The following guidance are provided to assist with the future design of new facilities or refurbishment of existing facilities.

**Design criteria and technical performance:**

- Consider that the choice of a surface for its resistance depending on traffic or high usage, to ensure durability and longevity
- Choose surfaces) that retain their integrity despite frequent exposure to cleaning and disinfection procedures and products
- Choose materials and surfaces that are easy to clean, waterproof (non-porous), resistant to humidity, corrosion, chemicals (resistance to deleterious) and frequent washing, and which present the least roughness (joints, fittings, etc.) possible
  - choose floor coverings with sealed joints, where (prevention, control, infection (PCI) requires.



- consider removal of carpets and replaced with nonslip material surface. If unable to remove, carpet will require frequent vacuuming and cleaning as needed based on traffic.
- Choose storage units that facilitate cleaning and disinfection:
  - avoid corners and blind spots
  - provide continuous “floor and wall” junctions

### **1.16 Waste management**

#### **Principle:**

Waste management at the source reduces the risk of infection. There are several categories of waste: biomedical (anatomical or non-anatomical), chemical, and general. The management of this waste is governed by the regulations on biomedical waste under the Environment Quality Act of the province or territory.

#### **Application:**

This measure applies to all areas of the treatment/clinic room.

#### **Design criteria and technical performance:**

- Provide to safely dispose of single use contaminated equipment, materials and supplies, including PPE
- Provide, in each room, space for a waste receptacle of size sufficient taking into account activities and traffic, near the place of production
- Provide:
  - room for the storage, treatment and recycling of garbage, including biomedical waste
  - space for the containers for recovering pungent and / or sharp material
  - a transport plan to facilitate accessibility and removal of waste
- Provide a centralized space for the storage, treatment and recycling of each category of waste.

## **2. Cleaning & disinfection**

Proper preparation of the designated “cleaning” person is needed: washing hands prior to cleaning, appropriate PPE, washing hands after cleaning.

#### **Consider:**

- having an inside/outside team (pending weather concerns)
- designated cleaning person
- patroller who was providing treatment complete the process by then doing the cleaning (with a change of PPE as needed)

All frequently touched or high touch surfaces should be disinfected, at a min of twice a day. This should include tables, chairs, equipment cases, light switches, door handles, water taps on sinks, handles on toilets, cupboard handles, plastic curtains between beds etc. All surfaces or soft surfaces that came in contact with a patient should be disinfected or sent to be laundered after treatment of each patient. All equipment should be disinfected between patients, including pulse oximeters, thermometers, medical scissors, clipboards for accident forms, and first aid kits (inside and out).

First aid rooms should be deep cleaned (i.e. all surfaces should be cleaned, not just high-touch surfaces) at the end of every shift, the garbage sealed and disposed of properly, and any laundry sealed in a clear bag.



All visibly soiled surfaces should be cleaned before disinfection. Ensure disinfectant product has a Drug Identification Number (DIN)<sup>3</sup>, and follow the product instructions for dilution, contact time required for disinfection and safe use. Common disinfectant can include but not limited to:

- 1:50 dilution of chlorine bleach (5.25%) and water (made fresh daily)
- Hydrogen peroxide 0.5%
- Quaternary Ammonium Compounds (QUAT)
- "Spray Nine"
- "Lysol" spray/wipes
- Original "Pine Sol"
- Isopropyl alcohol 60% or higher

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<sup>3</sup> Use hydroalcoholic solution approved by Health Canada « <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html> »



### APPENDIX 3

[https://mail.google.com/mail/u/0?ui=2&ik=34bd68a61f&attid=0.2&permmsgid=msg-a:r2070025199692950596&th=17427f0be54bb479&view=att&disp=inline&realattid=f\\_keakufrg0](https://mail.google.com/mail/u/0?ui=2&ik=34bd68a61f&attid=0.2&permmsgid=msg-a:r2070025199692950596&th=17427f0be54bb479&view=att&disp=inline&realattid=f_keakufrg0)

# Take the Time to Wash Your Hands

## It's the most effective way to prevent the spread of germs

**Wet hands with running water.**

**Apply soap and scrub palms, backs of hands, wrists, between fingers and under nails.**

**Scrub for at least 20 seconds.**

**Rinse thoroughly under running water.**

**Dry hands with a single use towel.**

**Use the towel to turn off the faucet.**

**No soap and water? Use hand sanitizer.**

**Apply enough product on hands to cover all surfaces, and rub hands until they're dry.**

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