



Manitoba Health, Seniors and Active Living (MHSAL) supports reporting and learning from patient safety events. The focus of a patient safety review is to closely look at the health care system that surrounds and interacts with those giving and receiving care. The goal is to identify risks to patient safety and recommend the most effective ways to minimize risk and improve the delivery of healthcare.

Patient Safety Learning Advisory

Healthcare Acquired COVID-19 Infection

Summary:

A COVID-19 outbreak was declared during the third wave of the global pandemic at a rural healthcare facility. There were two in-patient deaths related to contracting the COVID-19 infection while under the provision of health care services.

An aggregate review was completed of the two (2) in-patient deaths that had occurred during two separate outbreaks. Both of the outbreaks were on a medical unit. The review was conducted to look at any commonalities or contributing factors related to the spread of the virus.

As the world remains to be in a pandemic to date, with no full eradication of the virus, we continue to learn daily with and from others around the globe. The findings and learnings are shared to assist in mitigation strategies to prevent future outbreaks from occurring in healthcare facilities.

Keywords: Healthcare acquired COVID-19 infection

Findings of the Review:

A cognitively impaired COVID-19 positive patient with increased wandering was unable to be isolated in his/her room. The patient was coughing and did not comprehend keeping a medical mask on. He/she was placed in a reclining chair by the nursing station for frequent monitoring/ observation. Staff created a physical barrier around the patient utilizing plexi-glass. The viral load being shed by the patient whether he/she was behind the plexi-glass still had an increased risk in spreading the Covid-19 virus to others.

A portable fan was used in a COVID-19 recovered patient's room that may have had the potential for viral spread to others. The duration of time from this patient's first COVID-19 test to recovery/communicability was unable to be confirmed during the review process. The criteria that would have been used at the time of the event according to the provincial guidelines was a total of 90 days post positivity to be considered a COVID-19 recovered patient. The guideline changed on November 18, 2021 following these two outbreaks that is now extended to 180 days.

The environmental layout on the medical unit has co-joined rooms having one shared bathroom located between rooms with multiple patients accessing the toilet and sink increasing the potential of viral spread to others. The unit had limited quantity/available commodes during the first outbreak to be designated per patient. There had been no issues during the second outbreak.

There were designated colored posters (green = COVID negative, orange = COVID status unknown pending results, red = COVID positive) placed outside of an entrance to all patient rooms. The colored posters assisted staff in determining a patient's COVID status and also included what Personal Protective Equipment (PPE) was required. Another poster for a point of care risk assessment was added to all doors. When a patient received an Aerosol Generated Medical Procedure (AGMP) another poster was to be placed on the door to alert staff that no matter what the point of care risk assessment is an N95 was to be worn at all times. The AGMP poster was not added to a patient's door in a timely manner when high flow oxygen (Opti-flow) was initiated. It is unknown how many staff may have entered and exited this patient's room using a medical mask. There were varying interpretations of when a N95 versus a medical mask was required as some clinical and non-clinical staff (e.g. housekeeping, maintenance) were of the understanding that a medical mask could be worn, if they were not providing direct care.

Staff used PPE contrary to Infection Prevention and Control (IP&C) guidelines when not in direct care areas i.e.) Touching masks, eye-shields on top of head, masks pulled or worn below nose &/or hanging off one ear, taking sips of water and putting a mask back on that may potentially have unknowingly spread the virus. In addition, some clinicians were of the understanding that if they were fully vaccinated at the time they did not have to wear PPE and were considered safe from getting or spreading the virus. These beliefs influenced their actions as some clinicians would enter doorways of patient rooms without donning the proper PPE.

The current Regional Dress Code Policy and Procedure is outdated and indicates clinical employees are encouraged to not wear work attire in public except to travel to and from work. Since the pandemic started it is recommended that uniforms/workwear should not be worn to and from the work environment due to the increased risk for viral spread.

System Learning:

Forward the following recommendations to Provincial Infection Prevention and Control for COVID-19 Respiratory Outbreak Management documents to include the following and not limited to:

- a notation for an environmental scan to identify removal of portable fans, closing of doors and windows.
- Consideration of management strategies for the wandering cognitively impaired patient(s) in acute care settings
- Utilize laminated floor plans at facility for rapid assignment of patient placement and zones

Monitor if the above recommendations submitted to the Provincial Infection Prevention and Control for COVID-19 Respiratory Outbreak Management documents have been implemented.

Educate a minimum of 80% of all regular nurses, health care aides, housekeeping and maintenance staff at all acute care and personal care home facilities that portable fans are not to be utilized during an outbreak as per regional Policy and Procedure on *“Portable Fan Usage in Healthcare Facilities”* (CLI.8011.SG.005).

Review and follow the most current COVID-19 Outbreak Management Protocol (CLI.8011.PL.004.SD.03) in conjunction with Shared Health COVID-19 current level of COVID-19 Essential Care Partner and Visitor Guidelines for Acute Care by monitoring compliance as per regional policy Personal Protective Equipment (PPE) Observer (CLI.8011.PR.001)/ PPE Observation log (CLI.8011.PR. 001.FORM.01) during all outbreaks.

Revise the Regional Dress Code: Attire and Grooming (ORG.1511.PL.001) Policy to align with current Infection Prevention and Control recommendations related to clinical employee uniforms/workwear not be worn to and from the work environment due to an increased risk for viral spread.

Educate/inform clinical staff on the revised Regional Dress Code Policy: Attire and Grooming (ORG.1511.PL.001) including monitoring for compliance.

Date of Posting: