



March 31, 2020

Memo:

This represents a guidance Memo for post graduate trainees with respect to the care of confirmed COVID (or suspected COVID) patients in intensive care (and high acuity) areas.

1. Prior to working in these areas, all trainees must have received training on the proper use of personal protective equipment (PPE) and have undergone fit testing for N95 masks (within the last 12 months). Facilities should be available for trainees to shower after potential exposures.
2. When interacting with confirmed/suspected COVID patients in the ICU/HAU, trainees will use airborne PPE. Trainees may examine patients, and perform non-aerosol generating procedures using these precautions. These include: insertion of vascular catheters, interosseous catheters, paracentesis, arthrocentesis, pigtails/chest tubes, etc.
3. Trainees should not participate in procedures associated with generation of aerosols. This includes: endotracheal intubation, bag mask ventilation, suctioning, tracheostomy, disconnecting patient from ventilator, application of non-invasive ventilation, and bronchoscopy. These procedures should be performed by other providers to prevent risk to trainees.
4. For code blue calls, any trainees involved in resuscitation (e.g. CPR) should wear PPE including airborne precautions, with attention to minimizing the total number of providers in the room. Intubation, CPR and bag mask ventilation should be performed by other providers. However, trainees can help during codes (e.g. being team leader). Everyone on the team, including trainees, should follow the new COVID Provincial ACLS protocol (when available).
5. Exceptions to the above might be considered in extremely exceptional circumstances (life-threatening situations without viable alternatives).

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