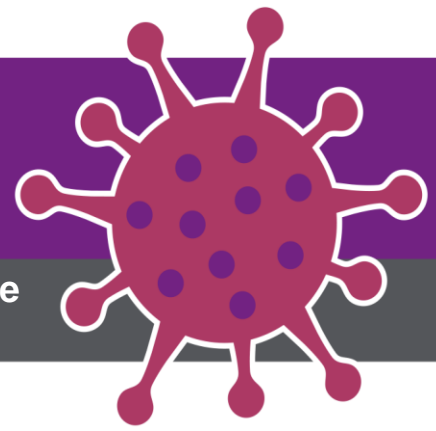


CORONAVIRUS DISEASE 2019 (COVID-19)

Guidance for Security Response to Disruptive / Combative Patient or Visitor During COVID19 Pandemic



Audience: Incident Command Section Chiefs; Security Team

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Guidance for Security Response to Combative/Disruptive Patient or Visitor During COVID-19 Pandemic

Following is important guidance for Security responses to combative patients with suspected or confirmed infectious diseases.

Pre-Response

To prepare for responses involving any patient suspected or confirmed to have COVID-19 or other communicable diseases, the Security Department should ensure that each member of the department has been adequately trained in the proper donning and doffing of PPE. This training should cover the appropriate use for each type of respiratory protection, e.g., mask or N95 respirator, as well as other PPE. Given ongoing limitations in availability of some PPE, Officers should obtain PPE that is available in the inpatient unit or other area to which they are responding. For select items like N95 respirators, assess proportion of officers that have been successfully fit tested to a particular size and brand. Work with local Supply Chain on locations in the ministry in which these are being deployed and can be readily accessed if needed for response to a particular situation.

For most situations, Security personnel responding to a situation involving a patient under investigation (PUI) or confirmed COVID-19 will need to wear a disposable, medical grade mask, eye protection or full face shield, gown and gloves. N95 respirators are worn in place of a mask during aerosol generating procedures (AGPs) by the team caring for the patient. Security personnel that need to enter the room being used for isolation in which an AGP is being performed, should wear a N95 respirator, eye protection or face shield, gown and gloves. There should be an AGP warning notice on the patient's door in addition to isolation precaution sign(s) if this type of care is being provided.

Use established ministry response code for a combative or disruptive patient or visitor, e.g., "Code Green," and look for isolation precaution sign on the door into the room of a patient on isolation precautions. Patients under investigation or those with confirmed COVID-19 will be in a combination of Droplet + Contact Precautions. The patient's care team can

also provide advanced notice if the patient for whom they are requesting assistance from Security is in isolation for COVID-19 or any other communicable disease.

Response

Upon receiving a call for a combative patient with a suspected or confirmed infectious disease, responding Officers will begin donning their PPE while responding to the location. Upon arrival, if they have not completely finished donning their PPE, the combative patient should be contained until such time as the PPE is completely on. If the responding Officers do not learn that the combative patient is suspected of or confirmed to have an infectious disease until their arrival, the patient should be contained, and officers shall don their appropriate PPE BEFORE contacting the patient. Responding officers will collaborate with the patient's care team and apply their training in de-escalation, incident management, etc., to provide as safe a resolution of the incident as possible.

Compromised PPE

During physical contact with a combative suspected or confirmed infectious disease patient, PPE may become compromised by being torn, knocked off, removed, etc. In those cases, it is important to understand the nature of the suspected disease. For example, is it "Droplet," "Contact" or Airborne precautions or a combination of these? The following procedures should be used based on each type of infectious disease:

- **Contact Precautions:** Clean hands using alcohol-based hand rub (ABHR) or wash with soap and water. Change clothes as soon as practical. Document the incident and notify the Officer's Manager.
 - Complete an employee Incident report, e.g., THEIR, notify their supervisor and notify Colleague/Employee Health.
- **Droplet Precautions:** Risk of exposure would involve dislocation or temporary removal of a mask or N95 respirator. Clean hands using ABHR or soap and water. Document possible exposure, contact Manager and Colleague Safety/Employee Health for instructions on managing and monitoring possible exposure.
 - Complete an employee Incident report, e.g., THEIR.
- **Airborne Precautions:** Risk of exposure would involve dislocation or temporary removal of mask or N95 respirator. Document exposure, contact Manager, and Colleague Safety/Employee Health for instructions on managing and monitoring possible exposure.
 - Complete an employee incident report, e.g., THEIR.
- **Bloodborne Pathogens:** Any unprotected, percutaneous exposure or splash to eyes or mouth with blood or other potentially infectious material should be documented and report this possible exposure to Colleague/Employee Health as soon as possible, ideally within one hour of the exposure.
 - Complete an employee incident report, e.g., THEIR.
- **COVID-19:** PUI or those with COVID-19 are in a combination of Droplet + Contact precautions. Close exposure to a PUI or patient with confirmed COVID-19 is defined as 15 minutes or longer in the same enclosed space without use of PPE. Contact Colleague/Employee Health for details in management and monitoring of possible exposure. This includes symptoms of infection following exposure and monitoring of body temperature daily for the 14 days after exposure.