

<b>Policy Title:</b>	Personal Protective Equipment During COVID-19 Pandemic	
<b>Policy Owner:</b>	Occupational Health, Safety and Wellness	
<b>Approval By:</b>	Chief of Staff & CEO	
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## 1.0 POLICY STATEMENT

The safety of our Health Care Workers and patients is St. Thomas Elgin General Hospital's (STEGH) top priority. Personal Protective Equipment (PPE) is required to protect STEGH Health Care Workers from risk of harm due to infection, and in doing so, protect others from subsequent transmission of disease.

This policy outlines the appropriate PPE to be worn in areas with and without COVID-19 suspect or confirmed patients. In addition to appropriate PPE, social distancing (2 metres physical distance) is to be practiced whenever possible. **In all areas of the hospital where a mask is not prescribed, if physical distancing of 2 metres is not possible, a level one mask is to be used, following the safe practice principles outlined below.**

## 2.0 RISK ASSESSMENT BY THE HEALTH CARE WORKER

2.1 The Chief Medical Officer of Health's Directive #5 was issued on March 30, 2020 and requires the following:

- 2.1.1 Point-of-Care Risk Assessments (PCRA) must be performed prior to every interaction, with appropriate health and safety measures to be determined by a health care worker based on their professional and clinical judgement.
- 2.1.2 Utilize a combination of administrative and engineering controls to minimize the need for any PPE.
- 2.1.3 The PCRA should not be limited to only PPE measures, and should include an assessment of other health and safety measures that could be utilized to reduce the risk of harm.

## 3.0 GOALS

- 3.1 Prevent Health Care Workers (HCWs) from becoming infected and maintaining a healthy workforce:
  - 3.1.1 Preventing transmission to HCW at the point of care; and
  - 3.1.2 Preventing asymptomatic transmission between HCWs.
- 3.2 Prevent spread between patients.
- 3.3 Conservation of PPE.

## 4.0 DEFINITIONS

**Health Care Worker:** employees, physicians, students, volunteers and affiliates of the Hospital.

**Emergency Department Hot Zone:** patients with respiratory symptoms and failed screening treatment area.

**Emergency Department Cold Zone:** All other emergency department patients.

**Patient Care Area:** AMU5, AMU4, CCC C&D, Women's & Children's, ICU, 2Main, Mental Health, ORs, Emergency, Diagnostic Imaging Service Rooms, Ambulatory Care Treatment Rooms

**Isolation Mask:** Ideal for procedures where low amounts of fluid spray and/or aerosols are produced.

**Surgical Mask:** Ideal for procedures where heavy to moderate amounts of fluid spray are produced.

**N95 Respirator:** A respiratory protective device that has been certified to certain test criteria by the National Institute of Occupational Safety and Health (NIOSH), based on the percentage of small particles it filters from the air when worn properly. The designation '95' refers to the filtering efficiency of a respirator; the "N" means it is not resistant to oil. "N95" will be used in this document to refer to all certified and similar respirators of this grade or higher.

## 5.0 PPE PRINCIPLES

5.1 Health care workers are masked at all times in clinical areas.

5.1.1 The level of mask required (isolation vs surgical) is dependent on your role and where you are working (defined below in each section).

5.1.2 This mask is in addition to the PPE you will use as outlined below and as determined by required patient precautions.

5.2 A mask can be used over the course of the day as long as the mask is not visibly soiled and the employee is not working in a designated COVID area.

### 5.3 Safety Practices

5.3.1 Masks should cover the nose and mouth at all times when being worn.

5.3.2 Masks must not hang below the chin or off one ear; this practice puts you at risk of contamination.

5.3.3 Take care not to touch the outside of your face or mask, and if you do, immediately perform hand hygiene.

5.3.4 Always observe proper donning and doffing techniques.

5.3.5 Never place your used mask in your pocket or on a work surface.

5.3.6 Masks worn in direct care with COVID positive patients are not worn to care for other patients.

5.3.7 Avoid touching the inside of the mask with your hands. If inadvertent contact is made with the inside of the mask, discard the mask and perform hand hygiene as described above.

5.3.8 Only hospital-issued PPE should be used.

## 5.4 Storage and Disposal

- 5.4.1 Always observe proper donning and doffing techniques.
- 5.4.2 Follow the CONSERVATION AND STORAGE OF MASKS procedures for preservation of masks during breaks where applicable ([see 11.0 below](#)).
- 5.4.3 Immediately discard any mask that is visibly soiled into the garbage. This includes staff facial make up.
- 5.4.4 Discard any mask contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- 5.4.5 Discard any mask following close contact with any patient co-infected with an infectious disease requiring contact precautions.
- 5.4.6 For any Aerosol Generating Medical Procedure (AGMP), all PPE is either to be discarded, placed in biohazard recycle bin or cleaned after the procedure as appropriate.
- 5.4.7 For all surgical and N95 masks that are not visibly soiled utilize the bio-hazard bins provided to discard of masks at the end of your shift to be recycled.

## PROCEDURE

### 6.0 EMERGENCY DEPARTMENT

#### 6.1 Surgical Masks

Emergency Department Health Care Workers will wear a surgical mask at all times in the department, including common areas but excluding the change room and employee lounge as long as social distancing can be maintained.

- 6.2 All Health Care Workers providing direct patient care, working in Emergency Department (ED) are required to adhere to the precautions outlined below at all times with the exception of the staff lounge and change areas.

#### 6.3 The Emergency Department will have designated “hot” and “cold” zones.

6.3.1 Patients suspected of COVID-19 will be triaged to the hot zone.

6.3.2 **Hot Zone** - PPE consists of surgical mask, eye protection, gloves and gown. Face Shields may be used as needed in addition to eye protection if there is anticipated to be a risk of splash contamination. PPE above the clavicle can be reused between patient encounters unless visibly soiled. Disposable bouffants should be worn only as required.

- If aerosolization or splatter occurs all PPE should be immediately changed after patient care.
- If caring for a known positive COVID patient – all PPE must be changed after patient care unless immediately delivering care to another known positive patient in the same or adjacent room.

6.3.3 **Cold Zone** - PPE consists of surgical mask and eye protection. Gown and gloves may be used as required.

- After patient care – PPE above the clavicle can remain on as long as contamination did not occur.

#### 6.4 Clerks and Emergency Department Attendants (EDA)

6.4.1 Health Care Workers in the ED who are not providing direct patient care are required to wear a surgical mask at all times.

- 6.4.2 Eye protection and gloves are only required during direct patient contact.
- 6.4.3 Choose the mask most suited to the majority of your duties to minimize mask changes.

- 6.5 For patients requiring (AGP), **DROPLET CONTACT & AIRBORNE** precautions are required. See below section [7.4.4](#) for AGP procedures.
- 6.6 Following an AGP – all PPE is discarded, placed in biohazard recycle bin or cleaned after the procedure depending on the item type.

**7.0 COVID-19 SUSPECT AND CONFIRMED PATIENTS - INTENSIVE CARE UNIT, OPERATING ROOM AND DEDICATED IN PATIENT AREAS**

- 7.1 All HCWs, including staff from other areas (e.g., Lab, Diagnostic Imaging (DI), Maintenance, etc.) are expected to wear a surgical mask at all times, including in common areas, but excluding the change room and employee lounge.
- 7.2 Staff visiting a clinical area (e.g. Lab, DI or Maintenance) in which they do not normally work are to check in with Clinical Resource Nurse (CRN) to understand the additional PPE required to enter a patient room.

**7.3 Please use the following guideline when determining when to keep using or changing PPE in caring for multiple patients on a unit:**

Patient Status	PPE direction
Unknown COVID ➤ Unknown COVID	Keep PPE above clavicle the same and change all other PPE if adorned.
Confirmed COVID positive ➤ Confirmed COVID positive	You can reuse PPE between patients if you are immediately delivering care to the next confirmed patient in the same, adjacent or nearby room(s). Remove gloves and perform hand hygiene.
Suspected COVID ➤ Suspected COVID	Keep PPE above clavicle the same and change gowns and gloves, unless an AGP was performed.
Confirmed COVID positive ➤ Suspected or Unknown COVID	Change all PPE between patients.
Suspected COVID ➤ Confirmed positive COVID	You can keep all PPE on between patients when going from suspected to known. Remove gloves and perform hand hygiene.

**\*\*Always remove PPE when there is a non COVID reason to do so - Example: MRSA**

- 7.4 When providing direct patient care, all Health Care Workers must wear PPE as outlined below:
  - 7.4.1 For ventilated patients receiving direct patient care, **DROPLET CONTACT** precautions are required; surgical mask, eye protection, gloves and gown.
  - 7.4.2 For patients requiring AGMP, or when providing care that may reasonably be anticipated to lead to inadvertent aerosolization, **DROPLET CONTACT & AIRBORNE** precautions are required.

- 7.4.3 **PPE for aerosol generating procedures** includes N95 mask, eye protection, gloves, gown, hood or neck cover, face shield and bouffant.
- Following an AGP – all PPE is discarded, placed in biohazard recycle bin or cleaned after the procedure depending on the item type.
- 7.4.4 AGMP procedures with virological implication currently include, are not limited to and may be subject to change:
- Endotracheal intubation, extubation
  - Tracheostomy procedures
  - Bronchoscopy
  - Upper endoscopy
  - Open airway suctioning
  - CPAP & non-invasive ventilation
  - Nebulizing treatments
  - High flow oxygen therapy
  - Cardio Pulmonary Resuscitation (CPR)
  - Bag Mask Ventilation
  - Chest tube insertion for tension Pneumothorax

## 8.0 OBGYN

- 8.1 For a suspect or positive delivering patient – Droplet contact precautions are required for staff. In order to protect the baby, the patient shall wear a mask.
- 8.2 Resuscitating the Neonate – all attendees including physicians, RN and RT to wear N95.

## 9.0 NON COVID-19 PATIENT CARE AREAS

- 9.1 HCWs are required to wear an isolation mask at all times.
- 9.2 If alternative level of PPE is required, select appropriate mask as indicated by additional precautions.
- 9.3 N95 mask internal use will be closely monitored and shall ONLY be used for listed aerosol generating procedures.
- 9.4 Use of eye protection (goggles, face shield, visor) should be considered at every patient interaction and use should be based on the Point of Care Risk Assessment.

## 10.0 COVID-19 ASSESSMENT CENTERS

- 10.1 All HCWs are required to wear PPE consisting of surgical mask, eye protection, gloves and gown. Face Shields may be used as needed in addition to eye protection if there is anticipated to be a risk of splash contamination. PPE above the clavicle can be reused between patient encounters unless visibly soiled. Disposable bouffants should be worn only as required.
- 10.1.1 If aerosolization or splatter occurs, all PPE should be immediately changed after patient care.
- 10.1.2 Workers who are assessing (+/- obtaining nasopharyngeal swabs from) staff and patients with COVID-19 symptoms **do not require N95 respirators.**

## **11.0 STAFF PERFORMING SCREENING AND ESCORTING DUTIES**

- 11.1 Screeners performing duties behind the barrier and who will not be performing escorting duties will wear an isolation mask if physical distancing of 2 meters cannot be maintained at all times.
- 11.2 Screeners who are likely to perform escorting duties or assist patients or visitors will wear a surgical mask and eye protection (goggles, face shield, visor) at all times.
- 11.3 Screeners performing escort duties are not to have patient contact.
- 11.4 If a patient **MUST** have assistance in to a wheelchair at an entrance, the screener is to don a gown and gloves (in addition to the mask with face shield).
- 11.4.1 After assisting the patient in to the wheelchair, the screener must doff the gown and gloves, sanitize their hands and proceed with transporting the patient.
- 11.4.2 PPE above the clavicle can remain on as long as contamination did not occur.
- 11.4.3 Staff in the receiving department is responsible for further assisting the patient.
- 11.5 When escorting/transporting patients between departments, staff in both the sending and receiving departments are responsible for any hands-on patient assistance and for transferring the patient in to and out of the wheelchair.

## **12.0 CONSERVATION AND STORAGE OF MASKS**

- 12.1 The aim of STEGH is 2 masks per employee, conservation where possible and responsible use of all PPE.
- 12.1.1 Staff safety is the priority and staff are to replace their mask if they are concerned it is contaminated.
- 12.1.2 The Hospital will not unreasonably deny access to the appropriate PPE.
- 12.2 When masks do not need to be worn AND can safely be preserved for later use, use a provided K-Basin or plastic container for the storage and conservation of your mask.
- 12.2.1 Regardless of the container the following is required to minimize potential cross-contamination:
- Containers are labelled with your name and stored separate from others;
  - Containers are cleaned with an intervention wipe after every use, and
  - Ensure proper donning and doffing techniques at all times, including hand hygiene.

## **REFERENCES**

[CMOH Directive #2](#)

[CMOH Directive #5](#)

[Frequently Asked Questions for CMOH COVID-19 Directive #5](#)

[Personal Protective Equipment \(PPE\) use during the COVID-19 Pandemic, Ontario Health May 10, 2020.](#)

[COVID-19 Directives](#)

[IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19 May 3, 2020](#)

[MOH COVID-19 Operational Requirements: Health Sector Restart June 15, 2020 – Version 2](#)

## **APPENDICES**

[Appendix A PPE Requirements Visual](#)

[Appendix B Six Key Factors for Isolation Procedure Masks to Be Effective](#)

[Appendix C - Point of Care Risk Assessments and Respiratory Therapies Guideline 2020](#)

[Appendix D PPE Requirements for Screeners](#)