

Action Items

- ★ BGH staff who currently keep their P100: Return mask to MDRD for reprocessing so it can be returned to circulation
- ★ Accel wipes will be moving back to clinical USLs. Please place these at PPE cleaning stations.

Practice Changes

Rationale for Change

Extended Use UPDATE

PPE

1. Extended use is supported: HCW can extend use of eye protection and respirator after an AGMP and between patients based on order of risk (e.g., low risk, non-COVID, non-suspect → high risk COVID exposure → high risk COVID → lab confirmed COVID-19)
2. Gown and gloves must be changed between all patients.
3. Perform hand hygiene between patients and when you touch/adjust any PPE
4. Staff must bundle care as able: Provide care to patients based on order of risk – see above (e.g, non-COVID-19 patients and then move to lab confirmed positive patients.)
5. Upon completion of all patient care, remove respirator, perform hand hygiene and disinfect eye protection.
6. P100 mask sent to MDRD for reprocessing (soiled holding), N95 respirator discarded.

Reversing the order of risk can facilitate transmission.

Public Health Ontario & IPAC Specialists from the Hub and Spoke Program provided a consult to review our corporate practice and recommended this process in an environment where respirators are required.

P100 Respirators

Cleaning



1. Each time a P100 is doffed the mask must go back to MDRD for reprocessing. Get a new mask prior to needing to use P100.
2. Staff must no longer keep and clean their P100 mask
3. Staff must keep their individual components (cartridges and head strap) these must be cleaned using **Accel Wipes**

Remember: continue to cover your P100 exhalation valve with a Level 2 Pediatric Mask for source control available on all units

Public Health Ontario & IPAC Specialists from the Hub and Spoke Program provided a consult to review our corporate practice and emphasized the importance of following best practice for cleaning P100s.

N95 Respirator

Covering



1. **Do not** cover your N95 respirator with a procedure mask.
2. A face shield must be used if you wish to cover/ protect your respirator.

Additional considerations for covering N95s in operating rooms. Refer to program communication

Studies have shown that covering respirator with a mask has the potential to interfere with the seal.

Covering with a face shield can help to extend use by protecting the mask from splash/spray (As per Ontario Health)

Work Isolation



All HCW placed on work isolation will use an N95 respirator for AGMPs, not a P100. Staff awaiting an N95 fit test: wear P100s and ensure source control mask in place

N95 respirator provides a direct method for source control and does not require changes of source control mask.

Eye Protection

Q4, Q6 & Sills 3



1. HCW on Q4, Q6, and Sills 3 are to wear goggles or face shield
2. Safety glasses and mask with visor are not considered appropriate eye protection due to increased patient volumes of persons under investigation while Q5 remains on outbreak. These will not be approved via PPE Req.

Remember: “Hot Zone” eye protection still required in ED, ICU, DI, Q5, and Q7

Adherence to COVID+/Suspect eye protection is due to **increased patient volumes of persons under investigation in these areas.** This is appropriate protection should a person under investigation test positive for COVID-19.