

Policy Title:	Personal Protective Equipment During COVID-19 Pandemic
Policy Owner:	Occupational Health, Safety and Wellness
Approval By:	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 Patient and Non-Patient Care Areas. In addition to appropriate PPE, social distancing (2 metres physical distance) is to be practiced whenever possible.

The recommendations in this document are up to date as of the most recent release of this document and will be updated as new information becomes available. The extent of community spread is variable across Ontario. Regions that are currently experiencing large-scale community spread may alter these approaches to meet their current needs based on local epidemiology and infection control advice.

Universal masking in health care settings is indicated as a means of source control (masks worn to protect others) and requires individuals to wear a mask at all times. Wearing a mask is not a substitute for physical distancing, hand washing, or other infection prevention and control measures.

2.0 RISK ASSESSMENT BY THE HEALTH CAREWORKER

- 2.1** The Chief Medical Officer of Health's Directive #5 was issued on March 30, 2020 and was re-issued on October 8, 2020 requiring 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. Also known as, "Level One" mask.

Personal Mask: A cloth or disposable mask may be worn in the hospital provided that it is clean, dry, undamaged and does not need to be repositioned or adjusted while being worn. It must fit snugly and cover the mouth, nose and chin. Cloth masks must be recently washed. Masks that have exhalation valves or vents are not approved to wear inside the hospital, as they do not prevent germs from spreading to others.

Surgical Mask: Ideal for procedures where heavy to moderate amounts of fluid spray are produced. Also known as, "Level Three" mask

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, unless otherwise stated in this policy.

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 12.0 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 N95 masks that are not visibly soiled are to be discarded into the bio-hazard bins for future reprocessing (if required).

PROCEDURE

6.0 UNIVERSAL MASKING

Once declared, universal masking means wearing a mask at all times when in public indoor areas of the Hospital. Wearing a mask is an effective way to prevent virus spread.

- 6.1 Staff may wear their personal mask into the building and in transit to their department, provided it is clean, dry, undamaged and fits snugly around the chin, mouth and nose. Once in their department, all staff are required to change in to a hospital grade mask.
- 6.2 Hospital provided masks will be available to everyone who enters the Hospital.
- 6.3 Staff in patient care areas must don a surgical mask with eye protection once in their department.
- 6.4 All Patients and Visitors will be provided a hospital grade mask at the entrance to the Hospital. Personal masks for Patients and Visitors are not permitted.
- 6.5 Staff are permitted to wear their personal mask while in transit to their department.
- 6.6 Appropriate hand hygiene and mask storage practices must be followed. A paper bag will be provided at all entrances for storage of personal mask while in Hospital.

7.0 EMERGENCY DEPARTMENT

7.1 Surgical Masks

Emergency Department Health Care Workers, including Clerks and Emergency Department Assistants (EDA) will wear a surgical mask with eye protection 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.

7.2 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.

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

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

7.3.2 **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.

7.3.3 **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.

7.4 For patients requiring (AGP), **DROPLET CONTACT & AIRBORNE** precautions are required. See below section [8.4.3](#) for AGP procedures.

7.5 Following an AGP – all PPE is discarded, placed in biohazard recycle bin or cleaned after the procedure depending on the item type.

8.0 ELEVATED UNIVERSAL MASKING IN PATIENT CARE AREAS

8.1 Surgical mask with eye protection is required for all staff while working in Patient Care Areas; including in common areas. When in the change room and employee lounge a procedure mask is to be worn.

8.2 Staff visiting a Patient Care Area (e.g. Lab, DI or Maintenance) in which they do not normally work are to wear a surgical mask with eye protection for all Patient Care Area encounters.

8.3 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**

8.4 When providing direct patient care, all Health Care Workers must wear PPE as outlined below:

- 8.4.1** For ventilated patients receiving direct patient care, **DROPLET CONTACT** precautions are required; surgical mask, eye protection, gloves and gown.
- 8.4.2** For patients requiring AGMP, or when providing care that may reasonably be anticipated to lead to inadvertent aerosolization, **DROPLET CONTACT & AIRBORNE** precautions are required.
- 8.4.3** **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.
- 8.4.4** 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

9.0 OBGYN

9.1 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.

9.2 Resuscitating the Neonate – all attendees including physicians, RN and RT to wear N95.

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 bouffant 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 typically require N95 respirators. If, based on the PCRA, and based on the HCW's professional and clinical judgement and proximity to the patient that an N95 is required, it is available for use.

11.0 STAFF PERFORMING SCREENING AND ESCORTING DUTIES

11.1 Screeners and security personnel are required to wear a surgical mask with eye protection at all times.

11.2 Screeners performing escort duties are not to have patient contact.

11.3 If a patient MUST have assistance into a wheelchair at an entrance, the screener is to don a gown and gloves (in addition to the mask with face shield).

11.3.1 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.

11.3.2 PPE above the clavicle can remain on as long as contamination did not occur.

11.4 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. Staff in the receiving department are responsible for further assisting the patient.

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 deny access to N95 protection based on the PCRA or, if otherwise deemed necessary when in outbreak.

12.1.3 In the event that there is a shortage of supply of PPE, the Hospital will develop contingency plans, in consultation with Unions and the Joint Health and Safety Committee.

12.1.4 When masks do not need to be worn AND can safely be preserved for later use, use a provided K-Basin, plastic container or paper bag for the storage and conservation of your mask. Individuals with private offices may hang their mask on a hook.

12.1.5 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
- Soiled or wet paper bags are discarded at the end of the day
- Ensure proper donning and doffing techniques at all times, including hand hygiene

REFERENCES

[CMOH Directive #2](#)

[CMOH Directive #5](#)

[*Personal Protective Equipment \(PPE\) use during the COVID-19 Pandemic*, Ontario Health August 11, 2020](#)

[COVID-19 Directives](#)

[IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19 July 27, 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](#)