General Guidelines for PPE Use During the COVID-19 Pandemic

Purpose Statement:

The purpose of this document is to optimize use of procedure masks by all staff and physicians working with patients in patient care units and ambulatory areas, while maintaining adequate supply throughout the COVID-19 pandemic.

Procedure:

1. For all patients (excluding those on Airborne Precautions):
   - Procedure masks, properly donned, can be worn continuously and over multiple patient encounters, for up to 4 hours. *Exception: If mask becomes wet, damaged or soiled, it must be discarded*
   - *See procedure for donning/doffing schedule throughout shift.*
   
   NB: Ensure extra caution is taken to not touch facemask while wearing. If this occurs, perform immediate hand hygiene.

2. For patients under COVID-19 Contact and Droplet Precautions:
   - In addition to properly donned procedure mask as above, follow the usual COVID-19 Contact and Droplet Precautions guidelines which include:
     - Hand hygiene; properly donning a gown, face shield (over procedure mask) and gloves, prior to entering the patient room
     - Properly doffing gloves and gown; hand hygiene; properly doffing face shield (leaving procedure mask in place); hand hygiene when exiting patient room

3. For patients under COVID-19 Contact and Droplet Precautions who will be undergoing aerosol generating respiratory procedures (see appendix):
   - Airborne Precautions also required
   - In these circumstances, along with gown and gloves, an N95 respirator and eye protection (face shield) are required. See procedure below.

**Guidelines for use of procedure masks**

- Procedure masks must always be worn in patient care units and ambulatory areas.
  - Note: Nursing stations are considered care units.
- Masks can be removed for breaks when in a designated break room or off unit.
- Procedure masks should be changed if:
  - Wet
  - Soiled
Starting the shift
- Staff & Physicians arrive on the unit
- Perform hand hygiene
- Apply procedure mask

Entering into COVID Droplet and Contact room
- Staff & Physicians will already be wearing procedure mask
- Perform hand hygiene
- Put on gown
- Put on a face shield
- Put on gloves
- Enter patient room
- After care and near exit, remove:
  - Gloves
  - Gown
- Perform hand hygiene
- Remove face shield
- Perform hand hygiene
- Leave procedure mask on
- Leave doffing area

Entering into COVID Airborne/ Droplet/ Contact room (includes all COVID +, suspected COVID cases who are undergoing an aerosol generating procedure (see appendix))
- Staff & Physicians will already be wearing a procedure mask
- Perform hand hygiene
- Remove procedure mask and discard
- Perform hand hygiene
- Put on gown
- Apply fit tested N95 respirator and perform seal check
- Put on face shield
- Put on gloves
- Enter patient room
- After care and near exit, remove:
  - Gloves
  - Gown
- Perform hand hygiene
- Remove face shield
- Perform hand hygiene
- Exit room
- Remove N95 respirator outside patient room and discard
- Perform hand hygiene
- Apply procedure mask

Going to break (in a designated break room or off unit)
- Staff & Physicians will already be wearing a procedure mask
- Perform hand hygiene
- Remove procedure mask and discard
- Perform hand hygiene
- Go to break

**Other precaution scenarios**

- Always perform a risk assessment prior to entering patient room, to determine whether additional PPE is required (based on the patient’s condition, existing isolation codes, and the activity to be conducted)

**Entering into room with no additional precautions**
- Staff & Physicians will already be wearing a procedure mask
- Perform hand hygiene
- Enter patient room
- Exit patient room
- Perform hand hygiene
- Leave procedure mask on

**Entering into Droplet Precautions only room**
- Staff & Physicians will already be wearing procedure mask
- Perform hand hygiene
- Assess need to wear a gown
- Put on a face shield
- Put on gloves
- Enter patient room
- After care and near exit, remove:
  - Gloves
  - Gown (if applicable)
- Perform hand hygiene
- Remove face shield
- Leave procedure mask on
- Perform hand hygiene
- Exit patient room

**Entering into Contact Precautions only room**
- Staff & Physicians will already be wearing a procedure mask
- Perform hand hygiene
- Assess need to wear a gown
- Put on gloves
- Enter patient room
- After care and near exit, remove:
  - Gloves
  - Gown (if applicable)
- Perform hand hygiene
- Leave procedure mask on
- Exit patient room

**Entering into Airborne Precautions only room**
- Staff & Physicians will already be wearing a procedure mask
- Perform hand hygiene
- Assess need to wear additional PPE
- Remove procedure mask and discard
- Perform hand hygiene
- Apply fit tested N95 respirator and perform seal check
- Put on additional PPE if required
- Enter patient room
- After care and near exit, remove additional PPE (if applicable) (gloves, then gown if worn; hand hygiene; face shield if worn)
  Perform hand hygiene
- Exit patient room
- Remove N95 respirator outside patient room and discard
- Perform hand hygiene
- Apply procedure mask

Please refer to TOH myHospital for guidelines for donning and doffing PPE

APPENDIX: Aerosol Generating Respiratory Procedures

Use Airborne / Droplet / Contact Precautions for the procedures listed in the corporate policy – Aerosol Generating Respiratory Procedures (C-SOP IPAC 002)

Procedures not listed in the policy (Aerosol Generating Respiratory Procedures (C-SOP IPAC 002) are NOT considered Aerosol Generating Procedures. They can be performed using Droplet / Contact Precautions.

Aerosol Generating Respiratory Procedures

Source:

Public Health Ontario. Updated IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19 (March 25, 2020).

For a definition of “High flow oxygen therapy” – please refer to the TOH Covid-19 Clinical Guidelines – Standardizing Oxygen Therapy Practice

https://theottawahospital.sharepoint.com/sites/myHospital/en/Dept/MedicalAffairs/Quick-References/Pages/Medical-Directives.aspx

v. March 30, 2020