

# PHSA: Personal Protective Equipment

The consideration of environmental controls and the populations served has contributed to the development of this document. Please note **highlighted sections** as they call out an important change.

## Key principles of infection prevention and control

1. Hand hygiene remains a key tenant of infection control.
2. Personal protective equipment and infection control practices aim to protect the safety of health care workers and prevent the spread of infections within health care settings either between patients or from staff to patients.
3. 'Direct patient care' or 'Direct physical contact' implies that you are touching patients or are within 2 meters of space surrounding the patient.
4. A fundamental principle of infection control is the provider's assessment of each patient as to whether the patient has a transmissible infection and what kind of interaction the provider will have with the patient; this is what we call a 'point of care risk assessment'. This has not changed and remains a core expectation of staff providing direct patient care.

PERSONAL PROTECTIVE EQUIPMENT	OUTPATIENT & INPATIENT		EMERGENCY, CRITICAL CARE, MATERNITY & ONCOLOGY (Outpatient & Inpatient)		EMERGENCY HEALTH SERVICES (Paramedics)		SURGERY	AEROSOL GENERATING PROCEDURES ONLY
	LOW	HIGH	LOW	HIGH	LOW	HIGH	ALL	ALL
PPE Risk Assessment	✓	✓	✓	✓	✓	✓	✓	✓
Hand hygiene	✓	✓	✓	✓	✓	✓	✓	✓
Eye protection	✓	✓	✓	✓	✓	✓	✓	✓
Surgical masks	✓	✓	✓	✓	✗	✗	✗	✗
N95 masks	✗	✗	✗	✗	✓	✓	✓	✓
Gloves	✗	✓	✗	✓	✓	✓	✓	✓
Gowns	✗	✓	✗	✓	✗	✓	✓	✓

\*RISK CATEGORIES:

LOW = no respiratory symptoms

HIGH = asymptomatic COVID-19 contact, respiratory symptoms, suspect COVID-19, COVID-19 positive

## NEW Provincial PPE Recommendations as of March 25, 2020 [Stage 4 of the Framework]

1. All health care workers will continue to engage in a full PPE risk and point of care assessment for every patient or client interaction. This means you assess the risk of transmission based on patient presentation and task(s) that you intend to perform.
2. Hand hygiene is required between glove changes, before donning new PPE and after doffing each individual piece of PPE.
3. **Extended use of same mask, eye protection and gown without removal for repeated interactions with multiple patients for maximum of one complete shift: (1) change mask if it becomes wet, damaged, soiled, or when leaving the unit; (2) clean eye protection at the end of shift; (3) change gown if it becomes wet, or soiled, or when leaving the unit.**
4. Gloves must be changed between each patient encounter. Hand Hygiene before/after donning/doffing gloves or contact with patient or patient environment without gloves.
5. Gloves must be changed between patients or clients and should never be worn in public areas (other than during patient transport) as per routine practices.
6. All health care workers must only use N95 respirator masks for aerosol generating medical procedures.
7. Health care workers who have engaged in fit testing for N95 respirator masks within the previous two years can use an N95 respiratory mask without additional testing but must perform a fit check prior to use.
8. If a patient care setting has multiple COVID-19 patients and the clinical setting allows, cohort patients with confirmed COVID-19. If feasible, staff should not move between suspect or confirmed COVID-19 patients and non-COVID-19 patients. Use appropriate PPE for COVID-19 (contact and droplet precautions).