SAH Guidelines for Extended Use of PPE for Healthcare Workers during COVID-19 Pandemic

February 11, 2022

Note: This information is current as of February 11, 2022 and is subject to change.

Background

The need to implement extended use of personal protective equipment (PPE) is two-fold:

- **To protect you and our patients:** Ensuring the safety of healthcare workers (HCWs) and our patients during the pandemic has always been, and continues to be, our top priority. Universal masking helps with source control and protects the individual wearer as PPE.
- **To conserve our supply and be good stewards of PPE:** While PPE supply is stable now, overall utilization of PPE components are high and we need to be prepared for any future supply chain disruptions.

Our aim is to ensure that we have the **right** PPE for the **right** people for the **right** situation every time. As such, guidelines for the extended use of N95's continue to be part of our ongoing respirator-procedure-mask conservation efforts.

Extended Use of PPE

"Extended use" refers to the practice of wearing specific PPE for repeated encounters with several patients without removing the item between patient encounters.

Key principles of extended use of PPE:

- Every effort must be made to minimize unnecessary PPE contact with contaminated surfaces, hands, or the patient.
- Strict adherence to hand hygiene must occur at all times – including before, during, and after donning or doffing any PPE.
- Strict adherence to proper donning and doffing technique remains essential.
- A point-of-care risk assessment (PCRA) should be performed by each HCW before each patient interaction. If a HCW determines, based on the PCRA and their professional and clinical judgement, that additional health and safety measures may be required in the delivery of care to the patient, the manager/supervisor must provide that HCW with access to the appropriate health and safety control measures and will not unreasonably deny access to the appropriate PPE.
- All PPE must be removed during breaks to eat and drink.
- In patient care and non-patient care settings, practice physical distancing whenever possible, even if wearing a mask.
- **Gowns and gloves should never be reused between patients.**

Specific Recommendations

1. Procedure Mask Extended Use Recommendations

Extended use of procedure masks is recommended for all staff across SAH, both clinical and non-clinical. Always perform hand hygiene before and after donning or doffing a mask.

When to Wear Procedure Masks

Everyone who comes through a screening entrance will be given one (1) procedure mask.

- If you work in a **non-clinical area**, this is your mask for the day.
- If you work in a clinical area, this may be used as a transitional mask until you reach your unit if you require an N95 respirator for care or as your first mask for providing care for the day.
- For those entering at staff-only badge access entrances, you must be wearing a mask upon entry.
- Refer to HR-CS-35 COVID-19 Mask Policy for SAH Workers for situations where a mask should be worn.
- For staff working in **non-clinical areas**, the risk of contamination for their mask is low, and therefore the mask can be stored when the staff member is taking a break, eating a meal, or using the restroom. Options for storing the mask include:
    - In a plastic bag, or clean plastic container. The bag should be discarded after use (i.e. single use only) and the plastic container should be fully disinfected with hospital approved wipes after use.
    - On a dry and clean designated surface. Masks can also be temporarily stored with the face-side up (the side that touches your face) in a break room or staff lounge on a clean surface.
    - In a locker. If readily available, the mask may be stored in a locker with a hook. Pay close attention not to contaminate the mask in this space.
    - Hand hygiene must occur before and after removing your mask, and again before putting the mask back on.

When to Discard Procedure Masks

- For staff working in **clinical** areas
    - Masks should be discarded when taking a break, eating a meal, using the restroom or when the shift has ended.
    - Masks should be discarded after caring for a patient on any additional precautions.
    - When providing care to multiple patients in one area (cohorted) on droplet precautions, the same mask and eye protection may be worn until care for all has been completed/leaving the patient environment. Examples include but are not limited to the following: multi-bedded rooms and the Emergency Department.
    - When entering a patient's room on droplet precautions for a transient task that is generally more than 2 metres from the patients such as dropping off a meal tray, checking their monitors, quick observation etc., a PCRA can be performed. If no direct care was provided and the mask remains undamaged/unsoiled, it does not have to be discarded.

- Your mask must also be discarded and replaced if the mask:
  - is visibly soiled (directly exposed to respiratory droplets e.g. saliva/cough/sneeze)
  - makes direct contact with a patient
  - is so moist/humid that it affects its integrity
  - is damaged and cannot be worn properly

2. Eye Protection Extended Use Recommendations

In addition to procedure masks, eye protection should be worn by staff for ALL clinical encounters. Eye protection includes face shields, mask with integrated visor and reusable goggles. Refer to HR-CS-37 COVID-19 Eye Protection Policy for information regarding when to wear eye protection.

When to Discard/Clean Eye Protection

- Eye protection should be fully disinfected with hospital approved disinfectant wipes if one of the following criteria are met:
  - After caring for a patient on any additional precautions
  - It touches the patient
  - It is visibly contaminated
  - It is damaged
  - When taking a break, leaving the unit or when the shift has ended

3. N95 Respirator Extended Use Recommendations

When to Wear N95 Respirators

- Caring for patients on airborne isolation
- Caring for patients on enhanced droplet/contact precautions for suspected or confirmed COVID-19
- Aerosol Generating Medical Procedures (AGMP) (see the Aerosol Generating Medical Procedures (AGMP))
- If deemed necessary after HCW performs a PCRA
- When providing care to multiple patients in one area (cohorted) on enhanced droplet/contact precautions, the same N95 respirator may be worn until care for all has been completed/leaving the patient environment. Examples include but are not limited to: multi-bedded rooms, COVID-19 dedicated units, and the Emergency Department.

When to Discard N95 Respirators

- after providing care for a patient on additional precautions, unless providing care to multiple patients in one area, where the same N95 respirator may be worn until care for all has been completed/leaving the patient environment. Examples include but are not limited to: multi-bedded rooms, COVID-19 dedicated units, and the Emergency Department.
- obviously soiled
- damaged
- becomes hard to breathe through

- after it has been used for any emergent intubation, Protected Code Blue, bronchoscopy or extubation
- when taking a break, leaving the unit, or when the shift has ended

4. Intubations of Suspected or Confirmed COVID-19 Patient/Protected Code Blue

During an intubation, or Protected Code Blue, staff should put on a face-shield in addition to their N95 respirator, gown, and gloves (see the Protected Code Blue policy for SAH).

References

1. Centers for Disease Control and Prevention. *Strategies for Optimizing the Supply of Facemasks*. Last retrieved on April 9, 2020 from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html

2. Ontario Agency for Health Protection and Promotion (Public health Ontario). Interim IPAC recommendations for use of personal protective equipment for care of individuals with suspect or confirmed COVID-19. Last retrieved on Dec 14, 2021 from: https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures- covid-19.pdf?la=en

3. Ontario Hospital Association (OHA). Directive # 5 for Hospitals within the meaning of the Public Hospitals Act and Long Term Care within the meaning of the Long Term Care Act, 2007. Updated December 17, 2021. Last retrieved on December 18, 2021 from: Ontario Hospital Association - Bulletins