

Introduction

1.1. Purpose

This policy provides guidance for all healthcare providers (HCPs) and staff on how to determine Personal Protective Equipment (PPE) requirements and how to limit usage of PPE when it is required. The goal is to protect all HCPs, staff and patients and limit PPE use to conserve supply of PPE.

In response to the COVID-19 pandemic the Ministry of Health has implemented **Stage 4** of the PPE Allocation Framework to ensure staff and patient safety by preserving and prioritizing PPE supplies. The Ministry of Health [COVID-19 Emergency Prioritization in a Pandemic Personal Protective Equipment \(PPE\) Allocation Framework](#) provides full details.

Remember: Infection Prevention and Control guidance for COVID-19 remains that Droplet & Contact Precautions apply (surgical/procedure mask, eye protection, gown, gloves). An N95 mask/respirator is used only for [high risk](#) patients requiring Airborne Precautions due to an [Aerosol Generating Medical Procedure](#) (AGMP). Due to concern about potential for asymptomatic transmission at the beginning of the illness, asymptomatic infants, children and women who have a known COVID-19 contact will be treated as [high risk](#) for COVID-19 for 14 days from the contact, after which they will return to being considered [low risk](#) for COVID-19 status.

Children are less likely to get COVID-19 than adults, representing only 1-5% of confirmed cases worldwide; so far in BC, there have been very few cases in children. The severity of disease in children appears to be lower than in adults, with only a few documented cases of severe illness and/or death. In those under 18 years of age, younger infants (those <1 year of age) have the highest rates of severe or critical illness. Pregnant women do not appear to get more severe disease than non-pregnant women.

These measures to preserve and prioritize PPE apply to this period of pandemic and limited supplies only. Return to usual Routine Practices and Additional Precautions as per Infection Prevention & Control policies and procedures when supplies are abundant.

1.2. Scope

This policy applies to all HCPs and staff across all areas of BC Children's Hospital and BC Women's Hospital & Health Centre.

Policy

2.1 All HCP and staff:

- Follow Infection Prevention and Control requirements for [duration and discontinuation of Additional Precautions](#).
- All HCPs and staff must perform frequent and diligent [Hand Hygiene](#), [Physical Distancing](#) and [Respiratory Etiquette](#) in all encounters with other HCPs, staff and patients. These continue to be the most effective measures to prevent transmission of infection.
- All HCPs and staff limit unnecessary [Direct Patient Care](#) encounters and unnecessary encounters in the [Patient Environment](#). Workflows must be adjusted to limit entering Patient Environment.
- HCPs and staff use only workplace provided PPE.

- HCPs and staff do not need to wear PPE in [non-clinical](#) areas or [public](#) areas unless in transit while performing job duties and extended PPE use is appropriate.

2.2 HCP and staff providing [Direct Patient Care](#) (hands on physical care or within 2 metres of patient) must:

- Complete a [Point of Care Risk Assessment \(PCRA\)](#) for every patient interaction and use appropriate PPE as indicated by the PCRA in alignment with this policy. This includes assessing whether patient is on Additional Precautions (ie Droplet & Contact or Airborne) and whether the required Direct Patient Care exposes the HCP/staff to blood or body fluids. See [Appendix A](#) for details on PCRA.
- Perform diligent Hand Hygiene particularly when donning and doffing PPE. Minimum points of hand hygiene are identified in all Infection Prevention and Control documents.
- Avoid touching or adjusting PPE. Perform Hand hygiene if adjust or touch PPE.
- Group tasks to reduce the number of times Direct Patient Care is performed or the Patient Environment is entered.

When PPE donned, follow all extending use requirements per item below:

- **Surgical/Procedure Masks** (All [low and high risk](#) patients, all program areas):
 - To extend use, use same surgical/procedure mask between patients and while performing job duties without removing the mask until leaving a unit/area for breaks/meals and end of day
 - Change mask only when it is wet, damaged or soiled
 - Change mask if contaminated by patient interaction such as direct contact with touch, coughing, sneezing, vomiting, etc.
 - Refer to [Surgical/Procedure Masks: How To Guide](#)
- **N95 Mask/Respirator or alternative*** (Use only for [high risk](#) patients receiving AGMPs or [low risk](#) patients on Airborne Precautions):
 - Avoid wearing face makeup
 - To extend use, use same N95 mask between patients and while performing job duties without removing the mask until leaving a unit/area for breaks/meals and end of day
 - Use beyond manufacturer's stated expiry date
 - If using N95 mask, keep this mask on between all patients rather than changing to a surgical/procedure mask (even if other patients only require surgical/procedure mask)
 - Change mask only when it is wet, damaged or soiled
 - Change mask if contaminated by patient interaction such as direct contact with touch, coughing, sneezing, vomiting, etc.
 - Refer to [N95 Respirator Mask: How To Guide](#)

*Alternative to N95 mask respirator is the elastomeric respirator. Follow all use and cleaning requirements in the [Elastomeric Procedure](#).
- **Eye Protection** (All [low and high risk](#) patients, all program areas)
 - Use same eye protection between patients and while performing job duties without removing until leaving a unit/area for breaks/meals and end of day.
 - Single Use Eye Protection

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- Clean when it is soiled or contaminated by patient interaction such as direct contact with touch, coughing, sneezing, vomiting, etc.
- Clean when leaving unit/area for breaks/meals and end of day as per [cleaning protocol](#)
- Discard when unable to clean or when damaged
- Do not share with other HCW/staff
- Reusable Eye Protection
 - Clean when soiled or contaminated by patient interaction such as direct contact with touch, coughing, sneezing, vomiting, etc
 - Clean when leaving unit/area for breaks/meals and end of day as per [cleaning protocol](#)
 - Discard when unable to clean or when damaged
- **Gown** (for [low risk](#) patients on Additional Precautions, excluding Airborne, and [high risk patients](#) and if required by PCRA)
 - Doff and discard reusable or disposable gown if it becomes wet, soiled or when leaving patient environment, the unit/area and/or for breaks/meals and end of day
 - Do not wear gowns in public areas.
- **Gloves** (for [low risk](#) patients on Additional Precautions, excluding Airborne, and [high risk patients](#) and if required by PCRA)
 - Change gloves as per usual practice between all patients.
 - Gloves are not a substitute for hand hygiene. Diligent hand hygiene is required before and after glove use.
 - Gloves are never worn in public areas (other than during patient transport or usual job duties) as per routine practices.

2.3 HCP and staff not providing [Direct Patient Care](#) (hands on physical care or within 2 metres of patient) must:

- Work with area leaders to change work process to avoid within 2 metre contact with all patients and their designated caregiver/support person.
- Continue usual practice and **not** wear PPE.
- Avoid entering the [Patient Environment](#).

2.4 HCP and staff entering the [Patient Environment](#) not providing [Direct Patient Care](#) (hands on physical care or within 2 metres of patient) must:

- Avoid entering Patient Environment whenever possible.
- Maintain a 2 metre distance away from patients whenever possible.
- Don appropriate PPE **only** when required to enter patient rooms for job duties.
- Refer to all Additional Precautions signage to use **only** required PPE items when entering patient room.
- Perform diligent Hand Hygiene particularly when donning and doffing PPE. Minimum points of hand hygiene are identified in all Infection Prevention and Control documents.

- Avoid touching or adjusting PPE. Perform Hand hygiene if PPE adjusted or touched.
- Review additional information for [Environmental Services Staff](#) as applicable for job duties.

When PPE donned, follow all extending use requirements per item below:

- **Surgical/Procedure Masks** (All [low and high risk](#) patients, all program areas):
 - To extend use, use same surgical/procedure mask between patients and while performing job duties without removing the mask until leaving a unit/area for breaks/meals and end of day
 - Change mask only when it is wet, damaged or soiled
 - Change mask if contaminated by patient interaction such as direct contact with touch, coughing, sneezing, vomiting, etc.
 - Refer to [Surgical/Procedure Masks: How To Guide](#)
- **N95 Mask/Respirator or alternative*** (Use only for [high risk](#) patients receiving AGMPs or [low risk](#) patients on Airborne Precautions):
 - Avoid wearing face makeup
 - To extend use, use same N95 mask between patients and while performing job duties without removing the mask until leaving a unit/area for breaks/meals and end of day
 - Use beyond manufacturer's stated expiry date
 - If using N95 mask, keep this mask on between all patients rather than changing to a surgical/procedure mask (even if other patients only require surgical/procedure mask)
 - Change mask only when it is wet, damaged or soiled
 - Change mask if contaminated by patient interaction such as direct contact with touch, coughing, sneezing, vomiting, etc.
 - Refer to [N95 Respirator Mask: How To Guide](#)

*Alternative to N95 mask respirator is the elastomeric respirator. Follow all use and cleaning requirements in the [Elastomeric Procedure](#).
- **Eye Protection** (All [low and high risk](#) patients, all program areas)
 - Use same eye protection between patients and while performing job duties without removing until leaving a unit/area for breaks/meals and end of day.
 - Single Use Eye Protection
 - Clean when it is soiled or contaminated by patient interaction such as direct contact with touch, coughing, sneezing, vomiting, etc.
 - Clean when leaving unit/area for breaks/meals and end of day as per [cleaning protocol](#)
 - Discard when unable to clean or when damaged
 - Do not share with other HCW/staff
 - Reusable Eye Protection
 - Clean when soiled or contaminated by patient interaction such as direct contact with touch, coughing, sneezing, vomiting, etc
 - Clean when leaving unit/area for breaks/meals and end of day as per [cleaning protocol](#)
 - Discard when unable to clean or when damaged
- **Gown** (for [low risk](#) patients on Additional Precautions, excluding Airborne, and [high risk patients](#) and if required by PCRA)
 - Doff and discard reusable or disposable gown if it becomes wet, soiled or when leaving patient environment, the unit/area and/or for breaks/meals and end of day
 - Do not wear gowns in public areas.

- **Gloves** (for [low risk](#) patients on Additional Precautions, excluding Airborne, and [high risk patients](#) and if required by PCRA)
 - Change gloves as per usual practice between all patients.
 - Gloves are not a substitute for hand hygiene. Diligent hand hygiene is required before and after glove use.
 - Gloves are never worn in public areas (other than during patient transport or usual job duties) as per routine practices.

Compliance

All HCPs and staff members are responsible for adhering to this policy and supporting activities in accordance with the policy.

Supporting Documents

Guidelines/Procedures

- [Droplet Contact Precautions](#)
- [Airborne Precautions](#)
- [Principles of Routine Practices](#)
- [Principles of Additional Precautions](#)
- [Donning PPE Procedure](#)
- [Doffing PPE Procedure](#)
- [Infection Prevention and Control. Point of Care Risk Assessment](#)
- [Physical Distancing While At Work](#)
- [COVID-19 Guideline for AGMPs Only: PPE Donning & Doffing](#)
- [Standard Work: Reprocessing Single Use and Reusable Eye Protection](#)
- [PHSA Hand Hygiene Policy](#)
- [Surgical/Procedure Masks: How To Guide](#)
- [N95 Respirator Mask: How To Guide](#)
- [COVID-19 Information Sheet for Environmental Service Providers in Health Care Settings](#)
- [Patient Transport Procedure](#)

Definitions

Aerosol Generating Medical Procedures (AGMPs) generate small droplet nuclei in high concentrations that present a risk for airborne transmission of pathogens not otherwise able to spread by the airborne route. Examples include nebulized therapy, CPR, endotracheal intubation & extubation, high frequency oscillatory ventilation, bronchoscopy and bronchoalveolar lavage, laryngoscopy, positive pressure ventilation (BiPAP & CPAP), open airway suctioning, sputum induction, high flow nasal cannula (HFNC).

High risk patients include asymptomatic patients (including designated caregiver/support person) with COVID-19 contact, suspect COVID-19 and COVID-19 positive.

Low risk patients include patients (including designated caregiver/support person) with no suspect or confirmed COVID-19. May have other diagnoses requiring Additional Precautions.

Direct patient care is defined as hands on physical patient care or that you are within two metres of the space surrounding the patient.

Patient environment: is defined as any area within 2 meters of the patient as well as their belongings and bathroom or the immediate space around a patient that may be touched by the patient AND may also be touched by the healthcare provider when providing care or performing tasks. Note: the patient environment moves with the patient when they are moving.

Non-clinical areas are areas with no direct patient care activity ie offices, staff only areas.

Public environment are areas away from patient care. Examples include public food service areas (cafeteria, hospital-based coffee shops), lobby areas.

Point of Care Risk Assessment (PCRA) is the first step to assess the task, the patient and the environment prior to each patient interaction. This will help HCP and staff decide PPE they need to wear to protect themselves and prevent the spread of infection.

Respiratory Etiquette requires that you cover your cough / sneeze properly. Cough or sneeze into a tissue or into your upper sleeve/elbow – not into your hands. Place used tissue into garbage and perform hand hygiene.

Duration and discontinuation of Additional Precautions for Infection Prevention and Control requirements indicate:

- Additional Precautions should remain in place until there is no longer a risk of transmission of the microorganism or illness.
- Additional Precautions will be discontinued in consultation with IPACS
- If there is a difference of opinion regarding the discontinuation, then the higher level of precautions will remain in effect, with daily review, until there is a definitive diagnosis or expert consultation.
- Where the periods of communicability are known, precautions may be discontinued at the appropriate time under the direction of IPACS.

References

BC Ministry of Health. Provincial COVID-19 Task Force. March 25, 2020. *COVID-19 Emergency Prioritization in a Pandemic Personal Protective Equipment (PPE) Allocation Framework*.

BC Ministry of Health. Office of the Provincial Health Officer. March 25, 2020. *Cover letter to COVID-19 Emergency Prioritization in a Pandemic Personal Protective Equipment (PPE) Allocation Framework*

Centers for Disease Control and Prevention (2020, March). Recommended guidance for extended use and limited reuse of N95 filtering facepiece respirators in healthcare settings. Retrieved from <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

The National Institute for Occupational Safety and Health (2010, February). How to properly put on and take off a disposable respirator. Retrieved from <https://www.cdc.gov/niosh/docs/2010-133/pdfs/2010-133.pdf?id=10.26616/NIOSH PUB2010133>

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PHSA. April 2020. Personal Protective Equipment Reference Document.

Provincial Infection Control Network of BC. February 2020. 2019 Novel Coronavirus: Aerosol Generating Medical Procedures in Healthcare Settings.

BCCDC. April 2020. High-Flow Oxygen During the COVID-19 Pandemic.

Appendices

- [Appendix A: Point of Care Risk Assessment for Personal Protective Equipment Use](#)
- [Appendix B: C&W Reference Table – PPE Guide](#)

Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
03-Apr-2020	C-0506-11-60592 COVID-19: PPE Use – Application Of PPE Emergency Prioritization Policy	Developed by Professional Practice Leader Nursing; Approved by Professional Practice Director
07-Apr-2020	“	Updated by Professional Practice Leader Nursing; Approved by Professional Practice Director
08-Apr-2020	“	Updated by Professional Practice Leader Nursing; Approved by Professional Practice Director
24-Apr-2020	“	Updated by Professional Practice Leader Nursing; Approved by Professional Practice Director
27-Apr-2020	“	Updated by Professional Practice Leader Nursing; Approved by Professional Practice Director
4-May-2020	“	Updated by Professional Practice Leader Nursing; Approved by Professional Practice Director
29-May-2020	“	Updated by Professional Practice Leader Nursing; Approved by Professional Practice Director

Disclaimer

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Appendix A:

Point of Care Risk Assessment for Personal Protective Equipment Use

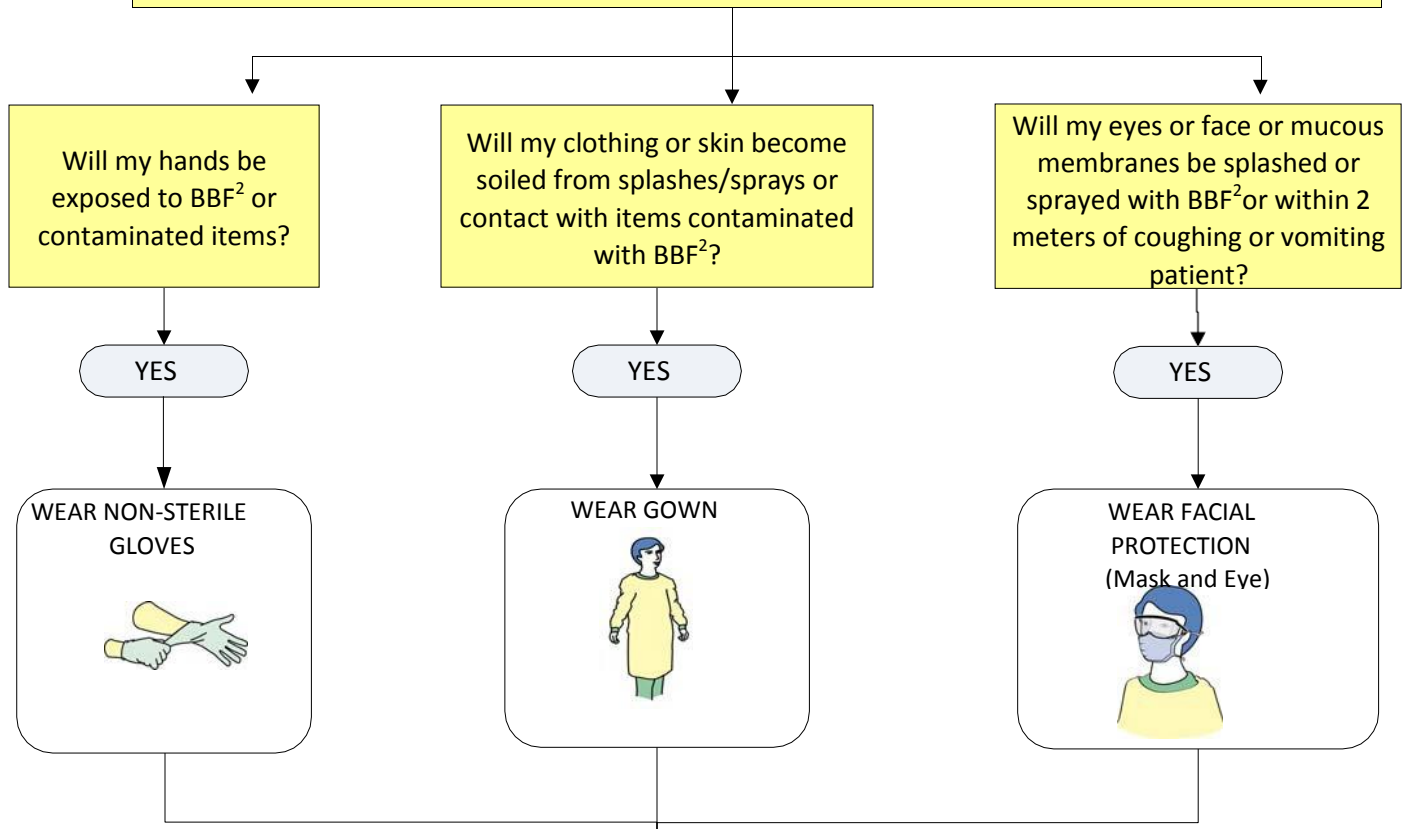
ASSESS the TASK, the PATIENT and the ENVIRONMENT¹ Prior to EACH PATIENT INTERACTION

Performing a PCRA is the first step in routine practices.

Routine Practices are to be used with **all patients** for **all care** and **all interactions**.

This will help you decide what, if any, **PPE** you need to wear to protect yourself and to prevent the spread of germs.

A **PCRA** is to be performed prior to contact with every patient, every time even if the patient has been placed on **Additional Precautions** as more PPE may be required.



Perform Hand Hygiene before and after PPE use. Always doff gloves and gown between patients. Determine if mask/eye protection were contaminated and extend use as per policy.

Refer to Donning and Doffing posters for correct order PPE & hand hygiene steps

Notes

¹**Environment** = any area within 2 meters of the patient as well as their belongings and bathroom or the immediate space around a patient that may be touched by the patient AND may also be touched by the healthcare provider when providing care or performing tasks

²**BBF** = Blood and Body Fluids (includes: urine, feces, wound drainage, saliva, vomit, CSF, sputum, nasal secretions, semen, vaginal secretions)

Adapted from Choosing Personal Protective Equipment (PPE) 2014

Appendix B: C&W Reference Table – PPE Guide *(Always read full policy before using this Reference Table)*

Always ask:

- Do I need to enter the patient room/environment? Is there signage for more precautions? If unsure, ask unit/area leader or supervisor.










Extend use of PPE:

- Keep mask and eye protection on between patients/patient rooms until leaving the unit/area, for breaks/meals and end of day or item gets wet, soiled. Follow all appropriate cleaning protocols or disposal instructions within policy.
- If used, change gown and gloves between all patient rooms/environment.

***Consult with Infection Prevention and Control for questions and for considering moving a patient from high risk to low risk.**

		LOW RISK for COVID-19			*HIGH RISK for COVID-19	
PPE	STAFF ONLY AREA and PUBLIC AREA	NON-COVID-19 PATIENTS with NO Additional Precautions, includes all requiring AGMPs	NON-COVID-19 PATIENTS requiring Additional Precautions, AGMP or No AGMP	NON-COVID-19 PATIENTS requiring AIRBORNE Precautions AGMP or NO AGMPs	*Suspect COVID-19 or COVID+ PATIENTS No AGMP	*Suspect COVID-19 or COVID-19+ with AGMP
Signage		NO ROOM SIGNAGE	ROOM SIGNAGE (Contact, Contact Plus Droplet, Droplet & Contact) 	ROOM SIGNAGE (Airborne) 	ROOM SIGNAGE (Droplet & Contact) 	ROOM SIGNAGE (Airborne and Droplet & Contact)
Hand Hygiene 	✓	✓	✓	✓	✓	✓
PHYS. DISTANCING 2m 	✓	✓	✓	✓	✓	✓
RESP. ETIQUETTE 	✓	✓	✓	✓	✓	✓
RISK ASSESSMENT 	✓	✓	✓	✓	✓	✓

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		LOW RISK for COVID-19			HIGH RISK for COVID-19	
PPE	STAFF ONLY AREA and PUBLIC AREA	NON-COVID-19 PATIENTS with NO Additional Precautions, includes all requiring AGMPs	NON-COVID-19 PATIENTS requiring Additional Precautions, AGMP or No AGMP	NON-COVID-19 PATIENTS requiring AIRBORNE Precautions AGMP or NO AGMPs	Suspect COVID or COVID+ PATIENTS No AGMP	Suspect COVID-19 or COVID-19+ with AGMP
Signage		NO ROOM SIGNAGE	ROOM SIGNAGE (Contact, Contact Plus Droplet, Droplet & Contact) 	ROOM SIGNAGE (Airborne) 	ROOM SIGNAGE (Droplet & Contact) 	ROOM SIGNAGE (Airborne and Droplet & Contact)  plus
Surgical Mask 	✗	✓	✓	✗	✓	✗
Eye Protection 	✗	✓	✓	✓	✓	✓
N95 Mask 	✗	✗	✗	✓	✗	✓
Gown 	✗	✗	✓	✗	✓	✓
Gloves 	✗	✗	✓	✗	✓	✓