



**Thunder Bay Regional
Health Sciences
Centre**

COVID-19 Pandemic Personal Protective Equipment (PPE) Program

Occupational Health & Safety
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Introduction

Thunder Bay Regional Health Sciences Centre (the Hospital) will ensure the use of personal protective equipment (PPE) to protect workers that are exposed to potential hazards associated with COVID-19 while performing duties at work.

This program applies to all workers, which for the purpose of this program includes: staff, professional staff, learners, volunteers, contract employees and to any person working on behalf of the Hospital. The Hospital may, at its discretion, implement PPE requirements for visitors or Care Partners during global pandemics which will be communicated by the Incident Management Team (IMT). This program will be updated at the direction of the IMT in collaboration with the Occupational Health & Safety Department and Infection Prevention and Control.

This program outlines the selection, use and care of PPE specific to preventing the spread of COVID-19. In addition to PPE, physical distancing and hand hygiene remain key components to preventing the spread of COVID-19.

Prior to each interaction with a patient or their environment, a Point of Care Risk Assessment should be completed to assess the patient's status and the health care worker's personal risk to determine what interventions and controls are required to prevent the spread of infection. For Point of Care interaction - determine if additional precautions (i.e. contact, droplet, airborne) are required in addition to Routine Practices.

Follow routine practices to don and doff the proper PPE for patient care in the proper order.

[**Click here to read, “Applying Routine Practices and Additional Precautions IPC-1-18”**](#)

[**Click here to read “Management of Novel Respiratory Infections ICP-2-16”**](#)

[**Click here to view “PPE Recommendations for Suspected/Confirmed COVID-19 Cases Quick Reference Guide”**](#)

Responsibilities

Employer:

- As per the Occupational Health & Safety Act, ensure that PPE is available, properly used and maintained, is a proper fit, is inspected for damage or deterioration.
- Take every precaution reasonable in the circumstance for the protection of the worker.

Managers:

- Identify potential hazards and select appropriate PPE to match the hazard.
- Train workers in the proper PPE and its care and use before wearing.
- Advise workers of the disciplinary consequences for not wearing and/or using the appropriate PPE.
- Ensure PPE is available and being used as prescribed.
- Take every precaution reasonable in the circumstance for the protection of the worker.

Workers:

- Use or wear PPE as required by the employer and the Regulations.
- Visually inspect PPE (including masks, gowns, gloves, etc.) prior to each use.
- Immediately report PPE that is absent or defective to supervisor/manager.
- Do not use PPE that is defective for any task.
- Maintain PPE in good working order and in accordance with the manufacture instructions.
- PPE is not altered in any way from its original state.
- Do not use any item of PPE in any manner where that item will create a hazard to the user.
- Complete training in the proper PPE and its care and use before wearing.
- Select PPE based on a Patient (Point of) Care Risk Assessment (PCRA).

[Click here to view, “OHS-os-213 Personal Protective Equipment”](#)

Mandatory Masking (Hospital-Wide)

A procedure mask, at minimum, is worn at all times in the hospital.

- In addition to PPE identified as required during a PCRA a worker wears, at minimum, a hospital-issued ASTM level 2 procedure mask in our Hospital at all times. If the PCRA identifies the need for a higher level mask (e.g., ASTM level 3) or a respirator (e.g., N95), the worker replaces the mask with the higher level of protection for the interaction.

Procedure Masks

A procedure mask is removed and stored only under certain circumstances.

- Only if a worker can maintain a distance of more than 2 metres from others or remain behind a physical barrier installed by the hospital for the purposes of social distancing, a worker removes and stores their procedure mask for future use if:
 - Alone in an office-space, cubicle, or bathroom and the worker chooses not to wear a mask, or has been exempt by their manager in an administrative area
 - Seated appropriately / positioned in a location designated by the hospital for food / beverage consumption and following rules for social distancing and the worker chooses not to wear a mask.
 - Replacing it with another procedure mask prior to an activity that routinely requires a procedure mask (e.g., wound care)
 - Replacing it with another procedure mask prior to an activity being performed on a patient who requires contact or droplet precautions (e.g., coughing, VRE, MRSA, etc)
 - Replacing it with a N95 respirator prior to an activity that requires an N95 respirator (e.g., Performing an Aerosol Generating Medical Procedure, patient requires airborne precautions, etc)
- If at any time anyone approaches a worker who is not wearing at minimum a procedure mask and the worker cannot maintain a distance of more than 2 metres or remain behind a physical barrier installed by the hospital for the purposes of social distancing, the worker immediately performs hand hygiene and puts on, at minimum, procedure mask.
- At the end of a shift, once a worker has exited the hospital, the worker removes their mask and stores it for use when entering the hospital for their next shift (if applicable). The mask is discarded and replaced with a new one prior to starting the shift (see below).
- A used mask is only stored on a clean surface away from the patient care area with the inner mask portion facing upward to avoid contamination. Alternatively a used mask is placed in a paper bag labeled with the worker's name.
- At the end of a shift, a mask worn for duties in a clinical area is never stored for future use

[Click here to view "How to Care for a Procedure Mask"](#)

A procedure mask is discarded only under certain circumstances.

- When a worker enters the Hospital wearing a used procedure mask that was stored between shifts, the worker removes, discards it, and replaces it with a new one prior to starting their shift
- After a worker has worked in a patient care area, a worker removes and discards their procedure mask and replaces it with a new one prior to leaving the patient care area if they are:
 - Going to a non-patient care area (e.g. cafeteria, Robins, office, meeting room, etc.)
 - Exiting a unit/area in outbreak for any organism transmitted via the droplet and / or contact route (e.g., COVID-19, MRSA, VRE)
 - Exiting the building
- A worker also discards and replaces a procedure mask:
 - Whenever their procedure mask becomes damaged, soiled or wet
 - After wearing it to perform an activity that, as part of routine practices or additional precautions, requires a procedure mask
 - After interacting with a patient or patient environment that requires contact and/ or droplet precautions.

A procedure mask is obtained only from designated locations.

- Clinical staff obtain their mask on the clinical unit they are working on
- Workers who work in non-clinical areas obtain their mask from locations designated by their manager / supervisor
- Any worker who does not have a mask prior to entering the hospital obtains one from the screening desk at the main entrance

Steps for Donning a Procedure Mask:

1. Perform hand hygiene;
2. Secure ear loops behind ears;
3. Mold metal piece to nose bridge;
4. Perform hand hygiene;
5. Keep hands away from face and do not touch the front of the mask.

Steps for Doffing a Procedure Mask:

1. Perform hand hygiene;
2. Grasp ear loops and remove without touching the front of the mask (ties/ear loops/straps are considered 'clean' and may be touched with hands; the front of the mask is considered to be contaminated);
3. Bend forward to allow the mask to fall away from the face;
4. Place mask on a clean surface away from the patient care area with the inner mask portion facing upward to avoid contamination. Alternatively place in paper bag;
5. Perform hand hygiene.

Other Considerations

- Take extra care when removing a mask as this is when self-contamination may occur;
- Do not touch the front of the mask, and if so, immediately perform hand hygiene;
- Once a procedure mask becomes damaged or soiled, it must be removed, disposed of and replaced. Otherwise use the mask for your shift;
- Careful and meticulous hand hygiene must occur after handling a used mask to avoid self-contamination.

N95 Respirator

A N95 Respirator is used to replace a procedure mask if indicated by the PCRA

- A worker dons their designated fit-tested N95 respirator as per clinical PCRA. This includes when conducting an aerosol generating medical procedure (AGMP), entering a room/bed space while an AGMP is in progress, and entering a room after an AGMP was performed if the appropriate air clearance time has not yet elapsed.
- The PCRA performed by the worker also includes the frequency and probability of routine or emergent AGMPs being required. N95 respirators, or approved equivalent or better protection, is used in the room where AGMPs are being performed, are frequent or probable.

Steps for Donning an N95 Respirator

1. Perform hand hygiene;
2. Hold the respirator in the palm of your hand with the straps facing downward;
3. Place the N95 respirator on your face covering your nose and mouth;
4. Pull the top strap up and over top of your head and place it on the crown of your head;
5. Take the bottom strap up and over top of your head and place it behind your head below your ears;
6. Mold the nose piece of the respirator over the bridge of your nose to obtain a tight seal;
7. Perform a fit check by placing your hands over the respirator and taking deep breaths. No air should escape the seal of the respirator. If so, press the nose piece and redo the fit check. If you are concerned your N95 respirator does not fit appropriately, contact the Occupational Health & Safety Department for a fit test;
8. Always follow the manufacturer's instructions for wearing a respirator.

Steps for Doffing an N95 Respirator

1. Perform hand hygiene;
2. Tilt your head forward;
3. Use two hands to grab the bottom strap, pull to the sides then over your head;
4. Use both hands to grab the upper strap, pull to the sides then over your head;
5. Keep tension on the upper strap as you remove it, which will let the mask fall forward;
6. Perform hand hygiene.

Other Considerations

- Take extra care when removing a N95 respirator as this is when self-contamination may occur;
- Do not touch the front of the respirator, and if so, immediately perform hand hygiene;
- Once the interaction for which a N95 respirator was intended for is complete or if at any point a N95 respirator becomes wet, damaged or soiled, the worker removes and disposes of it.
- The worker only removes an N95 respirator once at least 2m away from a patient undergoing an AGMP or once in the anteroom with the door to the Airborne Infection Isolation Room (AIIR) is closed if a patient / environment requires Airborne precautions
- Careful and meticulous hand hygiene must occur after handling a used mask to avoid self-contamination.

Eye Protection (Hospital-Wide)

Eye protection is mandatory in all clinical areas (i.e patient rooms, inpatient units, outpatient care areas, transporting patients) or when providing patient care in a non-clinical area within 2 metres. Non-clinical areas (i.e hallways, administrative areas) do not require eye protection unless patient interaction is anticipated.

Eye Protection Guidelines According to Response Level:

1. Response Level Green: no mandatory eyewear in non-clinical spaces unless you are providing direct patient care
2. Response Level Yellow: transition to mandatory eyewear in non-clinical areas
3. Response Level Orange, Red and Grey: resume mandatory eyewear in all areas (with the exception of; being in an office alone or while consuming food or beverage in a designated space).

Eye protection includes:

- safety glasses, face shield or personally owned eye protection that meets hospital standards (personally owned eye protection to be approved by your manager)
- For other types of Eye Protection that are available from Stores, ordering will be limited to departments who currently use and require the product for the nature of their work – as most products continue to be on allocation from suppliers
- should the nature of your work require a higher level of Eye Protection, you should complete a Point of Care Risk Assessment (PCRA) and select Eye Protection appropriate for the task
- Please note that protective Eye Protection may contain BPA; therefore, the product should not be placed in your mouth or ingested (i.e. Prop 65 warning due to the Bisphenol-A (BpA) content)

Eye protection is obtained, cleaned, stored, and discarded in designated locations

- A worker is assigned by their manager an eye shield, safety glasses or a face-shield for the duration of their shift (ED, 3A COVID-19 Unit, Renal) or for their rotation (all other areas);
- A worker don a new pair of eye protection at the beginning of a shift and sends that same pair of eye protection as needed and if visibly soiled, to MDRD for reprocessing in a designated tote.
- A worker only wears personally acquired eye protection if it meets hospital standards. See pictograph provided by OHS;
- If hospital provided eye protection becomes dirty or soiled at any time, you are to replace and not self-clean. Heavily soiled eye protection should be pre-rinsed before deposited in a designated tote for collection or disposed of. Dirty or soiled, personally owned eye protection must be independently cleaned with soap and hot water.
- Eye protection is to be cleaned daily and as needed including, but not limited to:
 - interactions with a patient or their environment;
 - after transporting a patient
- After a worker has worked in a patient care area, a worker removes and disinfects/cleans their eye protection prior to leaving the patient care area if they are:
 - Going to a non-patient care area (e.g. cafeteria, Robins, office, meeting room, etc.)
 - Exiting a unit/area in outbreak for any organism transmitted via the droplet and / or contact route (e.g., COVID-19, MRSA, VRE)
 - Exiting the building
- A worker also removes, disinfects/cleans and/or discards eye protection:
 - Whenever their eye protection becomes damaged, soiled or wet
 - After wearing eye protection to perform an activity that, as part of routine practices or additional precautions, requires eye protection.
- worker cleans and disinfects the eye protection (hospital provided and personally owned) using hospital-approved cleaner/disinfectant wipe (Oxivir or Clorox AHP)
- Face Shields are disposable and should be disinfected between uses and placed in the garbage if visibly dirty or soiled
- Eye Shields have visors that are disposable, and headband that are reprocessable; discard the clear visor portion in the garbage after use and deposit the headband in the collection bin

- If at any point, the eye protection becomes damaged, the worker removes, disposes of them into a touch-free waste container and obtains new eye protection.

[**Click here to view “How to Care for Your Eye Protection”**](#)

Follow routine practices to don the eye protection and other Personal Protective Equipment (PPE) for patient care in the proper order. Follow routine practices to doff PPE.

Steps for Donning Eye Protection (Hospital Provided and Personally Owned)

If eye protection is unused:

1. Perform hand hygiene;
2. Put on eye protection without touching the inside of the eye protection;
3. Perform hand hygiene;
4. Keep hands away from face and do not touch the front of the eye protection.

If eye protection is used:

1. Perform hand hygiene;
2. Remove your previously cleaned eye protection from the clean surface or paper bag without touching the inside of the eye protection;
3. Put on eye protection without touching the inside of the eye protection;
4. Perform hand hygiene.

Steps for Doffing and Cleaning Eye Protection (Hospital Provided and Personally Owned)

1. Perform hand hygiene;
2. Don gloves;
3. Remove Eye Protection;
4. Carefully wipe the inside of the eye protection using a hospital-approved cleaner/disinfectant wipe;
5. Carefully wipe the outside of the eye protection using a hospital-approved cleaner/disinfectant wipe;
6. Wipe the outside of the eye protection with clean water to remove residual;
7. Fully dry (air dry or use clean towels);
8. Place eye protection on a clean surface away from the patient care area with the inner side facing upward to avoid contamination. Alternatively place in a paper bag. Avoid touching the inside of the eye protection;
9. Label the surface area or paper bag with name, date and location
10. Remove gloves and perform hand hygiene.

Minimum PPE requirements in high risk areas (ED, 3A COVID-19, Renal) as determined by Hospital Response Level

Note: All areas of the Renal and Emergency Department and 3A COVID-19 unit, should be considered patient care areas with the exception of administrative office area, locker room and designated break areas

Level Orange, Red and Grey

Gown and gloves are worn at all times in high risk areas, along with minimum level 2 mask. Goggles/faceshield must be worn when within 2 meters of patients

Additional PPE (i.e. N95 mask may be required based on your PCRA or as determined by IPC-1-18)

Any workers in these patient care areas for 15 minutes or more (cumulative) also wears a hospital issued gown and gloves while in the patient care area

In addition to removing, replacing and discarding PPE in accordance with routine practices and additional precautions and as indicated in this document, masks, eye protections, gowns and gloves are also removed and disinfected/discarded/replaced prior to leaving a high risk area,

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- .

Level Green and Yellow (ED, Renal)

In level green and yellow, staff are not required to wear gowns and gloves in the patient care area unless the patient is on additional precautions (refer to Routine Practices and Additional Precautions – IPC-1-18)

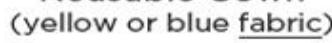
For patients who are suspect COVID-19 or COVID-19 positive, staff are to wear level 2 gown, gloves, goggles and level 2 procedures mask (N95 mask to be worn if patient is undergoing AGMP's or is deemed warranted by PCRA).

Staff may remove masks when eating in designated areas (physical distancing guidelines must be followed).

Gowns

- The table below summarizes what gown a worker selects based on the area they are working in and whether there is a risk of fluid exposure

Note: re-usable gowns only used in Hospital Response Level Orange/Red/Grey

Based on Your Point of Care Risk Assessment...		
Area	No Fluid exposure risk	High Fluid exposure risk
Emergency Department		 
Renal Department		
Diagnostic Imaging		Reusable Gown (yellow or blue <u>fabric</u>) and Disposable Blue Gown
All other inpatient/outpatient areas		  AAMI Level 2 Disposable Gown (yellow or blue) *Colors may vary, check packaging for rating

*High fluid procedure or exposure = clothing or skin exposed to splashes, sprays or items contaminated with blood, excretions or secretions e.g. IV start/removal, port access, etc.

*Actual gowns may appear different from photos.

Steps for Donning a Disposable Gown

1. Perform hand hygiene;
2. Slide arms into the sleeves and hands into the thumb-loop cuffs
3. Pull the gown over the head
4. Pull the neckline of the gown up to maximize coverage
5. Tie the waist tie at the back of the gown

Steps for Doffing a Disposable Gown

1. Perform hand hygiene;
2. Starting at the back of the neck, pull the gown to break the neck closure
3. Pull the outer, 'contaminated' side of the gown forward turning inward and rolling off the arms into a bundle
4. Discard immediately in a manner that minimizes air disturbance

5. Perform hand hygiene

Steps for Donning a Reusable Gown

1. Perform hand hygiene;
2. Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back;
3. Fasten in back of neck and waist.

Steps for Doffing a Reusable Gown

1. Perform hand hygiene,
2. Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties;
3. Pull gown away from neck and shoulders, touching inside of gown only;
4. Turn gown inside out;
5. Fold or roll into a bundle and discard in proper waste container.
6. Perform hand hygiene

Gloves

- Gloves are removed and discarded and replaced immediately after the activity for which they were used.
- Gloves are never to be washed for reuse.
- Gloves are removed and discarded if moving from a contaminated body site to a clean body site within the same patient.
- Gloves are changed or removed and discarded after touching a contaminated site and before touching a clean site or the environment.
- Change or remove gloves between patients and NEVER use the same pair of gloves for the care of more than one patient
- After removing gloves, hand hygiene is performed

Sequence for Donning & Doffing PPE

Sequence for Donning PPE

When donning PPE, workers maintain the following sequence:

1. Perform hand hygiene
2. Put on gown
3. Put on procedure mask or N95 respirator
4. Put on eye protection
5. Put on gloves

Sequence for Doffing PPE

When removing PPE, workers maintain the following sequence:

1. Remove gloves
2. Remove gown
3. Perform hand hygiene
4. Remove eye protection
5. Remove procedure mask or N95 respirator
6. Perform hand hygiene

Other PPE requirements during the COVID-19 Pandemic

- Unless a worker is able to maintain a spatial distance of at least 2 meters or separation by a physical barrier, a worker applies routine practices and a minimum of droplet and contact (green) precautions when interacting with anyone who has not been screened for COVID-19 (e.g., when performing preliminary screening / triage)
- A worker follows routine practices and a minimum of airborne, droplet and contact (green) precautions when interacting with the patient / patient's environment if a patient who is known or suspected to be infected with COVID-19 undergoes an AGMP,
- For a patient who is known or suspected to be infected with COVID-19, a worker follows routine practices and a minimum of droplet and contact (green) precautions when interacting with the patient / patient's environment.
- Droplet and contact (green) precautions include:
 - At minimum, an ASTM level 2 procedure mask
 - An isolation gown
 - Gloves
 - Eye protection (eye shield, safety glasses, face shield or personally owned eye protection that meets hospital standards)