



# COVID-19 Outbreak Personal Protective Equipment Guidelines for Staff

These recommendations are for PPE usage in a period of Low Prevalence of COVID-19 and include the following recommendations are determined by the workplace risk and Point of Care Risk Assessment (PCRA).

## Staff in COVID-19 dedicated units, COVID-19 ICUs

Health care workers (HCWs) providing direct care will be required to follow Droplet-Contact Precautions:

- A Level II gown or approved equivalent standard
- Medical mask or approved equivalent standard
- A face shield must be worn when providing patient care
- Nitrile gloves – 12 inch with extended cuffs
- N95 respirator or approved equivalent standard, with face shield, must be worn for Aerosol Generating Medical Procedure (AGMP)
- Neck protection for AGMP as determined by Point of Care Risk Assessment (PCRA)

## Staff in COVID-19 Assessment Clinic

Health care workers (HCWs) providing direct care will be required to follow Droplet-Contact Precautions:

- A Level II gown or approved equivalent standard
- Medical mask or approved equivalent standard
- A face shield must be worn when providing patient care.
- Nitrile gloves – 12 inch with extended cuffs

## Staff in Paramedicine, Emergency Rooms, Operating Rooms, Non-COVID ICUs, and Case Rooms

A PCRA will determine if Additional Precautions are required.

- I. If the screening of the patient reveals that the patient has influenza-like symptoms and/or suspect or confirmed COVID-19, the HCWs should follow Droplet-Contact Precautions:
  - A Level II gown or approved equivalent standard
  - Medical mask or approved equivalent standard
  - A face shield must be worn when providing patient care
  - Nitrile gloves – 12 inch with extended cuffs
  - N95 respirator or approved equivalent standard, with face shield, must be worn for AGMPs
  - Neck protection for AGMP as determined by PCRA
- II. If the patient has a negative screening tool for symptoms of ILI and COVID-19, no exposure history, and a negative swab for COVID-19, then the HCWs performing direct patient care will perform a PCRA to determine the need for additional precautions.
  - Medical mask or approved equivalent standard is to be worn at all times
  - PCRA before all AGMPs<sup>1</sup>
- III. In **Emergency Rooms all AGMPs** will be performed with **Airborne-Contact precautions**
- IV. In Paramedicine PPE should worn be in accordance with the use a risk assessment that was developed with IPAC and distributed by Provincial Medical Oversight (PMO) communications.
  - Medical mask or approved equivalent standard to be worn at all times
  - Routine practices are sufficient for AGMPs performed on patients with no signs or symptoms of suspected or confirmed COVID-19 during a local epidemiology of low prevalence

<sup>1</sup> Routine practices are sufficient for AGMPs performed on patients with no signs or symptoms of suspected or confirmed COVID-19 during a local epidemiology of low prevalence.

## Staff who work in Acute Care settings

- Medical mask or approved equivalent standard is to be worn for direct patient care
- A mask is to be worn at all times when working
- The mask is to be worn for repeated interactions with multiple patients
- It must be changed if it becomes wet, damaged or soiled
- It is to be worn for one shift, maximum of 12 hours
- PCRA before all AGMPs<sup>2</sup>

For patients with influenza-like symptoms, or is suspected or confirmed to have COVID-19, Healthcare Workers should follow Droplet-Contact Precautions:

- A Level II gown or approved equivalent standard
- Medical mask or approved equivalent standard
- A face shield must be worn when providing patient care
- Nitrile gloves – 12 inch with extended cuffs
- N95 respirator or approved equivalent standard, with face shield must be worn for AGMPs
- Neck protection for AGMP as determined by PCRA

## Long Term Care and Personal Care Homes

- Medical mask or approved equivalent standard is to be worn while working
- A mask is to be worn for repeated interactions with multiple patients
- It must be changed if it becomes wet, damaged or soiled
- It is to be worn for one shift, maximum of 12 hours
- If a resident becomes ill with influenza-like symptoms, or is suspected or confirmed to have COVID-19, Droplet-Contact Precautions must be initiated immediately
- PCRA before all AGMPs<sup>3</sup>

## Community and Home Care

- Medical mask or approved equivalent standard is to be worn while performing direct client care
- A mask is to be worn for repeated interactions with multiple patients
- It must be changed if it becomes wet, damaged or soiled
- It is to be worn for one shift, maximum of 12 hours
- If a client becomes ill with influenza-like symptoms, or is suspected or confirmed to have COVID-19, Droplet-Contact Precautions must be initiated immediately
- Follow recommendations found at <https://www.gov.nl.ca/covid-19/long-term-care-and-community-support-services/>

## HCWs not providing direct client care while in the health care setting

- Medical mask or approved equivalent standard is to be worn while working
- A mask is to be worn for repeated interactions with multiple patients
- It must be changed if it becomes wet, damaged or soiled

## Staff working without any contact with patients or patient care areas

- A procedural mask or approved equivalent standard must be worn when in common areas, and/or when the two metre distancing is not feasible
- A procedural mask will be provided per shift, must be changed if becomes wet, damaged or soiled

Hand hygiene between patients (in addition to changing gloves) is mandatory as gloves are not a substitute for hand hygiene.

Diligent hand hygiene is required before and after donning and doffing all PPE to reduce contamination.

<sup>2</sup> Ibid.

<sup>3</sup> Routine practices are sufficient for AGMPs performed on patients with no signs or symptoms of suspected or confirmed COVID-19 during a local epidemiology of low prevalence.