

COVID-19 Health & Safety and Personal Protective Equipment

The information included in this document is intended for the use by all staff at the Listowel Wingham Hospitals Alliance (LWHA). The purpose is to provide clarity and outline staff and patient safety tips as well as Personal Protective Equipment (PPE) controls adopted for the COVID-19 Pandemic.

Staff Safety



1. No jewellery.

2. Minimalistic clothing.



3. Avoid nail extensions or nail polish. Keep nails short.

4. Tie long hair back and away from your face.



5. Clean uniforms at each shift and launder on highest temperature possible.

Patient Safety

- Emergency patients, outpatient and visitors are masked upon entry to the hospital.
- Droplet/contact precautions are initiated for patients with suspected or confirmed COVID-19
- Airborne precautions for planned or anticipated aerosolizing procedures, or protected codes on all patients
- Staff are to complete a Point of Care Risk Assessment (PCRA) prior to patient interaction for required PPE

Personal Protective Equipment (PPE)

When do I need to wear a procedure mask AND eye protection?

Masks and eye protection are worn to protect the mucous membranes of your eye, nose and mouth

- Staff and Physicians in direct contact with patients and direct contact with patient environments are to wear a procedure mask and eye protection.

Direct Patient Contact

- Patient is within 6 feet (2 metres) of you
- Without any walls or physical barriers (ie. glass, plexiglass)

Direct Patient Environment

- Occupied patient, exam or treatment room (considered occupied even if patient is out of room)
- Patient bathrooms
- An unoccupied or vacant room is a clean room and is not considered patient environment



1. What PPE is approved for use at LWHA?

- Any *hospital issued* PPE is approved by LWHA
 - Eg: disposable procedure masks, gowns, face shields/goggles

2. What PPE is not approved for use at LWHA?

- Any homemade PPE made of cloth or other organic Materials (Eg: reusable fabric masks*)

3. What gowns are used in airborne precautions (negative pressure)?

- ER: Impermeable Disposable gown (yellow, white or blue)
- Inpatient Unit: Impermeable Disposable Gown (yellow, white or blue)
- Obstetrics (LMH): Green Reusable Gown for Physician and Impermeable Disposable Gown for nursing staff

Rationale: Aerosolized bacteria and viruses can pass through fabric mask materials. The fabric becomes moist from humidity and condensation- and the mask is more likely to harbour and grow bacteria and viruses.

***Staff wearing fabric masks will be asked to remove it.**

4. When do I need to change my PPE?

Gloves

- Moving from dirty to clean procedures on the same patient or patient environment
 - Cardinal Rule: *Work from clean to dirty!*
- After contact with large amounts of blood and body fluids
- Between patients

Masks (Procedure masks may vary by colour and dexterity but have been approved by LWHA IPAC)

- Procedure masks with ear loops are the easiest to put on and remove
- Change your mask when it gets wet as it will no longer be an effective barrier
- **Extending the life of your mask - Masks can be worn from one patient to next patient, unless it has compromised integrity**
- Layering of masks is not advised as best practice to protect the underneath mask from contamination
- Perform hand hygiene immediately after mask removal
- Masks are never to be worn dangling around one's neck



Gowns

- Remove immediately after completion of the patient care activity
- Perform hand hygiene after gown removal to avoid transfer of organisms to patients, the environment, and yourself
- Each gown should be worn only once, for a single patient (must be changed between multiple patient encounters)
- Yellow, White and Blue disposable gowns are designed to be worn in Droplet, Contact and Airborne isolation

4. What does *Compromised Integrity* mean when it comes to my PPE?

PPE is no longer safe to wear when its integrity is compromised. This occurs when:

- It becomes wet or damaged
- There are tears or holes in it
- Completely removed
- It no longer fits properly (Eg: straps on mask or face shield become loose)
- The inside becomes contaminated

5. Reuse of PPE

The Joint Health and Safety Committee (JHSC) has been consulted on the instruction for Face Shields:

- Disposable face shields can be cleaned, stored and reused by a single wearer as long as the integrity of the face shield is not compromised **AND** they have not been used in an aerosolizing procedure.



Steps to Clean Eye Protection:

Click here for video (example of surface method)

1. Perform hand hygiene. Don clean gloves.
2. If using a surface to clean eye protection on, prepare the surface by wiping with a hospital-approved disinfectant wipe. Discard wipe. Perform hand hygiene with gloves on.
3. Remove eye protection by holding onto the strap at the back or the arms of the eye protection, lean forward and pull away from the head. Do not touch the front of the eye protection.
4. Carefully disinfect all surfaces of the eye protection starting with the inner surface and working toward the outer surface using a disinfectant wipe.
Note: Avoid contacting the sponge and headband with the wipe. Notify Occupational Health and Safety if there are underlying medical issues with using the approved cleaner available in your department.
5. Allow to air dry.
6. Carefully remove and discard gloves. Perform hand hygiene.
7. Store eye protection in a labelled paper bag when not in use (paper bags breathe, plastic does not).

Appropriate Forms of Eye Protection:

- Face Shields – should wrap around protecting the side of the face, extend below the chin and sit above the brow
- Goggles may be an acceptable form of eye protection as long as they are LWHA approved
 - Goggles supplied by LWHA are pre-approved
 - Self-sourced eye protection will require the staff member to complete the [Eye Protection Acknowledgment](#) process and submit the form to their manager

Inappropriate Forms of Eye Protection:

- Prescription eye glasses
- Self-sourced eye protection that does not meet the criteria for approval under the Eye Protection Acknowledgment process

Best Practice PPE Use Based on Level of Precaution:

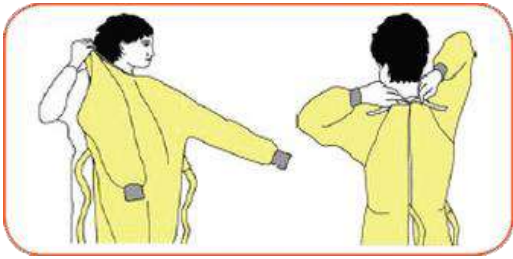
PPE Donning Requirements		
Airborne Precautions (AGMP's)	Droplet/Contact Precautions	Universal Precautions
<ul style="list-style-type: none"> • N95 • Gown • Extended Cuff Gloves (double gloved) • Eye Protection (goggles or shield) • Blue Bouffant (not mandated as PPE – perform PCRA to identify need) 	<ul style="list-style-type: none"> • Level 2 Procedure Mask • Gown • Gloves • Eye Protection (face shield or goggles) 	<ul style="list-style-type: none"> • Level 2 Procedure Mask • Eye Protection (when in direct patient contact or direct patient environment unprotected by a barrier as outlined above)
PPE Doffing, Disposal and Reuse Requirements		
All PPE will be doffed and discarded following Airborne PPE Doffing guideline (including head coverings).	<ul style="list-style-type: none"> • Gloves and gown to be discarded after doffing • Eye protection to be disinfected • Mask can be preserved, unless integrity is compromised 	Follow universal precaution requirements as appropriate (ie. discard mask if becomes soiled or wet, follow hand hygiene protocols, cleaning guidelines for eye protection reuse, etc).
Things to consider: <ul style="list-style-type: none"> • The use of head coverings, although not prohibited, are considered to be “dirty” once you have entered into a droplet/contact space – Please be mindful of this risk to yourself! • Evidence for double-gloving in airborne precautions remains inconclusive with some study findings showing decreased risk of self-contamination with double gloving in doffing procedures (study limitations noted however) • The use of physical distancing (when able), thorough hand hygiene and mask wearing (unless eating, drinking or alone in a private office/space) provides a substantial level of protection in all areas of the hospital. • Uniforms should be brought to and taken home from work in a washable bag and it is advisable to keep an extra uniform in the event you may need to change. Hospital greens will only be provided in the event you require to have a uniform change and one is not available. 		

DONNING PPE (For Droplet-Contact Precautions)

[Click here for video](#)



1. Hand hygiene



2. Put on gown



3. Put on
mask/respirator



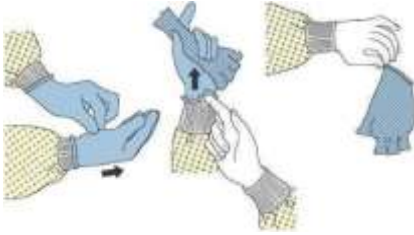
4. Put on eye protection
(face shield or goggles)



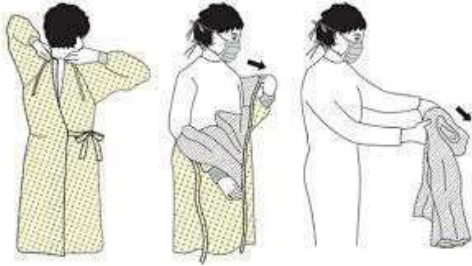
5. Put on gloves

DOFFING PPE (For Droplet-Contact Precautions)

[Click here for video](#)



1. Take off gloves



2. Remove gown



3. Hand hygiene



4. Remove eye protection



5. Remove mask/respirator



6. Hand hygiene

Applying Airborne Precaution PPE

- **Your safety is priority, so properly Donning of PPE is important**
- **Have a Trained Observer available to verify compliance with all steps**
- **This is used for any Aerosolizing Generating Procedure (AGMP)**
- **Don outside of the negative pressure room**

1. Prepare for Donning

- ⇒ Remove all jewelry and empty pockets
- ⇒ Secure hair back away from face

2. Inspect PPE prior to putting on

- ⇒ Ensure equipment is in good working condition
- ⇒ Ensure equipment is the proper fit

3. Perform Hand Hygiene for at least 20 seconds

4. Put Inner Gloves on

- ⇒ Put 1 pair of Extended Cuff gloves on

5. Put Gown On

- ⇒ Opening to the back
- ⇒ Secure neck and waist with ties
- ⇒ Make sure that inner gloves are UNDER the cuffs of the gown

6. Put Blue Bouffant On

- ⇒ Not considered PPE but may be used base on one's personal Point of Care Risk Assessment (PCRA) for AMGP's

7. Put N95 Respirator On

- ⇒ Cup the mask in your hand with the nose piece at the finger tips
- ⇒ Position the mask under your chin with the nose piece up
- ⇒ Pull the top strap over your head resting it high at the back of your head

- ⇒ Pull the bottom strap over your head and position it around the neck, below the ears
- ⇒ Mold the nosepiece using 2 fingers of each hand to the shape of your nose
- ⇒ Pinching the nosepiece with one finger can compromise the mask performance
- ⇒ Perform User Seal Check
 - ⇒ Hover your hands over and under the mask to make sure that no air escapes/leaks
- ⇒ Re-adjust as necessary

8. Put On Outer Gloves

- ⇒ Put 2nd pair of gloves on over the 1st pair
- ⇒ Ensure they are pulled OVER the cuff of the gown

9. Put On Eye Protection (goggles or face shield)

- ⇒ Position eye protection so that it is secure

The healthcare worker should be able to extend his/her arms, bend at the waist , and do range of motion

Removing Airborne Precaution PPE

- Ensure 1 door is closed before another is opened
- Have another staff member wearing Droplet/Contact PPE watch you and help you Doff your PPE

Inside the Negative Pressure Room

1. Sanitize Outer gloves

⇒ Use hand sanitizer inside the room

2. Remove Outer Gloves

⇒ Remove outside gloves without touching inside gloves

⇒ Dispose

4. Sanitize Inner Gloves

⇒ Use hand sanitizer inside the room

5. Remove Gown

⇒ Unfasten ties

⇒ Peel gown away from neck and shoulder

⇒ Turn outside toward the inside

⇒ Roll into a bundle

⇒ Place in laundry hamper or if disposable into garbage

6. Sanitize Inner Gloves

7. Exit the Negative Pressure Room

⇒ Enter into the Anteroom

⇒ Ensure that only 1 door to the negative pressure space is opened at one time

Outside the Negative Pressure Room

8. Observer donned in Droplet/Contact PPE to assist with Doffing

9. Sanitize Inner Gloves

⇒ Observer to dispense hand sanitizer

10. Remove Eye Protection (Goggles or Face Shield)

⇒ Lift back of strap over your head, pull out and away

⇒ Avoid touching the front of the surface of the eye protection

11. Remove Gloves

⇒ Use the inside out technique to remove gloves

12. Perform Hand Hygiene

⇒ Observer to dispense hand sanitizer

13. Put on a new pair of gloves

⇒ Observer will drop a clean pair of gloves into hands

14. Remove N95 Respirator

⇒ Tilt head slightly forward

⇒ Grasp the bottom strap, pull away from the head and pull over face

⇒ Grasp the top strap, pull away from the head and over the face

⇒ Ensure nothing touches the front of the mask

⇒ Dispose

15. Remove Blue Bouffant (if wearing)

16. Sanitize Gloves

⇒ Observer to dispense hand sanitizer

17. Remove Gloves

18. Perform Hand Hygiene