

Personal Protective Equipment (PPE, Mask & Face Shield/Goggles) use at Humber River Hospital Wilson Site during the COVID-19 Pandemic

Corporate Correspondence, Briefing Note

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Date: March 26, 2020

1. Overview

On March 25, 2020, Ontario Health published a guidance document for Personal Protective Equipment (PPE) use during the COVID-19 Pandemic to ensure appropriate use and conserve supply. A phased approach to allocation based on risk assessment will be taken, with Phase 1 representing use for the highest risk scenarios, and Phase 4 representing the lowest risk scenarios.

This document provides Humber River Hospitals (HRH) Wilson Site PPE strategy and outlines areas that are included in each of the 4 Phases.

2. Personal Protective Equipment (PPE) Strategy

2.1 Personal Protective Equipment (PPE) Guidelines for Use:

Procedure Mask. Will be used at **all** times as indicated below and discarded when damaged, visibly soiled, if going on break, or if required to don a N-95 for additional airborne precautions or aerosol generating procedures. Once removed, don a new mask.

Face shield/goggles. Will be used at **all** times. Should NOT be discarded as they are reusable. Staff to wipe it down with CAVI wipes, alcohol, or soap and water, when removed and reuse.

2.2 Strategy for use in clinical areas:

All Clinical Areas

At all times, health care providers (including support staff) while in clinical areas should don a procedure mask and face shield. Neither the mask nor face shield should be removed between patients, unless a N-95 respirator is required as per regular airborne/aerosolizing practice (e.g. intubation or other aerosol generating medical procedures, airborne isolation etc.). The intent is that you wear the mask as long as possible to conserve our supply.

Exceptions: Portering will wear a mask and goggles while they travel from one area to another. Food Services will wear a mask and goggles, instead of a face shield as they have minimal direct contact with patients.

Area's Protected by Plexiglas (e.g. Registration Areas).

At all times, staff in these areas should don a procedure mask only and follow practices as outlined in Section 2.1. If required to leave the Plexiglas-protected area and go to a clinical area, a face shield must also be worn following practices as outlined in Section 2.1.

Influenza-like-illness (ILI) area in the emergency department (ED).

Procedure mask, face shield, gown, and gloves must be worn at all times. PPE should NOT be changed between patients except gloves, which should be changed between patients with handwashing as per hand hygiene practice.

Suspected and Confirmed COVID-19 Patient.

Health care providers should don a procedure mask, face shield, isolation gown, and gloves at all times. Masks should only be changed for a N-95 respirator for standard airborne precautions and aerosol generating medical procedures.

3. Phased Approach to Mask Allocation

Ontario Health has recommended all organizations (including acute care, COVID-19 assessment centres, primary care, outpatient and ambulatory care, long-term care and home and community care) establish a defined, phased approach to allocation based on risk assessment with Phase 1 representing use for the highest risk scenarios, and Phase 4 representing the lowest risk scenarios.

PHASE 1: Unplanned urgent and emergent care

- Emergency Department (ED) all areas including influenza-like-illness (ILI)

PHASE 2: Planned urgent or emergent care

- Dialysis
- Labour & Delivery (L&D)
- Endoscopy
- Operating Room (OR), including interventional radiology and interventional PACU
- Post-Operative PACU
- Oncology Clinic
- Critical Care, includes 6th floor ICU and the critical care area in PACU

PHASE 3: All remaining clinical areas and inpatient units

- a) All inpatient areas, clinical support staff (Lab, DI, Pharmacy)
- b) Ambulatory clinics

PHASE 4: Non-clinical spaces

- Non-clinical areas will be provided a set of goggles and a procedure mask to be worn if visiting clinical areas, or if staff cannot practice social distancing where they are working.

As of March 26, 2020, Phases 1, 2 & 3a were approved to commence on March 27, 2020.

Ambulatory clinics will be reviewed as they continue to ramp down and supply inventory is being updated.

New PPE supply is anticipated to be received within the week (or next week); if received, all phases will be included.