

| Long-term Care | | | | | | | | | |
|---|------------------------|---|--------------|---------------|--|--------------|----------------------|---|---|
| Patient Description | Excellent Hand Hygiene | Isolation Gown (Level 2 reusable or disposable) | Gloves | Surgical Mask | Face Shield/Visor or Goggles | N95 Mask | Head and Neck Covers | Doffing | Provincial Guideline Adherence? |
| No respiratory symptoms or fever reported by patient or detected by assessment. | ✓ | Not required | Not required | ✓ | Not required However, eye protection is available if you choose to wear it. | Not required | Not required | Change mask when it is visibly dirty, damp or too damaged for safe use. Hand hygiene required when touching or removing mask. If the mask is subsequently used to care for patient on droplet precautions area, doff mask as part of leaving that area (see below). Clean and disinfect eye protection each time it is removed. | Meets guidelines |
| Admission to LTC from acute care or community. | ✓ | Not required | ✓ | ✓ | ✓ | Not required | Not required | Change mask when it is visibly dirty, damp or too damaged for safe use. Hand hygiene required when touching or removing mask. If the mask is subsequently used to care for patient on droplet precautions area, doff mask as part of leaving that area (see below). Clean and disinfect eye protection each time it is removed. | Meets guidelines |
| Patient reports/develops respiratory symptoms or fever. | ✓ | ✓ | ✓ | ✓ | ✓ | Not required | Not required | If HCP is already wearing a procedure mask, mask can remain on. Face shield/visor require cleaning and disinfecting. Masks must not be stored in a pocket or bag after use with the intention of reusing. | Meets guidelines |
| Confirmed or highly suspected (i.e., awaiting testing) COVID-19 patient. | ✓ | ✓ | ✓ | ✓ | ✓ | Not required | Not required | Full doffing of all elements, face shield/visor requires cleaning and disinfecting. Mask is disposed. | Meets guidelines |
| COVID Cohorted Unit. (Designated sites only). | ✓ | ✓ | ✓ | ✓ | ✓ | Not required | Not required | May use same mask and eye protection between patients, but must change gown and gloves and perform hand hygiene between patients. When leaving care area or unit. (I.e., going for break, end of shift.), doff and dispose mask. Face shield/visor requires cleaning and disinfecting. | Meets guidelines |
| Aerosol Generating Medical Procedures for any resident with confirmed influenza, suspect or confirmed COVID-19 (CPAP or open airway suctioning, nebulization).* | ✓ | ✓ | ✓ | See N95 | ✓ | ✓ | Not required | Face shield/visor require cleaning and disinfecting after use. | Meets PHAC guidelines (no Provincial guideline available) |
| Aerosol generating procedures for asymptomatic residents not suspicious for COVID-19 (CPAP or open airway suctioning, nebulization).* | ✓ | Not required | Not required | Not required | Not required | Not required | Not required | | Meets guidelines |

*AGMPs should only be performed if medically necessary. All persons in the room are wearing a fit-tested, seal-checked N95 respirator, gloves, gown and face or eye protection. If no negative pressure room available, patient must be in a single room with the door closed for duration of procedure and associated time to clear air.

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| Applies to: | All Island Health staff and providers who provide care or services within 2 meters of a patient. |
| Purpose: | To supplement staff and providers' standard Point of Care Risk Assessment (PCRA) , to inform the appropriate selection of Personal Protective Equipment (PPE) for their care setting and patient/resident/ client scenario. |

The PPE recommendations in this guide is the combined guidance from the BC Centre of Disease Control (BCCDC)/BC Ministry of Health [Personal Protective Equipment, COVID-19: Emergency Prioritization in a Pandemic Personal Proactive Equipment \(PPE\) Allocation Framework](#), and Island Health's Infection Prevention and Control principles of best practice, developed in collaboration with Professional Practice, Clinical Operations, Occupational Health and Safety, and Medical Affairs.

Appropriate use of PPE will mitigate COVID-19 transmission for both healthcare providers and patient safety, but clinical judgement during the Point of Care Risk Assessment may also determine that additional protection is required (for symptoms not related to COVID-19). Step-by-step posters and videos for donning and doffing of PPE are available on the [COVID-19](#) intranet page.

Due to the risk of contamination of the mask, it must not be stored in a pocket or bag after wearing if it is to be worn again within the same day. The use of a Tupperware/Ziploc style box could be used for this purpose.

Appropriate eye protection is visor, face shield or goggles. Eye protection cleaning protocol: [Coronavirus COVID-19: Cleaning and Disinfection Instructions for Eye/Facial Protection](#); or [Cleaning and Disinfecting Instructions for Eye/Facial Protection in the Absence of Water](#)

Prior to using an N95 mask, please ensure you have undergone [fit testing](#) and do not require renewal.

Note: Recommendations in this resource are updated as new information becomes available. If you choose to print and post the page applicable to your care setting, please check the published version ([PPE Required During COVID-19 Pandemic](#)) frequently for updates.

View the PPE guidance for the care settings most applicable to your role:

- [All Inpatient Care Areas \(including Mental Health, Pediatric, Adult, Porters and Lab Techs\)](#)
- [Primary Care Settings](#)
- [Long-Term Care](#)
- [Community Health Services and Assisted Living](#)
- [Perinatal Services](#)
- [Emergency Department Staff and Physicians](#)
- [Medical Imaging Department Staff and Physicians](#)
- [Operating Rooms](#) (BC CDC procedure)