

Long-term Care										
Patient Description	Excellent Hand Hygiene	Isolation Gown (Level 2 reusable or disposable)	Gloves	Surgical/ Procedure 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.	<b>✓</b>	Not required	Not required	Mask must be worn unless staff can maintain 2 meters physical distance	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 (for 14 days from admission).	<b>✓</b>	Not required	<b>√</b>	<b>✓</b>	✓	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.	<b>√</b>	<b>√</b>	<b>√</b>	<b>✓</b>	<b>√</b>	Not required	Not required	Full doffing of all elements, face shield/visor require cleaning and disinfecting. Mask is disposed.	Meets guidelines	
Confirmed or highly suspected (i.e., awaiting testing) COVID-19 patient.	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>✓</b>	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).	<b>√</b>	<b>✓</b>	<b>√</b>	<b>✓</b>	<b>√</b>	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. See doffing poster for more information.	Meets guidelines	
AGMPs for any resident with confirmed suspect or confirmed COVID-19 (CPAP or open airway suctioning, nebulization).*	<b>√</b>	<b>✓</b>	<b>√</b>	See N95	<b>√</b>	<b>√</b>	Not required	Face shield/visor require <u>cleaning</u> and disinfecting after use. <u>See doffing poster for more information.</u>	Meets PHAC guidelines (no Provincial guideline available)	
Aerosol generating procedures for asymptomatic residents not suspicious for COVID-19 (CPAP or open airway suctioning, nebulization).*	<b>√</b>	Not required	Not required	<b>✓</b>	<b>✓</b>	Not required	Not required	Face shield/visor require <u>cleaning</u> and disinfecting after use.	Meets guidelines	

<sup>\*</sup>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.

## **PPE During COVID-19 Pandemic**



Applies t	o: All Isla	sland Health staff and providers who provide care or services within 2 meters of a patient.
Purpose		upplement 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 ent/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: <u>Coronavirus COVID-19: Cleaning and Disinfection Instructions for Eye/Facial Protection</u>; or <u>Cleaning and Disinfection Instructions for Eye/Facial Protection Instruction Ins</u>

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 (<a href="PPE Required During COVID-19 Pandemic">PPE Required During COVID-19 Pandemic</a>) 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
- IPC Protocol for Surgical Procedures