

# IPAC Personal Protective Equipment (PPE) Key Messages Refresher

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# The importance of wearing PPE

- Personal Protective Equipment (PPE) is specialized clothing/equipment worn for protection against infectious materials (e.g., COVID-19).
- For all instances where PPE is recommended, hand hygiene should be performed before and after donning and doffing PPE as per VCH IPAC Guidelines.
- Hand hygiene should be performed:
  - *When entering and exiting medical facility, unit, department, or clinic*
  - *Before and after patient contact or contact with patient environment*
  - *Before and after contact with a healthcare provider or their work environment*
  - *Before donning and during/after doffing PPE*

# Ensuring Proper PPE Use

- Errors with PPE use are common.
- Problems with PPE use are strongly associated with in-hospital transmission and outbreaks of COVID-19.
- Among highest risks of infection: auto-inoculation from contaminated PPE and/or doffing.
- For a quick overview, watch “[Coffee with Infection Control’s Common PPE Mistakes.](#)”

## Staff Etiquette

- Please do not come to work if you are exhibiting any COVID-19- like symptoms.
- Team meetings and in-person interactions should be replaced with virtual options as much as possible.
- Perform regular hand hygiene.
- No sharing food, snacks or drinks.
- If unable to maintain 2 meter distance, you may choose to wear a surgical/procedural mask.
- Recommend staggering breaks, where feasible.
- Limit exchange of papers, shared pens and other office equipment.
- No handshakes or any other physical contact.

## All Procedure Masks & Respirators

- Masks & respirators shouldn't be partially removed to hang away from your face. If you need to remove it, remove and discard.
- Only hospital-approved masks & respirators should be used at work (no home-made or cotton masks).
- Do not place soiled mask or respirators on any surfaces for re-use.
- Do not put masks or respirators in your pocket for later use, these should be discarded.
- Dispose of masks & respirators responsibly in garbage cans. A mask or respirator that is left on the floor is a risk for our Environmental Services (housekeeping) personnel.

## Procedure Masks

- Procedure masks should be changed if they are moist/wet, visibly soiled/dirty or damaged.
- Procedure masks should be doffed and discarded at the end of your shift, when having meals, or during shift breaks (e.g. bathroom breaks).
- Staff should avoid touching or manipulating masks or eye protection once donned. If staff touch or adjusts their masks or eye protection they should perform hand hygiene right away.
- Do not save and re-use procedure masks once they have been doffed. Don a new procedure mask if additional mask use is required.

## N95 Respirators or equivalent

- Prior to using a respirator, you must undergo fit testing to assess size and type of respirator most appropriate for you.
- A point-of-care seal-check is recommended every time a respirator is donned.
- Respirators should be changed when they are moist/wet, visibly soiled/dirty or damaged.
- Respirators should be doffed at the end of your shift or when having meal or rest periods or bio-breaks at work.
- Staff should avoid touching or manipulating the respirator or eye protection once donned. If staff touch or adjusts their respirator or eye protection they should perform hand hygiene right away.
- Do not save and re-use respirators once they have been doffed. Don a new respirator if additional respirator-use is required.
- Discard used N95 respirators in designated receptacles for reprocessing.

# Gloves

- The use of gloves does not replace the need for regular hand hygiene. Hand hygiene should be performed *before and after glove use*.
- Gloves must be changed between each patient.
- Gloves must be changed if visibly soiled/dirty when transitioning between different tasks or aseptic techniques to prevent contamination.
- Gloves should not be worn throughout common areas of VCH facilities unless you are directly involved in patient care (i.e. patient transport between clinical/diagnostic areas if direct care is required).

# Gowns

- Gowns that are wet/moist, visibly soiled/dirty or damaged should be changed.
- Gowns that are made of fabric should be placed in laundry hampers and not discarded in the garbage.
- Gowns need to be changed between interactions with patients/clients.
- Gowns that are not re-usable get discarded in regular waste streams (i.e. not in biohazard bins).

## Safety Eyewear

- Eye protection may include safety glasses, goggles, face shields or a visor attached to a procedure mask.
- Do not re-use eyewear intended for single use.
- Staff should avoid touching or manipulating the protective eye wear once donned. If staff touches or adjusts their protective eye wear they should perform hand hygiene right away.
- Re-usable eye protection should be cleaned and disinfected when the eye wear is visibly soiled/dirty, when eye wear is doffed for any reason and at the end of shift.
- Procedure masks with attached visors are not re-usable and should be doffed appropriately and placed in the garbage.
- Eye protection that is damaged should be discarded.

## Foot wear

- It is recommended that staff use dedicated footwear while at work and store in sealed plastic bag when not in use.
- At this time, Infection Prevention and Control does not endorse the use of shoe covers as part of PPE for prevention of transmission of COVID-19.
- The use of shoe covers is optional.

# Hair Covers

- Hair covers (e.g. bouffant caps) are used to contain loose hair and prevent the clinician's hair from contaminating aseptic fields.
- Hair covers may also help to prevent hair from obscuring the clinician's visual field.
- The use of a hair cover is optional as it does not lend to personal protection against COVID-19.

## Scrubs & other clothing

- We kindly remind staff to not wear hospital scrubs home.
- There is a low risk of viral transmission on clothing and fabrics.
- Please follow the [IPAC Dress Code Guidelines](#) for more details for your specific area.

# Responses to PPE concerns overheard

## Are masks good enough? What about cloth masks or N95's?

- While both medical-grade masks and cloth masks prevent individuals from emitting large respiratory droplets, surgical/procedural masks provide a MUCH higher degree of filtration to the wearer, offering far superior protection.
- Outside of certain situations (i.e. Aerosol-generating Medical Procedures(AGMPs)), transmission of COVID-19 has been successfully prevented via the use of surgical/procedural masks as part of Droplet/Contact precautions.
- In the context of AGMPs, an N95 respirator (or equivalent), provides better protection against aerosolized microdroplets, which are not otherwise produced in concerning amounts.
- Reminder that staff are not to wear cloth masks while at work. Patients who require a mask must wear a medical-grade masks (e.g., on isolation or symptomatic).

## We are only allowed 1 mask per shift on my unit

- Currently, VCH Supply Chain is not experiencing any PPE shortages.
- Please follow the IPAC recommendations for your area to ensure you are kept safe during your shifts:
  - [Acute Care Settings](#)
  - [Community and LTC Settings](#)
- We kindly ask you use PPE judiciously and replace when moist/wet, visibly soiled/dirty or damaged. Also replace after having meals, or during shift breaks.

## My safety eyewear is uncomfortable

- There are several options available for eye protection, including various models of goggles, safety glasses, and face shields, allowing for individuals to find a comfortable option(s) without compromising safety.
- Appropriate eye protection covers the top, bottom, and sides of the visual field.
- Most prescription eyewear provides a barrier in front of the eyes, which is insufficient protection.
- Please contact [IPAC](#) if you have any concerns as to whether a particular item offers adequate eye protection.

## My safety eyewear keeps fogging up

- Use of standard anti-fog solution can help minimize the frequency of fogging.
- Please ensure the solution is stored and applied as per the manufacturer's recommendations.

## Do we need to shower after each shift?

- Staff should consider designated work clothing and change prior to going home. Please do not wear hospital scrubs home.
- A clean area should be setup to allow storage of clean clothing.
- We recommended that staff shower and wash their hair upon returning home after every shift involving contact with patients or their environment (within 2 meters).
  - If you feel unduly exposed at work, we recommend you shower prior to leaving. Please note shower availability varies across sites.
- Clothing to be laundered should be removed daily to prevent accumulation.

# For more information please visit:

[ipac.vch.ca](http://ipac.vch.ca)

