

PPE Recommendations - Community

For health-care personnel participating in patient care during the COVID-19 Pandemic

Version 2

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Table of Contents

I) Introduction	4
II) General Overview of Personal Protective Equipment and Referenced Terms	
• General Information about Work Attire and Infection Prevention and Control (IPAC)	5
• Gloves	6
• Gowns	7
• Eye Protection	8
• Procedure Masks.....	9
• N95 Respirator or equivalent	10
• Hair Covers	11
• Shoe covers.....	12
• Aerosol-Generating Medical Procedures (AGMP's)	13

Table of Contents

III) PPE Recommendations for Healthcare Personnel	14
• Long-term Care and Assisted Living.....	15
• Home Care Environment and Home Support.....	17
• Ambulatory Settings (Outpatient Clinics, Primary Care, and MHSU Settings).....	18
• Shelter and Housing Facilities.....	20
• Overdose Prevention Sites.....	21
• Safe Ride	22
IV) Additional PPE Recommendations	
• Recommendations for All Other Staff.....	23
• Recommendations for Administrative Staff	26
• Recommendations for Environmental Service Staff	27
• Recommendations for Patients	28
• Recommendations for Visitors	29

Introduction

The purpose of this document is to provide guidance to staff at Vancouver Coastal Health Community sites regarding the appropriate use of Personal Protective Equipment (PPE) during the COVID-19 pandemic. The PPE recommended is adequate to protect staff from the transmission of COVID-19, and the guidance provided is aligned with the COVID-19: Emergency Prioritization in a Pandemic Personal Protective Equipment (PPE) Allocation Framework released by the BC Ministry of Health and BC Centre for Disease Control on 25 March, 2020.

This document does not replace clinical judgement. All staff should be encouraged to still conduct a Point of Care Risk Assessment (PCRA) to determine whether the proposed PPE is appropriate to protect from any blood or body fluid exposure related to the task they will be performing.

General Overview of Personal Protective Equipment and Referenced Terms

General Information about Work Attire and Infection Prevention and Control (IPAC):

- There is a low risk of viral transmission on clothing and fabrics.
- It is recommended that staff use dedicated footwear while at work.
- It is recommended that staff shower and wash their hair upon returning home after every shift involving contact with patients or their environment (within 2 meters).
- Personal Protective Equipment (PPE) is specialized clothing/equipment worn for protection against infectious materials.
- 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, ward, 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

General Overview of Personal Protective Equipment and Referenced Terms

Gloves:

- The use of gloves is recommended to protect against the transfer of infectious agents to one's hands during direct contact with patients with suspected/confirmed transmissible infections or their immediate environments.
- 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).

General Overview of Personal Protective Equipment and Referenced Terms

Gowns:

- The use of gowns is recommended to protect against the transmission of infectious agents to the arms/clothes during contact with patients or their immediate environments.
- Gowns also protect against transmission via respiratory droplets that can land on skin or clothing. Respiratory droplets are produced by coughing, sneezing, and talking and have a range of up to 2 metres.
- 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 that are not re-usable get discarded in regular waste streams (ie. not in biohazard bins).

General Overview of Personal Protective Equipment and Referenced Terms

Eye Protection:

- The use of eye protection is recommended to protect against the transmission of infectious agents via contact of respiratory droplets or secretions with the surface of the eye. Respiratory droplets are produced by coughing, sneezing, and talking and have a range of up to 2 metres.
- Eye protection may include safety glasses, goggles, face shields or a visor attached to a procedure mask.
- Eye protection may be re-usable or disposable.
- 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.
- Re-usable eyewear can be labelled, dedicated to specific staff and stored in a plastic bag when not in use.
- 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.

General Overview of Personal Protective Equipment and Referenced Terms

Procedure Masks:

- The use of procedure masks is recommended to protect against the transmission of infectious agents by inhalation of respiratory droplets via the mouth and nose. Respiratory droplets are produced by coughing, sneezing, and talking and have a range of up to 2 metres.
- Procedure masks should be changed if they are moist/wet, visibly soiled/dirty or damaged.
- Procedure masks should be doffed at the end of your shift, when having meals, or during shift breaks.
- Staff should avoid touching or manipulating the procedure mask once donned. If staff touches or adjusts their procedure mask 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 use is required.

General Overview of Personal Protective Equipment and Referenced Terms

N95 Respirator or equivalent:

- The use of respirators is recommended to protect against the transmission of COVID-19 via inhalation of infected aerosols. Aerosols are produced during specific Aerosol-Generating Medical Procedures (AGMPs – see pg. 13). Respirators are not required for protection against the transmission of COVID-19 outside of these circumstances.
- 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 fit check is recommended every time a respirator is donned.
- Respirators should be changed if 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 at work.
- Staff should avoid touching or manipulating the respirator once donned. If staff touches or adjusts their respirator 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 use is required.

General Overview of Personal Protective Equipment and Referenced Terms

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.

General Overview of Personal Protective Equipment and Referenced Terms

Shoe Covers:

- Shoe covers are used to protect footwear from blood or body fluid exposure usually resulting from splash or spray during clinical interventions.
- There is a low risk of viral transmission on fabrics and clothing.
- 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.

General Overview of Personal Protective Equipment and Referenced Terms

Aerosol-Generating Medical Procedures (AGMPs)

- Interventions that generate aerosols or droplet nuclei in high concentration
- These create risk for opportunistic airborne transmission of pathogens that otherwise are not spread by the airborne route, including COVID-19
- Common AGMP's of concern for airborne transmission of COVID-19 include:
 - Endotracheal intubation and extubation
 - Bag mask ventilation
 - Breaking closed ventilation systems intentionally or un-intentionally
 - Airway suctioning (deep suction and open tracheal suctioning)
 - Direct Laryngoscopy
 - Chest Physiotherapy (manual and mechanical cough assist device (MI-E))
 - High Flow Oxygen Therapy > 30 L/min (including single and double high flow O2 neb set ups, Optiflow and Airvo)
 - Bronchoscopy
 - CPR
 - Tracheostomy Care
 - BIPAP and CPAP (including nocturnal)
 - Administration of nebulizing medications
- A full list of AGMPs can be found at ipac.vch.ca
- The use of AGMPs should be avoided unless essential
- If possible, AGMPs should be performed in a contained negative-pressure space or designated COVID-19 unit

PPE Recommendations for Healthcare Personnel

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN PATIENT CARE - COMMUNITY

PPE Recommendations for Long Term Care & Assisted Living				
Location	Patient COVID-19 Status	Activity	Type of PPE	Comments
Patient Room	Patients without symptoms AND low-risk of COVID-19 infection	Providing direct care	Procedure Mask Eye Protection Gloves	The same Mask and Eye Protection should be used between resident rooms and the Common Clinical/Shared Spaces. Use of additional PPE should be as per standard non-COVID-19 Infection Control Routine Practices/Additional Precautions Gloves should be changed between residents and doffed when leaving the patient care area
	Patients with symptoms/high-risk of COVID-19 infection or with pending/positive COVID-19 test	Providing direct care	Procedure Mask Eye Protection Gown Gloves	Droplet/Contact Precautions The same Mask and Eye Protection should be used between resident rooms and the Common Clinical/Shared Spaces. Gowns and gloves should be doffed upon leaving resident room
		Aerosol-Generating Medical Procedures (AGMP) (eg. CPAP, nebulizers)	N95 Respirator or equivalent (Re-usable or disposable) Eye Protection Gown Gloves	Airborne + Droplet/Contact Precautions The same Respirator and Eye Protection should be used between resident rooms and the Shared/Common Clinical Spaces. Gowns and gloves should be doffed upon leaving resident room
Shared Spaces within the LTC or Assisted Living Facility (i.e. T.V. Rooms, Physiotherapy Spaces, Hallways, Dining Rooms)	Patients without symptoms AND low-risk of COVID-19 infection	Providing direct care	Procedure Mask Eye Protection Gloves	The same Mask and Eye Protection should be used between resident rooms and the Shared/Common Clinical Spaces. Use of additional PPE should be as per standard non-COVID-19 Infection Control Routine Practices/Additional Precautions Gloves should be changed between patients and doffed when leaving the resident care area

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN PATIENT CARE - COMMUNITY

PPE Recommendations for Long Term Care & Assisted Living				
Location	Patient COVID-19 Status	Activity	Type of PPE	Comments
Common Clinical Spaces (eg. Reception, nursing stations, supply rooms, utility rooms)		Any activity <u>2 or more meters away</u> from patients	No PPE Required	The same Mask and Eye Protection should be used between patient rooms and Shared/Common Clinical Spaces to conserve PPE Mask and Eye Protection can be removed if no further patient care is anticipated before a break, meal, or end of shift. Staff that do not go within 2 meters of patients are not required to wear PPE (eg. Pharmacy and inventory staff) Gloves and Gowns should not be worn in these spaces.
			Procedure Mask and Eye Protection permitted	
Non-clinical spaces (eg. Cafeteria, Administrative areas, Break rooms)		Any activity <u>2 or more meters away</u> from patients	No PPE required	Please doff PPE and perform hand hygiene before entering these areas
Patient Transport	Patients without symptoms AND low-risk of COVID-19 infection	Transport of patients	Procedure Mask	The same Mask and Eye Protection can be used in patient rooms, in the Shared and Common Clinical Spaces, and in transport of these patients
			Eye Protection	
	Gloves			
Patients with symptoms/high-risk of COVID-19 infection or with pending/positive COVID-19 test	Transport of patients	Transport of patients	Procedure Mask	Droplet/Contact Precautions Patient should wear Procedure Mask in transit and Shared Spaces Clean PPE should be donned prior to transport
			Eye Protection	
Patients with symptoms/high-risk of COVID-19 infection or with pending/positive COVID-19 test	Transport of patients	Transport of patients	Gown	Airborne + Droplet/Contact Precautions Clean PPE should be donned prior to transport
			Gloves	
Patients with symptoms/high-risk of COVID-19 infection or with pending/positive COVID-19 test	Transport of patients	Transport of patients undergoing Aerosol-Generating Medical Procedures (AGMP) (eg. Intubated patients)	N95 Respirator or equivalent (Re-usable or disposable)	Clean PPE should be donned prior to transport
			Eye Protection	
Patients with symptoms/high-risk of COVID-19 infection or with pending/positive COVID-19 test	Transport of patients	Transport of patients undergoing Aerosol-Generating Medical Procedures (AGMP) (eg. Intubated patients)	Gown	Clean PPE should be donned prior to transport
			Gloves	

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN PATIENT CARE - COMMUNITY

PPE Recommendations for Home Care Environment/Home Support				
Location	Patient COVID-19 Status	Activity	Type of PPE	Comments
Client Home	Clients without symptoms AND low-risk of COVID-19 infection	Providing direct care	Procedure Mask Eye Protection Gloves	<p>The same Mask should be used between client homes to conserve PPE, including in vehicles.</p> <p>Eye Protection can be doffed, cleaned and disinfected upon leaving client home. This should be transported between homes in a plastic container/bag.</p> <p>Use of additional PPE should be as per standard non-COVID-19 Infection Control Routine Practices/Additional Precautions</p> <p>Doff gloves at the end of client visit just prior to leaving the home environment and perform hand hygiene</p>
	Clients with symptoms/high-risk of COVID-19 infection or with pending/positive COVID-19 test	Providing direct care	Procedure Mask Eye Protection Gown Gloves	<p>Droplet/Contact Precautions</p> <p>The same Mask should be used between client homes.</p> <p>Eye Protection can be doffed, cleaned and disinfected upon leaving client home. This should be transported between homes in a plastic container/bag.</p> <p>Use of additional PPE should be as per standard non-COVID-19 Infection Control Routine Practices/Additional Precautions</p> <p>Doff gown and gloves at the end of client visit just prior to leaving the home environment.</p>
		Aerosol-Generating Medical Procedures (AGMP) (eg. Intubated patients)	N95 Respirator or equivalent (Re-usable or disposable) Eye Protection Gown Gloves	<p>Airborne + Droplet/Contact Precautions</p> <p>The same Respirator should be used between client homes.</p> <p>Eye Protection can be doffed, cleaned and disinfected upon leaving client home. This should be transported between homes in a plastic container/bag.</p> <p>Doff gown and gloves at the end of client visit just prior to leaving the home environment and perform hand hygiene.</p>

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN PATIENT CARE - COMMUNITY

PPE Recommendations for Ambulatory Settings				
Location	Patient COVID-19 Status	Activity	Type of PPE Recommended	Comments
Waiting Rooms, Consultation and Treatment Rooms	Exam or assessment of clients without symptoms AND low-risk of COVID-19 infection	Providing direct care	Procedure Mask Eye Protection Gloves	The same Mask and Eye Protection should be used between patient rooms and Common Clinical Spaces. Use of additional PPE should be as per standard non-COVID-19 Infection Control Routine Practices/Additional Precautions Gloves should be changed between patients and doffed when leaving the patient care area
	Exam or assessment of clients with symptoms/high-risk of COVID-19 infection or with pending/positive COVID-19 test	Providing direct care	Procedure Mask Eye Protection Gown Gloves	Droplet/Contact Precautions The same Mask and Eye Protection should be used between patient rooms and in the Shared and Common Clinical Spaces. Gowns and gloves should be doffed upon leaving patient care area
		Aerosol-Generating Medical Procedures (AGMP)	N95 Respirator or equivalent (Re-usable or disposable) Eye Protection Gown Gloves	Airborne + Droplet/Contact Precautions The same Respirator and Eye Protection should be used between patient rooms and Common Clinical Spaces. Gowns and gloves should be doffed upon leaving patient room
Common Clinical Spaces (eg. Reception, supply rooms, utility rooms)		Any activity <u>2 or more meters away</u> from clients	No PPE Required Procedure Mask and Eye Protection permitted	The same Mask and Eye Protection should be used between patient rooms and in Common Clinical Spaces to conserve PPE Mask and Eye Protection can be removed if no further patient care is anticipated before a break, meal, or end of shift. Staff that do not go within 2 meters of patients are not required to wear PPE (eg. Pharmacy and inventory staff) Gloves and Gowns should not be worn in these spaces.

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN PATIENT CARE - COMMUNITY

PPE Recommendations for Ambulatory Settings

Location	Patient COVID-19 Status	Activity	Type of PPE Recommended	Comments
Non-public spaces (eg. Break rooms Administrative areas)		Any activity <u>2 or more meters</u> <u>away</u> from clients	No PPE required	Please doff PPE and perform hand hygiene before entering these areas

Ambulatory Settings Include

- Ambulatory Care Outpatient Clinic Environments
- Primary Care Environments
- MHSU Environments

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN PATIENT CARE - COMMUNITY

PPE Recommendations for Shelter/Housing Facilities

Location	Patient COVID-19 Status	Activity	Type of PPE Recommended	Comments
Client Rooms and Sleeping Areas	Clients without symptoms AND low-risk of COVID-19 infection	Providing direct care	Procedure Mask Eye Protection Gloves	The same Mask and Eye Protection should be used between patient rooms and in the Shared and Common Clinical Spaces. Use of additional PPE should be as per standard non-COVID-19 Infection Control Routine Practices/Additional Precautions. Gloves should be changed between patients and doffed when leaving the patient care area.
	Clients with symptoms/high-risk of COVID-19 infection or with pending/positive COVID-19 test	Providing direct care	Procedure Mask Eye Protection Gown Gloves	Droplet/Contact Precautions. The same Mask and Eye Protection should be used between client rooms and in the Shared and Common Clinical Spaces. Gowns and gloves should be doffed upon leaving patient room.
Common Spaces (eg. Reception, Waiting areas, Hallways, Shared Spaces)		Any activity <u>2 or more meters</u> away from clients	No PPE Required Procedure Mask and Eye Protection permitted	The same Mask and Eye Protection should be used between patient rooms and Shared/Common Clinical Spaces to conserve PPE. Mask and Eye Protection can be removed if no further patient care is anticipated before a break, meal, or end of shift. Staff that do not go within 2 meters of patients are not required to wear PPE (eg. Pharmacy and inventory staff). Gloves and Gowns should not be worn in these spaces.
Non-public spaces (eg. Administrative areas, Break rooms, Washrooms)		Any activity <u>2 or more meters</u> away from clients	No PPE required	Please doff PPE and perform hand hygiene before entering these areas.

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN PATIENT CARE - COMMUNITY

PPE Recommendations for Overdose Prevention Sites (OPS)				
Location	Patient COVID-19 Status	Activity	Type of PPE	Comments
Waiting Room, Injection Area, and Shared Spaces	Clients without symptoms AND low-risk of COVID-19 infection	Providing direct care	Procedure Mask Eye Protection Gloves	The same Mask and Eye Protection should be used between clients and in the Common Spaces. Use of additional PPE should be as per standard non-COVID-19 Infection Control Routine Practices/Additional Precautions Gloves should be changed between clients and doffed when leaving the patient care area
	Clients with symptoms/high-risk of COVID-19 infection or with pending/positive COVID-19 test	Providing direct care	Procedure Mask Eye Protection Gown Gloves	Droplet/Contact Precautions The same Mask and Eye Protection should be used between clients and in the Common Spaces. Gowns and gloves should be doffed upon leaving client care area
		Aerosol-Generating Medical Procedures (AGMP)	N95 Respirator or equivalent (Re-usable or disposable) Eye Protection Gown Gloves	Airborne + Droplet/Contact Precautions The same Respirator and Eye Protection should be used between clients and Common Clinical Spaces. Gowns and gloves should be doffed upon leaving client care area
Common Spaces (eg. Reception, supply rooms, utility rooms)		Any activity <u>2 or more meters away</u> from clients	No PPE Required Procedure Mask and Eye Protection permitted	The same Mask and Eye Protection should be used between patient rooms and Shared/Common Clinical Spaces to conserve PPE Mask and Eye Protection can be removed if no further patient care is anticipated before a break, meal, or end of shift. Staff that do not go within 2 meters of patients are not required to wear PPE (eg. Pharmacy and inventory staff) Gloves and Gowns should not be worn in these spaces.

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN PATIENT CARE - COMMUNITY

PPE Recommendations for Safe Ride				
Location	Patient COVID-19 Status	Activity	Type of PPE	Comments
Safe Ride Vehicle	Patients without symptoms AND low-risk of COVID-19 infection	Client Transport	Procedure Mask Gloves	The same Mask should be used between rides Use of additional PPE should be as per standard non-COVID-19 Infection Control Routine Practices/Additional Precautions Gloves should be changed between rides. Hand hygiene should be performed after doffing and before donning new gloves
	Patients with symptoms/high-risk of COVID-19 infection or with pending/positive COVID-19 test	Client Transport	Procedure Mask Gown Gloves	The same Mask should be used between rides Eye protection should be worn for direct client interactions. Eye Protection can be doffed, cleaned, and disinfected after use. This should be stored in a plastic/container or bag when not in use. Safe Ride Van is cleaned and disinfected with hospital-grade wipes after client has exited the vehicle Safe Ride staff keep PPE on while cleaning and disinfecting the van New PPE is donned as per this guideline for next client transfer

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN PATIENT CARE - ACUTE

PPE Recommendations for All Other Staff

Location	Patient COVID-19 Status	Activity	Type of PPE Recommended	Comments
All areas of direct patient care (eg. Patient rooms, within 2 meters of patients in non-room settings)	Patients without symptoms/high-risk of COVID-19 infection	Any activity within 2 meters of patients	Procedure Mask Eye Protection Gloves	The same Mask and Eye Protection should be used between patient rooms and in the Common Clinical Spaces. Use of additional PPE should be as per standard non-COVID-19 Infection Control practices Gloves should be changed between patients and doffed when leaving the patient care area
	Patients positive for COVID-19 or with symptoms/high-risk of COVID-19 infection	Any activity within 2 meters of patients	Procedure Mask Eye Protection Gown Gloves	Droplet/Contact Precautions The same Mask and Eye Protection should be used between patient rooms and in the Common Clinical Spaces. Gowns and gloves should be doffed upon leaving patient room
		Any activity within isolation room of patients receiving Aerosol-Generating Medical Procedures (AGMP) (eg. Intubated patients)	N95 Respirator or equivalent (Re-usable or disposable) Eye Protection Gown Gloves	Airborne + Droplet/Contact Precautions The same Respirator and Eye Protection should be used between patient rooms and in the Common Clinical Spaces. The same gown can be used between COVID-positive patients in multi-patient rooms. Gloves should be changed between patients. Gloves and gowns should be doffed when leaving the AGMP room.

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN PATIENT CARE - ACUTE

PPE Recommendations for All Other Staff

Location	Patient COVID-19 Status	Activity	Type of PPE Recommended	Comments
Common Clinical Spaces (eg. Reception, nursing stations, supply rooms, utility rooms)		Any activity <u>2 or more meters away</u> from patients	No PPE Required Procedure Mask and Eye Protection permitted	The same Mask and Eye Protection should be used between patient rooms and in Common Clinical Spaces to conserve PPE Mask and Eye Protection can be removed if no further patient care is anticipated before a break, meal, or end of shift. Staff that do not go within 2 meters of patients are not required to wear PPE (eg. Pharmacy and inventory staff) Gloves and Gowns should not be worn in these spaces.
<u>Non-clinical</u> spaces (eg. Administrative areas, Break rooms, Washrooms, Cafeteria)	All patients	Any activity <u>2 or more meters away</u> from patients	No PPE required	Please doff PPE and perform hand hygiene before entering these areas

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN PATIENT CARE - ACUTE

PPE Recommendations for All Other Staff				
Location	Patient COVID-19 Status	Activity	Type of PPE Recommended	Comments
Patient Transport	Patients without symptoms AND low-risk of COVID-19 infection	Transport of patients	Procedure Mask Eye Protection Gloves	The same Mask and Eye Protection can be used in patient rooms, in the Common Clinical Spaces, and in transport of these patients
	Patients with symptoms/high-risk of COVID-19 infection or with pending/positive COVID-19 test	Transport of patients	Procedure Mask Eye Protection Gown Gloves	Droplet/Contact Precautions Patient should wear Procedure Mask in transit and common spaces Clean PPE should be donned prior to transport
		Transport of patients undergoing Aerosol-Generating Medical Procedures (AGMP) (eg. Intubated patients)	N95 Respirator or equivalent (Re-usable or disposable) Eye Protection Gown Gloves	Airborne + Droplet/Contact Precautions Clean PPE should be donned prior to transport

“All Other Staff” includes but is not limited to:

- Respiratory Therapists
- Physiotherapists
- Occupational Therapists
- Speech-Language Pathologists
- Medical Lab Assistants
- Porters
- Unit Clerks
- Administrative Staff
- Technical Staff (ECG, EEG, Radiology, Pharmacy)

PPE Recommendations for Administrative Staff

All Inpatient Settings	Activity	Type of PPE Recommended	Comments
Non-clinical spaces (eg. Administrative areas, Break rooms, Washrooms, Cafeteria)	Any activity <u>2 or more meters away</u> from patients	No PPE required	
Shared Spaces throughout VCH Facilities where patient transport may occur	Any activity <u>2 or more meters away</u> from patients	No PPE required	
	Any activity <u>within 2 meters</u> of patients	Procedure Mask Eye Protection	

PPE Recommendations for Environmental Service Staff

Site	Location	Activity	Type of PPE Recommended
Inpatient Sites	All	Working in spaces where clients/residents/patients with symptoms of COVID-19 are or were present	Procedure Mask Eye Protection Gown Gloves Boots or Close Toed Work Shoes
		Working all other areas	As per standard protocols
Outpatient Facilities	Consultation Rooms	Working in spaces where clients/residents/patients with symptoms of COVID-19 are or were present	Procedure Mask Eye Protection Gown Gloves Boots or Close Toed Work Shoes
		Working in all other areas	As per standard protocols

PPE Recommendations for Clients

Site	Location	Patient COVID-19 Status	Type of PPE Recommended	Comments
Outpatient Facilities, and Emergency Settings	Reception, Triage, Waiting Room, and Consultation Room	Clients without symptoms AND low-risk of COVID-19 infection	No PPE Required	<u>Hand Hygiene</u> upon entry and exit to facility
		Clients with symptoms/high-risk of COVID-19 infection <i>or</i> with pending/positive COVID-19 test	Have client don a procedure mask	<u>Hand Hygiene</u> upon entry and exit to facility Move client to a private room with door closed, or an exam space with curtains closed or a space with at least 2m of surrounding space

PPE Recommendations for Visitors

Location	Activity	Type of PPE Recommended	Comments
Critical Care Areas	NO VISITORS WILL BE ALLOWED TO ENTER CRITICAL CARE AREAS OUTSIDE OF EXCEPTIONAL CIRCUMSTANCES TO BE DISCUSSED ON AN INDIVIDUAL CASE BASIS		
Emergency Settings, and All Non-Critical Care Inpatient Settings	Visiting with a client/resident/patient without symptoms AND low-risk of COVID-19 infection	Routine precautions	Essential visits only <u>Hand Hygiene</u> upon entry/exit to facility and before/after contact with clients or client environment
	Visiting with a client/resident/patient with symptoms/high-risk of COVID-19 infection or with pending/positive COVID-19 test	Gown Procedure Mask Eye Protection Gloves	Essential visits only <u>Hand Hygiene</u> upon entry/exit to facility and before/after contact with clients or client environment
	NO VISITORS WILL BE ALLOWED TO VISIT THESE PATIENTS IF THEY ARE UNDERGOING AEROSOL-GENERATING MEDICAL PROCEDURES (AGMP)		

Specific decisions around visitation are ultimately at the discretion of each individual unit and may be subject to change