

PPE Recommendations – Community, Ambulatory, Long-Term Care, & Assisted Living

For health-care personnel participating in resident/client care during the COVID-19 Pandemic

Version 5

December 16, 2020

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)	7
• Gloves	8
• Gowns	9
• Eye Protection	10
• Medical Masks	11
• N95 Respirator or equivalent	12
• Hair Covers	13
• Shoe Covers	14
• Direct Care	15
• Aerosol-Generating Medical Procedures (AGMPs)	16

Table of Contents

III) PPE Recommendations for Healthcare Personnel	17
• Long-term Care and Assisted Living.....	18
• Home Care Environment and Home Support.....	20
• Ambulatory Settings (Outpatient Clinics, Primary Care, and MHSU Settings).....	21
• Shelter and Housing Facilities.....	23
• Overdose Prevention Sites.....	24
• Safe Ride	25
IV) Additional PPE Recommendations	
• Recommendations for All Other Staff.....	26
• Recommendations for Administrative Staff	28
• Recommendations for Environmental Service Staff	29
• Recommendations for Residents/Clients.....	30
• Recommendations for Visitors	31

Introduction

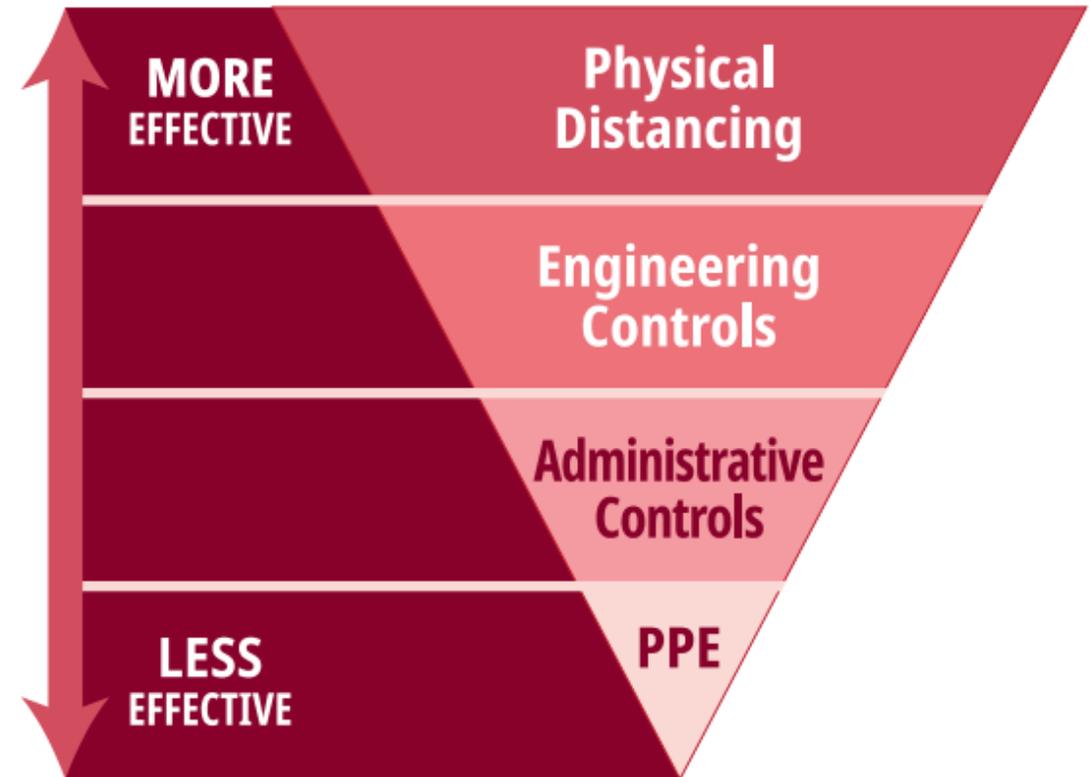
The purpose of this document is to provide guidance to staff at Vancouver Coastal Health Community, Ambulatory, Long-Term Care, and Assisted Living sites regarding the appropriate use of Personal Protective Equipment (PPE) during the COVID-19 pandemic. The PPE recommended is adequate to protect staff 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 November 5, 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.

NEW!

Hierarchy of Controls

- Personal Protective Equipment (PPE), including masks, are one part of the hierarchy of infection prevention and exposure control measures for communicable diseases. As such, PPE are supplemental to, and not replacements for other measures on the hierarchy. These other measures include, but are not limited to:
 - population-level measures (crowd limits, closures, quarantine/isolation, contact tracing),
 - environmental measures (physical distancing, physical barriers, cleaning and disinfection),
 - administrative measures (changes in work practices, decreased density), and
 - personal measures (staying home when sick, hand hygiene).



Reference: Johns Hopkins Education and Research Center for Occupational Safety and Health

NEW!

What's New in the MoH Mask Policy Communique?

- Previously, all staff performing direct patient care needed to wear eye protection, medical masks, and gloves (and to observe additional precautions if needed). Also, all staff and visitors in long term care were required to wear masks at all times within the facility. Previously, there was also no recommendations for the masking of patients.
- The new mask policy communique expands on mask use in the following areas:
 - Clarifies that masks used in clinical units/patient care settings are *medical masks*.
 - Expands medical mask recommendations for staff in healthcare facilities:
 - Staff are now required to wear medical masks when on a clinical unit/patient care setting, in addition to when providing direct patient care.
 - Staff are now required to wear medical masks when in common areas of clinical units/patient care settings, including break rooms (except when eating and drinking).
 - Includes medical mask recommendations for visitors in healthcare facilities.
 - Visitors to healthcare facilities must wear a medical mask.
 - Includes medical mask recommendations for patients in healthcare facilities.
 - Patients must wear a medical mask when being transported or transferring through commons areas in healthcare facilities. If a patient declines to, or is unable to wear a medical mask when in common areas, consult Infection Prevention & Control for further guidance. Patients are not required to wear medical masks when in their own rooms. Likewise, residents of long term care are not required to wear masks when in long term care facilities.
- [Ministry of Health Questions and Answers – Mask Use in Healthcare Facilities During COVID-19 Pandemic](#)

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 residents/clients 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 must be performed before and after donning and doffing PPE as per VCH IPAC Guidelines.
- Hand hygiene must be performed:
 - When entering and exiting medical facility, unit, ward, or clinic
 - Before and after resident/client contact or contact with their 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 residents/clients with suspected/confirmed transmissible infections or their immediate environments.
- The use of gloves does not replace hand hygiene. Hand hygiene must be performed before and after glove use.
- Gloves must be changed between each resident/client.
- 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 resident/client care (i.e. resident/client 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 residents/clients 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 must 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 medical 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 bag when not in use.
- Medical 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

Medical Masks:

- The use of medical 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.
- Medical masks must be changed if they are moist/wet, visibly soiled/dirty or damaged.
- Medical masks should be doffed at the end of your shift or when eating or drinking during breaks.
- Staff should avoid touching or manipulating the medical mask once donned. If staff touches or adjusts their medical mask they must perform hand hygiene right away.
- Do not save and re-use medical masks once they have been doffed. Don a new medical 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. 14). 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 must 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 (eg. 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.
- Hair covers that are not disposable should be washed between each shift.

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.
- The use of shoe covers is not endorsed by WorkSafeBC.

General Overview of Personal Protective Equipment and Referenced Terms

Direct Care:

Direct care is defined as “hands-on” care including:

- bathing
- washing
- turning client/resident
- changing clothes
- continence care
- dressing changes
- care of open wounds/lesions
- toileting

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 AGMPs 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 AGMP should be avoided unless essential.
- If possible, AGMPs should be performed in:
 - a private room with the door closed
 - or negative-pressure room
 - or designated COVID-19 unit

PPE Recommendations for Healthcare Personnel

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN RESIDENT/CLIENT CARE

PPE Recommendations for Long Term Care & Assisted Living				
Location	Resident COVID-19 Status	Activity	Type of PPE	Comments
Resident Room	Residents without symptoms AND low-risk of COVID-19 infection	Providing direct care	Medical 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 resident care area.
	Residents with symptoms/high-risk of COVID-19 infection or with pending/positive COVID-19 test	Providing direct care	Medical 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)	Residents without symptoms AND low-risk of COVID-19 infection	Providing direct care	Medical 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 residents and doffed when leaving the resident care area.

These recommendations are subject to change.

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN RESIDENT/CLIENT CARE

PPE Recommendations for Long Term Care & Assisted Living				
Location	Resident 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 residents	Medical Mask Eye Protection permitted	The same Mask and Eye Protection should be used between resident rooms and Shared/Common Clinical Spaces to conserve PPE*. Eye Protection can be removed if no further resident care is anticipated before a break, meal, or end of shift. Gloves and Gowns should not be worn in these spaces.
<i>Non-clinical</i> spaces (eg. Cafeteria, Administrative areas, Break rooms)		Any activity <u>2 or more meters away</u> from residents	Medical Mask	Please and perform hand hygiene before entering these areas. Mask should be worn in break room when not eating or drinking.

*in the event of an outbreak, extended use of mask and eye protection may not apply

These recommendations are subject to change.

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN RESIDENT/CLIENT CARE

PPE Recommendations for Home Care Environment/Home Support

Location	Client COVID-19 Status	Activity	Type of PPE	Comments
Client Home	Clients without symptoms AND low-risk of COVID-19 infection	Providing direct care	Medical 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	Medical 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 clients)	N95 Respirator or equivalent (Re-usable or disposable) Eye Protection Gown Gloves	<p>Airborne + Droplet/Contact Precautions</p> <p>The same Respirator may 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 RESIDENT/CLIENT CARE

PPE Recommendations for Ambulatory Settings				
Location	Client COVID-19 Status	Activity	Type of PPE Recommended	Comments
Consultation and Treatment Rooms	Exam or assessment of clients without symptoms AND low-risk of COVID-19 infection	Providing direct care	Medical Mask Eye Protection Gloves	The same Mask and Eye Protection should be used between client 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 clients and doffed when leaving the client 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	Medical 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 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 client rooms and Common Clinical Spaces. Gowns and gloves should be doffed upon leaving client room.
Common Clinical Spaces (eg. Reception, waiting rooms, supply rooms, utility rooms)		Any activity <u>2 or more meters away</u> from clients	Medical Mask Eye Protection permitted	The same Mask and Eye Protection should be used between client rooms and in Common Clinical Spaces to conserve PPE. Eye Protection can be removed if no further client care is anticipated before a break, meal, or end of shift. Gloves and Gowns should not be worn in these spaces.

These recommendations are subject to change.

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN RESIDENT/CLIENT CARE

PPE Recommendations for Ambulatory Settings

Location	Client 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	Medical Mask	Please perform hand hygiene before entering these areas. Mask should be worn in break room when not eating or drinking.

Ambulatory Settings Include

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

These recommendations are subject to change.

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN RESIDENT/CLIENT CARE

PPE Recommendations for Shelter/Housing Facilities				
Location	Client 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	Medical Mask Eye Protection Gloves	The same Mask and Eye Protection should be used between client 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 clients and doffed when leaving the client care area.
	Clients with symptoms/high-risk of COVID-19 infection or with pending/positive COVID-19 test	Providing direct care	Medical 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 client room.
Common Spaces (eg. Reception, Waiting areas, Hallways, Shared Spaces)		Any activity <u>2 or more meters</u> away from clients	Medical Mask Eye Protection	The same Mask and Eye Protection should be used between client rooms and Shared/Common Clinical Spaces to conserve PPE. Eye Protection can be removed if no further client care is anticipated before a break, meal, or end of shift. 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	Medical Mask	Please perform hand hygiene before entering these areas. Mask should be worn in break room when not eating or drinking.

These recommendations are subject to change.

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN RESIDENT/CLIENT CARE

PPE Recommendations for Overdose Prevention Sites (OPS)				
Location	Client 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	Medical 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 client care area.
	Clients with symptoms/high-risk of COVID-19 infection or with pending/positive COVID-19 test	Providing direct care	Medical 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 between clients and 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 between clients and upon leaving client care area.
Common Spaces (eg. Reception, waiting room, supply rooms, utility rooms)		Any activity <u>2 or more meters away</u> from clients	Medical Mask Eye Protection permitted	The same Mask and Eye Protection should be used between client rooms and Shared/Common Clinical Spaces to conserve PPE. Mask should be worn in break room when not eating or drinking. Eye Protection can be removed if no further client care is anticipated before a break, meal, or end of shift. Gloves and Gowns should not be worn in these spaces.

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN RESIDENT/CLIENT CARE

PPE Recommendations for Safe Ride				
Location	Client COVID-19 Status	Activity	Type of PPE	Comments
Safe Ride Vehicle	Patients without symptoms AND low-risk of COVID-19 infection	Client Transport	Medical 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	Medical Mask Gown Gloves Face shield*	The same Mask should be used between rides. Face shield should be worn for direct client interactions. Face shield can be doffed, cleaned, and disinfected after use. Face shield 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

*in this context face shields are recommended to aid with vision while driving

These recommendations are subject to change.

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN RESIDENT/CLIENT CARE

PPE Recommendations for All Other Staff

Location	Client COVID-19 Status	Activity	Type of PPE Recommended	Comments
All areas of direct resident/client care (eg. resident/client rooms, within 2 meters of residents/clients in non-room settings)	Resident/client without symptoms/high-risk of COVID-19 infection	Any activity within 2 meters of residents/clients	Medical Mask Eye Protection Gloves	The same Mask and Eye Protection should be used between client 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 clients and doffed when leaving the clients care area.
	Resident/client positive for COVID-19 or with symptoms/high-risk of COVID-19 infection	Any activity within 2 meters of residents/clients	Medical Mask Eye Protection Gown Gloves	Droplet/Contact Precautions The same Mask and Eye Protection should be used between client rooms and in the Common Clinical Spaces. Gowns and gloves should be doffed between clients and upon leaving client room.
		Any activity within isolation room of residents/clients receiving Aerosol-Generating Medical Procedures (AGMP) (eg. Intubated residents/clients)	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 client rooms and in the Common Clinical Spaces. The same gown can be used between COVID-positive clients in multi-resident/client rooms. Gloves should be changed between clients. Gloves and gowns should be doffed when leaving the AGMP room.

These recommendations are subject to change.

PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN RESIDENT/CLIENT CARE

PPE Recommendations for All Other Staff				
Location	Client 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 residents/clients	Medical Mask Eye Protection permitted	The same Mask and Eye Protection should be used between resident/client rooms and in Common Clinical Spaces to conserve PPE. Eye Protection can be removed if no further resident/client care is anticipated before a break, meal, or end of shift. Gloves and Gowns should not be worn in these spaces.
<u>Non-clinical</u> spaces (eg. Administrative areas, Break rooms, Washrooms, Cafeteria)		Any activity <u>2 or more meters away</u> from residents/clients	Medical Mask	Please perform hand hygiene before entering these areas Mask should be worn in break room when not eating or drinking.

“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)

These recommendations are subject to change.

PPE Recommendations for Administrative Staff

All 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 residents/clients	Medical Mask	Please perform hand hygiene before entering these areas. Mask should be worn in break room when not eating or drinking.

These recommendations are subject to change.

PPE Recommendations for Environmental Service Staff

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

These recommendations are subject to change.

PPE Recommendations for Residents/Clients

Site	Location	Patient COVID-19 Status	Type of PPE Recommended	Comments
Outpatient Facilities, UPCCs, Community Health Centres, and Ambulatory Clinics	Reception, Triage, Waiting Room, and Consultation Room	Clients without symptoms AND low-risk of COVID-19 infection	Medical Mask	<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	Medical 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.
Community Inpatient Settings	Shared Common Spaces	Clients without symptoms AND low-risk of COVID-19 infection	Medical Mask	<u>Hand Hygiene</u> If client chooses to wear Mask they should be provided one. If they choose not to wear a Mask instead recommend physical distancing.
Client Home		All Clients regardless of symptomatic presentation <i>or</i> COVID status		Clients receiving care in their own home do not need to Mask. If they have symptoms, healthcare providers have the discretion to request client wear a Mask.
LTC Facility		Residents without symptoms AND low-risk of COVID-19 infection		Residents in LTC do not need to Mask

These recommendations are subject to change.

PPE Recommendations for Visitors

Location	Activity	Type of PPE Recommended	Comments
All Community, Ambulatory, etc. Settings	If resident/client requires a support person, support person should perform hand hygiene and be provided a Mask		
All Non-Critical Care Inpatient Settings	Visiting with a resident/client without symptoms AND low-risk of COVID-19 infection	Medical Mask	<u>Hand Hygiene</u> upon entry/exit to facility and before/after contact with client or client environment.
	Visiting with a resident/client with symptoms/high-risk of COVID-19 infection or with pending/positive COVID-19 test	Gown Medical Mask Eye Protection Gloves	Essential visits only <u>Hand Hygiene</u> upon entry/exit to facility and before/after contact with client or client environment.

As safety is key, a visitor may be denied entry into a healthcare facility of any kind if they cannot or will not wear a mask. Exceptions to this would be for medical or compassionate reasons. In these cases, a point-of-care risk assessment would be performed and a plan developed for that visitor.

These recommendations are subject to change.