1. Background

The following Personal Protective Equipment (PPE) guidance is being provided for Long Term Care (LTC), Assisted Living (AL) and Mental Health and Substance Use (MHSU) facilities during the COVID-19 pandemic response. PPE guidance is based on the BC Center for Disease Control and Ministry of Health Personal Protective Equipment Allocation Framework. The intent of the guidance is to safely care for residents, protect healthcare workers and ensure longer-term sustainability and conservation of PPE supplies during the pandemic in these settings. The guidance contains PPE conservation strategies to extend the use of some PPE under specific circumstances. The guidance is intended to be used in conjunction with routine and additional infection prevention and control (IPC) best practices, hand hygiene, cleaning and disinfection, staying away from work when sick, and physical distancing.

The guidance is applicable but is not limited to physicians, healthcare aides, nursing staff, housekeeping staff, allied health staff, facility staff and other service and contract providers who enter the facility.

To protect staff and physicians against COVID-19 and conserve PPE supplies, the BC Ministry of Health now requires that all physicians, care staff and contracted staff entering LTC/AL/MHSU facilities must wear a procedure mask. In addition, eye protection must be worn inside resident care units/neighbourhoods, when providing care to any resident on Droplet Precautions, or when indicated by a point of care risk assessment and other additional precautions.

2. Terminology:

LTC/AL/MHSU units/neighbourhoods: includes residents' living spaces on the same campus, where staff or providers would interact with the residents in the course of their work (resident rooms, nursing station, dining areas, resident lounges, recreational spaces, rehab spaces, corridors, hallways, resident outdoor patios) and where anticipated contact with residents can be less then 2meters.

CSA/AAMI: CSA is the acronym for Canadian Standards Association. AAMI is the acronym for the Association for the Advancement of Medical Instrumentation. For more information about gown classification, refer to CSA Z314-18 and AAMI PB70:2012 standards. For a summary table outlining the classification and intended use of gowns, refer to Appendix 1 of the Public Health Ontario guide.

Cohort: A cohort is a group of people that are physically located within the same room/unit or confined area. They can be grouped together with the same diagnosis (in this case COVID-19) or a group with the same symptoms strongly suspected to have the same diagnosis. A cohort of residents in a LTC/AL/MHSU unit would be determined by and is at the discretion of the

Medical Health Officer and/or IPC during outbreaks. COVID-19 cohorts can include but are not limited to the following:

- Group A – COVID-19 laboratory-confirmed positive residents on Droplet Precautions. Do not place more than two laboratory-confirmed COVID-19 patients in a multi-bed room (MBR) without consulting IPC.
- Group B – Symptomatic residents awaiting swab results on Droplet Precautions
- Group C – Asymptomatic residents exposed to COVID-19 staff or residents or transfers from acute care (on Droplet Precautions for 14 day)
- Group D – Well residents not on Droplet Precautions

Recommended practice is to cohort staff assignment as much as possible for direct care staff during outbreaks and suspected/confirmed cases.

Resident: refers to person under care and includes residents, patients, tenants and clients

Extended PPE wear: means that the same PPE can be worn by healthcare providers between clients with the same infectious disease diagnosis or exposure and who are maintained in a cohort within the same room or confined area. This allows the healthcare worker to complete their tasks efficiently and avoid the risk of self-contamination from doffing less frequently. Depending on the level of risk and availability of PPE, the BCCDC/BC Ministry of Health will direct health authorities to follow a set of recommendations based on the identified stage of the pandemic.

3. PPE Recommendations:

PPE is used to protect residents, healthcare providers and visitors from exposures to infectious organisms and blood or body fluids. PPE prevents exposures by placing a barrier between the infectious source and clothing, skin, mucous membranes and airways. The selection of PPE is based on the nature of the interaction with the resident and the likely modes of transmission of the infectious organism.

Please consult with Health and Safety for use of PPE outside the scope of this document (e.g. handling of chemicals, chemotoxic drugs, etc.).

Refer to the PPE donning, doffing videos and infographics on the IPC webpage for instructions.

Procedure Mask:

- Provides a source control protection by preventing respiratory droplets from being disseminated from the wearer
- Provides barrier protection from expelled respiratory droplets landing on the mucous membranes of the mouth and nose

- All facility staff and service providers/contractors must don a procedure mask when entering the facility and extend wearing of the mask. Remove and discard mask and clean hands:
    - When the masks becomes damp, damaged, visibly soiled, or difficult to breathe through
    - Before going for breaks
    - At the end of the shift
- Put on a new mask when returning to work activities
- Avoid touching the mask. Immediately clean hands if the mask is adjusted or touched
- When caring for individual residents on Droplet Precautions that are not within a cohort, remove PPE, including procedure mask, at least 2-metres away from the resident. Clean hands after removing each piece of PPE, and put on a new mask after exiting the resident's room.
- Extend the use of the mask within a cohort of residents. The mask must be removed, discarded and hands cleaned when leaving the cohort area. Put on a new mask.

Eye Protection:

- Provides a barrier protection to prevent transmission of infectious microorganisms via respiratory droplets to the eyes
- Includes mask with attached visor, face shields, goggles, and safety glasses
- Wear eye protection when:
    - Entering residential care units/neighbourhoods
    - Within 2-meters of a resident on Droplet Precautions or
    - Indicated by routine practices and point of care risk assessment (e.g. during care activities that will generate droplets of blood/body fluids)
- When caring for individual residents on Droplet Precautions that are not within a cohort, remove PPE, including eye protection, at least 2-metres away from the resident, and clean hands after removing each piece of PPE
- Extend wear of eye protection on residential care units/neighbourhoods or within a cohort of residents
- Avoid touching the eye protection. Immediately clean hands if eye protection is adjusted or touched.
- Remove, clean, and disinfect reusable eye protection, and clean hands when:
    - Eye protection becomes wet, visibly soiled, or difficult to see through
    - Going for breaks and at end of shift
    - Leaving the cohort area or residential care unit/neighbourhood
- Refer to Eye Protection Cleaning and Disinfection Instructions

Gloves:

- Provides a protection barrier from infectious microorganisms to health care providers' hands
- Wear gloves when providing care to or for anticipated contact with the environment of a resident on Droplet Precautions or as indicated by routine practices and point of care risk assessment (e.g. touching mucous membranes, contact with blood and body fluids)
- Perform hand hygiene prior to donning and after doffing gloves. Do not perform hand hygiene with gloves on and continue using gloves.
- Gloves are single use only and must not be re-used once removed. Remove gloves and clean hands between each resident encounter and when leaving the resident room/bed-space. Do not extend the use of gloves within resident cohorts.
- Consult the Non-Sterile Exam Glove Selection Guide from Workplace Health

Gowns:

- Provides a barrier protection from contamination and transmission of infectious microorganisms to clothing and arms
- Wear long-sleeved, CSA/AAMI Level 2 rated gowns when:
    - Providing care to residents on Droplet Precautions or for anticipated contact with their environment, or
    - Indicated by routine practices and point of care risk assessment (e.g. during care activities that will splash arms/clothing with blood/body fluids)
- When caring for individual residents on Droplet Precautions that are not within a cohort, remove PPE at least 2-metres away from the resident. Clean hands after removing each piece of PPE, and put on a new mask and clean eye protection after exiting the resident's room.
- Consult with IPC prior to extending gown use within a cohort of residents. The gown must be removed and hands cleaned:
    - If the gown becomes contaminated, visibly soiled, or wet
    - If the patient has additional co-infectious concerns or diagnosis transmitted by contact and requires additional precautions for other reasons (e.g. *Clostridiodes difficile*, scabies)
    - After care activities where splashes and sprays are anticipated
    - When leaving the cohort area and before proceeding into **'clean'** areas of the unit such as clean supply rooms, reception areas, nursing station, medication rooms, and breaks rooms

N95 respirators:

- Prevents inhalation of aerosolized microorganisms known to be transmitted through the airborne route, including COVID-19 virus during aerosol generating procedures (AGP)
- If there are more than two positive COVID-19 patients in a MBR, due to capacity/space limitations, the decision about additional measures such as the use of an N95 respirator will be decided on a case by case basis based on a risk assessment by IPC and MHO
- Refer to the AGP [Standard Operating Procedure]. Use a fit-tested N95 respirator and perform seal check prior to performing AGP as determined by risk assessment outlined in the AGP SOP.
- Remove N95 respirator outside the resident's room, discard, and clean hands

All physicians, facility staff and service providers/contractors will don a procedure mask when entering the facility. Additionally, eye protection must be worn when entering residential care units/neighbourhoods.

References:

BC Ministry of Health and BCCDC COVID-19: *Emergency prioritization in a pandemic Personal Protective Equipment (PPE) Allocation Framework* March 25, 2020.

BC Centre for Disease Control and BC Ministry of Health: *Infection Prevention and Control Requirements for COVID-19 in Long Term Care and Seniors' Assisted Living* June 30, 2020

Please note: This PPE framework is being provided as interim pandemic guidance and is subject to change based on provincial and regional directives.

Appendix A: COVID-19 PPE Algorithm LTC/AL/MHSU Facilities

Providing Direct Care to Residents?

→ **No** → see right-hand box below

↓ **Yes**

Point of Care Risk Assessment (PCRA)

↓

Screen Resident for COVID-19 symptoms and risk factors.
Are Droplet Precautions indicated for COVID-19?

→ **No** → see right-hand box below

↓ **Yes**

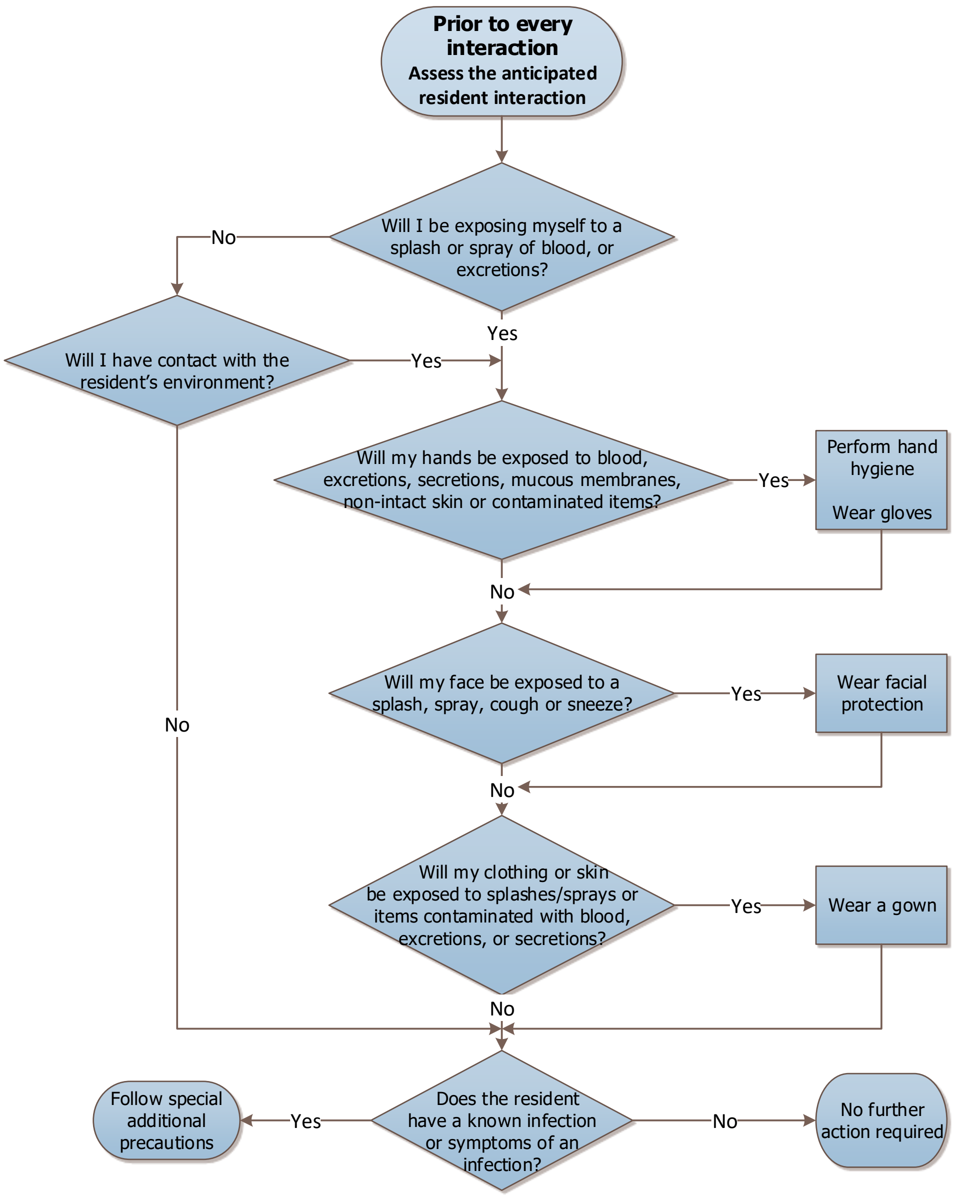
Implement Droplet Precautions:

- Procedure mask, gloves, gown, eye-protection
- If care involves Aerosol Generating Procedures, Refer to **FH AGP Standard Operating Procedure (SOP)**

No:

- Wear procedure mask
- Wear eye protection inside residential care units/neighbourhoods
- Follow routine practices or other additional precautions as indicated by signage or PCRA
- Maintain physical distancing as much as possible

Appendix B: Routine Practices Point of Care Risk Assessment for All Resident Interactions



Note: "Resident" includes patients, clients, tenants and residents.

Adapted from: Provincial Infectious Diseases Advisory Committee (2012) Routine Practices and Additional Precautions in All Health Care Settings, 3rd edition.

Infection Prevention and Control **November 25, 2014**