



Champlain Health Region
Incident Command



Commandement des interventions
d'urgence de la région sanitaire de Champlain

Universal Approach to PPE

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Universal Approach to PPE

PPE practices must be **standardized** throughout the region. **Stewardship** must exist at every location using PPE.

Some of the best practices that need to be spread include :

- ▶ Appropriate environmental controls (engineering, ventilation, waste disposal, environmental cleaning)
- ▶ Appropriate administrative controls (policy/procedure, education and training)
- ▶ Minimize in person visits (using telemedicine/phone, restricting visitors, etc.)
- ▶ Encourage interaction from the doorway
- ▶ Minimize the number of staff entering a patient room
- ▶ When possible, designate a single person to enter the room for assessment/care

Universal Approach to PPE

- ▶ Conduct point of care risk assessment to determine the need for additional PPE with each patient encounter
- ▶ Combine work tasks to limit the doffing of PPE
- ▶ Extend use of PPE, including procedure masks/ N95 respirator. If using an N95 respirator for an AGMP, for example, this should be left on for multiple patient encounters provided it is not soiled, moist, or damaged
- ▶ Extend use of face shields / goggles – e.g. for all patients with confirmed COVID infection
- ▶ Collect N95 respirators and other PPE that are not damaged, soiled or wet for possible future reprocessing

Universal Approach to PPE

Patient Type	Precautions	PPE	Other
All Patients	Routine Practice	*Procedure mask	*Can be worn for several hours unless visibly damaged, soiled or wet
ARI, Influenza, RSV	Droplet/Contact	*Procedure mask, Face shield/goggles, gloves; Gown as per facility policy	*Can be worn for several hours unless visibly damaged, soiled or wet
COVID-19, suspect or confirmed (routine care)	Droplet/Contact	*Procedure mask, face shield/goggles, Gown and gloves	*Can be worn for several hours unless visibly damaged, soiled or wet (see previous)
COVID-19, suspect or confirmed (AGMP)	Airborne/Droplet/Contact	**N95 respirator Face shield/goggles, gown and gloves	**Can be worn for several hours unless visibly damaged, soiled or wet

Always conduct a point of care risk assessment
Maintain hand hygiene practices
See list for AGMP's

Do not touch face/masks while wearing
Ensure appropriate donning/doffing education

Aerosol Generating Medical Procedures (as per PHO)

What is an AGMP

- ✓ Endotracheal intubation, including during CPR
- ✓ CPR during airway management (i.e. manual ventilation)
- ✓ Open airway suctioning
- ✓ Bronchoscopy (Diagnostic or Therapeutic)
- ✓ Autopsy
- ✓ Sputum Induction (Diagnostic or Therapeutic)
- ✓ Non-invasive positive pressure ventilation for acute respiratory failure (CPAP, BIPAP)
- ✓ High Flow Oxygen Therapy

** use a negative pressure room for AGMPs when available; when not available use private room with door closed

What is NOT an AGMP

- ✗ Collection of an NP swab
- ✗ Ventilator circuit disconnect
- ✗ Chest compressions
- ✗ Chest tube insertion or removal (unless in setting for emergent lung rupture/pneumothorax)
- ✗ Coughing/expectorating sputum
- ✗ Oral suctioning or oral hygiene
- ✗ Gastroscopy/colonoscopy
- ✗ Laparoscopy (GI/Pelvic)
- ✗ ECT
- ✗ TEE
- ✗ C-section or vaginal delivery with the use of regional anesthesia
- ✗ Cardiac Stress Test
- ✗ Endoscopic retrograde cholangiopancreatography (ERCP)
- ✗ NG/nasojejunal/gastrostomy/gastrojejunostomy/jejunoscopy tube insertions
- ✗ Bronchial artery embolization
- ✗ Chest Physio (outside of breath stacking)
- ✗ Intranasal medication (i.e. naloxone)
- ✗ O₂ delivered at < / = 6Lpm by NP, and < / = 15 Lpm by Venturi mask and non-rebreather

Universal Approach to PPE

Overall Objective: To create consistency between and amongst healthcare providers across the continuum of care and throughout the Champlain region with respect to PPE utilization, stewardship and isolation practices for COVID-19 suspect and confirmed cases (based on Ontario Health documentation).

All practices should be based on PPE conservation with the following incremental steps as the need arises:

- 1) Appropriate stewardship and escalation of divergent behaviors
- 2) Extended use of PPE
- 3) Use of outsourced medical and non-medical PPE
- 3) Use of expired PPE, for fit testing and when necessary
- 4) Limited re-use of PPE, only once deemed necessary and appropriate
- 5) Reprocessing used PPE and re-use, providing PPE has not been soiled, moist, or damaged
- 6) Innovation (e.g. alternative approaches)

After a review of the four Ottawa hospitals, as well as five regional hospitals, it was found that most hospitals are currently aligned in practices and few gaps exist.

Patient Placement

- ▶ Suspect/ COVID patients: private room preferred
- ▶ Cohorting of admitted patients (confirmed COVID +/- suspect COVID on same unit / shared room) – COVID units
- ▶ Separation of COVID patients in EDs, ICUs if feasible
- ▶ Cohorting of staff (caring for confirmed COVID only) if needed
- ▶ No designated COVID facilities at this time

Additional Considerations

- ▶ Use of masks for patients and visitors – populations
 - ▶ Sourcing?
- ▶ Evaluation, standardization and preservation of PPE in LTCHs, other settings as needed