

TECHNICAL BRIEF

Updated IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19

March 12, 2020

Key Findings

- Given updated information on COVID-19, Droplet and Contact precautions are recommended for the routine care of patients with suspected or confirmed COVID-19.
- Airborne precautions should be used when aerosol generating medical procedures (AGMPs) are planned or anticipated to be performed on patients with suspected or confirmed COVID-19.

Background

In January 2020, when the Ministry of Health developed its first guidance for Infection Prevention and Control (IPAC) and Occupational Health and Safety (OHS) for COVID-19, there was limited information about how the novel coronavirus was transmitted and the spectrum of illness associated with infection.

Because the epidemiologic data was evolving and little was known about COVID-19, the Ministry applied the precautionary principle and initially recommended the use of N95 respirators for patient care and specimen collection/testing, as well as patient placement in an airborne infection isolation room (AIIR), where possible. This was to be reviewed as new information became available.

After two and a half months of global clinical experience and updated scientific and epidemiological evidence, routes of transmission for COVID-19 reveal the following:

- COVID-19 cases and clusters demonstrate that Droplet/Contact transmission are the routes of transmission.
- The majority of cases are linked to person-to-person transmission through close direct contact with someone who is positive for COVID-19.
- There is no evidence that COVID-19 is transmitted through the airborne route.

Preamble

The protection of health care workers (HCWs) in all health care settings where health care is provided continues to remain paramount. Health care settings include, but are not exclusive to, acute care, pre-hospital care, long-term care, primary care, ambulatory care clinics and community care, including home care and other locations in the community where health care is provided (e.g., residential care or correctional facilities).

The Personal Protective Equipment (PPE) recommendations summarized in the table below are based on the best available evidence and were adapted from the World Health Organization's [Rational Use of Personal Protective Equipment for Coronavirus Disease 2019](#) and the Ontario Provincial Infectious Disease Advisory Committee's [Routine Practices and Additional Precautions](#).

As additional evidence emerges this document will be updated.

Legislation

Health care workplaces must adhere to requirements under the *Occupational Health and Safety Act* (OHSA) and its Regulations, and this applies to measures needed to protect workers from the risk of COVID-19. Employers, supervisors and workers have rights, duties and obligations under the OHSA. Specific requirements under the OHSA and its regulations include but are not limited to the following, and are available at:

Occupational Health and Safety Act:

<https://www.ontario.ca/laws/statute/90o01>

Ontario Regulation 67/93 Health Care and Residential Facilities:

<https://www.ontario.ca/laws/regulation/930067>

Recommended Risk Assessments:

Organizational Risk Assessment

A recommended practice is to conduct an Organizational Risk Assessment (ORA). An ORA is a systematic approach to assessing the efficacy of control measures that are in place to mitigate the transmission of infections in the healthcare setting. Engineering control measures include physical barriers for screening and point of care alcohol-based hand rub (ABHR); administrative controls, such as policies and procedures regarding screening and appropriate selection and use of PPE.

The ORA is central to any healthcare organization's preparation and planning to protect HCWs. Organizations have a responsibility to provide education and training to HCWs regarding the organization's ORA, including guidance around the use of PPE and engagement of the Joint Health and Safety Committees or Health Care representative, as appropriate.

Point of Care Risk Assessment

A point of care risk assessment (PCRA) assesses the task, the patient and the environment. A PCRA is a dynamic risk assessment completed by the HCW before every patient interaction in order to determine whether there is risk of being exposed to an infection.

Performing a PCRA is the first step in Routine Practices, which are to be used with all patients, for all care and for all interactions. A PCRA will help determine the correct PPE required to protect the health care worker in their interaction with the patient and patient environment.

Application of the Hierarchy of Hazard Controls

According to the U.S. Centers for Disease Control and Prevention's [National Institute for Occupational Safety and Health](#), (NIOSH) the fundamental method for protecting workers is through the application of the hierarchy of hazard controls. The levels of control range from the highest levels considered most effective at reducing the risk of exposure (i.e., elimination and substitution) to the lowest or last level of control between the worker and the hazard (i.e., PPE).

The application of the hierarchy of hazard controls is a recognized approach to containment of hazards and is fundamental to an occupational health and safety framework. An understanding of the strengths and limitations of each of the controls enables healthcare organizations to determine how the healthcare environment (e.g., infrastructure, equipment, processes and practices) increases or decreases a HCWs risk of infection from exposure to a pathogen within the healthcare setting.

Collaboration between IPAC, OHS and healthcare building engineers supports the comprehensive evaluation and implementation of measures to reduce the risk of HCWs exposure to pathogens.

Elimination and Substitution

Elimination and substitution are considered to be the most effective means in the hierarchy of controls, but are not often feasible or possible to implement, particularly in regard to infectious diseases in healthcare settings.

Engineering and Systems Control Measures

Engineering control measures reduce the risk of exposure to a pathogen or infected source hazard by implementing methods of isolation or ventilation. Engineering controls reduce or eliminate exposure by isolating the hazard from the employee and by physically directing actions to reduce the opportunity for human error.

Examples include rigid barriers at the interface between the patient and the HCWs at reception and triage and point of care sharps containers and alcohol-based hand rub. Ventilation examples include AIIR. Other examples include ante-chambers for donning and doffing PPE, but these must include reinforced training measures, as these areas can become contaminated.

Administrative Control Measures

Administrative controls are measures to reduce the risk of transmission of infections to HCWs and patients through the implementation of policies, procedures, training and education.

Effective administrative control measures to prevent the transmission of infection require the support of leadership in the healthcare organization, in consultation with management and HCWs through the Joint Health and Safety Committees or health care representative to provide the necessary organizational procedures, resources, education and training to effectively apply the controls and the commitment of HCWs and other users to comply with their application.

Examples of administrative controls include electronic alert systems with infectious disease flags for hospitals for early detection of respiratory illness. Active screening, passive screening (signage) and restricted visitor policies are other examples of administrative control measures used in health care settings. In addition, administrative controls include policies regarding restricting entrances, cohorting of staff and patients and designated centres for screening or treating patients.

Personal Protective Equipment

Although the use of PPE controls are the most visible in the hierarchy of controls, PPE controls is the last tier in the hierarchy and should not be relied on as a stand-alone primary prevention program. The PPE tier refers to the availability, support and appropriate use of physical barriers between the HCWs and an infectious agent/infected source to minimize exposure and prevent transmission. Examples of PPE barriers include gloves, gowns, facial protection (including surgical masks and N95 respirators) and/or eye protection (including safety glasses, face shields or masks with visor attachments). The healthcare organization plays a critical role in ensuring HCWs have access to appropriate PPE for the task to be performed and the necessary education and training to ensure competency on the appropriate selection, use and disposal of PPE to prevent exposure to infection.

Patient Accommodation

Patients with suspected or confirmed COVID-19 should be cared for in a single room. The use of an AIIR is the recommended standard of care when performing an AGMP (see below). If an AIIR is not available, a single room with the door closed should be used for the procedure. The collection of a nasopharyngeal swab or a throat swab is NOT considered an AGMP.

Aerosol Generating Medical Procedures

Procedures Generating Droplets/Aerosols

- Endotracheal intubation, including during cardio-pulmonary resuscitation¹
- Cardio-pulmonary resuscitation
- Open airway suctioning
- Bronchoscopy (Diagnostic or Therapeutic)
- Surgery and autopsy
- Sputum induction (Diagnostic or Therapeutic)
- Non-invasive positive pressure ventilation for acute respiratory failure (CPAP, BiPAP3-5)
- High flow oxygen therapy

Source: Adapted from Routine Practices and Additional Precautions in Ontario In All Health Care Settings, 3rd edition, Provincial Infectious Diseases Advisory Committee (PIDAC). Available at: <https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/routine-practices-additional-precautions>

Summary of PPE Recommendations

This guidance is intended to inform minimum expectations for PPE; however, HCWs should refer to and follow their own institutional or organizational infection prevention and control policies and procedures on PPE. Additionally, HCWs should perform a PCRA for patient encounters. **For every patient and/or patient environment encounter, apply the Four Moments for Hand Hygiene**

(<https://www.publichealthontario.ca/-/media/documents/bp-hand-hygiene.pdf?la=en>)

Setting	Individual	Activity	Type of PPE or procedure
Healthcare Facilities - Inpatient facilities			
Patient room	Healthcare workers	Providing direct care to patients with suspect or confirmed COVID-19, including nasopharyngeal and oropharyngeal swab collection	Droplet and Contact precautions, including: <ul style="list-style-type: none"> • Surgical/procedure mask • Isolation gown • Gloves • Eye protection (goggles or face shield)
		Aerosol-generating medical procedures performed on suspect or confirmed COVID-19 patients	Airborne, Droplet and Contact precautions, including: <ul style="list-style-type: none"> • N95 respirator (fit-tested, seal-checked) • Isolation gown • Gloves • Eye protection (goggles or face shield) • Negative pressure room, if available
	Environmental service workers	Entering the room of patients with suspected or confirmed COVID-19	Droplet and Contact precautions, including: <ul style="list-style-type: none"> • Surgical/procedure mask • Isolation gown • Gloves • Eye protection (goggles or face shield)
	Visitors	Entering the room of a patient with suspected or confirmed COVID-19 Visitors should be kept to a minimum	Droplet and Contact precautions, including: <ul style="list-style-type: none"> • Surgical/procedure mask • Isolation gown • Gloves • Eye protection (goggles or face shield)

Setting	Individual	Activity	Type of PPE or procedure
Other areas of patient transit (e.g., wards, corridors)	All staff, including healthcare workers	Any activity that does not involve contact with patient suspected or confirmed COVID-19	Routine practices and Additional Precautions based on risk assessment.
Triage	Healthcare workers	Preliminary screening not involving direct contact	If able to maintain spatial distance of at least 2 m or separation by physical barrier: <ul style="list-style-type: none"> No PPE required Otherwise, droplet and contact precautions, including: <ul style="list-style-type: none"> Surgical/procedure mask Isolation gown Gloves Eye protection (goggles or face shield)
	Patients suspected or confirmed to have COVID-19	Any	Maintain spatial distance of at least 2 m or separation by physical barrier. Provide surgical/procedure mask if tolerated by patient. Patient to perform hand hygiene.
Administrative areas	All staff, including healthcare workers	Administrative tasks that do not involve contact with patients	<ul style="list-style-type: none"> No PPE required

Setting	Individual	Activity	Type of PPE or procedure
Healthcare Facilities – Ambulatory and outpatient facilities			
Consultation room/area	Healthcare workers	Physical examination of patients with suspected or confirmed COVID-19	Droplet and Contact precautions, including: <ul style="list-style-type: none"> Surgical/procedure mask Isolation gown Gloves Eye protection (goggles or face shield)

Setting	Individual	Activity	Type of PPE or procedure
	Patients suspected or confirmed to have COVID-19	Any	<ul style="list-style-type: none"> • Provide surgical/procedure mask if tolerated. • Perform hand hygiene
	Environmental service Workers	After and between consultations with patients suspected or confirmed to have COVID-19	Droplet and Contact precautions, including: <ul style="list-style-type: none"> • Surgical/procedure mask • Isolation gown • Gloves • Eye protection (goggles or face shield)
Waiting room	Patients suspected or confirmed to have COVID-19	Any	<ul style="list-style-type: none"> • Provide surgical/ procedure mask if tolerated. • Immediately move the patient to a single patient room or separate area away from others; if this is not feasible, ensure spatial distance of at least 2 m from other patients.
Administrative areas	All staff, including healthcare workers	Administrative tasks that do not involve contact with patients	<ul style="list-style-type: none"> • No PPE required.
Triage/Reception	Healthcare workers	Preliminary screening not involving direct contact	If able to maintain spatial distance of at least 2 m or separation by physical barrier: <ul style="list-style-type: none"> • No PPE required. Otherwise, Droplet and Contact precautions, including: <ul style="list-style-type: none"> • Surgical/ procedure mask • Isolation gown • Gloves • Eye protection (goggles or face shield)
	Patients suspected or confirmed to have COVID-19	Any	<ul style="list-style-type: none"> • Maintain spatial distance of at least 2 m or separation by physical barrier. • Provide surgical/procedure mask if tolerated.

Setting	Individual	Activity	Type of PPE or procedure
Other settings			
Home Care	Healthcare worker	Visiting clients/patients with suspected or confirmed COVID-19	Droplet and Contact precautions, including: <ul style="list-style-type: none"> • Surgical/ procedure mask • Isolation gown • Gloves • Eye protection (goggles or face shield)
Long-term care home	Healthcare worker	Providing direct care to suspect or confirmed COVID-19 residents, including nasopharyngeal and oropharyngeal swab collection	Droplet and contact precautions, including: <ul style="list-style-type: none"> • Surgical/ procedure mask • Isolation gown • Gloves • Eye protection (goggles or face shield)
	Healthcare worker	Providing CPAP and/or open suctioning to suspect or confirmed COVID-19 resident.	Droplet and Contact precautions using a N95 respirator when providing CPAP. Manage in single room with door closed. Keep the number of people in the room during the procedure to a minimum.
	Environmental service workers	When entering the room of a resident suspected or confirmed to have COVID-19	Droplet and contact precautions, including: <ul style="list-style-type: none"> • Surgical/ procedure mask • Isolation gown • Gloves • Eye protection (goggles or face shield)
	Administrative areas	Administrative tasks that do not involve contact with resident suspected or confirmed to have COVID-19	<ul style="list-style-type: none"> • No PPE required.
	Visitors	Entering the room of a suspect or confirmed COVID-19 resident Should be kept to a minimum	Droplet and contact precautions, including: <ul style="list-style-type: none"> • Surgical/ procedure mask • Isolation gown • Gloves • Eye protection (goggles or face shield)

Disclaimer

This document was developed by Public Health Ontario (PHO). PHO provides scientific and technical advice to Ontario's government, public health organizations and health care providers. PHO's work is guided by the current best available evidence at the time of publication.

The application and use of this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use.

This document may be reproduced without permission for non-commercial purposes only and provided that appropriate credit is given to PHO. No changes and/or modifications may be made to this document without express written permission from PHO.

References

ASGE Ensuring Safety in the Gastrointestinal Endoscopy Unit Task Force, Calderwood AH, Chapman FJ, et al. Guidelines for safety in the gastrointestinal endoscopy unit. *Gastrointest Endosc.* 2014;79(3):363–372. doi:10.1016/j.gie.2013.12.015.

Ontario Agency for Health Protection and Promotion, Provincial Infectious Disease Advisory Committee. Annex B: Best Practices for Prevention of Transmission of Acute Respiratory Infection. Annexed to: Routine Practices and Additional Precautions in All Health Care Settings. Toronto, ON: Queen's Printer for Ontario; 2013. Available from: <https://www.publichealthontario.ca/-/media/documents/bp-prevention-transmission-ari.pdf?la=en>.

Smith JD, MacDougall CC, Johnstone J, Copes RA, Schwartz B, Garber GE. Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute respiratory infection: a systematic review and meta-analysis. *CMAJ.* 2016;188(8):567-74.

Tran K, Cimon K, Severn M, Pessoa-Silva CL, Conly J. Aerosol generating procedures and risk of transmission of acute respiratory infections to healthcare workers: a systematic review. *PLoS One.* 2012;7(4):e35797.