

Date:	March 26, 2020
To:	ALL STAFF & PHYSICIANS
From:	Angela De Smit, NE Chief Operating Officer, PPE Task Group Lead, NH EOC Dr. Patrick Rowe, Medical Lead, Emerg & Trauma Deanna Hembroff, NH Regional Manager Infection Control Prevention
CC	Penny Anguish, NI Chief Operating Officer Ciro Panessa, NW Chief Operating Officer Northern Health Medical Directors NH EOC
Re:	COVID-19 Outbreak Response – Protecting our Staff and Mitigating the Demand for PPE

As part of British Columbia’s COVID-19 outbreak response, the Provincial Health Office (PHO) issued the Direct Care Providers Directive on March 25, 2020 that is an intentional process being put into place to ensure we protect our staff and conserve supplies. We will continue to provide updated direction as recommendations change. The details of the current directive are as follows:

Surgical/Procedural Mask and Eye Protection Use

All staff who provide direct physical care to patients in acute care, critical care, long term care, and community care must wear a surgical/procedural mask, eye protection and gloves for all patient interactions.

Personnel	Activity	Type of PPE
Health care workers (includes MI Techs) in all sectors	Providing direct care to patients	Surgical/Procedural mask, gloves, eye protection (goggles or face shield)
	Providing direct care to COVID-19 patients	Surgical/Procedural mask, gowns, gloves, eye protection (goggles or face shield)
	Aerosol-generating procedures performed on COVID-19 patients	Respirator N95 or equivalent, or reusable respirator if available, gown, gloves, eye protection, apron
Cleaners, Food Services Worker, Facilities Management	Entering a patient room <i>*Exception: confirmed COVID-19 patient to wear gown as well</i>	<i>Surgical/Procedural mask, gloves, eye protection (if risk of splash)</i>
Lab Technician	Manipulation of samples	Surgical/Procedural mask, gown, gloves, eye protection (if risk of splash)
All staff including health care workers	In other areas of patient transit i.e. wards, corridors that involves contact with patients	Surgical/Procedural mask, gown, gloves, eye protection (if risk of splash)
Administration staff	Administrative tasks that do not involve contact with COVID-19 patients	Where there is no patient or public contact, PPE is not needed. Use social distancing

- These changes require extending the use of your mask and eye protection, by using one mask per shift, changing the mask only if it is too damp, soiled, or damaged for safe use, and / or changing the mask if the health care worker's shift includes a meal break.
- Eye protection (i.e. eye goggles or face shield) to be used throughout the shift with appropriate cleaning protocols at shift end. If goggles and face shields are depleted, safety glasses can be used with the same cleaning protocols in place. Disposable and Reusable face shields to be disinfected with Oxivir wipes/solution and re-used.
- Gloves must be changed between patients.
- All health care workers and staff who have direct physical contact with patients who have been diagnosed with COVID-19, or have a presumptive diagnosis, must engage in routine droplet and contact precautions, which includes a gown.

Reduction of PPE Usage

To continue the important intentional work underway to consider opportunities, whenever possible, to streamline patients with respiratory symptoms by:

- Designate a team and/or number of staff, where possible, to provide this care and limit the number of staff allowed to provide a function i.e. testing or into a room for procedures requiring full PPE to provide care.
- When at all possible, streamline or cohort patients presenting and being cared for with respiratory symptoms and non-respiratory symptoms in all health care sectors

N95 Usage

- Do not issue N95 respirators to healthcare workers unless those individuals are directly involved in patient care or related work that requires an N95. **Current PHAC guidance for COVID-19 does not require use of an N95 respirator, unless an aerosol generating medical procedure (AGMP) is being performed.*
 - Extend use of N95s by donning a single N95 respirator for repeated, close contact encounters with multiple patients without removing the respirator.
 - Minimize face-to-face health care worker encounters with patients where an N95 would be required. Where possible, bundle activities and/or use video monitoring
 - Extended use of N95 respirators beyond the manufacturer's stated expiry date is permitted.

Infection Control Practitioners are experts at the community level and are available for questions – we encourage you to reach out to them for assistance. Additional guidance on specific care scenarios and contexts are expected in the near future.