

Ministry of Health

COVID-19 Guidance: Personal Protective Equipment (PPE) for Health Care Workers and Health Care Entities

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This guidance provides basic information only. This document is not intended to provide or take the place of medical advice, diagnosis or treatment, or legal advice.

- Please check the Ministry of Health (MOH) [COVID-19](#) website regularly for updates to this document, mental health resources, and other information.

Background

The recommendations in this guidance document incorporate evidence from the Public Health Ontario (PHO) Technical Brief "[Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#)" updated March 2022, which may be amended from time to time.

This guidance is intended to assist all health care workers and health care entities, as identified in Appendix A, to optimize protection through personal protective equipment (PPE).

PPE controls are one of many tiers in the hierarchy of hazards controls and should not be relied on as a stand-alone primary prevention program. An employer of a health care worker is expected to ensure staff have timely, unimpeded access to appropriate PPE for the task to be performed, and the necessary education/training to ensure competency on the appropriate use, care, and limitations which can include but not limited to maintenance, appropriate disposal of PPE, quality control, and length of use.

Organizational Risk Assessments in Public Hospitals and Long-Term Care Homes

Public hospitals and long-term care homes should maintain an Organizational Risk Assessment that should be continuously updated to ensure that it assesses the appropriate health and safety control measures to mitigate the transmission of infections, including engineering, administrative and PPE measures. This should be communicated to the Joint Health and Safety Committee, including the review of the hospital or long-term care environment when a material change occurs.

Retirement Homes and Home and Community Care Support Services are recommended to similarly update their Organizational Risk Assessments.

Point of Care Risk Assessment

A point of care risk assessment (PCRA) is the first step in Routine Practices¹, which should be used with all patients, for all care and patient interactions.

A PCRA assesses the task, the patient, and the environment to identify the most appropriate precautions that needs to be taken for that particular interaction or task.

A PCRA should be completed by every health care worker before every patient interaction and task to determine whether there is a risk to the health care worker or other individuals of being exposed to an infection, including COVID-19. As much as possible, the PCRA should be completed by the health care worker providing the care. If the health care worker (regulated or unregulated) does not have the knowledge, skill and training to perform a PCRA, the PCRA should be performed by a supervising health care worker that does. In some circumstances and settings, this may be achieved by patient room signage indicating the level of precautions needed as determined by the infection prevention and control lead of the setting.

A PCRA by the health care worker should include the frequency and probability of routine or emergent aerosol generating medical procedures (AGMPs) being required.

¹ [Routine Practices](#) are the system of infection prevention and control practices recommended by the Public Health Agency of Canada to be used with all clients/patients/residents during all care to prevent and control transmission of microorganisms in all health care settings.

Recommended Precautions for Care of Patients with Suspect or Confirmed COVID-19

All health care workers providing direct care to or interacting with, a suspect or confirmed case of COVID-19 should wear eye protection (goggles, face shield, or safety glasses with side protection), gown, gloves, and a fit-tested, seal-checked N95 respirator (or approved equivalent).

Health care workers who are not yet fit-tested for an N95 respirator (or approved equivalent) should wear a well-fitted surgical/procedure mask or a non-fit-tested N95 respirator (or approved equivalent), eye protection (goggles, face shield, or safety glasses with side protection), gown and gloves. Employers of health care workers should make reasonable efforts to ensure health care workers obtain fit testing at the earliest opportunity.

Recommended Precautions for Care of Patients with Suspect or Confirmed COVID-19 during Aerosol Generating Medical Procedures

A fit-tested N95 respirator (or approved equivalent) should be worn by everyone in the room when aerosol generating medical procedures (AGMPs) are planned or anticipated to be performed on patients with suspect or confirmed COVID-19, along with gowns, gloves and eye protection (goggles, face shield, or safety glasses with side protection).

Patients should be placed in Airborne Infection Isolation Rooms (AIIR), when feasible. If an AIIR is not available, then a single patient room with the door closed should be used for the procedure.

Additional ventilation in a patient's room may be supplemented with portable HEPA air units, configured and operated in accordance with manufacturer instructions.

Considerations for ventilation in home care settings include opening windows/doors if possible. Additional considerations for precautions when AGMPs are performed in various settings are identified in the [“Interim Infection Prevention and Control Measures based on COVID-19 Transmission Risks in Health Care Settings”](#).

Procedures that are considered AGMPs are listed in the "[Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#)" and include but are not limited to; Intubation, extubation, and related procedures e.g. manual ventilation and open deep suctioning; Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal); Bronchoscopy; Surgery using high speed devices in the respiratory tract; Some dental procedures (e.g., high-speed drilling and ultrasonic scalers); Non-invasive ventilation (NIV) e.g. Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP); High-Frequency Oscillating Ventilation (HFOV); Induction of sputum with nebulized saline; High flow nasal oxygen (high flow therapy via nasal cannula).² Other procedures may have high-risk features similar to an AGMP, including close prolonged contact with the airway and health care workers may choose to wear an N95 respirator (or approved equivalent) based on their PCRA.

PPE Conservation and Stewardship

Health care entities, employers of health care workers and health care workers are expected to engage in the conservation and stewardship of personal protective equipment (PPE) in their place of work.

Health care entities and employers of health care workers should provide health care workers with information on the appropriate selection and safe utilization of all PPE and health care workers should be appropriately trained to safely don and doff all PPE, including if extended use is needed during periods of short supply.

Health care entities are accountable for assessing the available supply of PPE on an ongoing basis and exploring all available avenues to obtain and maintain a four-week supply of PPE as appropriate to their healthcare setting needs. The supply should be monitored frequently to identify product expiry and stock depletion.

If it is ascertained that, despite stewardship and conservation efforts, there is a supply shortage, requests for PPE, including N95 respirators, can be made from the pandemic stockpile. Protocols for accessing supplies on an emergency basis from the provincial or regional stockpiles remain the same and the request form can be accessed [here](#).

² Any change to this list is to be based on the Technical Brief dated December 15, 2021, as amended from time to time by Public Health Ontario

Appendix A:

List of health care workers & entities to which this guidance applies

- A regulated health professional or a person who operates a group practice of regulated health professionals (“regulated health professional” means a health practitioner whose profession is regulated under the [*Regulated Health Professions Act, 1991*](#)).
- A health service provider or Ontario Health Team that provides a home and community care service pursuant to funding under section 21 of the [*Connecting Care Act, 2019*](#), including a person or entity from whom the provider or Team has purchased the home and community care service.
- A hospital within the meaning of the [*Public Hospitals Act*](#); a private hospital within the [*Private Hospitals Act*](#); a psychiatric facility within the meaning of the [*Mental Health Act*](#)
- A Pharmacy within the meaning of the [*Drug and Pharmacies Regulation Act*](#)
- A laboratory or a specimen collection centre as defined in section 5 of the [*Laboratory and Specimen Collection Centre Licensing Act*](#).
- An ambulance service and a paramedic within the meaning of the *Ambulance Act*
- A home for special care within the meaning of the [*Home for Special Care Act*](#)
- Long-term care homes within the meaning of the [*Fixing Long-Term Care Act, 2021*](#)
- A centre, program or service for community health or mental health whose primary purpose is the provision of health care
- Retirement Homes within the meaning of the [*Retirement Homes Act*](#)