

PPE for Droplet & Contact Precautions

Consists of: mask, eye protection, gown and gloves



- Face Shield
- Mask
- Gloves
- Gown

Face Protection

Use Face Shield with any Mask below

- Wear mask continuously.
- When appropriate, mask may be safely doffed for re-use.
- Discard mask only if soiled, damaged, or hard to breathe through.
- Face shield may be worn continuously while providing direct patient care to multiple patients.
- Doff face shield and discard when direct patient care tasks are completed.

OR

Mask with Integrated Visor

- Wear mask with integrated visor continuously until soiled, damaged, or hard to breathe through.
- When leaving the clinical area, mask with integrated visor must be discarded.
- Once removed for any reason, this should not be put back on.

- This PPE is required for patients on routine practices during:**
- Extubation
 - Open suctioning (e.g. "deep" insertion for naso-pharyngeal or tracheal suctioning, not inclusive of oral suction)*
 - Tracheotomy/tracheostomy procedures (insertion/removal/decannulation, not routine trach care with inner cannula change)
 - Use of mechanical cough-assist device*
 - Chest tube insertion for trauma (where air leak likely)
 - Large volume nebulizers for humidity (e.g., trach mask with cool humidity set up)*
 - Autopsy
 - Nasopharyngoscopy, laryngoscopy
 - Oral, pharyngeal, transphenoidal and airway surgeries (including thoracic surgery and tracheostomy insertion)
- *suggest avoid where possible

PPE = personal protective equipment

PPE Selection and Practice Guideline

	Patient room on routine practices	Patient room on droplet & contact precautions	This PPE is required for ALL patients during the following AGMPs: SEE LIST BELOW This PPE is required for all patients with confirmed or suspected COVID-19 during the following AGMPs: SEE LIST BELOW	The PPE is required for patients on routine practices during the following AGMPs: SEE LIST ABOVE	PPE to keep on while rounding between patients on droplet & contact precautions	Unit/nursing station	Off unit (not for patient transport)
Mask		 		 	 	 <small>If already wearing due to AGMP</small>	
Eye Protection	 	 		 	 	 <small>If already wearing</small>	 <small>Eye protection can be worn during travel to another unit for patient care</small>
Gown	As per routine practices				Change between patients		
Gloves	As per routine practices				Change between patients (perform hand hygiene)		

PPE = personal protective equipment, AGMP = aerosol-generating medical procedures, ED = emergency department, OR = operating room

PPE for Aerosol-Generating Medical Procedures (AGMP)

Consists of: N95, eye protection, gown and gloves



- Face Shield
- Fit-Tested, Seal-Checked N95
- Gloves
- Gown

Face Protection

Fit-tested, Seal-Checked N95 with Face Shield

- Wear N95 continuously until soiled, damaged, or hard to breathe through.
- Once removed for any reason, the N95 should not be put back on.
- Used N95s must be placed in hampers designated for reprocessing.

- This PPE is required for ALL patients during:**
- All Code Blues (where AGMP required e.g. cardiopulmonary arrest. Note: compressions alone is not considered an AGMP)
 - Non-invasive ventilation for duration of therapy (e.g., CPAP, BiPAP, AIRVO, Optiflow)
 - The act of intubation in all care areas
 - High frequency oscillation ventilation/jet ventilation
 - Dental work with high speed drilling
 - Bronchoscopy*
 - Induced sputum (e.g. inhalation of nebulized saline solution to liquify and produce airway secretions, not natural coughing to bring up sputum)*
- This PPE is required for ALL patients with confirmed or suspected COVID-19 during:**
- Extubation
 - Open suctioning (e.g. "deep" insertion for naso-pharyngeal or tracheal suctioning, not inclusive of oral suction)*
 - Tracheotomy/tracheostomy procedures (insertion/removal/decannulation, not routine trach care with inner cannula change)
 - Use of mechanical cough-assist device*
 - Chest tube insertion for trauma (where air leak likely)
 - Large volume nebulizers for humidity (e.g., trach mask with cool humidity set up)*
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How do I safely reuse my mask? (does not apply to N95 and Mask with Integrated Visor)

- Perform hand hygiene.
- Remove the mask using the ear loops (the front of the mask may be contaminated, so do not touch it); remove mask slowly and carefully.
- After removing mask, visually inspect for contamination or damage; if contaminated or damaged, the mask should be discarded.
- Store mask in a designated safe location (see Mask Storage Tips ➡).
- The mask may be put back on again after hands have been cleaned.

Mask Storage Tips

- Store mask with inside facing upward on clean surface.
- Hang used mask in a designated storage area.
- Keep mask in a clean, breathable container (e.g., paper bag) between uses.
 - Be sure container is labelled.
 - Storage containers should be disposed of or cleaned regularly.
- Used masks should not touch each other.

Adapted from: Centers for Disease Control and Prevention, Pandemic Planning, 2020