

# COVID-19 Update

**Date:** March 30, 2020

**To:** Everyone at HHS

**From:** Dr. Dominik Mertz, Medical Director, Infection Prevention and Control  
Kirsten Krull, VP, Quality & Performance, Chief Nursing Executive

**Subject:** **PPE Decision Making at HHS – Next Steps**

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HHS had adopted a phased approach to the use of protective masks and other PPE throughout hospital facilities.

## Alignment with provincial guidelines

HHS is closely adhering to government directions regarding the stewardship of province-wide supplies of N95 respirators and PPE. These guidelines recommend a phased approach to the use of PPE, taking into account local epidemiology and the increasing need to protect the safety of health care workers and the public while community transmission becomes more prevalent.

Our local epidemiology is lagging 1-2 weeks behind other areas such as Toronto, with currently only 70 confirmed cases in Hamilton, and community transmission becoming more prevalent rather than imported infection from international travel over the past couple of weeks.

## What's guiding our approach

The overarching principles we are applying are: staff safety, patient safety, and sustainability, i.e. working within the constraints of PPE inventories. The latter principle is key as it allows us to make sure that we cannot only optimize staff safety today, but also in the days and weeks to come given the precarious nature of supply chains.

Our approach to PPE allocation, and plans to escalate mask use, is aligned with the Ontario Health document [Personal Protective Equipment \(PPE\) use during the COVID-19 Pandemic](#) which describes a phased approach guided by the local risk assessment.

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The four phases are:

Phase 1: allocation decisions are focused on expanded PPE use in unplanned urgent and emergent care areas where disease risks pose greater likelihood.

Phase 2: allocation decisions include planned urgent or emergent care areas where disease risks pose greater likelihood and yet increased PPE use needs continued measures to conserve PPE supplies.

Phase 3: allocation decisions of increased PPE use includes all remaining clinical areas and inpatient units where disease risk is becoming wider spread in the community, including staff and physicians potentially as carriers of disease, and where PPE supply is reaching levels that can support expanded use.

Phase 4: fully expanded PPE use to include all non-clinical spaces once there is risk of wide scale spread within the community and PPE access is unencumbered.

Currently, we have fully implemented phase 1 with extended use of masks, N95 respirators and face shields in the emergency care setting including our urgent care center and our assessment center. We then spread this approach to neonatal, pediatric and adult intensive care units and will do so for our COVID-19 cohort wards.

Over the coming week we aim to complete Phase 2. In order to do so, high risk areas will be prioritized, and universal extended masking will be introduced in a staggered approach. These units have not yet been determined and discussions are ongoing about HHS priorities and alignment with procedures at neighboring hospitals.

### **What extended use means for transient staff (moving from unit to unit)**

Staff and physicians who move from unit to unit should follow the PPE protocols that apply to the area they enter.

In areas with extended use protocols of PPE, transient staff should keep wearing the same surgical mask or N95 with aerosol generating medical procedures (AGMP) until they leave that particular area. When they leave, they need to doff their equipment.

### **PPE re-use approach to be put on HOLD for now**

The emphasis for PPE conservation at HHS is extended usage of masks, N95 respirators and face shields, and there is currently no need to re-use PPE.

As a precaution, and until long-term supplies are secured, we will continue to educate staff on the re-use of PPE should it become necessary as an additional conservation measure.

More information about PPE requirements and use is available [here](#). A summary of AGMPs is also available [here](#). A user-friendly summary guide and fact sheet about PPEs will be

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released shortly. We understand how difficult it is to keep up with the various changes, seemingly mixed messages, and the principles that are behind these changes. We will continue to aim to produce guides that make this easier to follow, and provide resources and people to support coaching and help with queries.

We thank everyone for their careful attention to these changing policies, and for the continued collaboration between colleagues and with educators to follow these changes.

Dominik and Kirsten