Personal Protective Equipment (PPE) Use across TAHSN Institutions


The recommendations are as follows:

1. Droplet and contact precautions for routine care of patients with suspected or confirmed COVID-19;
   - Surgical/procedure mask
   - Isolation gown
   - Gloves
   - Eye protection (goggles or face shield)
2. Airborne, droplet and contact precautions for aerosol generating medical procedures* (see page 4 of link above) in patients with suspected or confirmed COVID-19.
   - N95 respirator (fit-tested, seal-checked)
   - Isolation gown
   - Gloves
   - Eye protection (goggles or face shield)
   - Negative pressure room, if available.

The specific type of mask, gloves, gowns and protective eyewear may vary based on what is currently available at each site. All TAHSN hospitals have PPE components that meet or exceed the minimum established safe requirements as outlined above. Please familiarize yourself with the specific PPE components and policies of your work site. Training and practice in donning and doffing of PPE is imperative, as performing these steps carefully is extremely important for your safety.

Available supply of PPE also varies across the hospitals. The Ontario government has requested that all hospitals work to conserve PPE to ensure all necessary components are available to those who need them as the number of COVID-19 cases rise. The conservation approaches being used across the sites may vary, again based on the specific types and amount of PPE a given hospital has available.

This is a time when stewardship of PPE is crucial. Everyone must do their absolute best to use PPE appropriately, as outlined above, for the safe care of suspected and confirmed COVID-19 patients. Importantly, we want to emphasize that PPE stewardship does NOT mean making PPE unavailable when it is truly needed. We wish to ensure you that you will not be asked to provide clinical care to suspected or confirmed cases without the appropriate PPE, as defined above.

* Aerosol Generating Medical Procedures: Endotracheal intubation, including during cardio-pulmonary resuscitation; Cardio-pulmonary resuscitation during airway management; Open airway suctioning; Bronchoscopy (Diagnostic or Therapeutic); Autopsy; Sputum induction (Diagnostic or Therapeutic); Non-invasive positive pressure ventilation for acute respiratory failure (CPAP, BiPAP3-5); High flow oxygen therapy