

DEPARTMENT OF FAMILIES CIRCULAR

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Alternate Program(s):

To: CLDS Shift-Staffed Residential Service Providers

Subject: PPE requirements for CLDS shift-staffed residential service providers

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 Information Only

Effective Date: Immediately

This circular clarifies the personal protective equipment (PPE) requirements for staff who work in shift-staffed residential care facilities that support Community Living disABILITY Services (CLDS) participants. It supplements the guidance in *COVID-19 2020-160 – PPE guidance for residential and group care providers, day services and day service transportation services*.

The PPE the department provides to service providers adheres to the requirements established by Shared Health and it is what is required for staff to safely provide services to individuals who reside in these facilities.

At minimum, staff must wear a medical mask and protective eye wear. However, additional PPE requirements apply in homes where a facility resident is COVID-19 suspect or a case.

COVID-19 non-suspect is a resident who does not meet the criteria for testing.

COVID-19 suspect is a resident who has been tested and the result is pending OR those who, based on clinical symptoms and/or exposure history, need to be tested for COVID-19. Exposure history includes: close contact in the last 14 days with a known COVID-19 case OR travel outside of Manitoba in the last 14 days (excluding travel to Western Canada, the Territories or Ontario west of Terrace Bay).

COVID-19 case is a resident who has been tested, has a positive test result and who has not been deemed “recovered” by Public Health or Infection Prevention and Control.

PPE Requirements:

In general, the PPE requirements for shift-staffed residential care facilities are as follows:

PPE	COVID-19 Non-Suspect	COVID-19 Suspect	COVID-19 Case
Medical Mask	Yes	Yes	Yes
N-95 Mask	No	No*	No*
Eye Protection	Yes	Yes	Yes
Gloves	Per routine practice	Per routine practice	Per routine practice
Gowns	Per routine practice	Yes	Yes

Medical masks must be worn at all times while at the facility. Extended use of the same mask for repeated interactions with multiple residents is permitted. Masks may be removed to eat, drink, etc., while maintaining physical distancing (two feet or six meters apart). Masks are discarded at the end of the shift or when they become wet or soiled.

N-95 masks* must be worn only for residents who are COVID-19 suspect or case and require assistance with [aerosol generating medical procedures \(AGMPs\)](#), including continuous positive airway pressure (CPAP) and bi-level positive airway pressure (BiPAP) machines.

Note: The department is in the process of identifying CLDS participants who use CPAP or BiPAP machines. More information about the supply of N-95 masks will be available shortly.

Eye protection must be worn at all times while at the facility. Eye frames are reusable and should be cleaned and disinfected at the end of each shift, then safely stored in a clean sealable bag. Eye lenses are discarded at the end of each shift, unless they need to be replaced during the shift due to being damaged or soiled.

Gloves must be worn per routine practice (see below for more information). Reminder: the same gloves should not be reused to provide care to more than one individual and if they become soiled or broken while caring for an individual, they should be immediately discarded, hand hygiene performed, and new gloves put on.

Gowns must be worn per routine practice (see below for more information) for COVID-19 non-suspect residents or when providing direct care to a resident who is COVID-19 suspect or case. The same gown cannot be reused to provide care to more than one individual. For disposable gowns, staff must discard their used gowns in a garbage container when they leave the room of the resident who is COVID-19 suspect or case and prior to leaving the facility. Reusable gowns should be placed in a laundry hamper separate from other clothing after caring for a resident and washed separate from other clothing in hot, soapy water before reuse.

Routine Practice

Per Shared Health's [Routine Practices Protocol](#), the following applies to gloves and gowns:

- **Gloves** are not required for care activities when contact is limited to the intact skin of the person receiving care. Gloves should only be worn in the following situations:
 - for anticipated contact with blood, body fluids, secretions, excretions, mucous membranes, draining wounds or non-intact skin (including skin lesions or rash)

- for handling items or touching surfaces visibility or potentially soiled with blood, body fluids, secretions or excretions
- while providing direct care if the user has an open cut or abrasions on the hands
- **Gowns** are required in the following situations:
 - during care activities likely to soil clothing and/or generate splashes or sprays of blood, body fluids, secretions or excretions
 - to protect uncovered skin
 - to prevent soiling of clothing

Donning/Doffing PPE

Staff must practice meticulous hand hygiene throughout their shift and when donning and doffing PPE. Please refer to Shared Health's instructional materials for [donning](#) and [doffing](#).

The continuous use of PPE during shifts is vital in lowering the risk of contracting or spreading COVID-19 and being identified as a close contact to someone who is later determined to be a COVID-19 case.

More Information

The department will continue to follow public health orders and recommendations, and guidelines established by Shared Health regarding PPE and provide updates as they become available. For more information on PPE in shift-staffed residential care facilities, please see the [Provincial PPE Requirements for Long-Term Care](#).

If you have any questions, please contact your regional program manager or regular contact at Centralized Services and Resources.

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Attachments: Letter from Dr. Roussin

c: Distribution List