

## Top 10 Questions about PPE/IPAC

December 4, 2020

The OCFP has developed this Q&A for members about PPE/IPAC. Although there is much information available on the subject, in this brief resource we are answering the most common questions we receive.

### 1. What PPE do I need to see patients in my office?

For in-office care for a patient who has **screened negative** for COVID-19, where you will be within two metres of the patient, a surgical/procedure mask, eye protection and hand hygiene are required. See the OCFP's [visual guide to PPE use](#).

### 2. What additional PPE/IPAC precautions are needed if I wanted to see a symptomatic patient for clinical examinations and/or testing for COVID-19?

If you are able to implement the Ministry of Health's [guidance](#) for community practices, you could conduct a clinical assessment and/or perform COVID-19 testing. Among the key actions: take necessary [droplet and contact precautions](#) (surgical/procedure mask, eye protection, gloves, isolation gown, hand hygiene); **isolate the patient** in a single room/area away from others; and provide the patient with a **surgical/procedure mask** if they don't already have one.

The OCFP's [Considerations for In-person Visits](#) document has additional information on managing patients who screen positive for febrile illness.

### 3. Does the ministry provide community-based family physicians with access to PPE?

Yes. Community-based family physicians whose PPE needs are not currently being met through the commercial market are eligible to receive PPE at no cost through the province's pandemic supply. The request form specifies that it is for emergency use, but you do not need to wait until your stock is depleted prior to submitting a request.

More information is available [here](#) and also described in this [FAQ](#) – including a list of regional contacts to help and instructions for completing the request form.

### 4. When do I need to use a gown?

A gown is required if you will have interaction **within two metres of a patient who screens positive** for COVID-19, so that droplet and contact precautions are necessary. See the information in the OCFP's [visual guide to PPE use](#).

### 5. What kind of surface cleaning is necessary?

Surface cleaning is required between patients for treatment areas within two metres of the patient, including all horizontal surfaces (e.g. desk, chair arms) and equipment used on the patient (e.g. exam table, thermometer, BP cuff). High-touch surfaces (e.g. doorknobs, elevator buttons, light switches) are cleaned and disinfected at least daily, more frequently if the risk of environmental contamination is higher, or if visibly soiled.

Public Health Ontario offers a comprehensive [guide to infection prevention and control](#) in healthcare settings, and you can also find details in this [two-page overview](#) from B.C.'s Centre for Disease Control/Ministry of Health.



## 6. Should our patients be wearing two- or three-layer masks?

The Public Health Agency of Canada now recommends that patients use a [three-layer mask](#) rather than a two-layer mask, although there is no clinical evidence comparing two- and three-layer masks. Primary care offices should ensure patients are wearing a mask in their offices; either two- or three-layer cloth masks are acceptable. Healthcare workers should continue to wear a surgical mask and eye protection with additional PPE as appropriate for the situation.

## 7. Does the fact that we know there is aerosol (airborne) spread mean a change in protocols for PPE/IPAC?

No, not at this time. There is agreement that some degree of aerosol is produced through activities like talking or coughing. However, this has not been clearly shown to be an important mode of transmission, and specifically not in reasonably ventilated, non-crowded spaces. Transmission remains primarily through droplets and contact. Currently, public health organizations are not suggesting changes to PPE or IPAC practices in offices. From a practical point of view, it is a reminder that we may want to look at optimizing ventilation and keep people in the office for as short a time as possible.

We will keep our eyes open for updates from public health organizations nationally and provincially.

## 8. What is the evidence for cleaning surfaces?

Surfaces can be contaminated with virus and potentially transmitted by direct or indirect contact with objects or surfaces. However, this is not considered a significant mode of transmission for COVID-19; this article from The Lancet provides a [summary of the issues](#). For recommendations for routine cleaning of surfaces and equipment in between patients, see Question 5.

## 9. How do I know the surgical masks I bought are genuine surgical masks?

Surgical masks are classified as Class I medical devices by Health Canada. Approved surgical masks are noted on the [Health Canada list](#).

## 10. Should I purchase a portable air cleaner for my office?

If general ventilation is inadequate for aerosol generating medical procedures<sup>1</sup>, and you conduct those procedures in your office, a portable air cleaner is recommended. See Question 7 about aerosol spread.

If you want to purchase one, here are some parameters to consider:

- capacity of the fan – will the CFM (i.e., how much air a fan moves) cover the square footage?
- noise from the unit – will it interfere with auscultation?
- does it have a HEPA filter?
- UVC disinfection would also be helpful.

*The OCFP is grateful to Dr. Sidney Siu, Occupational Medicine physician and a Certified Industrial Hygienist, for his valuable contributions to this document.*

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<sup>1</sup> [Public Health Ontario](#) (p.4 under Engineering Control) and the [Royal College of Dental Surgeons of Ontario](#) (p.16-17) recommend a portable air cleaner if general ventilation is inadequate for aerosol generating procedures.