

WRHA COVID-19: Considerations in the Use and Installation of Sneezeguards/ Plexiglass

Physical Barriers

Where physical distancing of at least 2 metres (m) is not possible, physical barriers are an appropriate engineering control. These barriers must still allow for work and communication to occur. Additionally, these barriers must be cleaned and disinfected frequently and not create an additional infection or safety hazard.

Primarily these barriers can be employed successfully at administrative, reception, and triage areas, often negating the requirement for staff to wear PPE in these situations. Refer to the latest PPE requirements including reception/administrative areas at: <https://sharedhealthmb.ca/files/ppe-provincial-requirements-admin-reception.pdf> or <https://sharedhealthmb.ca/files/covid-19-provincial-ppe-requirements.pdf>

There may be other appropriate locations to place such a barrier as well. Consider the following questions in designing/ placing a physical barrier:

1. What is the purpose of the barrier?
 - a) Is the guard for infectious disease protection only or physical/security barrier as well (dictates the thickness of material/strength of design)?
 - i. If only an infectious barrier - can an appropriate barrier/distance be achieved by creating a distance from the patient/resident/client to the staff (e.g. physical modification to counter depths)?
 1. The location of the hole(s) should also not create a direct path for droplets to move and also not create a situation where the barrier becomes quickly and obviously contaminated.
 - ii. If there have been past issues with physical threats, the barrier should minimally be hard mounted to the table. If there is a high risk of people jumping the counter, a barrier made of break-proof material or material that shatters (e.g. tempered glass) into small pieces only (not a threat/ edge weapon).
 - b) Is privacy required (i.e. clear versus opaque barrier)? Consider the surrounding environment and balancing achieving a barrier with appropriate consideration of patient/resident/client personal, private information.
 - i. If considering an intercom, note it is another high tough surface that would require cleaning and disinfection between contact (or contact with clean hands). Additionally, hands-free intercoms won't provide information privacy.
2. Is physical contact with the patient/resident/client required (e.g. take vital signs)? Is the patient/resident/client required to pass documents or information back/forth? Consider these for the size of the opening required.

Other factors which must be considered include the accessibility needs of the patient/resident/client when presented with a physical barrier.

Other Infection Prevention and Control (IPC) considerations:

- IPC does not need to review each situation for installation of plexiglass.
- Assess resources and process required to disinfect surfaces, including placement of wipes and hand sanitizer in the area.

Logistics/ Procurement:

Glenn Komus, Senior Procurement Coordinator, is the lead contact for all plexiglass requests at gkomus@wrha.mb.ca or 204-926-3749.

Finance/ Cost:

All related costs to the use and installation of plexiglass must be charged to the COVID-19 cost centre assigned to your site/ sector.