

CURRENT PPE POLICY (last updated 11/18/20, Infectious Disease)

N95s are only to be worn when caring for COVID and COVID suspect patients and during aerosol generating procedures for non-COVID patients; please continue to wear surgical or KN masks upon entry to the hospital and during all interactions with patients and staff.

Universal In-Hospital mask policy: Staff

All staff will be issued one surgical or KN mask (depending on preference) upon entry to the hospital. This mask should be worn in all patient care areas and all non-clinical areas. Masks may be removed while eating and drinking as long as you are at least 6 feet from all other staff and patients.

- When not wearing the mask, it should be kept away from high touch surfaces – using a brown paper bag or clean paper towels are better than a common table or desk.
- While donning and doffing the mask, avoid touching the front panel; use the elastic straps and edges of the mask as much as possible.
- If at any point the mask becomes visibly soiled or wet, discard and replace with a new mask.

Universal In-Hospital mask policy: Patients

Every hospital visitor and patient will be issued a surgical or procedural face mask for use on a daily basis. This mask should be worn by the patient whenever the patient is anticipated to have a prolonged encounter with a provider (i.e. meeting for ≥ 15 minutes within a distance of 6 feet), whenever a patient's roommate is undergoing an aerosol generating procedure and for 1 hour after completion of the procedure, or if the patient leaves the room for any reason.

[Patient Educational FAQ](#) on masks

Standard Precautions PLUS: Non-COVID patients and patients in Ambulatory Clinics

- Surgical or KN mask and eye protection (goggles or reusable hard face shield/disposable face shield) OR pre-attached surgical mask and face shield, and gloves.
- In addition to the above, gown can be used if splash or gross contamination with body fluids is anticipated
- For **all** inpatients receiving **aerosol generating procedures**, an N95 should be worn by any staff in the room during the procedure and for 1 hour after completion of the procedure (designated by sign placed on door)

N95 Respirator Conservation Statement and Guidance

N95 respirators represent an element of our PPE that is in critically short supply. As continuous efforts to obtain additional supply are ongoing, it is essential that all staff make every effort to conserve our current supply through careful limited reuse. Detailed description and guidance on each of these strategies is available below

- Limited Reuse of N95 Respirators
 - Each staff member caring for COVID-19 positive and COVID-19 suspect patients will receive one N95 respirator at beginning of shift
 - In between uses, place N95 in Tupperware container for storage with exterior surface face down, as demonstrated on video. Discard N95 at the end of your shift.

- Avoid handling N95 by exterior surface, handle by elastic and edges of mask as much as possible
- Perform frequent hand hygiene, particularly before and after handling the mask
- If sequential rounding is performed for a cohort of suspect and/or confirmed COVID-19 patients, recommend extended use of N95 respirator (i.e. leave on while rounding and after rounding is complete, remove and place N95 in Tupperware for continued limited reuse).
- At the end of shift, remove and discard N95.

Description and Definitions of Isolation Precautions

- Enhanced precautions (contact + droplet + airborne)
 - Conditions: COVID positive or suspect patients likely to require the following aerosol generating procedures:
 - Airway suctioning without inline suction
 - Autopsy, if oscillating bone saws are used
 - Bronchoscopy
 - Dental procedures with high speed drilling
 - Endotracheal tube repositioning with break of closed loop ventilation system
 - ENT, transphenoidal and airway procedures, therapeutic
 - Extubation
 - High flow oxygen by nasal cannula >15L (or Vapotherm device for pediatrics)
 - High frequency oscillatory ventilation
 - Intubation
 - Manual ventilation (e.g., prior to intubation, as part of CPR, during ECT)
 - Nebulizer treatments (including Aerogen, Veletri)
 - Noninvasive positive pressure ventilation (CPAP, BiPAP)
 - Sputum induction
 - Tracheostomy (including trach manipulation/trach change/ trach humidification)

**Note that ongoing care of an already intubated and ventilated patient is not a specified condition*

- Environment: negative-pressure room when available or private room with door closed

➤ Contact + Droplet Precautions

- Conditions: COVID positive or suspect patients not likely to require any of the specified conditions for Enhanced precautions and **not** likely to require highly aerosolizing procedures
- Environment: room located in geographically-designated COVID care area
- Cohorting: **confirmed positive** patients can be cohorted if space requires.

PPE Use Policy

- PPE for COVID-19 positive or COVID-19 suspect patients
 - Gloves, gown, N95 respirator (PAPRs for those with facial hair or those unable to be fit tested), and eye protection (goggles or reusable hard face shield/disposable face shield), and second pair of gloves. If prolonged or heavy fluid contact, use plastic backed, fluid proof gown.
 - All staff wearing N95s should practice **limited reuse**. One N95 respirator will be issued per shift and in between uses is to be kept in Tupperware container. At the end of the shift, the N95 should be discarded

- When N95 not in use between patient encounters, surgical or KN mask should be continuously worn throughout the shift, as per **universal mask in hospital** policy. Discard and obtain a new mask if visibly soiled or wet.
- If sequential rounding is performed for a cohort of suspect and/or confirmed COVID-19 patients, recommend extended use of N95 respirator (i.e. leave on while rounding and after rounding is complete, remove and place N95 in Tupperware for continued **limited reuse**).
- All other elements of PPE MUST be disposed of before exiting patient room with the exception of reusable face shields (which should be removed and disinfected per manufacturer protocol with hospital approved germicide).
- Refer to Donning and Doffing videos for specific PPE instructions
<https://hub.bmc.org/covid#covidppe>

➤ ILI/tent

- Gloves, gown, N95 respirator (PAPRs for those with facial hair or those unable to be fit tested), and eye protection (goggles or reusable hard face shield/disposable face shield), and second pair of gloves.
- PPE can be maintained between patient evaluations for the duration of the healthcare worker's shift, with the exception of outer layer of gloves, which MUST be replaced between patients. Any visible soiling or contamination of PPE warrants removal and replacement of all PPE prior to the next patient encounter.
- Following completion of shift, N95 should be discarded.
- All other elements of PPE MUST be disposed of by the end of the healthcare worker's shift with the exception of reusable face shields (which should be removed and disinfected per manufacturer protocol with hospital approved germicide).
- Collection area should be separated by at least 6 feet from where patients are waiting; preferable to perform specimen collection in a separate room with the door closed.

➤ Non-COVID patients(Standard Precautions PLUS)

- COVID negative patients
 - Surgical or KN mask and eye protection (goggles or reusable hard face shield/disposable face shield) OR pre-attached surgical mask and face shield, and gloves
 - N95 and eye protection should be worn during all aerosol generating procedures and for 1 hour after completion of procedure)
 - In addition to the above, gown can be used if splash or gross contamination with body fluids is anticipated
 - Surgical or KN mask should be continuously worn throughout the shift, as per **universal mask in hospital** policy. Discard and obtain a new mask if visibly soiled or wet.
 - All other elements of PPE MUST be disposed of before exiting patient room with the exception of reusable face shields (which should be removed and disinfected per manufacturer protocol)

➤ Ambulatory

- Surgical or KN mask and eye protection (goggles or face shield) OR pre-attached surgical mask and face shield, and gloves
- N95 and eye protection should be worn during all aerosol generating procedures
- In addition to the above, gown can be used if splash or gross contamination with body fluids is anticipated

- Surgical or KN mask should be continuously worn throughout the shift, as per **universal mask in hospital** policy. Discard and obtain a new mask if visibly soiled or wet.
- All other elements of PPE MUST be disposed of before exiting patient room with the exception of reusable face shields (which should be removed and disinfected per manufacturer protocol).
- Do not recommend obtaining NP/OP swabs in clinic; these can be obtained in ILI/tent or ED.(Is this still true?)
- Refer to Ambulatory Clinic Recommendations for Testing & PPE for specific procedures that may require N95s https://hub.bmc.org/sites/default/files/docs/2020-08/Ambulatory%20Clinic%20Recommendations%20for%20Testing%20and%20PPE_8.28.20_0.pdf