CORONAVIRUS COVID-19 PPE

The correct PPE to use is:
1. Isolation Gown
2. Nose/Mouth Protection
3. Eye Protection
4. Nonsterile disposable gloves

Note: You may have seen images in the news and be confused about what kind of PPE is recommended for Health Care Providers. Those people were in hazmat suits because they were dealing with 100's of thousands of potentially infected people and were in the epicenter of the outbreak.

In order to conserve supplies this document outlines how to reuse an N95 mask. One single mask should be used per Team Member for a shift regardless of the hours in that shift. There are some instances that an N95 MUST be used and used for only 1 time, the last page outlines these circumstances.

Precautions
Based on what is currently known about COVID-19 and what is known about other coronaviruses, spread is thought to occur mostly from person-to-person via respiratory droplets among close contacts. Use Standard Precautions, Contact Precautions, Droplet Precautions and eye protection when caring for patients with confirmed or possible COVID-19. Although Contact/Droplet precautions traditionally mean we would use a procedural mask, we are utilizing N95s due to their durability to maintain integrity with repeated use. This will allow us to preserve supplies of procedural masks.

Donning and Doffing
Adding or altering the recommended PPE will not give you “additional protection”. In fact, it can put you more at risk by increasing the potential for inappropriately removing and inadvertently contaminating yourself.

DO NOT:
- Tape gloves at the wrist to the gown
- Put a surgical mask over N95
- Wear 2 gowns on top of each other
- Double glove 2 nonsterile gloves

Training
Click this link or scan the code to view a 5-minute video on how to correctly don and doff while reusing an N95 mask.

* Equipment may vary between sites, but the process is the same

Please visit these resources for more information on COVID-19
COVID-19 Coronavirus Toolkit (IL) COVID-19 Coronavirus Toolkit (WI)

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**COVID-19 Donning of PPE with N95 Respirator Reuse**

**Respirator Reuse is for COVID-19 positive patients or Patients Under Investigation in Acute Care Setting only**

<table>
<thead>
<tr>
<th>Step</th>
<th>Task</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Collect supplies including your designated N95 respirator</td>
<td>If caring for COVID-19 patients, you will receive one N95 respirator for each shift. It should be placed in a storage bag with your name and the current date written on it. When N95 is in use, the bag must stay outside of the room on a unit designated area (ex: isolation cart outside of patient room/nurse server).</td>
</tr>
<tr>
<td>2</td>
<td>Perform Hand Hygiene</td>
<td>Wash hands with soap and water or use an alcohol-based hand sanitizer</td>
</tr>
<tr>
<td>3</td>
<td>Apply Gown</td>
<td>• Slip gown over head&lt;br&gt;• Place arms into sleeves&lt;br&gt;• Place thumb through loop&lt;br&gt;• Fasten ties behind back</td>
</tr>
<tr>
<td>4</td>
<td>Don non-sterile gloves</td>
<td>Extend to cover wrist of isolation gown</td>
</tr>
<tr>
<td>5</td>
<td>Don N95 Respirator</td>
<td>• Remove from bag&lt;br&gt;• Check integrity of mask (i.e. not wet, torn, ripped)&lt;br&gt;• If damaged proceed to get a new mask&lt;br&gt;• With dominant hand - place mask on face ensuring that it fits below chin&lt;br&gt;• Using you non-dominant hand secure the elastic bands at middle of head and neck&lt;br&gt;• Now using both hands, fit the flexible band to nose bridge – caution that you are not physically touching your face</td>
</tr>
<tr>
<td>6</td>
<td>Remove non-sterile gloves</td>
<td>• Your hands are now contaminated, and you will need to remove your gloves.&lt;br&gt;• Using a gloved hand, grasp the palm areas of the other gloved hand and peel off the first glove&lt;br&gt;• Hold removed glove in gloved hand&lt;br&gt;• Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over the first glove&lt;br&gt;• Discard gloves</td>
</tr>
<tr>
<td>7</td>
<td>Perform Hand Hygiene</td>
<td>Wash hands with soap and water or use an alcohol-based hand sanitizer</td>
</tr>
<tr>
<td>8</td>
<td>Don new non-sterile gloves</td>
<td>Extend to cover wrist of isolation gown</td>
</tr>
<tr>
<td>9</td>
<td>Don Eye Protection</td>
<td>• Place over face and eyes and adjust to fit&lt;br&gt;• If glasses have cleaning residue and appear foggy, they may be cleared off with an alcohol pad.</td>
</tr>
</tbody>
</table>

**Enter Room**

If gloves become contaminated while in room, use standard precautions to remove gloves, clean hands and re-glove.

*These are examples of eye protection, use what is supplied at your site*
# COVID-19 Doffing of PPE with N95 Respirator Reuse

**Respirator Reuse is for COVID 19 positive patients or Patients Under Investigation in Acute Care Setting only**

Greyed out boxes indicate extra steps for reusing N95

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
<th>Instructions</th>
</tr>
</thead>
</table>
| 1 | Remove Gown and Gloves | - Grasp the gown in the front and pull away from your body so that the ties break. Note: Touch the outside of the gown only with gloved hands  
- While removing the gown, fold or roll the gown inside-out into a bundle  
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with bare hands  
- Dispose of gown & gloves in waste container |
| 2 | Perform Hand Hygiene | Wash hands with soap and water or use an alcohol-based hand sanitizer |
| 3 | Don non-sterile gloves | These gloves are to protect your hands from disinfectant used to clean eye protection in next step |
| 4 | Remove & Clean Eye Protection | - Remove eye protection, without touching front.  
- Do not set down before fully cleaning  
- If the eye protection is reusable disinfect them using approved disinfectant wipe. If cloudy use alcohol pad to clear. Allow to air dry.  
*These are examples of eye protection, use what is supplied at your site* |
| 5 | Remove non-sterile gloves | - Using a gloved hand, grasp the palm areas of the other gloved hand and peel off the first glove  
- Hold removed glove in gloved hand  
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over the first glove  
- Discard gloves |
| 6 | Perform Hand Hygiene | Wash hands with soap and water or use an alcohol-based hand sanitizer |
| 7 | Remove N95 Respirator | - Grasp bottom elastics of the respirator and pull over head, then the top elastics.  
- **Remove without touching the front of the mask.**  
- Check integrity of mask holding the bands  
- Place directly in storage bag  
- Do not fold mask and do not set down on a surface area outside of bag at any time |
| 8 | Perform Hand Hygiene | Wash hands with soap and water or use an alcohol-based hand sanitizer |
| 9 | Place supplies in designated storage area | Check with your site on where these reusable supplies should be stored when you are not entering patient rooms |

If your hands get contaminated at any time during PPE removal, immediately wash hands or use alcohol-based hand sanitizer.

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When to discard an N95

While it is vitally important to conserve our supply by reusing our N95s there are some times that it becomes important to discard the mask due to significant chance for contamination. These circumstances below should be cause for discard a respirator and to secure a new unused respirator.

- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions. (example: a patient that has both COVID-19 and C. diff combined.)
- Discard N95 respirators following use during aerosol generating procedures:
  - Endotracheal intubation & extubation (place a HEPA filter between the Y-piece of the breathing circuit and the patient’s endotracheal tube, mask, or LMA)
  - High frequency oscillatory ventilation
  - Bronchoscopy and bronchoalveolar lavage
  - Laryngoscopy – always use video laryngoscope
  - Positive pressure ventilation (BiPAP/ CPAP and high flow O2) - place a HEPA filter between the Y-piece of the breathing circuit and the patient’s endotracheal tube, mask, or LMA
  - Autopsy of lung tissue
  - Nasopharyngeal washing, aspirate, and scoping
  - Sputum induction – avoid if possible
  - Breaking closed ventilation system, intentionally (e.g., open suctioning), unintentionally (e.g., patient movement) – always try to use a closed suction system
  - Cardio-pulmonary resuscitation (CPR)
  - Tracheostomy care
  - Nebulizer therapy

References

The content of these document is based on CDC, OSHA, and NIOSH guidelines/standards/recommendations. It was created in collaboration with System Infection Prevention, Sourcing and Supply Chain and System Nursing Clinical Education.

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Health Care Settings – CDC

Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings - NIOSH

Updated 3.16.2020

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