## Personal Protective Equipment Resource Guide

**Extended use or Reuse N95**: Team members/Clinician are to place any used N95s in designated collection bins on Tuesday and Fridays for decontamination. If mask is visibly soiled or damaged, discard.

**Procedure Mask Extended Use**: Wear procedure mask for entire shift, unless the mask becomes visibly soiled, wet or damaged.

**Thermometer Dependent**: Infrared Temporal and tympanic thermometers require gloves and should be changed if contaminated by mucus membranes. UV thermometers do not require gloves as they do not come in direct contact.

**See resource document - AAH aerosol generating procedures, in the absence of Preprocedural testing, appropriate PPE & air exchanges between patients should be followed.**

**Isolation Gown for Extended Use**: When caring for multiple COVID patients, extended use gown may be used. If COVID+, Non-COVID/PUI are unable to be separated, use single use gown.

**CDC Guidelines**: Put on an N95 respirator or facemask (if a respirator is not available) before entry into the patient room or care area, if not already wearing one as part of extended use or reuse strategies to optimize PPE supply.

**Eye Protection**: Worn for all patient facing encounters and includes various types in use: eye shield, goggles or face shield. Non-patient facing team members, eye protection is optional. Full face shield is worn when performing AGP to protect N95.

**Hospitalized Patients**: Require patient masking when healthcare providers are present in room and when ambulating outside of room. (Personal cloth or offer provide daily procedure mask)

**See Desolation Criteria**

**Place in private room w/door closed, (Neg pressure room, if available, but not required.)**

### Table

<table>
<thead>
<tr>
<th>Who</th>
<th>Location</th>
<th>Patient status</th>
<th>Isolation Type</th>
<th>Mask &amp; Eye Protection (when indicated)</th>
<th>Gown</th>
<th>Gloves</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Visitor PPE</td>
<td>Acute Care and/or Outpatient</td>
<td>N/A</td>
<td>Standard Precautions</td>
<td>May wear personal mask or be given a mask for universal masking protocol</td>
<td>N/A</td>
<td>Single use gloves</td>
</tr>
<tr>
<td>Team Members PPE</td>
<td>Acute Care and/or Outpatient</td>
<td>Unknown status</td>
<td>Airborne/Contact when performing AGP</td>
<td>Universal masking protocol &amp; Eye Protection for all patient facing Team Members</td>
<td>Single use or extended use</td>
<td>N/A</td>
</tr>
<tr>
<td>Team Members PPE</td>
<td>Acute Care Settings, Including ED</td>
<td>Unknown Status</td>
<td>Airborne/Contact when performing AGP</td>
<td>N95</td>
<td>Single use gloves</td>
<td></td>
</tr>
<tr>
<td>Team Member PPE</td>
<td>Ambulatory Clinic and ASC</td>
<td>Unknown Status</td>
<td>Airborne/Contact when performing AGP</td>
<td>N95</td>
<td>Single use gloves</td>
<td></td>
</tr>
<tr>
<td>Team Member PPE</td>
<td>AAH defined AGP</td>
<td>Unknown Status</td>
<td>Airborne/Contact when performing AGP</td>
<td>N95</td>
<td>Single use gloves</td>
<td></td>
</tr>
<tr>
<td>Team Member PPE</td>
<td>Emergency Room Modified/URI Drive through Testing</td>
<td>Unknown Status</td>
<td>Airborne/Contact when performing AGP</td>
<td>N95</td>
<td>Single use gloves</td>
<td></td>
</tr>
<tr>
<td>Team Member PPE</td>
<td>Patient/Visitor Screener/Registration</td>
<td>Unknown status</td>
<td>Standard Precautions</td>
<td>Universal masking protocol &amp; Eye Protection for all patient facing Team Members</td>
<td>Standard precautions</td>
<td>Thermometer Dependent</td>
</tr>
</tbody>
</table>

1. **Extended use or Reuse N95**: Team members/Clinician are to place any used N95s in designated collection bins on Tuesday and Fridays for decontamination. If mask is visibly soiled or damaged, discard.
2. **Procedure Mask Extended Use**: Wear procedure mask for entire shift, unless the mask becomes visibly soiled, wet or damaged.
3. **Thermometer Dependent**: Infrared Temporal and tympanic thermometers require gloves and should be changed if contaminated by mucus membranes. UV thermometers do not require gloves as they do not come in direct contact.
4. **See resource document - AAH aerosol generating procedures, in the absence of Preprocedural testing, appropriate PPE & air exchanges between patients should be followed.**
5. **Isolation Gown for Extended Use**: When caring for multiple COVID patients, extended use gown may be used. If COVID+, Non-COVID/PUI are unable to be separated, use single use gown.
6. **CDC Guidelines**: Put on an N95 respirator or facemask (if a respirator is not available) before entry into the patient room or care area, if not already wearing one as part of extended use or reuse strategies to optimize PPE supply.
7. **Eye Protection**: Worn for all patient facing encounters and includes various types in use: eye shield, goggles or face shield. Non-patient facing team members, eye protection is optional. Full face shield is worn when performing AGP to protect N95.
8. **Hospitalized Patients**: Require patient masking when healthcare providers are present in room and when ambulating outside of room. (Personal cloth or offer provide daily procedure mask)
9. **See Desolation Criteria**
10. **Place in private room w/door closed, (Neg pressure room, if available, but not required.)**
PPE Guiding Principles

CDC’s optimization strategies for PPE offer options for conservation when PPE supplies are stressed, running low, or absent. Contingency strategies can help conserve PPE supplies when shortages are anticipated, for example if facilities have sufficient supplies now but may run out. Crisis strategies can be considered during severe PPE shortages and should be used with the contingency options to help preserve available supplies for the most critical needs.

AAH Contingency and Crisis strategies included the following measures:

- Modified Visitor Policy
- Limit to only urgent or emergent surgeries/procedures
- Use of N-95 for reuse and extended use, to conserve shortage of procedure masks
- Reusable eye protection (goggles)

As supply chain was able to procure additional procedure masks we shifted our strategy to conserve our N-95’s

- Universal Masking for all team members and visitor/patients in all AAH facilities
- Use of procedure mask with face shield utilizing extended use principle
- Prioritize N95 respirator usage; when performing or present for an aerosol generating procedure (AGP)
- Partnered with Battelle to decontaminate N-95 to conserve our current supply

Additional modifications

- Universal eye protection for patient facing team members
- Inpatient masking in room and during ambulation (if no contraindications)

Advocate Aurora’s PPE Standards Committee meets frequently to review safety protocol, supply inventory, and review team member concerns to ensure AAH always maintains the highest level of safety standards in alignment with CDC guidelines. The PPE Standards Committee has multiple representatives, including: Nursing Leadership, Infection Prevention, Infectious Disease Physicians, Employee/Occupational health, Education, and Supply Chain.
Definitions

Standard precautions may include gown/gloves/eye protection based on direct care that is being provided.

Team Member reference includes providers/clinicians

Eye Protection=Reusable, clean with approved disinfectant wipe or soap & water and only replace when damaged, broken or unusable

Frequently Asked Questions

If a patient testing negative or previously positive and meeting the deisolation criteria, do I need to wear an N-95?
No, TM/provider should use universal mask & eye protection

In the absence of testing, N95 respirators and eye protection must be worn when conducting an AGP on any patient with unknown COVID-19 status. Face shields are the preferred eye protection in order to extend the use of N95
Personal Protective Equipment
Resource Guide

Frequently Asked Questions

On the resource grid, what is meant by Standard Precaution?

• Wash hands after contact with blood, body fluids, secretions, excretions, and contaminated objects whether or not gloves are worn.
• Wear clean gloves when touching blood, body fluids, secretions, excretions, and contaminated items (i.e. soiled gowns).
• Wear a mask, eye protection, or a face shield if splashes or sprays of blood, body fluids, secretions, excretions can be expected.
• Wear a clean, non-sterile gown if patient case is likely to result in splashes or sprays of blood, body fluids, secretions, or excretions. The gown is intended to protect clothing.
• Handle patient care equipment that is soiled with blood, body fluids, secretions, or excretions carefully to prevent the transfer of microorganisms to others and to the environment.
• Handle, transport, and process linen that is soiled with blood, body fluids, secretions, or excretions in a manner to prevent contamination of clothing and the transfer of microorganisms to others and to the environment.
• Prevent injuries from used equipment, i.e. scalpels or needles, and place in puncture-resistant containers.

Can I wear my own N-95?
If you are performing an aerosol generating procedure on COVID-19 patient at Advocate Aurora, you need to wear an Advocate Aurora approved and fit tested N-95 mask. If you choose to wear your own N-95 mask, we will not be providing fit testing and the mask will essentially function as a procedure mask.

Are TM allowed to wear one-way value masks?
No, respirators with a one-way value are prohibited, based on the CDC guidance, as they may not provide adequate source control or TM protection.

How long can I reuse my N-95 mask?
Team Members should not be wearing the same N-95 for “weeks”, in alignment with our re-sterilization program the N-95’s should be deposited in the resterilization boxes on Tues/Fri, with the frequency of changing every 3-4 days or when visibly soiled, wet or damaged.

Use of the face shield can extend the life of the N-95, as it provides a barrier against droplet splash contamination or inadvertent touching of face by the team member.

Per CDC guidance, “there is no way of determining the maximum possible number of safe reuses for an N95 respirator as a generic number to be applied in all cases. Safe N95 reuse is affected by a number of variables that impact respirator function and contamination over time”.

For hospitalized patients - is there some scripting that can be used to ask them to wear a procedure mask, in the presence of team members providing care? Yes, example: “Mr. or Mrs. Jones, I am going to be entering your room to take your blood pressure, so I’d like to request that you put on the face mask that’s in your room or I would be happy to provide one for you to wear.”

If a patient does not have a cloth or procedure mask can I provide them with one? Yes, patients can be provided a clean daily mask to wear.

Are there any contraindications we should be aware of before providing a mask?
Face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

Can I wear my procedure mask in and out of isolation and non-isolation rooms throughout the day no matter what the isolation, not including airborne?
Yes – Utilizing the CDC universal masking, employees can utilize face shields to cover their mask while in a patient room. The face shields will help protect the mask from any splashes or sprays from the patient. It will also help as a reminder to not touch the mask with your hands. Touching the mask and not performing hand hygiene can cause cross contamination to the patient and employee.
Frequently Asked Questions

Can I wear my N95 for TB and other Airborne organisms with other patients?
Yes – Follow the principles defined in the extended use-reuse guidelines. During PPE shortage employees can utilize face shields to cover their mask while in a patient room. The face shields will help protect the mask from any splashes or sprays from the patient. It will also help as a reminder to not touch the mask with your hands. Touching the mask and not performing hand hygiene can cause cross contamination to the patient and employee. Face shields must be cleaned every time when leaving the patients room.

Why did the IL & WI Departments of Public Health change isolation precaution requirements from airborne/contact to droplet/contact?
When a novel infectious disease occurs the highest level of isolation is implemented until the mode of transmission is identified.

What is the appropriate room signage for a confirmed COVID-19 patient?
Use the COVID-19 Isolation Sign found on the Advocate Aurora Health COVID-19 Information Center, specific to setting (i.e. Acute Care vs Outpatient) which reads “Droplet & Contact Precautions + Eye Protection” or Airborne/Contact + Eye protection.

Are procedure masks appropriate to wear in caring for COVID-19 PUI or Confirmed patients?
Yes, Procedure mask are appropriate to use in caring for a COVID-19 PUI or confirmed patient, unless an aerosol generating procedure (AGP) is being performed. N-95 should be worn when performing a aerosol generating procedure.

What type of mask should be used when caring for a suspected or confirmed COVID-19 patient receiving an aerosol generating procedure (AGP)? N-95 mask should be used. Team member who have never been fit tested should contact Employee Health for just in time FIT test.

Can N95 masks be reused after caring for a confirmed COVID-19 patient with an aerosol generating procedure?
Yes, if the N95 was worn along with a face shield it can follow the extended use principle.

Can N95 mask and face shield travel with a provider to another site?
Yes, if properly handled and stored in a paper bag for use, unless visibly soiled, wet or damaged.

What type of PPE is needed for team members caring for COVID-19 suspected or confirmed patients in diagnostic and therapeutic areas?
Receiving team member must wear a procedure mask, reusable eye protection and gloves. Gown is needed when providing direct patient contact.

What is the difference between level 1, 2, and 3 procedure/exam masks?
All exam masks, regardless of level, have a ≥95% Bacterial Filtration Efficiency rating and are appropriate to use in patient care. Please ensure you are following the PPE Resource Guide for appropriate donning of procedure/exam masks.
Frequently Asked Questions

On Acute Care & ED COVID units, ED overflow tents and URI sites, who are using extended use, how do we manage our PPE during break and lunch periods?
Faceshield should be cleaned and disinfected with disinfectant wipe or soap and water and properly stored. Procedure mask, gowns should follow PPE resource guidance and Eye Protection FAQ.

How are providers receiving PPE updates and information regarding COVID-19 updates?
Providers receive regular system-based updates. The Advocate Aurora Health COVID-19 Information Center is available to providers as a helpful resource for real-time updates.

Shaving of beards for PPE effectiveness
When caring for patients during aerosolizing generating procedures, a fit tested N95 or PAPR is required. Due to a lower inventory of PAPRs we need more team members to utilize N95s and face shields for these aerosolizing procedures. Beards and facial hair can prevent proper fitting and sealing of N95 masks. We are requesting that team members shave their beard and facial hair in order to be properly fitted for a N95 mask. Team members who have questions or who are requesting an accommodation should contact their AARC:

In WI by calling 262-957-8300 or by opening a case online through My HR Navigator
In IL by calling 847-685-1447 or by opening a case online through Self Service

Is double gloving required when caring for patients with confirmed COVID-19?
No. Double gloving is not required. The virus is susceptible to soap and water and hand sanitizer. Proper hand hygiene must be performed using the appropriate technique before donning and doffing gloves.
DO NOT DOUBLE GLOVE

Is wearing a surgical mask over a N95 mask required to better protect the N95 mask?
No. Double masking is not required. N95 masks should be donned and doffed using the current guideline to decrease contamination.
DO NOT DOUBLE MASK

Can donning and doffing PPE be completed in the patient room?
There is a sequence to donning and doffing PPE inside AND outside the patient room. Refer to COVID-19 PPE Donning and Doffing with Reusing N95 education for more information.
Frequently Asked Questions

What can be done to protect yourself from those carrying the virus but asymptomatic?
If the carriers are asymptomatic, the risk of transmission is low, PPE, hand hygiene and avoid face touching can minimize risk.

Why are health care providers at other institutions sometimes shown in full protective gear, including hazmat suits.
The virus is thought to be transmitted by contact and droplet mechanisms. Gown, gloves, mask and eye protection along with proper hand hygiene provides protection against the virus. A hazmat suit or other full coverage PPE is not recommended by the CDC.

How long does the virus survive on surfaces?
It is not certain how long the virus survives on surfaces, but it behaves similar to other coronaviruses. Studies suggest that coronaviruses may persist on surfaces for a few hours to several days such that good hand hygiene remains your best protection.

Do gloves need to be cleaned with soap and water or hand sanitizer?
No. The virus is not a resistant organism like Ebola. Proper hand hygiene must occur when donning and doffing gloves. Only one pair of gloves are used, and the gloves do not need to be cleaned.

Are hair covers and shoe covers required when caring for patients with confirmed COVID-19?
No. The CDC does not require hair covers and shoe covers. The spread of COVID-19 is transmitted through droplet and contact mechanisms. Team members hair and shoes should not touch there patient; therefore, there is not a need to offer protection.

What happens if the supplies listed are no longer available?
Team members would be asked to utilize substitutes as identified by the site Incident Command. Available PPE substitutions will be implemented to meet the level of protection required as able.

How do I clean the Powered Air Purifying Respirator (PAPR) or the controlled Air Purifying Respirator (CAPR)
Completely remove PAPR according to doffing procedure. If the outside of the PAPR is visible soiled, wipe down the area with a mild soap and water using a clean, lint—free cloth and being careful not to get water inside the hose or on the filter. If not visibly soiled, skip this step and proceed to disinfect PAPR. The entire outside of the PAPR should be disinfected using a system approved disinfectant wipe and allowed to dry. See Donning and Doffing with PAPR

What type of mask should the MRI tech and the patient wear when going for an MRI procedure?
MRI Tech should follow current droplet/isolation process. A patient should wear cloth mask as procedure mask contain a metal strip that may interfere with the MRI machine.