COVID-19 PPE Update: Utilization by Role

Effective March 31, 2020

Now that we have suspected/confirmed COVID 19 patients in our facilities, our use of personal protective Equipment (PPE) has accelerated. This document clarifies PPE use by role so we can continue to be good stewards of scarce resources and create safe environments for our team to perform. Our priority continues to be the safety of our team members and ensuring we can care for our communities. We must remain agile, as recommendations change daily as we learn more about the COVID-19 pathogen and our PPE supply.

Excluded from this document is the areas that require sterile asepsis.

- **Surgical/isolation mask instructions:** The user should visually inspect the facemask prior to use and, if there are concerns (such as degraded material or tears), discard the product.
    - Surgical/isolation mask should be removed after seeing a patient in isolation for suspected or confirmed COVID. If moving between multiple COVID patients within the same unit, can leave surgical/isolation mask on in between patients.
    - **Each team member with direct patient contact are strongly encouraged to wear a surgical/isolation mask for the duration of their shift.**
    - **Do not touch surgical/isolation mask.** If the surgical/isolation mask is touched with hand, perform hand hygiene.
    - **Do not pull surgical/isolation mask up and down over chin – this generates your greatest risk for exposure**. If this should occur recycle surgical/isolation mask, wash hands and face.
    - When leaving the patient care area, for breaks or non-patient care activities remove the surgical/isolation mask.
    - Team members may use the same surgical/isolation mask for multiple encounters with different patients.
    - Surgical/Isolation masks that have been worn will follow local processes for collection and mask reprocessing.
- **Eye protection instructions:** The user should visually inspect the eye protection prior to use and, if there are concerns (such as degraded materials), discard product. Please defer to local process for reuse instructions.
    - **Face Shield**
    - **Goggles**
    - **Safety glasses**
- **Glove instructions:** Change gloves and perform hand hygiene between patients.
- **Gown instructions:** Change gowns and perform hand hygiene between patients.
    - In cases of mass testing (to extend the use of an isolation gown) the gown can be worn by the same team member when interacting with more than one patient known or suspected to be infected with the same infection.
    - Cohort unit (to extend the use of an isolation gown) the gown can be worn by the same team member when interacting with more than one patient known to be infected with the same infection
    - The gown should be changed/discarded when wet or visibly soiled, if it was used during an aerosol generating procedure or integrity not intact (damaged). https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html
    - **Disposable gowns-** may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.
    - **Cloth isolation gowns-** may be utilized in re-use situations
- **Respirator (N95 respirator or equivalent):** During the re-use timeframe, respirators should be utilized by an individual team member until the respirator becomes contaminated with blood or body fluids. Respirator should be assigned to an individual, and they can use that respirator.

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- **To reduce the risk of reuse, IU Health has a process for decontamination of N95 respirators. At the end of each shift follow the N95 respirator collection process.**
- **When respirators are received back from decontamination they should be visually inspected and fit checked prior to use for the day.**
- Respirators can be used beyond the manufacturer-designated shelf-life for care of patients with COVID 19, tuberculosis, measles, and varicella. https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html
- If the respirator is removed, perform hand hygiene and place respirator in a paper bag labeled with staff's name. Perform hand hygiene after donning and doffing respirator. Paper storage sack should be discarded at the time the respirator is removed from service (either by recycling according to local processes or no longer functional).

1. **Indications for N95 use for ALL patients are reserved for the below listed aerosol generating procedures unless patient is asymptomatic and COVID-19 negative test within the last 96 hours:**
   - Intubation
   - Bronchoscopy
   - ENT/OMS surgical procedures including other procedures that involve the sinuses
   - Thoracic Surgery
   - Cardiopulmonary Resuscitation (CPR)
2. **Indications for N95 use and negative airflow room for SUSPECTED or CONFIRMED COVID-19 are reserved for the below listed aerosol generating procedures:**

   - Intubation
   - Extubation
   - Bronchoscopy
   - Thoracic surgery
   - Cardiopulmonary Resuscitation (CPR)
   - Non-invasive positive pressure ventilation (BIPAP, CPAP)
   - High Frequency Oscillatory Ventilation
   - Open airway suction
   - Tracheostomy Care in non-intubated patients
   - Nebulizer therapy (Continuous and Breath Actuated Nebulizer)
   - Sputum induction
   - Laser plume
   - Autopsy
   - Manual ventilation BEFORE intubation
   - Cesarean section (Since emergent intubation may be required and is not always anticipated)

3. **Scenarios NOT considered aerosol-generating and therefore will not be done in negative pressure and will not need N95 mask use:**

   - Optiflow/Vapotherm
   - Non-rebreather
   - Oxygenation with a Mask - Venti-mask/facemask
   - Chest Physiotherapy
   - High flow O2
   - Manual ventilation AFTER intubation
   - Closed suctioning after intubation
   - Manipulation of oxygen mask
   - Defibrillation
   - Insertion of NG/OG tube

- NP and OP swabs
- EGD/Colonoscopy
- TEE
- Vaginal delivery
- Bowel Surgery
- Laproscopy
- Cautery smoke in non-ENT, non-lung procedures
- All other surgical procedures not listed in #1 or #2

- **PAPR instructions:** PAPR hoods should be reused until elastic is stretched and unable to fit well, soiled and unable to be cleaned, or the structural integrity is compromised. Clean the PAPR hood and machine per manufacturer directions between uses by the person wearing the PAPR.

Adult and Pediatric ED					
Patients should wear a mask as soon as symptoms are identified during screening process.	**Standard Isolation Mask**	**Eye protection (goggles OR face shield)**	**Gloves**	**Gown**	**N-95 or PAPR**
Care of patient NOT Suspected or Confirmed COVID 19 (Utilize standard precautions)	x				
ED Registration/Screening: WITHOUT *engineering controls or spatial separation	x	x			
ED registration/Screening: WITH engineering controls and/or spatial separation	x				
ED triage	x	x			
ED mass testing assessment RN and providers		x	x	x	x
ED RN collecting nasopharyngeal test	x	x	x	x	
ED Team members caring for COVID-19 and NOT performing aerosol procedures	x	x	x	x	
ED Providers while performing intubation in undiagnosed patient with symptoms		x	x	x	x

*Examples of engineering controls: windows, plexiglass box, etc.
Spatial separation defined as greater than 6 feet

Adult and Pediatric Inpatient					
Patients should wear a mask as soon as symptoms are identified during screening process.	**Standard Isolation Mask**	**Eye protection (goggles OR face shield)**	**Gloves**	**Gown**	**N-95 or PAPR**
Care of patient NOT Suspected or Confirmed COVID 19 (Utilize standard precautions)	x				
Suspect COVID 19 patient, WITHOUT aerosolized procedures	x	x	x	x	
Suspect COVID 19 patient, during aerosolized procedures		x	x	x	x
Suspect and confirmed COVID 19 patient on high flow nasal cannula	x	x	x	x	
Intubation procedure, suspect and confirmed COVID patient		x	x	x	x
Transport of patient WITHOUT potential care need	x				

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Transport of patient WITH potential care need (2 person transport –(1 don clean PPE and 1 transporter)	x	x	x	x	
Intubation procedure, no concern for COVID		x	x		x
Code Blue patient (CPR & bagging), all patients		x	x	x	x

Ambulatory					
Patients should wear a mask as soon as symptoms are identified during screening process.	**Standard Isolation Mask**	**Eye protection (goggles OR face shield)**	**Gloves**	**Gown**	**N-95 or PAPR**
Care for patient NOT suspected or Confirm COVID 19 (utilize standard precautions)	x				
Registration/check in: WITHOUT *engineering controls or spatial separation	x	x			
Registration/check in: WITH *engineering controls or spatial separation	x				
Exam for Suspect or Confirmed COVID 19: interview	x	x			
Exam for Suspect or Confirmed COVID 19: providing care including specimen collection	x	x	x	x	
Aerosol generating procedures for Suspect or Confirmed COVID 19 (nebulizer)		x	x	x	x

Locations that do not have a screener in the entrance may have other individuals do the screening process.
*Examples of engineering controls: windows, plexiglass box, etc.
Spatial separation defined as greater than 6 feet