COVID-19 PPE Update: Conservation Information

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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. For employees who have concerns about guidelines based on personal health conditions, please contact the Integrated Disability Management team.

General Guidelines

- **PPE conservation:**
  - Facilities and units should maintain control access to all PPE (masks, gloves, eye protection, gowns, etc.)
  - PPE on units needs to be placed in a monitored site and secured when not attended, unless supply is conserved for urgent need (ie. on crash cart)

- **Team member guide:**
  - For patients in isolation precautions, ensure that care is combined to minimize in and out of room to preserve supplies.
  - Utilize team members outside of patient care spaces to obtain and to deliver forgotten or needed patient care items to prevent the need for PPE removal.

- **Symptomatic Patients:** All patients should be given a mask and instructed to wear it for the duration of their stay and when team members are present in the room, if able.

- **Visitors:** All visitors in hospital or clinic-based settings should be given standard isolation mask.

Personal Protective Equipment Information

**Standard isolation masks:**

- All hospital and clinic-based team members are required to wear a standard isolation mask during their work hours.
- Stand isolation masks may be removed when eating or drinking.
- Do not touch mask or pull mask up and down over chin – this action leads to greatest exposure risk.
- Leave mask in place for multiple patient encounters and wear until saturated or contaminated with blood or body fluids.
- If mask is removed, perform hand hygiene and store mask in secure location with name, date, and shift. Perform hand hygiene when re-donning mask.
- Discard mask at end of shift.

**N-95 Masks:**

- N-95 masks are required for patients in severe respiratory precautions during aerosol-generating procedures (BiPAP/CPAP, intubation, high flow nasal cannula, extubation, and nebulizer treatments).
• Conduct seal check every time donning the N-95. If seal check fails, discard and obtain new one, or wear a positive air-purifying respirator (PAPR)
• Wear for multiple patient encounters.
• Label mask with name, first 6 digits of badge number, and unit.
• Use up to 5 shifts, or until contaminated with blood or body fluids, fails the seal check, or becomes difficult to breathe through. Discard after 5th shift.
• When mask needs to be removed, perform hand hygiene and place your mask in a safe storage area (example: paper bag, hooks, or paper box). Multiple paper bags can be used throughout the day to ensure proper infection prevention.
• Do not touch the outside of your mask or pull your mask up and down over your chin.
• Use with face shield, if available, and follow appropriate disinfection steps.

PAPRs/CAPR:
• Clean PAPRs/CAPR hood and machine per manufacturer directions between use and between users by the person wearing the PAPR.
• PAPR/CAPR hoods should be reused by an individual team member and shared between team members following disinfection.

Eye Protection (Goggles and Face Shield):
• Eye protection, including face shield and goggles, can be reused by an individual and shared between team members, if necessary.
• Disinfect face shield or eye protection with hospital-approved disinfectant upon removal.
• When reusing by individual and needs to be removed, perform hand hygiene and place your eye protection in a safe storage area (example: paper bag, hooks, or paper box).
• Inspect eye protection for signs of deterioration (cracking, clouding, loss of sheen) and if found, discard eye protection.

Isolation Gowns:
• Isolation gowns should be changed between patients.
• Use of isolation gowns for the care of multiple patients must be approved by infection prevention.
• In in specimen collection settings, continuously use gown and change when soiled.

Clothing/Uniform:
• After a shift, wash your clothes with standard laundry soap in your household washing machine and completely dry your clothes in your household dryer to eliminate the virus. The heat from a household dryer is high enough to eliminate the contaminants.
• Surgical scrubs provided by the hospital are only for team members working procedural areas.
• Follow “Bare-below-the-elbow” standards. Removal of jewelry and watch is preferred.
• Any form of artificial nails (including dip) is strictly prohibited for team members who provide direct patient care.
• Wearing a clinical white coat is not currently recommended, unless laundered daily.