COVID-19 PPE Conservation Information 07.28.20
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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 – (see PPE guideline document for PPE by setting)
• Conservation:
  o Facilities and units should maintain control access to all PPE (masks, gloves, eye protection, gowns, etc.)
  o 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:
  o For patients in isolation precautions, ensure that care is combined to minimize in and out of room to preserve supplies.
  o 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.
  o For COVID-19 PUI and confirmed patients, review PPE for Code response
  o See guidelines around bringing in purchased PPE in the PPE from home document
• 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 or transporting.
• Visitors: All visitors in hospital or clinic-based settings should be given standard isolation mask and wear in hallways, common areas, clinical spaces and in patient room when team member is present.

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.
• 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 bodily fluids.
• If mask is removed, like to eat or drink, 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.
- Discard mask if it becomes contaminated with blood or body fluids, fails seal check, or becomes difficult to breathe through.
- Discard mask at end of 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.
- KN95 masks: We do not recommend the use of KN95 masks. To protect the health and safety of our team members and to demonstrate a good faith effort to follow the respiratory standard interim guidance from OSHA, and this product is not currently OSHA approved. We currently have adequate supply of Tier 1 NIOSH-certified N95s that provide the proper protection for our team members. KN95 masks are a Tier 3 product and should not be used until we have exhausted Tier 1 & Tier 2 products.
- 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 can be worn continuously and for multiple patient encounters
- Eye protection can be worn by multiple team members after disinfection
- Do not touch the outside of your eye protection or pull up over your head
- When eye protection is removed, perform hand hygiene, disinfect the eye protection, and place in a safe storage area (example: paper bag, hooks, or paper box).
- Follow the “UV Disinfection for Eye Protection” standard work for disinfection of eye protection after care of patients with confirmed or suspected COVID-19
- If not shared with other team members, label eye protection with your name and primary unit (or title, if not applicable)
- Perform hand hygiene when re-donning eye protection
- Where available, disinfect eye protection using the UV process, detailed here, after care of patients with confirmed or suspected COVID-19.
- Discard eye protection if signs of deterioration are found (straps compromised, difficult to see through, or visibly damaged)

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.

Headwear:
- Headwear may include caps, hats and head coverings. Headwear is not intended to protect the wearer from exposure to blood and body fluids. The purpose of headwear for COVID-19 is to contain staff members hair. All hair, including facial hair, must be worn in a way or tied back to prevent it from coming into contact with work surfaces, instrumentation, patients or residents. As a first line of defense, Infection Prevention recommends hair that is shoulder length or longer should be worn away from the face and tied back during patient contact.
- Outside of surgical services and procedural areas:
  - Headwear is not required PPE
  - Headwear should be worn for the duration of the shift
  - Headwear worn for any reason must be removed and cleaned after each shift
  - Disposable headwear must be discarded at the end of the shift
  - Sanitize hands after touching headwear
  - Carefully remove masks and eye protection to avoid dislodging headwear

Q&A:
What if I was fit tested for a certain model, style, and size N95 respirator but it is no longer available for me to use?
If you were fit tested to a certain model, style, and size N95 respirator in 2019 that is no longer available due to the national limited availability of personal protective equipment. We recommend that you perform a seal check by following the attached instructions and video to verify that the N95 mask you have available for use fits appropriately. Standard work.

When conducting the seal check if you are unable to get a proper seal we recommend trying another mask and if still having trouble don a positive air-purifying respirator (PAPR) before entering room. We recommend that you contact Employee Health Services at 855.648.9706 or healthassessments@spectrumhealth.org if you have further questions about your respirator.