

COVID-19 PPE GRID- What personal protective equipment to wear and when?

It is critical for all of us to apply critical thinking skills in using Standard Precautions, essentially donning PPE that is appropriate for situations in which we anticipate exposure to body fluids and respiratory secretions.

Definitions:			
Negative	Negative test this admission		
COVID History	Positive test less than 90 days & not in quarantine	Resolution/improvement of symptoms per MS.54 algorithms	
PUI- Person Under Investigation	Untested admitted patient for up to 14 days	Pending test on patient with current symptoms	Positive test less than 90 days & new symptoms
Positive COVID-19	Positive test this admission	Strong suspicion of COVID with negative test	Positive test within the last 90 days & on active quarantine
AGP	Aerosol Generating Procedure		
*Standard Precautions	For patient contact within 6 feet a N95 and eye protection will be worn. Face shield is preferred.		

Scenario	Transmission Based Precaution	Patient is wearing:	PPE required (<i>contact PPE used based on anticipated exposure</i>)	Disinfect Surfaces
Negative; COVID History patient	*Standard Precautions	Surgical facemask	N95 Mask, Face Shield	Purple top, QT3 or Oxivir disinfectant
PUI: No AGP AND With AGP	Droplet/Contact with N95 Mask	Surgical facemask	N95 Mask; Isolation Gown; Gloves. Face shield	Purple top, QT3 or Oxivir disinfectant
PUI: In Waiting Room/Lobby/ED Triage/ED Tents, Clinics/Urgent Care. ED PUI in CT, MRI, Ultrasound, X-ray, nuclear medicine, Cath lab.	Droplet/Contact with N95 Mask	Surgical facemask	N95; Isolation Gown; Gloves. Face shield	Purple top, QT3 or Oxivir disinfectant
Positive COVID-19 patient with NO AGP (see below for list of aerosol procedures)	Airborne/Contact (Patient door to remain closed, <u>no negative pressure or HEPA filter required</u>)	Surgical facemask	N95 Mask; Isolation Gown; Gloves, Face shield	Purple top, QT3 or Oxivir disinfectant
Positive COVID-19 patient With AGP (during intubation, sputum induction, open ET aspiration or suction, bronchoscopy/FEES & TEE Scopes, CPAP/BiPap, HiFlo greater than 20 LPM, extubation, CPR, nasopharyngeal specimen collection).	Airborne/Contact (Negative Pressure room AIIR, HEPA filter, or door closed for an hour post procedure depending on availability of AIIR & HEPA filters)	Surgical facemask	N95 Mask; Isolation Gown; Gloves; Face shield/eye protection at all times	Purple top, QT3 or Oxivir disinfectant
Cleaning PUI, Positive COVID-19 patient room	Droplet/Contact with N95 Mask	N/A	N95 Mask; Isolation Gown; Gloves; Face shield	Purple top, QT3 or Oxivir disinfectant
Transport of PUI or Positive COVID-19 patient	Droplet/Contact with N95 Mask	Surgical facemask	N95 Mask; Gloves; Isolation gown if coming in contact with bed; Face shield	Purple top, QT3 or Oxivir disinfectant
PUI or Positive COVID-19 patient with Anesthesia (during intubation/LMA/extubation), Circulating RN, Recovery Room RN	Droplet/Contact with N95 Mask	Surgical facemask	N95 Mask; Bunny Suit or surgical Gown; Gloves; Face shield	Oxivir disinfectant
PUI or Positive COVID-19 patient Surgery/Endoscopy/Cath Lab Surgeon, Surgical Tech, RN First Assist	Droplet/Contact with N95 Mask	Surgical facemask	N95 Mask plus usual procedural attire	Oxivir disinfectant
				Cath Lab: Purple top or QT3 disinfectant
Nasal Specimen collection	Droplet/Contact with N95 Mask	Surgical facemask	N95 Mask; Gloves; Face shield	Purple top, QT3 or Oxivir disinfectant

The CDC and Cal-OSHA/OSHA requires certain types of transmission based precautions for different scenarios. Based on these recommendations what follows is a table with appropriate precautions given a particular scenario...scenarios or questions not captured please contact Infection Prevention **624-2471**.

Instructions on Mask, Gown, and Eyewear use:

Instructions for N95 respirator mask *Limited Reuse*:

- N95 masks can be obtained at the unit if not previously received from leadership. Follow the steps below to maintain your N95 respirator mask
- Label the N95 respirator with your name.
- Prior to any patient contact within 6 feet, any time eye exposure is anticipated from light mist to splash apply a face shield over the N95 mask.
 - The face shield is cleaned after actual contact with the patient or their direct environment, when suspected or actually soiled, or upon removal. Clean with a Covid-19 approved disinfectant, if eye irritation exists the face shield can be rinsed with water. After cleaning, store in bag labeled with your name and keep with you.
 - Clean hands before donning and immediately after doffing a mask. Also, clean hands each time the N95 respirator is touched or adjusted.
 - Use a pair of clean gloves when donning a used N95 respirator and performing a user seal check.
- **When to replace N95 respirator mask:** Discard the N95 respirator as outlined by the most current replacement guidelines and when moist, concerned about contamination, or damaged or contaminated with blood, respiratory or nasal secretions, or other bodily fluids.

Instructions for gown *Single use*:

- Gowns are obtained at the unit, use a new gown for each patient interaction.
- FABRIC isolation gowns: Positive COVID-19 patient, PUI, special precautions, MRSA nares colonization, Metapneumovirus. Place in laundry hamper after use. If fabric gown is unavailable, use a disposable gown.
- DISPOSABLE isolation gowns: when bodily fluids are expected, required for a procedure, receiving wound care, open lesions, weeping abscesses, active infection (i.e. MRSA) in a wound or on skin, diarrheal disease (i.e. Clostridium difficile)

Instructions for eyewear *Single Person Reuse*:

- A face shield must be worn. May wear goggles if unable to tolerate a face shield.
- A face shield or goggles can be obtained at the unit if staff member does not already have one
- These items are to be kept by the staff member and reused for themselves **until they are damaged, can no longer be cleaned easily or visibility is impaired due to haze.**
 - If using face shields: Face shields are single staff, multi-use items. The face shield is cleaned after actual contact with the patient or their direct environment, when suspected or actually soiled, or upon removal. Clean with a Covid-19 approved disinfectant, if eye irritation exists the face shield can be rinsed with water. After cleaning, store in bag labeled with your name and keep with you. Save the face shield, replace only when damaged.
 - If using goggles: Goggles are single staff, multi-use items. The goggles are cleaned after actual contact with the patient or their direct environment, when suspected or actually soiled, or upon removal. Clean with a Covid-19 approved disinfectant, if eye irritation exists the face shield can be rinsed with water. After cleaning, store in bag labeled with your name and keep with you. Save these goggles, replace only when damaged.