



Personal Protective Equipment (PPE) in Endemic Treatment Areas with Regularly Occurring Aerosolizing Procedures

Purpose: To provide guidance on the appropriate usage of PPE in the setting of COVID-19 endemic treatment areas with regularly occurring aerosolizing procedures.

Policy:

- N-95 respirators and face shields
 - N95 respirators may be worn by staff working in endemic treatment areas where aerosol generating procedures are occurring in the care of COVID-19 patients and patients under investigation (PUI)
 - MSHS supports both extended use (wearing the same N95 respirator for repeated close contact encounters with several different patients *without removing* between patient encounters) and limited reuse (using the same N95 respirators for multiple encounters with patients *but doffing after each encounter*).
 - MSHS supports reuse of face shields when appropriate disinfection procedures are followed-- face shields should be wiped down with a hospital approved disinfectant (e.g., hydrogen peroxide) when soiled or in between patient encounters, especially after aerosol generating procedures.
 - MSHS has a reprocessing program that sterilizes used N95 respirators and face shields that are not misshapen, heavily soiled or wet.

- Gown and Gloves
 - In COVID-19 cohorted rooms and units, gowns do not need to be changed or discarded between every patient encounter
 - In the ED and non-cohorted rooms and units, gowns should be discarded after each patient encounter
 - Gloves should be used in direct patient encounters and changed between every patient encounter
 - Gowns and gloves should not be worn at workstations or outside of the context of a direct patient encounter.

- Surgical Masks
 - A surgical mask may be worn over an N-95 during direct patient encounters in providers who are using goggles, instead of face shields, so the N95 can be reused. The surgical mask should be changed in between patient encounters that involve aerosolizing procedures.

- Standard hand hygiene practices should continue to be followed.



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Procedure for doffing and re-use of eye protection.

Note – It is not required that you remove your face shield and N95 in between patients. Do not touch the front of the face shields without gloves on unless it has been disinfected.

For Treatment Areas that are not enclosed, including the ED

After aerosolizing procedures, when soiled, or when you need to take off the face shield, the procedures to doff face shield and N-95 respirator are as follow:

1. Doff all PPE except N-95 mask and face shield after the patient encounter.
 2. Perform hand hygiene
 3. Exit the room or patient encounter while wearing the face shield and N-95 respirator.
 4. Put on a clean pair of gloves
 5. Remove face shield from the back of the head.
 6. Use a hydrogen peroxide wipe to disinfect the face shield (wipe inside to outside) and leave alone for 1 minute. You may wipe down the shield with an alcohol wipe to remove any residue.
 7. Place clean and dry face shield in dedicated paper bag or re-wear if preferred.
 8. Remove gloves. Perform hand hygiene
 - You may choose to wear your N-95 respirator for the duration of your shift or you may choose to remove it and place it in a paper bag in between patient encounters.
 9. If you choose to remove it, perform hand hygiene to remove the N-95 respirator from the back of your head and place in a paper bag.
- * Use that N-95 mask until it no longer maintains its fit or function (this may be several days). Then, discard the N-95 respirator if heavily soiled, wet, or misshapen or place in box for reprocessing.

For Enclosed Treatment Areas or Separate Patient Rooms, including ICUs, ORs, and Labor & Delivery

When soiled or when leaving the room, the procedure to doff face shield and N-95 respirator is as follows:

1. Doff all PPE except N-95 mask and face shield prior to exiting the room.
 2. Perform hand hygiene
 3. Exit the room or while wearing the face shield and N-95 respirator.
 4. Put on a clean pair of gloves
 5. Remove face shield from the back of the head.
 6. Use a hydrogen peroxide wipe to disinfect the face shield (wipe inside to outside) and leave alone for 1 minute. You may wipe down the shield with an alcohol wipe to remove any residue.
 7. Place clean and dry face shield in dedicated paper bag .
 8. Remove gloves. Perform hand hygiene
 9. Rmove the N-95 respirator from the back of your head and place it ina paper bag in between patient encounters.
- * Use that N-95 mask until it no longer maintains its fit or function (this may be several days). Then, discard the N-95 respirator if heavily soiled, wet, or misshapen or place in box for reprocessing.