

YNHHS/YM PPE Policy for COVID-19 Prevention

Note: This supersedes other COVID-19 respiratory protection and PPE policies, including SBARs.
Effective date: June 16, 2022

Background: The proper use of personal protective equipment (PPE) in conjunction with infection prevention behaviors such as vaccination, physical distancing and hand hygiene, and engineering controls including physical barriers, prevents COVID-19. The pandemic has led to crisis and near-crisis situations where contingency plans are required to optimize the availability and use of PPE.

Scope: These guidelines apply to all Yale Medicine and Yale New Haven Health settings- including Northeast Medical Group, inpatient units and ambulatory offices, post-acute care and non-patient care areas.

Definitions:

Cloth Mask – Any mask constructed from textiles or fabrics which covers the mouth and nose and is intended to limit the spread of respiratory secretions. For the purposes of this policy, gaiters, bandanas, and cloth masks with unfiltered exhalation valves are not included as their level of protection/source control is uncertain/low.

Face mask – A medical or procedural mask that is well fitted, covers both mouth and nose and, for staff, is limited to facility-provided masks. Face masks with exhalation valves are not included in this definition for the purpose of this policy.

Surgical mask – A commercially produced face mask regulated by the FDA for performing surgical procedures. These masks provide fluid resistance and have ASTM ratings of 2 or 3.

Respirator – A facility-provided device which snugly covers both mouth and nose, with a filtration level of at least 95% of particulate materials. These include N95 respirators, elastomeric respirators, PAPRs, and CAPRs.

N95 Respirator – A facility-provided disposable respirator that has a filtration level of 95% of particulate materials.

Elastomeric Respirator – A facility-provided reusable respirator which has replaceable filters, cartridges, and/or canisters and a filtration level of at least 95%.

PAPR (Powered Air Purifying Respirator) – A facility-provided respirator that is battery powered and consists of headgear and an assembly that filters contaminated ambient air to deliver clean air to the user's face.

Extended Use – The process of wearing the same mask or N95 respirator for consecutive encounters with patients or staff, without removing the mask/respirator between encounters.

Reuse – The practice of using the same mask or N95 respirator for multiple encounters but removing it ('doffing') after each encounter. The mask/respirator is stored in between encounters to be put on again ('donned') prior to the next encounter.

Policy:

1. Patients and visitors:

- a. All patients and visitors must wear a face mask when in any healthcare facility including all ambulatory settings.
- b. Face masks are to cover both the nose and mouth. Patients and visitors who arrive with a cloth mask, gaiter, bandana, or mask with exhalation valve are to be provided a face mask.
- c. Inpatients will wear a face mask when hands-on care is being provided, when in close proximity with any other person in their inpatient room, when outside their room (e.g., transport, ambulating) or in other scenarios where appropriate physical distancing may not be feasible. Visitors will wear a face mask at all times.
 - i. Patients are to be provided with a face mask and may reuse their mask for up to a week. Face masks are to be stored in a paper bag labeled with their name and placed at their bedside.
 - ii. Staff are to remind patients to wear a face mask, when necessary, and assist as needed.
 - iii. Masks are not to be used for patients with respiratory issues in which breathing is compromised, children under 2 years, and patients who are intubated or wearing a non-rebreather oxygen mask. Patients with cognitive or behavioral impairments are not required to wear a mask if they may not be able to remove it on their own.

2. Clinicians and staff in patient care areas are to wear PPE provided by the facility.

All PPE is vetted by the Supply Chain, Occupational Health and Infection Prevention to ensure it meets all necessary regulatory requirements to provide the appropriate and best protection for staff. Pictures of approved and available products are located [here](#).

3. Screeners:

- a. Screeners at entrances across all sites of care (inpatient and outpatient) are to wear a face mask.
- b. Screeners that are behind Plexiglas® should have access to eye protection as they may need to step out from behind the barrier.

4. Standard precautions:

- a. Standard precautions apply to all patient care.
- b. PPE is to be worn:
 - i. Gloves are to be worn when in contact with blood or body fluids or non-intact skin.
 - ii. A gown is to be worn to protect skin and clothing during procedures/activities where contact with blood or body fluids is anticipated.
 - iii. A facemask or respirator and eye protection is to be worn when splashing or spraying of blood or other potentially infectious body fluids is anticipated near the face.
 - iv. See Table 1, "Indications for PPE Selection"
- c. Sterile gowns are not to be used for non-sterile procedures, such as intubation/extubation.
- d. Hand hygiene is to be performed in accordance with institutional policy.

5. Eye protection:

- a. Eye protection is to be worn, when entering the room of or caring for a patient in COVID isolation, as a part of Standard Precautions when a splash/spray with blood or other potentially infectious material may be anticipated, and when working with certain chemicals.
- b. Eye protection includes face shields or goggles. Safety glasses and most prescription eyeglasses are not considered PPE.
- c. Eye protection is intended for extended use and reuse. Appropriate cleaning protocols are to be followed.
- d. Discard and replace when damaged or unable to be adequately cleaned/disinfected.

6. Face Masks:

- a. Face masks are to be worn by all clinicians, staff, and volunteers while in any facility.
- b. Face masks are intended for extended use and reuse.
- c. Face masks shall be discarded and replaced when soiled and at the conclusion of the user's shift. For staff in non-clinical areas face masks may be used until they are soiled or visibly damaged.

7. Respirators:

- a. Use of a facility approved respirator, for which the user has been fit tested, is required for the care of patients on COVID isolation, airborne isolation or when performing select aerosol generating procedures (see Table 2).
 - i. When a N95 respirator is used, the preferred eye protection is a face shield to protect the respirator from fluid spray/splash.
 - ii. If wearing an elastomeric respirator with an unfiltered exhalation valve, a face mask is to be worn over the valve.
- b. N95 respirators are intended for extended use and may be reused (refer to ["Process for Extended Use and Reuse of Respirators"](#)). N95 respirators can be worn throughout shift while caring for multiple patients, (extended use).
- c. N95 respirators shall be discarded when damaged or soiled and at the end of one's shift.
- d. Cosmetics are not to be worn on areas of the face which contact the elastomeric respirator.
- e. If a PAPR is worn, a face mask is to be worn.
- f. See Table 3 for selecting the appropriate respirator based on fit test.

8. Operating Room/Sterile Procedures/Procedural Areas (COVID and non-COVID, see Table1):

- a. During intubation and extubation, only essential staff are to be present in the room. All staff in the room are to wear a respirator and eye protection or PAPR with face mask during intubation/extubation.
- b. If the N95 respirator does not have a fluid resistant rating, a surgical mask is to be worn over the respirator.
- c. OR/Procedure room staff members with splash exposure risk should wear a surgical mask or fluid resistant respirator, plus eye protection, gown, and gloves, per standard precautions policy.
- d. If a patient's COVID status is unknown and an urgent procedure cannot be delayed, follow COVID+/PUI guidance for PPE selection. The OR location for patient care is to be determined by the attending surgeon and anesthesiologist, with support from Infection Prevention.
- e. The Stryker Flyte device and hood do not provide air filtration and, per manufacturer's recommendations, a N95 respirator should be worn underneath when caring for COVID +/PUI patients or when performing aerosol generating procedures (See Table 2 for details).

9. For care of a **COVID negative/non-PUI patients**: See Table 1 for details.

- a. A face mask is to be worn for routine patient care.
- b. A respirator (plus eye protection if splash/spray is anticipated) is to be worn for selected aerosol generating procedures (see Table 2).
- c. During bedside aerosol generating procedures, personnel in the room should be limited to essential staff to minimize exposure risk and conserve PPE.

10. For care of a **COVID positive patient/PUI**: See Table 1 for details.

- a. A respirator plus eye protection is to be worn, in addition to gown and gloves.
- b. Once care is complete, staff can either change to a face mask or continue to wear the respirator (refer to the Process for Extended Use and Reuse of Respirators policy). Disposable respirators are to be disposed of at the end of the shift.
- c. During bedside aerosol generating procedures (see Table 2), personnel in the room should be limited to essential staff to minimize exposure risk and conserve PPE.

Table 1. Indications for PPE Selection
(based upon anticipated care and patient's COVID status¹)

<u>Clinical Indication</u>	COVID Positive / PUI /Quarantine*	COVID Negative / Not suspected / Recovered	
<u>Patient Care</u>	All Care including AGP	General Patient Care	Aerosol Generating Procedures (Table 2)
<u>PPE</u>	Respirator Face shield/goggles Gown & gloves	Facemask (plus gown/gloves/eye protection if indicated per Standard Precautions)	Respirator (plus gown/gloves/eye protection if indicated per Standard Precautions)
<u>Criteria for COVID Classification</u>	<ul style="list-style-type: none"> • PUI: patients with signs or symptoms concerning for COVID • PUI: patients with signs and symptoms awaiting results of COVID testing • Patient requiring COVID isolation per Guidelines for Discontinuation of COVID Isolation and Retesting* • High suspicion of COVID despite negative test* • Patients under quarantine due to exposure 	<ul style="list-style-type: none"> • Asymptomatic without signs or symptoms concerning for COVID • Patient tested negative for COVID • COVID recovered—patient who previously tested positive for COVID who no longer requires COVID isolation per Guidelines for Discontinuation of COVID Isolation and Retesting. 	

Note: All patient contact requires that both clinical staff and patient wear a face mask.

* When a COVID positive patient no longer requires respiratory isolation, the COVID recovered PPE requirements are to be followed.

Table 2. Aerosol Generating Procedures



Aerosol Generating Procedures (AGP)	
<ul style="list-style-type: none">• Intubation and extubation (include LMA placement/removal)• CPR/chest compressions• Bag mask ventilation• Bronchoscopy• Dental procedures (e.g., dental cleanings, drilling, extractions)• Sputum induction• High flow nasal cannula (device requiring fitted nasal prongs—see Respiratory Care Adult IP Practice Guidelines for COVID negative Patients)*• Non-invasive ventilation (BIPAP/CPAP)*• Chest physiotherapy, cough assist device, PEP (Aerobika, Acapella)*• Tracheostomy inner cannula changes• Open suctioning• PFT• Dental exams, fluoride, X-rays• Dysphagia evaluation• Speech Therapy• Cardiac rehab/stress test• Procedures entering the mouth, sinuses, or oronasopharynx (other than standard oral exam)• Procedures where pressurized air from the pleural space escapes into the environment• Post-operative care of a patient following head and neck reconstruction with surgical airway (through day 7 post-op)• GI endoscopy	

* Private room preferred if available, a negative pressure room is **not required**. A sign is to be placed on door to notify staff of need for a respirator. In multi-bed rooms the curtain is to be drawn.

Table 3. PPE for Respiratory Specimen Sample Collection

	Naso-pharyngeal	Mid-turbinate (staff obtained)	Anterior Nares	Oro-pharyngeal	Saliva	Mid-turbinate (patient-obtained; staff >6 feet away)
Asymptomatic	Respirator, eye protection, gown and gloves	Face mask, eye protection, and gloves	Face mask, eye protection, and gloves	Face mask, eye protection, and gloves	Face mask and gloves	Face mask, eye protection, and gloves
Symptomatic, PUI (includes testing for all respiratory viruses and strep throat)	Respirator, eye protection, gown and gloves	Respirator, eye protection, gown and gloves	Respirator, eye protection, gown and gloves	Respirator, eye protection, gown and gloves	Respirator, eye protection, gown and gloves	Face mask, eye protection, and gloves

Table 4. How do I know which fit tested respirator to wear?

Fit Tested Respirators					
Order of use	#1	If you have been fit tested for an elastomeric respirator, the elastomeric is your fit tested respirator of choice.			
	#2	If you have been fit tested for 	3M 1860S	3M 1860	3M 1870 or 1870+
	#3	Equivalent to above without further fit testing needed 	3M 8110S	3M 8210 3M 8210+	3M 9205+ 3M 9210+
	#4	PAPR or CAPR is to be used if you have not been successfully fit tested to any of the respirators above or one of the above options is not available			

References:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
<https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html#collecting>

Related documents:

“Hand Hygiene Compliance Policy” (Ellucid)
 “Standard Precautions” (Ellucid)
[“Process for Extended Use and Reuse of Respirators”](#) (COVID resource site)
[“Guidelines for Discontinuation of COVID Isolation and Retesting”](#) (COVID resource site)

Policy Owner- Infection Prevention
 Policy Development – PPE Advisory Committee