

YNHHS/YM PPE Policy for COVID-19 Prevention

Note: This supersedes other COVID-19 respiratory protection and PPE policies, including SBARs.
Effective date: March 1, 2021

Background: The proper use of personal protective equipment (PPE) in conjunction with infection prevention behaviors such as physical barriers, social distancing and hand hygiene prevents the transmission of COVID-19.

Scope: These guidelines apply to all settings. This PPE policy does not provide comprehensive guidance for COVID testing or patient/work flows to ensure social distancing.

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 exhalation valves are not included as their level of protection is low.

Face mask – A facility-provided mask that is well fitted and cover both mouth and nose. 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.

Policy:

1. Patients and visitors:

- a. All patients and visitors must wear a mask when in any healthcare facility including all ambulatory settings.
- b. 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 other scenarios where appropriate social distancing may not be feasible. Visitors will wear a mask at all times.
 - I. Patients are to be provided with a face mask and are to reuse their mask for up to a week. Face masks are to be stored in a labeled paper bag at their bedside.
 - II. Staff are to remind patients to wear the face mask and assist as needed.
 - III. Masks are not to be used for patients with respiratory issues in which breathing is compromised, children under 2, 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 would 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 on the [YNHHS COVID-19 intranet page](#).
3. **Screeners:**
 - a. Screeners at entrances across all sites of care (inpatient and outpatient) are to wear a face mask and eye protection.
 - 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. See YNHHS policy “Standard Precautions” for further information.
 - b. Personal protective equipment (PPE) 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 YNHHS policy “Hand Hygiene Compliance”.
5. **Eye protection:**
 - a. Eye protection is to be worn for all patient care activities, hands on interactions with patients and when entering a patient’s room.
 - b. Eye protection includes face shields or goggles. Safety glasses and prescription eyeglasses are not considered PPE.
 - c. Eye protection is intended for extended use and reuse. Appropriate cleaning protocols are to be followed.
6. **Masks:**
 - a. Masks are to be worn by all clinicians, staff, and volunteers when in any facility.
 - b. Masks are to cover both the nose and mouth.
 - c. Face masks are to be worn in areas where patients are being seen or receiving care.
 - d. Face masks are intended for extended use:
 - I. Clinicians and staff whose job primarily involves direct patient contact for most of the day may be issued a face mask at the beginning of the shift. If the face mask remains in good condition, it may be used for greater than one shift.
 - II. Face masks will be provided to individuals working in non-clinical areas. If the face mask remains in good condition, it may be used for up to one week.
7. **Respirators:**
 - a. Respirator use is required for the care of patients on COVID isolation, airborne isolation or when performing selected aerosol generating procedures (see Table 2).
 - b. See Table 3 for selecting the appropriate respirator based on fit-test.
 - c. N95 respirators are intended for extended use (refer to [“Process for Extended Use and Reuse of Respirators”](#)):
 - I. Depending upon usage, N95 respirators may be used for up to one week.
 - II. N95 respirators can be worn throughout shift while caring for multiple patients as long as it maintains its fit and function.

- III. When a N95 respirator is used, the preferred eye protection is a face shield to protect the respirator from fluid spray/splash.
- IV. N95 respirators may be reused for patients requiring airborne or COVID isolation precautions.
- V. Dispose of N95 respirators when they become visibly contaminated, damaged, or fail to seal despite adjustments to nose piece and head straps.
- d. If wearing an elastomeric respirator with an unfiltered exhalation valve, a face mask is to be worn over the valve.
- e. Cosmetics are NOT to be worn on areas of the face which contact the respirator.
- f. If a PAPR is worn, a face mask is to be worn under it.

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 plus eye protection is to be worn for routine patient care.
- b. A respirator and eye protection 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 with eye protection is to be used, 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 can be used for up to one week.
- 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 Face shield/goggles Plus gown/gloves if splash anticipated	Respirator Face shield/goggles Plus gown/gloves if splash anticipated
<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, gloves	Face mask, eye protection, 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	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>

YNHHS 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
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