

Personal Protective Equipment - Recommendations for COVID-19

Reports suggest transmission most commonly happens during close exposure (within 6 feet) to a person infected with COVID-19, primarily via respiratory droplets produced when the infected person coughs or sneezes.

Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity.

The contribution of aerosols (droplet nuclei), to close proximity transmission is currently uncertain. However, airborne transmission from person-to-person over long distances is unlikely.

WEARING PERSONAL PROTECTIVE EQUIPMENT IS HIGHLY DEPENDENT ON PROPER FIT AND CORRECT, CONSISTENT USE. IF NOT DONNED, WORN, AND REMOVED PROPERLY, IT CAN SERVE AS A GREATER SOURCE OF CONTAMINATION.

Type	Concerns	Strategies for Shortages
	<p>Because CONTACT Precautions are required, GOWNS are designed to protect your clothing. Pay attention during removal of gowns not to contaminate yourself by allowing the external part of the gown to come in contact with your clothing.</p>	<p>During times of shortage, Level 2-3 gowns may be prioritized for aerosol-generating procedures and patients/care activities with a higher potential for fluid contamination. Level 1 gowns, having less fluid protection, may be used solely to protect the transfer of pathogens to the clothing of HCP. (<i>Healthcare Personnel</i>)</p>
	<p>Facemasks protect the wearer from splashes and sprays of larger droplets, or “source control”. By providing a patient with a mask, you are preventing those droplets generated by coughing, talking, etc. from escaping into the environment. When HCP are also masked, it is an additional layer of protection. The outside of the mask is contaminated and should never be touched or allowed to dangle.</p>	<p>Masks are an acceptable alternative when respirators are in short supply for non-aerosol generating procedures.</p>
	<p>Respirators filter inspired air. They provide respiratory protection with droplet-nuclei sized particles, as seen with specific microorganisms and those created during aerosol generating procedures. When available, respirators (instead of facemasks) are preferred for general care of a COVID-19 patient. They should be prioritized for situations where respiratory protection is most important and the care of patients with pathogens requiring Airborne Precautions (e.g., tuberculosis, measles, varicella). Respirators with exhalation valves and vents do not provide source control of the wearer.</p>	<p>Re-usable PAPRs or CAPR’s may be used in place of disposable respirators when someone cannot properly “fit” an N95 or when N95s are in limited supply. They must be cleaned between uses. N95s may be used past posted expiration dates during this time. Exhalation valves need to be covered and respirators with vented air still require surgical masks to be worn by the user.</p>
	<p>The eyes can be a portal of entry for infectious droplets. Personal glasses are not a substitute for eye protection because they don’t wrap, leaving gaps between the glasses and face. Ensure eye protection is compatible with the respirator so there’s not interference with proper</p>	<p>In times of shortages, eye protection, as with masks or respirators, may be used for more than one patient with the same diagnosis –</p>

	positioning of the eye protection or with the fit or seal of the respirator.	“extended wear”. Care must be taken not to touch them.
	Gloves and Gowns must be removed between patients, due to the heavy risk of contamination, and hand hygiene performed to ensure that any contamination that may have occurred during their doffing is removed.	The only exception are gowns worn by those performing successive COVID tests at alternative testing centers, unless they soiled or the HCP is leaving the area.
Additional Infection Prevention Considerations		
Hand Hygiene	Before & After Patient Care. Immediately after removing PPE to remove any possible contamination. After touching contaminated surfaces/equipment. <u>All the PPE in the world won't protect you, if you don't keep your hands clean!!!</u>	Alcohol Based Hand Rub (ABHR) may be used for 1 year past expiration date, per manufacturer. Refilling containers when individual sized dispensers can no longer be obtained, is allowable.
Patient Placement	Place COVID 19 patients in a single patient room with the door closed, preferably one under negative pressure. Only patients with the same respiratory pathogen may be housed in the same room. For example, a patient with COVID-19 should not be housed in the same room as a patient with an undiagnosed respiratory infection. Minimize room transfers and Limit transport and movement of the patient outside of the room.	If Negative pressure rooms are in short supply, prioritize for those with aerosol generating procedures.
Specimen Collection	HCP in the room should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown. Limit to essential patient care and procedure support ONLY. Collection should be performed in a normal examination room with the door closed. Clean and disinfect procedure room surfaces promptly.	
Conserving Supplies		
As COVID-19 becomes more widespread in our community, and other communities, the demand for wearing PPE to protect us while we care for infected patients will become greater. Shortages will occur.		

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Taken from: Centers for Disease Control's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated July 15, 2020