

STANDARD of WORK FOR: Re-Use Personal Protective Equipment N95 Respirators & Surgical Masks	
POSITION: All staff required to wear PPE, either due to Precautions or Protocols	
ENTITY: <input checked="" type="checkbox"/> CMHC <input type="checkbox"/> CMMC <input type="checkbox"/> CMMG <input type="checkbox"/> BRIDGTON HOSPITAL <input type="checkbox"/> RUMFORD HOSPITAL <input type="checkbox"/> BOLSTER HEIGHTS <input type="checkbox"/> RUMFORD COMMUNITY HOME <input type="checkbox"/> ELSEMORE DIXFIELD <input type="checkbox"/> SWIFT RIVER FAMILY MEDICINE FAMILY MEDICINE	
AUTHOR: System Director of Infection Prevention	ORIGINATION DATE: 7/2/2021
TRIGGER: Contingency or crisis phases of PPE utilization determined by supply shortages. Utilized during Universal Masking.	COMPLETED: Yes

ITEMS REQUIRED FOR PROCESS:

- N95 Respirators and/or Procedure Masks
- Paper bags: Lawson Size #5: Lawson #150078 Slightly smaller size #2: Lawson #150079
- Marking Pen to Label paper bags

STANDARD PROCESS STEP	DESCRIPTOR	NOTES	TIME
1A. Use N95 respirators when caring for patients on inpatient NRI, Airborne precautions, during aerosol-generating procedures, or when risk dictates a higher level of respiratory protection	Wash hands prior to donning and, for N95 respirators, performing fit check to ensure proper seal. Wash hands after re-donning the respirator or mask to prevent any self-or cross-contamination. Do not allow masks/respirators to dangle off of the face or body.		
1B. Use procedure masks for Universal masking, Droplet Precautions, and as	Do not touch the front of the mask/respirator when on your face.		

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outlined in the PPE Guidance Document during Covid-19

N95 RESPIRATORS:

2A. If involved in direct patient care with successive NRI Precaution patients, PUIs, or patients with respiratory six, where the respirator is not removed, utilize with a face shield to prevent contamination of the N95 from droplet or contact exposure.

2B. For single entry of a patient on NRI, Airborne/Contact Precautions, AGP procedures or individual patient care requiring a higher level of respiratory protection, the N95 respirator should be discarded after each use.

PROCEDURE MASKS

2C. If caring for a patient on Droplet, Contact, or Enteric Precautions, remove and discard procedure masks with other PPE, such as gowns and gloves as applicable, and replace with a new mask upon immediate exit from the room.

Replace procedure masks if they become potentially contaminated while in a patient's room or while performing a procedure or if they become compromised in any way.

Eye protection is required for all patient or public facing positions to prevent mucous membrane exposures. Face shields protect the eyes and the exterior of the respirator/mask.

The exterior of face shields can be disinfected between patient rooms. Remove face shields by strap only, clean and re-use face shields per SOP for their re-use.

Remove and handle respirators by the strings only. Wash hands after handling used PPE.

Well-fitting facemasks (procedure masks) are required to be worn by HCW for source control while in the facility and for protection during patient care encounters, regardless of vaccination status.

Remove and handle masks by ear loops or strings only. Wash hands after handling used PPE.

3. When disposable respiratory PPE is in short supply due to acquisition challenges, they may be removed and

When taking breaks, caring for non-respiratory/COVID patients on a mixed unit or moving between units, remove by handling the ear loops or straps only and place directly

This step is recommended to be performed for patients on Precautions to prevent cross contamination.

Best practice during times of PPE availability is to treat disposable respiratory PPE as single use due to the potential spread of microorganisms from contact with the contaminated exterior of masks and respirators.

Mask and Respirator removal are recommended to be performed

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temporarily stored in a paper bag labeled with your name and date.

into paper bag. Loosely fold the top of the bag over, do not seal. It is recommended to use a clean paper bag, if possible, with each removal to prevent cross-contamination.

outside of the patient's room, if possible.
Set up paper bag, with top open, ahead of time, so that the mask may be dropped directly in with minimal contact to the exterior of the bag. Handle with washed hands. **Paper bags can be stored in a common area outside of the patient's Precaution room, a common area on a designated unit, or taken with you if moving to another unit to care for other patients requiring the use of a respirator.** *They should not be laying out in the open, hanging by their straps from hooks, or sealed in an un-breathable container, such as plastic.*

4. Discard N95 respirators that have been re-used:

After the end of each shift, if they have been used 5 or more times during the same shift, or if they become soiled, damaged, difficult to breathe through or you can no longer get a good seal during a fit check.

5. Perform hand hygiene

Any time after removing or touching the exterior of the mask/respirator

REVIEW/APPROVAL SUMMARY

SUPERSEDES:

REVIEW/REVISION DATES *(dates in parentheses include review but no revision):*

APPROVAL BODY(IES): CMHC COVID Incident Command

APPROVAL DATE: 7/2/2021

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