Personal Protective Equipment (PPE): Who, What, When, Where, and WHY?

(As related to current infection control efforts during COVID-19 pandemic)

Who

- Patients presenting with symptoms waiting to be seen or have OP diagnostic tests
- Patients with symptoms being transported
- Staff/Physicians providing direct bedside care
- Staff transporting patients
- Support staff performing work tasks inside a patient room directly or indirectly interacting with patient
- Staff stationed at access points with patient/visitor interaction
- Support staff performing work in any environment outside of patient room or in general public areas areas where public distancing is possible or 4-6 feet can be reasonably maintained
- Staff/Physicians in areas with limited- or no-public/patient exposure.
- All staff in direct patient care area

What/When

- Mask (with ear loops)
 - o All staff ,at all times within reason- "universal staff masking"
 - Patient/Visitors waiting to be seen or have OP diagnostic tests performed (will be
 encouraged to wear their own cloth masks from home, will be provided a mask withear
 loops upon arrival to facility if not wearing one) **cloth masks are not to be worn by
 employees and are reserved for patient and family/visitors only**
 - Staff/Physicians who are self-monitoring for symptoms post "possible exposure" and at the direction of Employee Wellness (Currently staff is masking universally)
 - Any standard/universal precaution need (i.e., performing patient care tasks where there
 is a potential for body fluid exposure)
 - o Staff/Physician transporting patients (Currently staff is masking universally).
 - Staff/Physicians when directly caring for a patient in *Droplet: Condition Specific Isolation* (i.e., inside patient room or in close proximity) discard prior to exiting room, do not extend use or reuse. (If caring for patients that are not in any type of isolation precaution, staff/physicians may continue to wear same mask, if remains untouched and until it becomes known or suspected contaminated).
 - Support staff performing work tasks inside a patient's room under *Droplet: Condition Specific Isolation*, whether directly or indirectly interacting with patient- discard prior to exiting room, do not extend use or reuse. (If caring for patients that are not in any type of isolation precaution, staff/physicians may continue to wear same mask, if remains untouched and until it becomes known or suspected contaminated).
 - Double masking in any manner is not recommended
- Surgical Mask (with 4 ties)
 - Suspected/Person Under Investigation (PUI)/Confirmed CoVID-19 during ambulation to room, or transport via stretcher
 - Patients under any airborne/droplet: condition specific, or droplet isolation that are being transported to another area for testing that cannot be performed at bedside.

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- Patient transport- should be limited to admit disposition, transfer to higher level of care, or to testing/procedure areas for care that cannot be safely done at bedside and is deemed medically necessary.
- Patients able to tolerate the mask during procedures/tests in testing areas should continue to do so.
- o Double masking in any manner is not recommended

N95 Mask

- Staff/Physicians when directly performing aerosol generating procedures while caring for a patient in *Airborne and Droplet: Condition Specific Isolation* or as otherwise directed by Infection Prevention, Infectious Disease physician or Leadership
- Staff/Physicians when directly caring for an intubated patient in *Droplet: Condition* Specific Isolation (i.e., inside patient room or in close proximity)- discard prior to exiting room, do not extend use or reuse until you have been trained to do so in an approved safe manner. Competency verified and checklist completed (submit to Infection Prevention)**no PPE supply contingency plans in place at this time 7/29/21**
- Support staff performing work tasks inside an intubated patient's room under *Droplet:* Condition Specific Isolation, whether directly or indirectly interacting with patient-discard prior to exiting room, do not extend use or reuse until you have been trained to do so in an approved safe manner. Competency verified and checklist completed (submit to Infection Prevention)
- Double masking in any manner is not recommended

Face Shield/Goggles

- Plastic reusable Googles that can be thoroughly disinfected between uses are the
 preferred eye PPE. Face Shields made entirely of plastic-non porous materials that can
 be thoroughly disinfected between uses may be substituted for eye PPE when patient
 care process indicates facial coverage and as face shield supplies exceed contingent
 supply capacity planning.
- Face Shields may be worn by Staff/Physicians when directly caring for intubated patients in Droplet: Condition Specific Isolation who have been trained to utilize face shields to safely extend the use of N-95 masks. (see above directions for N-95 extended use- when contingency plan in place)
- A face shield with a cloth/elastic head strap and porous sponge may be used when assigned to persons in Droplet: Condition Specific Isolation in place of goggles only if there are <u>no</u> aerosol generating tx/procedures being done. Once the face shields are disinfected for re-use, continued wear is permitted.
- All PPE used for an aerosol generating tx/procedures should be considered soiled and discarded before exiting patient care area, unless an item is approved for cleaning (i.e., all plastic face shield, goggles). **note**Face shields with foam, cloth, elastic head straps are porous and unable to be disinfected properly after an aerosolizing procedure, and must be discarded after the one time use.

Isolation Gown

 Staff/Physicians when caring for any patient in isolation for droplet or contact transmission – discard before exiting room-should not be worn in halls.

- Support staff performing work tasks inside a patient's room when the patient is in any type isolation (directly or indirectly interacting with patient)
- Any standard/universal precaution need, such as performing patient care tasks or environmental cleaning tasks where there is a potential for body fluid exposure.

Gloves

- Staff/Physicians providing direct bedside care
- Support staff performing work tasks inside a patient room (directly or indirectly interacting with patient).
- Any standard/universal precaution need, such as performing patient care tasks or environmental cleaning task where there is a potential for body fluid exposure.

Hand Hygiene

- o First line of defense. Our best personal protection is our intact skin.
- Frequent and effective hand hygiene is all you need in MOST social- and work-related situations.
- Spread love, humor, care, and compassion-not germs.

Where

- PPE is intended for use with the care processes directly related to patient care with thoughtful consideration to potential exposure.
- Should <u>not</u> be worn for other purposes outside of the patient care environment, unless otherwise directed. (Such as donning stations outside of room- go directly into room for care process, do not linger in halls or at nursing station in any PPE except masking as required).

WHY?

- We owe it to our patients to provide a safe care environment that targets ZERO in all hospitalacquired infections. ZERO HARM: ZERO EXCUSES
- We owe it to ourselves and our families to do our work to the best of our abilities and in the safest manner possible to prevent or control any pathogen transmission.
- We have to be responsible in choosing the appropriate PPE and diligent in following the procedures that have been put into place to keep everyone as safe as possible.

For additional guidance, please refer to:
INFPREV_PROC_NOHS_Personal Protective Equipment (PPE)
INFPREV_PROC_NOMC_NORH_Isolation Precaution Definitions and PPE
INFPREV_PROC_NOMC_NORH_Transporting the Isolated Patient
INFPREV_PROC_NOHS_Hand_Hygiene