

**GUIDANCE
USE AND REUSE OF PPE for COVID-19**



DOC ID HHCMPA42020 v3

Effective Date: 24 Mar. 2020

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Purpose	<p>To provide guidance for extended (1) limited reuse of NIOSH-certified N95 respirators, (2) extended use, reuse and cleaning/disinfecting of goggles, face shields, and protective eyewear (3) extended use of surgical and/or procedural mask and (4) extended use and allocation of isolation gowns.</p> <p>Please note, all guidance is subject to change as additional information becomes available.</p>
Scope	<p>NYC Health + Hospitals Health System</p>
Requirements	<p>Centers for Disease Control and Prevention (CDC) National Institute for Occupational Safety and Health (NIOSH)</p>
N95 Respiratory Policy	<p>While we encourage the re-use of N95 respirators as appropriate:</p> <ul style="list-style-type: none"> • The User must be appropriately trained on the donning and doffing of the N95 respirator. • The User must be the one responsible for making the decision of whether the criteria for re-use are met, and whether reuse is appropriate in the clinical setting. <p><u>DO NOT</u></p> <ul style="list-style-type: none"> • Do NOT wear an N95 respirator which was already used by someone else. • Do NOT wear an N95 respirator if you have facial hair and cannot obtain a tight seal. • Do NOT remove, adjust or touch the N95 respirator during patient care activities. • Do NOT reuse an N95 respirator during or after aerosol generating procedures such as bronchoscopy, intubation, or open endotracheal suctioning UNLESS a surgical mask was on top of the N95 to protect from aerosolized particles. <p>N95 Respirators ARE needed: when caring for a patient on Airborne Precautions or Airborne + Contact + Eye Protection Precautions</p> <p>N95 Respirators ARE NOT needed: when caring for a patient on Droplet Precautions or Droplet + Contact + Eye Protection Precautions</p> <p>N95 Extended Recommendations:</p> <ul style="list-style-type: none"> • If wearing an N95 respirator and a full face shield the N95 respirator may be worn repeatedly from patient to patient as long as it is not contaminated. • If wearing a N95 respirator alone, place a surgical mask on top so as to extend the use the N95 repeatedly from patient to patient. Perform seal check after donning simple mask to ensure seal is intact.

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	<ul style="list-style-type: none"> • Use the same N95 Respirator for the entire shift unless it is damaged, wet or contaminated with patient blood and/or body fluids (includes nasal or respiratory secretions) OR if it becomes difficult to breathe through. <p>N95 Reuse Recommendations:</p> <ul style="list-style-type: none"> • N95 Respirator can be re-used for up to 5 days UNLESS N95 Respirator is: <ul style="list-style-type: none"> ○ Damaged ○ Contaminated with patient blood and/or body fluids ○ Physical integrity is not intact (e.g., straps no longer functional) ○ Cannot achieve adequate fit ○ Cannot achieve seal check • Discard the N95 respirator after use/re-use in the regular trash unless free flowing blood noted. <p>Storing N95 for Reuse:</p> <ul style="list-style-type: none"> • Between uses, store the N95 respirator in a paper bag; label the bag with your name. Perform hand hygiene immediately after placing in bag. • Store the bagged N95 respirator in a convenient location (e.g., cabinet, med cart). <p>Do the following when wearing a N95 Respirator:</p> <ul style="list-style-type: none"> • Inspect N95 before each use to ensure its physical integrity is intact and perform a seal-check to ensure an adequate fit; discard if damaged. • Perform hand hygiene after putting on N95 and before touching patient. • Perform a seal check before each use (see below). If you cannot obtain a good fit, adjust the N95. • Carefully remove the N95 to prevent contaminating yourself or the N95. • Perform hand hygiene after discarding N95. <p>To perform a “seal check,” cover the respirator with one or both hands. Be careful not to disturb the position of the respirator. Inhale and exhale. If air leaks around the nose or edges, re-adjust the respirator. Make sure respirator seals snugly against the face. If you CANNOT achieve a proper seal after adjusting, get an unused respirator. Immediately notify your supervisor with questions.</p>
<p>Surgical and Procedure Mask Policy</p>	<p>When to Use: when caring for a patient on Droplet Precautions or Droplet + Contact + Eye Protection Precautions</p> <p>Surgical and Procedure Mask Extended Use Recommendation:</p> <ul style="list-style-type: none"> • Surgical and procedure masks can be worn repeatedly from patient to patient and for entire shift unless it is damaged, wet or contaminated with patient

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	<p>blood and/or body fluids (includes nasal or respiratory secretions) OR if it becomes difficult to breathe through.</p> <ul style="list-style-type: none"> • Surgical and procedure mask can be worn with any eye protection (face shield, goggles, or protective eyewear) • Do not extend use of surgical mask or procedure mask if: <ul style="list-style-type: none"> ○ Damaged ○ Contaminated with patient blood and/or body fluids ○ Physical integrity is not intact (e.g., straps no longer functional) ○ Cannot achieve adequate fit • Discard the surgical or procedure mask in the regular trash unless free flowing blood noted. • Do not touch front of the mask after use as it is contaminated after use. <p>Surgical and Procedure Mask Reuse Recommendation:</p> <ul style="list-style-type: none"> • Surgical and procedure masks are NOT to be reused <p>*Surgical mask and procedure mask must not be hanging off one ear or hanging around neck</p>
<p>CAPR/PAPR Policy</p>	<p>PAPR/CAPR Conservation Recommendation:</p> <p>CAPR shield cuffs should be disinfected between each use with a PDI sani-wipe (purple top) and reused until they are broken or no longer cleanable.</p> <ol style="list-style-type: none"> 1. Staff wearing clean gloves should disinfect the shield cuff by wiping down all inner and outer surfaces with disinfectant. 2. Allow the shield cuff to dry and place flat in a bag with your name on it (e.g. paper bag, patient belonging bag). 3. Staff should place the shield cuff in a secure location for reuse. 4. Discard and replace the cuff when it no longer remains securely attached to the helmet. 5. Store cleaned and disinfected cuffs in a clean, breathable container such as a paper bag or clean plastic bag without sealing it completely between uses. 6. Lay the cuff flat for storage. Avoid folding the cuff as that could damage the cuff.
<p>Eye Protection – Goggles, Face Shield and Protective Eyewear Policy</p>	<p>Eye Protection Extended Use Recommendations</p> <ul style="list-style-type: none"> • Eye Protection includes face shields, goggles or protective eyewear. • Eye Protection may be worn for an extended period when caring for multiple patients.

- Eye Protection may be worn from patient to patient if the eye protection is not touched, does not become contaminated with blood or body fluids, and is not removed.

Eye Protection Reuse Recommendations

- A key consideration for safe extended/reuse is that the face shield, goggles or protective eyewear must maintain its fit and function.
- The recommendations below are designed to provide practical advice so that face shield or goggle or protective eyewear are discarded before they become a significant risk for contact transmission or their functionality is reduced.

To reduce contact transmission after donning, take the following steps:

- Discard face shield or goggle or eyewear contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the face shield, goggle or eyewear.

Discard any face shield, goggle or eyewear that is obviously damaged or is unable to maintain its fit and function

Cleaning & Disinfection of Face Shield/Goggle/Protective Eyewear

1. While wearing gloves, carefully wipe the *inside*, followed by the *outside* of the face shield, goggles or protective eyewear with soap and water or a facility approved disinfectant wipe.
2. Carefully wipe the *outside* of the face shield, goggles or protective eyewear using a facility approved disinfectant wipe.
3. Wipe the outside of face shield, goggles or protective eyewear with clean water or alcohol to remove residue.
4. Fully dry (air dry or use clean absorbent towels).
5. Remove gloves and perform hand hygiene.

*Clean/Disinfect eye protection after each work shift and as needed if reusing the same goggle/face shield/protective eyewear.

Storing Eye Protection for Reuse:

- Pack or store cleaned/disinfected face shield, goggles or eyewear between uses/work shift so that they do not become damaged or deformed (example:

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	<p>labeled paper bag with wearer's name between uses. If using storage containers, ensure storage container is disposed of or cleaned regularly).</p> <ul style="list-style-type: none">• Face shield, goggles or protective eyewear must only be used by a single wearer.• To prevent inadvertent sharing of face shield, goggle or protective eyewear label containers used for storing face shield, goggle or protective eyewear or label the face shield, goggle or protective eyewear itself (e.g., on the straps) with the user's name to reduce accidental usage of another person's face shield, goggle or protective eyewear.
Gowns	<p>Extended Use</p> <ul style="list-style-type: none">• To extend the use of the isolation gown, wear an apron on top for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare personnel. Dispose apron in waste container after each use.• If there are shortages of gowns, they will be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare personnel.

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Definitions	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">N95 Respirator</td> <td style="padding: 5px;">An N95 respirator is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles.</td> </tr> <tr> <td style="padding: 5px;">CAPR/PAPR</td> <td style="padding: 5px;">Powered Air Purifying Respirators</td> </tr> <tr> <td style="padding: 5px;">Hot Zone</td> <td style="padding: 5px;">Designated area by facility leadership with cohorted suspected and/or confirmed COVID-19 patients</td> </tr> <tr> <td style="padding: 5px;">Eye Protection PPE</td> <td style="padding: 5px;">Includes face shield/visors, goggles or other protective eyewear</td> </tr> <tr> <td style="padding: 5px;">Healthcare Personnel (HCP)</td> <td style="padding: 5px;">HCP refers to all persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air</td> </tr> <tr> <td style="padding: 5px;">Aerosol Generating Procedure</td> <td style="padding: 5px;">Aerosol generating procedure: Examples include intubation, extubation, bronchoscopy, bag mask ventilation, sputum induction, chest PT, non-invasive ventilation (BiPAP), CPR, suctioning, nebulization. (The CDC does NOT consider the collection of a NP or OP swab an aerosol generating procedure).</td> </tr> <tr> <td style="padding: 5px;">Extended Use</td> <td style="padding: 5px;">Refers to the practice of wearing the same PPE for repeated close contact encounters with several patients, without removing the item between patient encounters. Extended use may be implemented when multiple patients are infected with the same respiratory pathogen and patients are placed together in dedicated waiting rooms or hospital wards.</td> </tr> </table>	N95 Respirator	An N95 respirator is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles.	CAPR/PAPR	Powered Air Purifying Respirators	Hot Zone	Designated area by facility leadership with cohorted suspected and/or confirmed COVID-19 patients	Eye Protection PPE	Includes face shield/visors, goggles or other protective eyewear	Healthcare Personnel (HCP)	HCP refers to all persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air	Aerosol Generating Procedure	Aerosol generating procedure: Examples include intubation, extubation, bronchoscopy, bag mask ventilation, sputum induction, chest PT, non-invasive ventilation (BiPAP), CPR, suctioning, nebulization. (The CDC does NOT consider the collection of a NP or OP swab an aerosol generating procedure).	Extended Use	Refers to the practice of wearing the same PPE for repeated close contact encounters with several patients, without removing the item between patient encounters. Extended use may be implemented when multiple patients are infected with the same respiratory pathogen and patients are placed together in dedicated waiting rooms or hospital wards.
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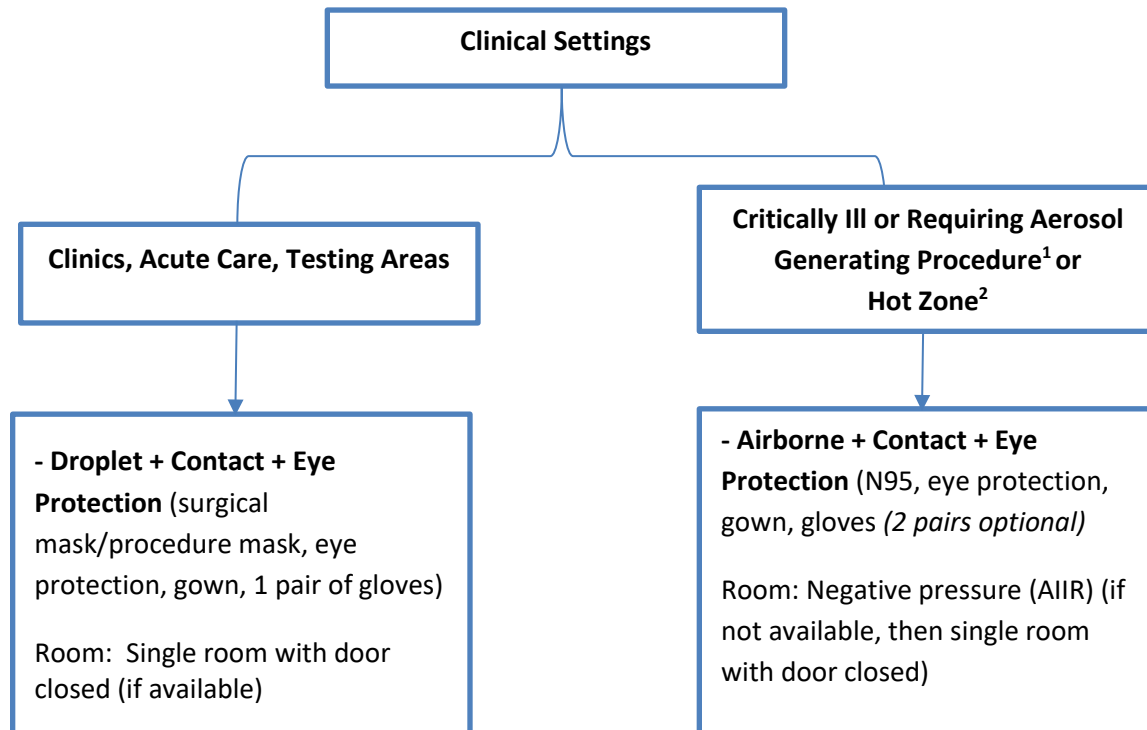
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References	FDA - https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/masks-and-n95-respirators CDC - https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html		





Personal Protective Equipment (PPE) for Patients with Suspected or Confirmed COVID-19



1 - Aerosol generating procedure: Examples include intubation, extubation, bronchoscopy, bag mask ventilation, sputum induction, chest PT, non-invasive ventilation (BiPAP), CPR, suctioning, nebulization. **(The CDC does NOT consider the collection of a NP or OP swab an aerosol generating procedure).**

2 – Hot Zone: Cohorted area with COVID-19 suspected/confirmed patients as designated by departmental leadership

Infection Control and PPE Recommendations for ED, Inpatient, and Surge Settings

Setting	Scenario	Patient	Healthcare Worker PPE	Non-Clinical Staff PPE	Transmission Based Precautions	Extended Use Strategies	
All areas, including ED waiting areas	All patients presenting with ILI are suspected to have COVID-19, unless indicated otherwise	Immediately provide surgical mask. Encourage hand hygiene. Separate from others by 6ft if possible.	Wear surgical mask and gloves if within 6 ft of patient.	Wear surgical mask and gloves if within 6 ft of patient.	Droplet	<p>N95/Surgical Masks:</p> <ul style="list-style-type: none"> To extend the use of an N95, don a barrier (face shield or surgical mask) over the N95. Discard N95 or surgical mask when visibly wet, contaminated or damaged. Eye Protection <ul style="list-style-type: none"> Using gloves, clean eye protection with a facility approved disinfectant wipe. Disinfect with a second wipe, allowing for appropriate contact time. Perform hand hygiene. Store the eye protection appropriately labeled. <p>Gown*</p> <ul style="list-style-type: none"> To extend the use of the isolation gown, wear an apron on top for care activities where splashes and sprays are anticipated. <p>*Applies to any color isolation gown.</p>	
ED/ICU/ Med/Surge Wards	Initial evaluation of patient with COVID-19 like illness ¹ <i>Or</i> Admitted patient with mild-moderate symptoms	Surgical mask	Surgical mask (Extended) Isolation gown (Extended) Eye Protection (Extended) Gloves (1 pair)	Avoid entering the room. Surgical mask and gloves if entry is necessary. Avoid close contact.	Droplet + Contact + Eye Protection		
	Critically ill patient <i>Or</i> Anticipation of aerosolizing procedures ² <i>Or</i> Designated Hot Zone ³	Surgical mask when possible, only remove when necessary for treatment	N95 (Extended) Isolation gown (Extended) Eye Protection (Extended) Gloves (double gloves optional)	Do not enter room.	Airborne + Contact + Eye Protection		
Testing Area/Tents/ Clinic/ Drive Thru	Specimen collection only (testing tents/drive through testing)	Surgical mask; only remove for specimen collection	Surgical mask (Extended) Isolation gown (Extended) Eye Protection (Extended) Gloves (1 pair)	Wear surgical mask and gloves if within 6 ft of patient.	Droplet + Contact + Eye Protection		
All Areas Environmental Cleaning	Room cleaning after patient discharge	--	Surgical mask (Extended) Isolation gown (Extended) Gloves (1 pair) Eye protection if splash risk (Extended)	Surgical mask and gloves if entry is necessary.	Droplet + Contact + Eye Protection		

1 - COVID-19 Like Illness: new onset subjective or measured fever OR cough OR shortness of breath OR sore throat that cannot be attributed to anything else.

2 - Aerosol generating procedure: Examples include intubation, extubation, bronchoscopy, bag mask ventilation, sputum induction, chest PT, non-invasive ventilation (BiPAP), CPR, suctioning, nebulization

3 - Hot Zone: Cohorted area with COVID-19 suspected/confirmed cases as designated by departmental leadership

4 - HCW: refers to all persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air (EV5, MD, RN, PA, etc)

5 - Eye Protection: Includes face shield, goggles or other approved protective eyewear

6 - Non-clinical staff include receptionists, front desk staff, hospital police, etc.



1 Prepare to don PPE.

- Remove watches, jewelry and other items that could interfere with integrity of PPE.

2 Gather PPE in proper sizes.

- Isolation gown
- Surgical mask or N95 Respirator*
- 1 pair of non-sterile gloves
- Face shield or goggles

3 Inspect PPE

- Inspect PPE for any holes, rips, or tears.

4 Perform hand hygiene.

- Perform hand hygiene on bare hands using alcohol-based hand sanitizer.

5 Don isolation gown.

- Ensure gown fully covers torso from neck to knees, arms to end of wrists, and wraps around the back.
- Fasten gown at the back of the neck and waist.

6a Don surgical mask.

- If the surgical mask has ear loops: hold the masks by the ear loops, and place a loop around each ear.
- If the surgical mask has ties: bring the mask to your nose and place the ties over the crown of your head, and secure by tying them in a bow.
- If the surgical mask has elastic bands: Place mask over nose. Pull both bands up and over your head and place the lower band at the base of your head (below ears) and the upper band at the crown of your head (above ears).
- Expand mask and ensure it completely covers bottom half of face.
- Place fingertips from both hands at top of nose area and slide down each side to mold it to the shape of your face.

6b Don N95* respirator

For aerosol generating procedures, caring for critically ill, or Hot Zone

- Open the mask fully by separating the 2 sides and bend the nose piece to a slight curve.
- Separate the 2 elastic bands.
- Place the bottom of the mask under your chin.
- Pull both bands up and over your head and place the lower band at the base of your head (below ears) and the upper band at the crown of your head (above ears).
- Place fingertips from both hands at top of metal nose piece and slide down both sides of metal nose piece to mold it to the shape of your face.
- Perform seal check** by inhaling and exhaling several times. Mask should deflate and inflate with breaths. Adjust mask if seal is not complete.

7 Don face shield or goggles.

- For face shield, expand the elastic band. Place over the back of head, pulling forward and over the head so that the foam strip sits just above the eyebrows.
- If wearing N95, recheck seal.**

8 Don gloves.

Extend to cover cuff of isolation gown.

9 Verify and Follow up.

Before entering room, healthcare workers must sign into Staff Log, located in the facility Special Pathogens Cart Binder.


EXTENDED USE OF PPE:
N95: To extend use of N95, must have either face shield on or surgical mask on top of N95 as barrier
Isolation Gown: To extend use of isolation gown, don an apron on top for patient care activities where splashes and sprays are anticipated.
Eye Protection: Can be used patient-to-patient if not contaminated. Clean & Disinfect as needed.

COLOR CODE:
Red: in patient room
Yellow: Outside room
Green: Clean zone outside room

COVID-19 PPE DOFFING PHOTO GUIDE


1 Inspect PPE. **In patient room:**

- Inspect PPE for soiling or breaches.
- If PPE visibly contaminated, use an EPA approved disinfectant wipe to swipe once over contaminated area and immediately discard into waste bin. Use fresh wipe for each visibly contaminated area.




2 Doff isolation gown and gloves. **Gown front and sleeves and the outside of gloves are contaminated!**

- Unfasten gown ties, taking care that sleeves don't contact body when reaching for ties.
- Grasp front of gown at shoulder level and pull away from body to break ties, touching outside of gown only with gloved hands.
- Pull gown away from neck and shoulders, carefully removing arms from gown.
- While removing gown, peel off gloves at the same time, only touching the inside of gown with bare hands, and fold or roll the gown inside-out into a bundle.
- Place gown + gloves into waste bin.
- If hands get contaminated during gown/glove removal, immediately wash hands or use alcohol-based hand sanitizer.




3 Perform hand hygiene.

Perform hand hygiene on bare hands using alcohol-based hand sanitizer or wash hands.




4 Doff face shield (or goggles). **Avoid touching outer contaminated area of face shield!**

- Bend at waist over waste bin.
- Grab rear strap with both hands. Pull up and over head, allowing face shield to fall away from face into waste bin.
- If hands get contaminated, wash hands or use alcohol-based hand sanitizer.

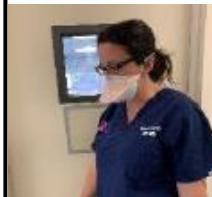


5 Perform hand hygiene.

Perform hand hygiene on bare hands using alcohol-based hand sanitizer or wash hands.




6 Transition to outside patient room. • Move to outside patient room. • **Ensure patient's room door is closed.**




7a Remove surgical mask. **Avoid touching outer contaminated area of mask!**

- Bend at waist over waste bin.
- Grasp loops around ears with both hands and pull forward and away from face, allowing mask to fall into waste bin.
- If hands get contaminated, wash hands or use alcohol-based hand sanitizer.




7b Remove N95 respirator. **Avoid touching outer contaminated area of mask!**

- Bend at waist over waste bin.
- Grasp bottom elastic strap with both hands and bring to top of head. Once at crown of head, grasp top elastic strap and pull forward and away from face, allowing mask to fall into waste bin.
- If hands get contaminated, wash hands or use alcohol-based hand sanitizer.



8 Perform hand hygiene.

Perform hand hygiene using alcohol-based hand sanitizer or wash hands.



9 Follow up. Sign out of Staff Log sheet.



COLOR CODE:
RED: In patient room/ED/ Hot Zone
Yellow: Outside room
Green: Clean zone outside room

EXTENDED USE & REUSE GUIDANCE FOR PPE

Eye Protection (face shield and goggles)

Extended use: Protective eyewear may have **extended use without removal** or may be **removed and reused** if it is not touched with contaminated material; Does not become contaminated with blood or body fluids; Maintains its fit and function

To reuse eye protection: Inspect. Discard if damaged or visibly contaminated.

- Don new gloves. Use an approved disinfectant wipe to clean/disinfect the inside, followed by the outside, of the face shield or goggles.
- Allow eye protection to dry.
- Remove gloves and perform hand hygiene.
- Label the protective eyewear with the User's name on the strap of face shield or temples of goggles.
- Place in a paper bag and label with User's name and unit. If a storage container is used, it must be disinfected regularly.
- Store in a secure place until next use.

N95 Respirator

Extended use: The same N95 respirator may have **extended use without removal** if a surgical mask is worn over N95 or may be **removed and reused for up to 5 days** unless it is wet, damaged contaminated with blood or body fluids, physical integrity and fit is lost, seal cannot be achieved, or becomes difficult to breathe through.

To reuse N95:

- Outside room, don new pair of gloves. Place N95 on a paper towel/wipe. Label the User's name on the outer compressed edge of the N95.
- Place N95 in a paper bag. Label with User's name and unit. If a storage container is used, it must be disinfected regularly.
- Doff gloves and perform hand hygiene.
- Store in a secure place until next use.