

Congregate COVID-19 Use of N95 as Personal Protective Equipment (PPE) Risk Assessment and Response Tool

CDC Situational update as of May 2021:

The supply and availability of NIOSH-approved respirators have increased significantly over the last several months. Healthcare facilities should not be using crisis capacity strategies at this time and should promptly resume conventional practices. Check the [NIOSH Certified Equipment List](#) to identify all NIOSH-approved respirators.

Healthcare facilities should stop purchasing non-NIOSH approved respirators for use as respiratory protection and consider using any that have been stored for source control where respiratory protection is not needed. Respirators that were previously used and decontaminated should be discarded. We do not know the long-term stability of non-NIOSH approved respirators and respirators that have been decontaminated, and if these will be recommended for use in the future. Healthcare facilities should return to using only NIOSH-approved respirators where needed.

This applies to the following guidance documents:

- [Strategies for Optimizing the Supply of N95 Respirators](#)
- [Summary for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during Shortages](#)
- [Implementing Filtering Facepiece Respirator \(FFR\) Reuse, Including Reuse after Decontamination, When There Are Known Shortages of N95 Respirators](#)
- [Factors to Consider When Planning to Purchase Respirators from Another Country](#)

SPICE, DHSR and NCDPH, in partnership agree that conventional strategies are ideal and should be resumed as soon as possible but recognize it may not be feasible in every facility, based on the number of residents on precautions and the supply of NIOSH approved N95s at the present time.

Facilities should return to conventional strategies as soon as possible. In the interim facilities should conduct a risk assessment for their facility.

A Risk assessment should be completed (attached) to determine if supply of N95s has normalized in a sufficient number to transition to conventional strategies.

The risk assessment should be re-evaluated no less than every two weeks to evaluate changes in the number of residents requiring precautions for suspected/confirmed COVID-19 and/or changes in availability of NIOSH approved N95s.

Facility Name: _____

Date of assessment: _____

At the time of assessment:

1. County positivity rate at time of assessment	
2. Total number of licensed beds	
3. Total number of residents <u>positive for COVID-19</u> and still on precautions	
4. Total number of <u>unvaccinated residents that are newly admitted/readmitted and on precautions.</u>	
5. Total number of residents with <u>known exposure</u> and on precautions	
6. Total number of residents <u>receiving *aerosol generating procedures (AGPs)</u>	
7. Total number of residents <u>requiring healthcare personnel to use an N95 for care.</u>	
8. Approximate number of patient care encounters for each resident on precautions in a 24-hour period (use formula below)	
9. Based on CDC's Burn Rate Calculator:	
a. How many NIOSH-approved N95s available at time of assessment?	
b. Total number of NIOSH-approved N95s required if changed between each resident on precautions and used for AGPs (use formula(s) below)	

Calculation: N95 use for residents on precautions

Each resident has ____ RN/LPN assigned over a 24-hour period: minimum encounter for each resident = ____ **total of** ____ encounters OR ____ N95s used

Each resident has ____ CNAs assigned over a 24-hour period; minimum encounter for each resident = ____ **total of** ____ encounters OR ____ N95s used

Total number of HCP encounters per resident X number of residents on precautions = **Number of N95s used per day** _____

Calculation: N95 use for aerosol generating procedures (AGP)

Number of AGPs (requiring use of an N95) performed in a 24 hour = **Total** number of N95s used _____

If changed between each encounter and after each procedure:

Total number of resident encounters + the total number of N95s used for AGPs = the MINIMUM total number of N95s used in one day = _____

Based upon this risk assessment, contingency strategies:

will ☐ **will not** ☐

be required to ensure available of NIOSH approved N95s at this time.

Action(s) based on risk assessment:

Extended use of N95s will be implemented for residents on a **cohort unit where precautions** have been implemented for confirmed COVID-19 positive, known exposure to COVID-19 or unvaccinated new admissions/readmissions placed on observation for 14 days.

N95s will be discarded and replaced:

- When removed for any reason including meal breaks
- When leaving the cohort unit for any reason
- At the end of the day
- If it becomes contaminated or difficult to breathe through.
- After use when performing an aerosol generating procedure

****CDC notes: Commonly performed medical procedures that are often considered AGPs, or that create uncontrolled respiratory secretions include: open suctioning of airways, sputum induction, cardiopulmonary resuscitation, endotracheal intubation and extubation, non-invasive ventilation (e.g., BiPAP, CPAP), bronchoscopy, manual ventilation.***

Based on limited available data, it is uncertain whether aerosols generated from some procedures may be infectious, such as: nebulizer administration*, high flow O2 delivery