



COVID-19

novel coronavirus

Current Covid-19 PPE Recommendations from CDC (3/19/20)

Updated Personal Protective Equipment (PPE) recommendations for the care of patients with known or suspected (including patients with a temperature greater than 100.4° and a cough) COVID-19 include the following:

Surgical masks are an acceptable alternative when the supply chain of respirators (N95, PAPRs) cannot meet the demand.

- During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.

Eye protection (goggles or face shield), gown, and gloves continue to be recommended.

- If there are shortages of gowns, they should 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 HCP.
- Whenever possible in low risk situations, use reusable gowns.

Please remember to minimize transmission from patients in the waiting room by providing them with a face mask or cloth barrier for patients presenting with a cough.

Strategies for Optimizing PPE

Due to our current local pandemic response, our local PPE supplies have reached crisis capacity. CDC has made the following recommendations to stretch the PPE supplies during the crisis:

- **Respirators can be used beyond shelf life**
 - Check seal and make sure elastic band is still intact
 - CDC does not recommend using N95s beyond the manufacturer-designated shelf life in **surgical** settings.
- **Use of respirators approved under standards used in other countries that are similar to U.S. approved N95 respirators can be used**
 - For a full list, please see: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html>
- **Limited re-use of N95 respirators**
 - Re-use refers to the practice of using the same N95 respirator for multiple encounters with patients but removing it ('doffing') after each encounter.



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- Between encounters, store respirators in protective, accessible place; but importantly not around your neck.
- CDC recommends that a respirator classified as disposable can be reused by the same worker as long as it remains functional and maintains physical integrity (straps and seal are intact)
- **Extended use** refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several patients, without removing the respirator between patient encounters.
 - Extended use has been recommended as an option for conserving respirators during previous respiratory pathogen outbreaks and pandemics.

Donning and Doffing PPE

Donning PPE must always take place in an area where it is safe to be without PPE such as the hallway or the nurse server.

Don PPE in the following order:

1. Perform hand hygiene
2. Gown (If gown isn't available or not being utilized, skip this step)
3. N95 Respirator
4. Face shield/eye protection
5. Gloves

Doffing PPE begins in the patient room at the exit. Position yourself close to the exit with a (recommend biohazard) waste container and linen hamper within reach.

Doff PPE in the following order:

1. Perform hand hygiene
2. Gown (Skip this step if not utilized)
3. Properly remove gloves
4. Perform hand hygiene
5. Face shield/eye protection
6. Exit patient room (only PPE remaining is your N95 respirator)
7. Perform hand hygiene
8. N95 respirator
 - a. Place in protective storage
9. Perform hand hygiene



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For visual aid and more in-depth explanation, follow link:

https://www.nebraskamed.com/sites/default/files/documents/covid-19/donning_stepbystep_03062020.pdf

Strategies for Optimizing the Supply of PPE link: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

When to discard N95:

- Discard N95 respirators following use during aerosol generating procedures.
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Discard N95 respirators following close contact with, or exit from, the care area of any patient co-infected with an infectious disease requiring contact precautions.
- Consider use of a cleanable face shield on top of an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls) to reduce surface contamination.
- Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
- Discard any respirator that is obviously damaged or becomes hard to breathe through.

Extended and Reuse General Recommendations

- Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly.
- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
- Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, perform hand hygiene as described above.
- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.
- Follow the manufacturer's user instructions in conducting a user seal check.



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- Follow the employer's maximum number of donnings and recommended inspection procedures.
- **Discard any respirator that is obviously damaged or becomes hard to breathe through.**

HCP use of non-NIOSH approved masks or homemade masks

In settings where N95 respirators are so limited that routinely practiced standards of care for wearing N95 respirators and equivalent or higher level of protection respirators are no longer possible, and surgical masks are not available, as a last resort, it may be necessary for HCP to use masks that have never been evaluated or approved by NIOSH or homemade masks. It may be considered to use these masks for care of patients with COVID-19, tuberculosis, measles, and varicella. However, caution should be exercised when considering this option.

More information:

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings-

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>