

**UPDATED REQUIREMENTS AND RECOMMENDATIONS ON PPE FOR COVID-19**

(Updated 03/26/20)

In response to provider concerns, this document revises and clarifies several situations.

The language “tier” has been changed to “category”.

Fit testing of N95 or alternates has been waived as part of this crisis situation.

No Changes in this Box

With these recommendations, we are doing our best to keep all patients and team members as safe and as comfortable as possible, while conserving the supply of healthcare regulation-approved PPE for those in the highest risk, direct patient care situations. This guidance will be reevaluated as circumstances evolve.

In order to clarify recommendations for PPE, particularly use of masks, this document outlines requirements and recommendations for care providers at greatest risk for exposure to COVID-19. We also outline areas where PPE is not officially required or recommended due to the very low risk of exposure but where anxiety continues to build as team members see co-workers wearing PPE. The following recommendations are categorized based on CDC guidelines, taking into account duration and degree of exposure to patients and concern expressed about growing anxiety among health care providers (HCP) and other employees.

It is important to recognize that St. Louis is still seeing relatively low but rising numbers of community-acquired COVID-19 cases, and that the majority of patients who are being seen in the hospital setting are NOT infected with the virus. However, in the setting of COVID-19 community spread, the risk of COVID-19 is unknown when patients are first assessed at medical facilities. Initial evaluation of patients who have not been or cannot be adequately screened for COVID-19 symptoms and risk factors creates a higher risk of exposure to patients whose COVID-19 infection is unrecognized. It is critically important that providers involved in these types of first encounters carefully assess all patients for COVID-19 risk, and that they use appropriate PPE for that encounter.<sup>1</sup>

**Category 1 : Contact Precautions (gown/gloves), N95 respirator or PAPR or CAPR, goggles or face shield required for care of**

- COVID-19 suspected or confirmed patients requiring ICU-level care
- COVID-19 suspected or confirmed patients undergoing known Aerosol Generating Procedures (AGPs) in any patient care area, including ED; examples – intubation, extubation, bronchoscopy.

**Category 2 : Contact Precautions (gown/gloves), yellow isolation mask OR N95 respirator or PAPR or CAPR, goggles or face shield used according to professional judgement for care of<sup>2</sup>**

- Any patients, including COVID-19 suspected or confirmed patients, undergoing other procedures of concern, or where bodily fluids are difficult to control, such as: ENT surgical procedures and scopes, TEE, EGD, colonoscopy, vaginal deliveries, other high risk OR procedures that involve insufflations (laparoscopy, thoracoscopy), suctioning, or smoke generation. This list is not exhaustive.
- Patients whose initial clinical assessment and management involves critical care such as codes or trauma care, whose COVID-19 risk status is not established and cannot be established promptly (ED, WAC, urgent care settings). This could include patients presenting with MI, stroke, septic shock, acute respiratory failure, etc.
- Patients whose COVID-19 risk status is not established being initially evaluated or cared for in the ED/WAC/urgent care settings, until risk for COVID 19 and clinical stability is established.

**Category 3 : Contact / Droplet Precautions: gown/gloves, yellow isolation mask, goggles or face shield required for care of<sup>3</sup>**

- Suspected or confirmed COVID-19 patients who are clinically stable, in: ED, urgent care, general patient care, and outpatient settings.
- Patients being initially assessed whose COVID-19 risk status is not established in all settings where patients are first encountered, other than those already mentioned in Category 2 above. This includes direct admission scenarios and procedural units (i.e., cath lab, dialysis, endoscopy, echo, imaging, rad onc, chemo infusion, pulmonary lab) where pre-screening is always recommended when feasible.
- Note: For personnel not providing direct patient care, in ED, WAC, and urgent care settings, isolation masks are not required, but will be available.

**Category 4: Isolation masks (yellow), with eye protection (goggles or face shield) recommended for care of**

- All patients (not addressed above) with respiratory signs or symptoms, in all patient units until a diagnosis is established, after which providers should follow usual isolation precautions.

**Category 5: No additional PPE recommended, at this time, for**

- Care of patients NOT suspected to have COVID-19. This would include all patients whose initial assessment was determined to be low or no risk of COVID-19 infection. Providers should continue to follow usual protocols for PPE use.
- Team members working in patient care delivery areas with “casual contact” with patients. Examples include: Pharmacy, Environmental Services, Public Safety Officers, Dietary Services, Patient Access, Supply Chain personnel. All should continue to follow usual protocols for PPE.
  - If these personnel are participating as part of teams in the ED or other urgent assessment situations they should follow the same guidelines as other team members in those environments (e.g. Public Safety assisting with patient in ED).
- Team members whose interactions are limited to brief “community level” interactions with patients, employing social distancing.
- Note- For anyone who is not providing patient care and not a member of a care team, or not using regulation PPE according to the guidance above or other standard precautions guidance: team members may choose to wear alternative (non-regulation approved) PPE, such as “home-made” masks. This can help people comply with social distancing principles, and remind them not to touch their faces. Personnel should not substitute “home-made” masks for specifically recommended or required regulation PPE. When personnel need to remove home-made and apply regulation equipment, they must wash hands, remove the home-made mask, store it cleanly, and apply regulation PPE. Home-made masks contaminated must be appropriately discarded. Otherwise, home-made masks should be laundered daily at home or replaced. Donations of such home-made masks are welcomed and will be reviewed by our supply chain team before distribution.

BJC encourages PPE conservation among care providers by wearing isolation masks and N95 respirators as long as safely possible (e.g., only discard isolation masks when wet, torn, or soiled; store/reuse N95 respirator when feasible. See separate extended and reuse guidance).

With the estimated “peak” of COVID-19 infections still some time away, we must conserve essential PPE so that it will be available for increased need in the near future. BJC Supply Chain professionals are working constantly to identify options to PPE availability.

Remember: Masking is only one part of a comprehensive strategy to keep team members safe, which includes:

- social distancing,

- frequent hand hygiene and respiratory etiquette,
- working from home, if possible,
- visitor restrictions,
- symptom monitoring,
- screening of those suspected of having COVID-19,
- eliminating non-urgent, elective clinic visits and procedures and adding virtual care... keeping people home and away from health care services as much as possible.

*Notes:*

<sup>1</sup> *It is critically important that providers performing the first assessment of a patient at the medical center make a careful assessment of the risk of possible early COVID-19 infection. This includes taking a careful epidemiologic history including contacts with possible COVID-19 infected patients, AND taking a very detailed history of possible early symptoms of COV-19 Infection. See Infection Prevention guidance document. (Screening criteria updated regularly) . If there are concerns for early COVID-19 infection, expert advice from Infection Prevention and /or ID should be sought.*

<sup>2</sup> *The choice of using an N95 respirator or yellow isolation mask is available to providers as outlined above in Category 2, recognizing the critical importance of conservation of masks and respirators. If N95 respirators are used, providers should plan to reuse or extend their use when feasible, in line with guidance on reuse and extended use (see separate guidance document).*

<sup>3</sup> *Current advice from the CDC suggests that, **when combined with appropriate face and eye protection**, both N95 respirators and yellow isolation masks provide equivalent protection, in the absence of aerosol-generating procedures.*