

## **COVID-19 PPE REQUIREMENTS AND RECOMMENDATIONS**

### **By Respiratory Protection Type**

(version 13; 04/02/2020)

Previous Category Types changed to Respiratory Protection Types

Significant changes to encourage expanded use of isolation masks

New one-page infographic created to support this document: *COVID-19 Personal Protective Equipment by Respiratory Category* v1 04/02/20

The following recommendations are categorized based on CDC guidelines, taking into account duration and degree of exposure to patients, necessary PPE conservation measures and concern expressed among health care providers (HCP) and other employees.

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. 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. 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>

Team members are encouraged to wear the highest level of protection provided throughout the duration of their shift to conserve PPE. Team members may see others wearing different levels of PPE based on type of patient care interaction they experience.

### **N95 RESPIRATOR**

**PPE Required: N95 respirator or PAPR/CAPR, face shield or goggles, isolation gown and gloves required for care of**

- COVID-19 suspected or confirmed patients who are critically ill requiring ICU-level care
- COVID-19 suspected or confirmed patients undergoing Aerosol Generating Procedures in any patient care area, examples – intubation, extubation, bronchoscopy.

### **ISOLATION MASK OR N95 RESPIRATOR**

**PPE Required: Isolation mask (or N95 respirator or PAPR/CAPR according to professional judgement), face shield or goggles, isolation gown and gloves 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 surgical 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 or urgent care settings, until risk for COVID 19 and clinical stability is established.

## **ISOLATION MASK**

### **PPE Required: Isolation mask, face shield or goggles, isolation gown and gloves for care of<sup>3</sup>**

- COVID-19 suspected or confirmed patients who are clinically stable, in: inpatient units, outpatient settings, clinics, ED, urgent care
- 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 above. This includes direct admission scenarios and procedural units (e.g. cath lab, dialysis, endoscopy, echo, imaging, rad onc, chemo infusion, pulmonary lab) where pre-screening is always recommended when feasible.
- All patients with respiratory signs or symptoms, in all patient units until a diagnosis is established, after which providers should follow usual isolation precautions.
- Note: For personnel not providing direct patient care, in ED, WAC, and urgent care settings, isolation masks are not required, but will be available.

## **ISOLATION MASK**

### **PPE Recommended: Isolation mask**

- All other team members with patient contact
- All other team members with significant public interactions
- Note: In non-patient care areas, team members may choose to use alternative (non-regulation approved) PPE, such as home-made masks, since this will help people comply with social distancing principles, and remind them not to touch their faces. Donations 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).

With the unprecedented demand on our healthcare organizations, we must conserve essential PPE so that it will be available for increased need in the near future. BJC Supply Chain professionals work constantly to identify options to increase 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 health service organization 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 COVID-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 Infectious Diseases should be sought.*

<sup>2</sup> *The choice of using an N95 respirator or isolation mask is available to providers as outlined above, 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.*

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