# PPE for Patient Encounters During COVID-19 Pandemic



All staff that regularly interact with patients within 6 feet should wear a surgical mask throughout their shift. See Mask Guidance for additional information.

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CATEGORY	DEFINITION	REQUIRED ISOLATION/PPE
0	Patient not suspected of having COVID-19	• Hand hygiene, cover cough/sneeze • PPE according to task. <i>See Standard Precautions</i> .
		PATIENTS: Hand hygiene, cover cough/sneeze
1	Asymptomatic patient with known exposure to COVID-19 <b>OR</b> Travelled from high-risk areas within last 14 days	<ul> <li>STAFF: • Surgical mask</li> <li>• PPE according to task. See Standard Precautions.</li> </ul>
•		PATIENTS: MUST wear surgical mask if traveling outside room for medically essential purposes
2	PUI or Positive COVID-19	<ul> <li>STAFF: Contact Precautions (gown and gloves)</li> <li>Droplet Precautions (N95 Respirator)</li></ul>
		PATIENTS: MUST wear surgical mask if traveling outside room for medically essential purposes
3	Positive COVID-19 requiring aerosol- generating procedures (i.e., BiPAP, CPAP,	<ul> <li>STAFF: Contact Precautions (gown and gloves)</li> <li>Airborne Precautions (N95 Respirator or PAPR)</li> <li>Eye protection (face shield or goggles)</li> <li>Negative pressure room</li> </ul>
	endotracheal intubation, high- flow nasal cannula, nebulizers, tracheal suctioning)	PATIENTS: MUST wear surgical mask if traveling outside room for medically essential purposes

# **Special Situations**

**Emergency Department Staff and Outpatient Healthcare Workers with any patient encounter of PUI:** Follow Category 2 for PPE.

# Glossary

**High-risk Area** — Areas with a Level 3 Travel Health Notice identified by the CDC *Visit www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html for current list.* 

**PAPR** — Powered Air-purifying Respirator

**PPE** — Personal protective equipment

**PUI** — Patient Under Investigation (symptoms concerning for COVID, or pending COVID test)

# **Mask Guidance**

## SURGICAL MASKS

## Discard mask in regulated medical waste container if:

- contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- obviously damaged or hard to breathe through.
- your shift ends.

#### **EXTENDED USE**

- Wear mask for ENTIRE shift unless soiled, damaged, or hard to breathe through.
- Do not touch the mask. If you touch or adjust your mask, you must immediately perform proper hand hygiene.
- Leave the patient care area if you need to remove your mask.

#### **REUSE**

- Masks that fasten via ties that are unable to be undone and are torn need to be discarded.
- Masks should be carefully folded so the outer surface is held inward and against itself to reduce contact with the outer surface during storage.
- Keep used masks in a clean, breathable container such as a paper bag between uses. Do not store in a plastic bag. Keep in a clean space outside patient room, such as a wall locker next to patient room or top of the isolation cart. To prevent accidental use of another's mask, label:
  - container with first initial and last name of owner
  - strap of mask with first initial and last name of owner

## Glossary

**Extended Use** — The practice of wearing the same mask/respirator for repeated close contact encounters with several patients, without removing the mask/respirator between patient encounters.

**Reuse** — The practice of using the same mask/respirator for multiple encounters with several patients but removing it after each encounter.

### **N95 RESPIRATORS**

Extended and limited reuse of respirators were recommended for conserving respirators during previous respiratory pathogen outbreaks and pandemics.

Use face shield over N95 respirator to reduce surface contamination. If only goggles are available, discard goggles after single use.

Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting respirator.

# Discard respirator in regulated medical waste container if:

- used for aerosol-generating procedure.
- contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- obviously damaged or hard to breathe through.
- reused (donned/doffed) a maximum of 5 times.

#### **EXTENDED USE**

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.

#### **REUSE**

- Keep used respirators in a clean, breathable container such as a paper bag between uses. Do not store in a plastic bag. Keep in a clean space outside patient room such as a wall locker next to patient room or top of the isolation cart. To prevent accidental use of another person's respirator, label:
  - container with first initial and last name of owner
  - strap of respirator with first initial and last name of owner
- 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.

# **Standard Precautions**FOR THE CARE OF ALL PATIENTS

Includes Blood, Body Fluids, Secretions, Excretions, and Contaminated Items

Wash hands BEFORE and AFTER patient care regardless of whether gloves are worn.  - Wash hands immediately after gloves are removed and between patient contacts.
Wear gloves when touching blood, body fluids, secretions, excretions, and contaminated items Put on clean gloves just before touching mucous membranes and nonintact skin.
Wear mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient care activities that are likely to generate splashes or sprays of blood/body fluids.
Wear gown to protect skin and prevent soiling of clothing during procedures and patient care activities that are likely to generate splashes or sprays of blood & body fluids. Remove soiled gown as promptly as possible and wash hands.
Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles.
Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation.
Cover your cough and sneeze with tissues or cough and sneeze into your sleeve.
Avoid touching your face (eyes, nose and mouth) with unclean hands.
Clean and disinfect shared patient equipment.
Use aseptic technique.

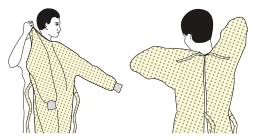
# **Donning (Putting On) PPE**

# SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

## 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



## 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator





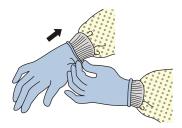
# 3. GOGGLES OR FACE SHIELD

· Place over face and eyes and adjust to fit



# 4. GLOVES

• Extend to cover wrist of isolation gown



# USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- · Limit surfaces touched
- · Change gloves when torn or heavily contaminated
- Perform hand hygiene



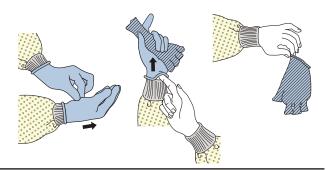
# Doffing (Taking Off) PPE EXAMPLE 1

# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

#### 1. GLOVES

- · Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- · Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- · Discard gloves in a waste container



#### 2. GOGGLES OR FACE SHIELD

- · Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

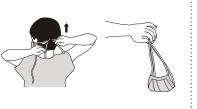


## 3. GOWN

- · Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- · Pull gown away from neck and shoulders, touching inside of gown only
- · Turn gown inside out
- · Fold or roll into a bundle and discard in a waste container

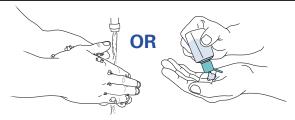
#### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated D0 NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- · Discard in a waste container





# 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



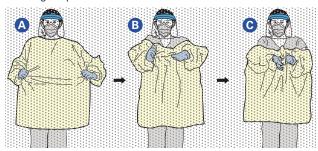
## Doffing (Taking Off) PPE EXAMPLE 2

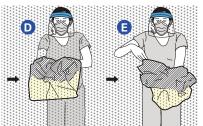
# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

#### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container





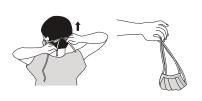
### 2. GOGGLES OR FACE SHIELD

- · Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



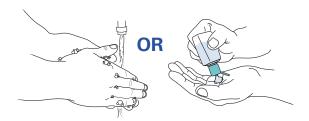
#### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated D0 NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- · Discard in a waste container





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