APPLICATION

All hospital and clinical Health Care Professionals (HCP)

DEFINITIONS

• NONE

INSTRUCTION STEPS

1. Administrative controls
   A. Limit number of HCPs entering COVID-19 patient rooms
   B. Cohort COVID-19 patients on specified wards. Cohort nurses to provide their care.
   C. Limit or prohibit visitors to COVID-19 rooms.
   D. N95 respirators should be stored centrally under the control of an administrator and only distributed for use when clearly indicated. Storage should not be in such a way as to prevent emergency access to respirators if necessary.
   E. Where feasible, use alternatives to N95 respirator such as powered air purifying respirators (PAPR’s) as these are cleanable and reusable.

2. Implement Extended Use of N95 respirators:
   A. Extended use of N95 respirators 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 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
   B. Extended use of N95 respirators for cohorted COVID-19 patients is acceptable provided these practices are observed:
      1) Discard N95 respirators following use during aerosol generating procedures.
      2) Discard N95 respirators obviously contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
      3) Consider use of a cleanable face shield over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls) to reduce surface contamination.
      4) 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).

3. Re-use of N-95 Respirators - General
   A. Reuse refers to the practice of using the same N95 respirator for multiple encounters with patients but removing it (‘doffing’) after each encounter. The respirator is stored in a breathable container and labeled with the user’s name

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between encounters to be put on again (‘donned’) prior to the next encounter with a patient.

B. The practice of reusing N95 respirators should be immediately implemented for care of TB patients as fomite concerns are not present.

C. N95 respirators should only be worn and/or reused by a single wearer (not shared). Label the respirator with the user’s name to prevent staff from reusing another’s respirator. Labeling should be written on the straps whenever feasible to prevent damage to the respirator.

D. The number of times the respirator is used should be tracked in an easily identifiable manner.

4. COVID-19 Re-use of N95’s – to be initiated at the order of the Coronavirus Task Force provided these practices are observed:

   A. Use a cleanable face shield (preferred) over an N95 respirator when feasible to reduce surface contamination of the respirator.

   B. 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.

   C. 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).

   D. Avoid touching the inside of the respirator.

   E. 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.

5. When to discard/discontinue re-use of N95 respirators:

   A. Discard respirators that are obviously damaged or cannot achieve an adequate fit during a seal check.

   B. Discard N95 respirators following use during aerosol generating procedures.

   C. Discard N95 respirators obviously contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.

   D. Discard N95 respirators following close contact with any patient co-infected with other significant pathogens (MRSA, etc.).

   E. Discard after five re-uses unless the Coronavirus Task Force specifies more re-uses as shortages may necessitate.

ATTACHMENTS

• NONE

REFERENCES

• SHS Work Instruction: PPE Conservation – In Times of Need

REVIEW/REVISION HISTORY

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<thead>
<tr>
<th>Date of Revision</th>
<th>Revision #</th>
<th>Revision / Review</th>
<th>Revision Description</th>
<th>Collaborated With (i.e. Standardization Committee, VP’s, Quality, Risk)</th>
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<td>SHS Coronavirus Task Force</td>
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