TITLE:	Extended and Re-Use Personal Protective Equipment (PPE) Procedure - Infection Prevention	NUMBER: 8727-072
ORIGINATING DEPT:	Infection Prevention	PAGE 1 of <u>4</u> 3

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SCOPE:

Columbia Memorial Hospital (CMH) Departments and Clinics

GENERAL POLICY STATEMENT:

During immediate or emerging infectious disease crisis situations that may affect the expected availability of simple/surgical masks, eyewear and N95 respirators, then alternative strategies must be implemented in order to ensure appropriate protection is implemented for the safety of staff and patients.

PURPOSE:

To optimize availability of PPE during times of inadequate product availability.

DEFINITIONS:

Extended Use – refers to the practice of wearing the same eyewear, mask or respirator for repeated close contact encounters with several different patients, without removing the respirator between patient encounters.

Re-Use – refers to the practice of using the same eyewear, mask or respirator by one Healthcare Professional (HCP) for multiple encounters with different patients but removing the respirator (i.e. doffing) after each encounter. This practice is often referred to as "limited reuse" because restrictions are in place to limit the number of times the same respirator is reused.

<u>Mask</u> – medical grade ASTM level 1,2, or 3 mask OR mask that meets ASTM level filtration requirements as approved by CMH Infection Prevention.

Facecovering – non medical grade mask

PROCEDURE:

1. Infection Prevention will determine whether extended use, re-use or combination strategies are appropriate based on the case situation occurring, department needs and/or specific patient care processes.

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4.2. Utilization of PAPR respirators will be prioritized in situations that N95's may be utilized, as appropriate.

2.3.Eyewear:

- a. Extended Use staff should avoid touching eyewear. If eyewear is touched then the healthcare worker must perform hand hygiene immediately.
- b. Re-Use staff should remove eyewear, wipe with hospital approved disinfectant. Perform hand hygiene. Wash eyewear with soap and water if disinfectant leaves any film that diminishes visualization.

3.4. Surgical \ Mask

- a. Extended Use Only staff should avoid touching mask. If mask is touched, then the healthcare worker must perform hand hygiene immediately.
- b. Dispose at end of shift unless it becomes soiled, contaminated, wet or difficult to breathe through.

4.5.N95

- a. Extended use:
 - i. Masks should be changed if breathing becomes difficult or the mask becomes soiled, wet or damaged.
 - ii. Masks should be disposed of at the end of every shift; maximum 12 hours.

b. Re-use guidelines:

- i. If the situation defines use of contact precautions in order to prevent the spread of the identified infectious agent, then the N95 respirator must be covered with a basic, simple mask, facecovering, or full-face shield while being worn.
- ii. If the situation does not define use of contact precautions in order to prevent the spread of the identified infectious agent, then a simple mask does not need to be worn over the N95 and it may be stored between use until the time in which CMH removes the extended use reuse protocol.
- iii. Dispose of after aerosol generating procedures.
- iv. Storage should be in a brown paper bag in a manner that prevents damage, contamination, dust, sunlight, extreme temperatures, excessive moisture and damaging chemicals. They should also be stored in a manner to prevent deformation of the facepiece.
- v. Respirator should be reused a maximum of five times.
- vi. Use clean gloves each time the respirator is donned and doffed. Remove gloves immediately after donning/doffing and perform hand hygiene.
- vii. Staff must perform hand hygiene prior to and after any direct contact with the respirator.

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- c. Extended Use/Re-Use Combination Guidelines:
 - i. Respirators must be covered by basic, simple mask or facecovering while being worn. Mask should be changed between patients. Hand hygiene after contact with mask.
 - Respirator may be used until breathing becomes difficult or mask becomes soiled, wet or damaged.
 - iiii. Should not be used in a time period to exceed 12 total hours.

Any respirator that is obviously damaged or becomes hard to breathe through must be disposed of.

6. PAPR Respirators

- a. PAPR Shrouds/hoods may be reused between patients with identified same communicable disease diagnosis.
- b. PAPR/shroud area not covered by cover gown should not be touched; if touched hand hygiene should be completed immediately.

REFERENCES:

- o 3M N95 Frequently Asked Questions as retrieved from http://multimedia.3m.com/mws/media/323208O/n95-particulate-respirators-1860-1860s-1870-faqs.pdf
- https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

COVID Specific:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html

https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

ATTACHMENTS:

None

KEY WORDS:

o N95, re-use, extended use, PPE, personal protective equipment

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APPROVED BY: Executive Committee

EFFECTIVE DATE: 03/17/2020

LAST REVIEWED: Not Set

LAST REVISED: 12/03/2020

STANDARDS SOFTWARE APPROVAL PATHWAY:

[Infection Preventionist] → [Director of Nursing/VP of Patient Care Services]

COMMITTEE APPROVAL PATHWAY:

EXEC