

There have been many changes to the guidelines on COVID-19 (suspected or confirmed) PPE requirements over the last several weeks. We are hopeful that the guidance below will offer some clarification. In the inpatient setting, N95 respirators are only needed in a very limited number of circumstances. These include while intubating and during procedures that are aerosol-generating. In all other circumstances, gown, gloves, surgical mask, and eye protection are required.

Inpatient Precautions, Room Preference, and Personal Protective Equipment				
Patient Factors	Symptoms	No respiratory symptoms ¹	Respiratory symptoms present	Respiratory symptoms present
	COVID-19 Status	COVID-19 Unknown/ Not Sent	COVID-19 suspected or confirmed	COVID-19 testing known to be negative
Precautions (Room Type)	Aerosol Generating Procedures ²	Standard	Airborne and Contact	Droplet and Contact
	Non-Aerosol Generating Procedures ³	Standard	Droplet and Contact	Droplet and Contact
N95	Aerosol Generating Procedures ²	NO	YES	NO
	Non-Aerosol Generating Procedures ³	NO	NO	NO
Face shield/ Goggles	Aerosol Generating Procedures ²	YES	YES	YES
	Non-Aerosol Generating Procedures ³	NO	YES	NO
Surgical Mask	Aerosol Generating Procedures ²	YES	NO	YES
	Non-Aerosol Generating Procedures ³	NO	YES	YES
Gown and Gloves	Aerosol Generating Procedures ²	YES	YES	YES
	Non-Aerosol Generating Procedures ³	NO	YES	YES

¹And hospitalized less than or equal to 14 days; ²Aerosol generating procedures include: Procedures that stimulate coughing and promote the generation of aerosols include aerosolized or nebulized medication administration, diagnostic sputum induction, bronchoscopy, airway suctioning, endotracheal intubation, positive pressure ventilation via face mask (e.g., BIPAP, CPAP), and high-frequency oscillatory ventilation; ³Non-aerosol generating procedures include Foley catheter placement, IV insertion, among others

In the outpatient clinics, contact and droplet isolation with eye protection should be used when evaluating patients with suspected or proven COVID-19. N95 respirators are only needed in a very limited number of circumstances. These include while intubating and during procedures that are aerosol-generating.

Outpatient Precautions, Room Preference, and Personal Protective Equipment				
Patient Factors	Symptoms	No respiratory symptoms	Respiratory symptoms present	Respiratory symptoms present
	COVID-19 Status	COVID-19 Unknown/ Not Sent	COVID-19 suspected or confirmed	COVID-19 testing known to be negative
N95	Aerosol Generating Procedures ¹	NO	YES	NO
	Non-Aerosol Generating Procedures ²	NO	NO	NO
Face shield/ Goggles	Aerosol Generating Procedures ¹	YES	YES	YES
	Non-Aerosol Generating Procedures ²	NO	YES	NO
Surgical Mask	Aerosol Generating Procedures ¹	YES	NO	YES
	Non-Aerosol Generating Procedures ²	NO	YES	YES
Gown and Gloves	Aerosol Generating Procedures ¹	YES	YES	YES
	Non-Aerosol Generating Procedures ²	NO	YES	YES

¹Aerosol generating procedures include: Procedures that stimulate coughing and promote the generation of aerosols include aerosolized or nebulized medication administration, diagnostic sputum induction, bronchoscopy, airway suctioning, endotracheal intubation, positive pressure ventilation via face mask (e.g., BiPAP, CPAP), and high-frequency oscillatory ventilation
²Non-aerosol generating procedures include Foley catheter placement, IV insertion, among others



N-95 Respirator Reuse

Policy

- Same provider may reuse N-95 respirator unless it becomes moist, physically damaged, soiled or contaminated with blood or body fluids.
- There is no limit for respirator use in terms of number of times or length of time.
- Reuse N95 respirator for different patient encounters as long as it is the same care provider.
- Use a face shield (preferred) or a surgical mask over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.

Purpose: Provide strategies to optimize supplies of disposable N95 filtering face piece respirators (commonly called "N95 mask or respirators") when there is limited supply. **Discard**

- Do not reuse N-95 respirator after performing an Aerosol-Generating Procedure (AGP). Examples of AGP: sputum induction, open suctioning of airways.
- Discard if it becomes moist, physically damaged, soiled or contaminated with blood or body fluids.

Steps for Safe Re-donning (Reuse) of N-95 Respirators

1. Perform hand hygiene.
2. Take out new respirator.
3. Put on respirator and fit check.
4. Get paper bag, write your name on bag, leave on counter, and enter in patient room. Paper bags reduce risk of moisture build up that can promote microbial growth.
5. After exiting patient room, perform hand hygiene, don new pair of gloves, remove N-95 respirator. Avoid touching the inside portion of respirator.
6. Place N-95 respirator in a paper bag labelled with your name for later use.
7. Perform hand hygiene.
8. 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.
9. Upon return, remove N-95 from bag, being careful not to touch inside of respirator.
10. Redon N95, perform fit check.
11. Replace N95 in bag.
11. Perform hand hygiene (and repeat process).