

PPE and Isolation for COVID-19 (or Suspected)

Policy: All healthcare personnel (HCP) should adhere to infection prevention/control guidelines related to personal protective equipment and standard/transmission based precautions when caring for a suspected or confirmed patient with COVID-19.

Purpose: To minimize the risk of exposure and spreading the disease when caring for confirmed or possible COVID-19 patients or persons under investigation in healthcare settings.

General Information:

- Close contact is defined as being within approximately 6 feet of a patient with COVID-19 for ten minutes or more.
- Having direct contact with infectious secretions which includes sputum, serum, blood and respiratory droplets.

1. Mode of transmission:

- Early reports suggest person-to-person transmission most commonly happens during close exposure to a person infected with COVID-19, primarily via respiratory droplets produced when the infected person coughs or sneezes.
- Droplets can land in the mouths, noses, or eyes of people who are nearby. Inhalation of droplets into the lungs of those within close proximity is a risk. The contribution of small respirable particles, sometimes called aerosols or droplet nuclei, to close proximity transmission is currently uncertain. However, airborne transmission from person-to-person over long distances is unlikely.

2. Placement

- For patients with COVID-19 or other respiratory infections, evaluate need for hospitalization. If hospitalization is not medically necessary, home care is preferable if the individual's situation allows.
- Place patient in standard, droplet and contact precautions.
- If admitted, place a patient with known or suspected COVID-19 in a single-person room with the door closed. The patient should have a dedicated bathroom.
- Airborne Infection Isolation Rooms (AIIRs) reserved for patients who will be undergoing aerosol-generating procedures

3. Take Precautions When Performing Aerosol-Generating Procedures (AGPs)

- Some procedures performed on patient with known or suspected COVID- 19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously and avoided if possible.
- If performed, the following should occur: HCP in the room should wear an N95 or higher-level respirator, eye protection, gloves, and a gown.
- The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.
 - Consider use of portable hepa-filter unit in room if AIIR not available.
 - AGPs should ideally take place in an AIIR.
 - Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.
- Do not re-use N-95 mask after performing an aerosol-generating procedure.

4. Collection of Diagnostic Respiratory Specimens

- When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a possible COVID-19 patient, the following should occur: ◦HCP in the room should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.
- The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.
- Specimen collection should be performed in a normal examination room with the door closed.
- Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.

5. PPE

- Based on system guidance, providers and associates will wear an N-95 mask, eye protection (i.e. goggles or face shield), isolation gown, and gloves when caring for a patient with a suspected or confirmed COVID-19 infection.
- For patients without a negative COVID test, standard precautions will include facemask and eye protection (goggles or face shield).
- **Respirator/N95 mask** indicated, don surgical mask or face shield over the N95 mask to protect it from contamination. Reference N-95 mask reuse policy.
- Wear hospital approved respirator N95 masks. Do not use respirator N95 mask with valve. Because the valve mask releases unfiltered air when the wearer breathes out, this type of mask does not prevent the wearer from spreading the virus.
- Follow CDC guidelines for don/doff sequence (posted on MOLLI)

6. Transport of Positive or Suspect COVID-19

- Whenever possible, perform procedures/tests in the patient's room.
- Patients should wear a facemask to contain secretions during transport. If patients cannot tolerate a facemask or one is not available, they should use tissues to cover their mouth and nose.
- Place clean gown and linen on patient prior to transport.
- If elevator is necessary during transport, the elevator should be dedicated to the patient and transport team only. No others should be on the elevator.
- The associate who transports the patient will wear a surgical mask.
 - EXCEPTION for PPE for person who is transporting the patient.
 - If care is needed during transport by healthcare worker (e.g., such as ambu bag to face), healthcare worker dons appropriate PPE for care of COVID-19 patient.
 - Healthcare worker who assist with care does not remove hands from patient and takes care not to touch anything such as doors during transport. Other healthcare worker assisting pushing of bed or wheelchair requires surgical mask during transport.

7. Reuse of surgical facemask or respirators:

- a. During times of co-horting (housing more than COVID-19 patient on one unit), HCP may remove only gloves and gowns (if used) and perform hand hygiene between patients with the same diagnosis (e.g., confirmed COVID-19) while continuing to wear the same eye protection and respirator or facemask (i.e., extended use). Risk of transmission from eye protection and facemasks during extended use is expected to be very low. HCP must take care not to touch their eye protection and respirator or facemask.
- b. Eye protection and the respirator or facemask should be removed, and hand hygiene performed if they become damaged or soiled and when leaving the unit.

8. Reuse of goggles or face shields

- a. Healthcare provider may wear the same eye protection for repeated close contact encounters with several different patients, without removing eye protection between patient encounters.
- b. Eye protection should be removed and reprocessed if it becomes

visibly soiled or difficult to see through.

- c. If a disposable face shield is reprocessed, it should be dedicated to one HCP and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on. See protocol for removing and reprocessing eye protection below.
- d. Single use disposable face shields can be safely cleaned and disinfected by:
 - i. Perform hand hygiene and don gloves.
 - ii. Carefully wipe the inside, followed by the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA- registered hospital disinfectant solution.
 - iii. Wipe the outside of the face shield or goggles with clean water or alcohol to remove residue.
 - iv. Let face shield or goggles fully dry. (air dry or use clean absorbent towels)
 - v. Place cleaned eye protection in a paper bag labeled with the associate's name.
 - vi. Remove gloves and perform hand hygiene.

9. Gown Usage: Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use. **DURING SHORTAGES OF GOWNS PRIORITIZE FOR** Aerosol-generating procedures

- a. Care activities where splashes and sprays are anticipated
- b. High-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use and wound care.
- c. USE SAME GOWN ON MORE THAN ONE PATIENT:
 - i. HCP interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location (i.e., known COVID-19 positive patients residing in an isolation cohort).
 - ii. Consider ONLY if there are no additional co-infectious diagnoses transmitted by contact (such as *Clostridioides difficile*, *MRSA*) among patients.
 - iii. If the gown becomes visibly soiled, it must be removed and discarded as per usual practices.
 - iv. HCP should strictly follow basic infection control practices

between patients (e.g., hand hygiene, cleaning and disinfecting shared equipment

10.

CRISIS CAPACITY STRATEGIES:

- a. Shift gown use towards cloth isolation gowns.
- b. Use coveralls. HCP unfamiliar with the use of coveralls must be trained and practiced in their use, prior to using during patient care.
- c. Use expired gowns beyond the manufacturer-designated shelf life for training.
- d. Contingency Capacity Strategies
 - i. Cancel all elective and non-urgent procedures and appointments for which a gown is typically used by HCP.
 - ii. Extended use of isolation gowns.
 - iii. Re-use of cloth isolation gowns.
 1. Disposable gowns are not typically amenable to being doffed and re-used because the ties and fasteners typically break during doffing.
 2. Cloth isolation gowns could potentially be untied and retied and could be considered for re-use without laundering in between.
 - iv. In a situation where the gown is being used as part of standard precautions to protect HCP from a splash, the risk of re-using a non-visibly soiled cloth isolation gown may be lower. However, for care of patients with suspected or confirmed COVID-19, HCP risk from re-use of cloth isolation gowns without laundering among (1) single HCP caring for multiple patients using one gown or (2) among multiple HCP sharing one gown is unclear. The goal of this strategy is to minimize exposures to HCP and not necessarily prevent transmission between patients. Any gown that becomes visibly soiled during patient care should be disposed of and cleaned.
 - v. Surgical gowns should be prioritized for surgical and other sterile procedures. Facilities may consider suspending use of gowns for endemic multidrug resistant organisms (e.g., MRSA, VRE, ESBL-producing organisms).
 - vi. When No Gowns Are Available. In situation of severely limited or no available isolation gowns, the following pieces of clothing can be considered as a last resort for care of COVID-19 patients as single use. However, none of these options can be considered PPE, since their capability to protect HCP is unknown.
 1. Disposable laboratory coats
 2. Reusable (washable) patient gowns

3. Reusable (washable) laboratory coats
4. Disposable aprons
5. Combinations of pieces of clothing can be considered for activities that may involve body fluids and when there are no gowns available:
 - a. Long sleeve aprons in combination with long sleeve patient gowns or laboratory coats
 - b. Open back gowns with long sleeve patient gowns or laboratory coats
 - c. Sleeve covers in combination with aprons and long sleeve patient gowns or laboratory coat