

COVID-19

Contingency Capacity Strategies for Optimizing Supply of PPE

WINK

What I Need to Know!

N95 Respirators

- Decrease length of hospital stay for medically stable patients with [virus](#). CDC recommends discharge of patients with confirmed COVID-19 when they are medically stable and have an appropriate home environment to which to return
- Implement hospital wide visitation restrictions
- Training and Fit Testing (N95 respirators)- utilize respirators that are beyond the manufacturer-designated shelf life
- Extended use of N95 respirators- practice of wearing the same respirator for repeated encounters with several patients, without removal between encounters.
- Limited re-use of N95 respirators- practice of using the same N95 respirator for multiple encounters with patients but removing it ('doffing') between at least some of the encounters. **The N95 respirator is stored in a paper bag between encounters and reused (up to 1 shift).** Re-use of full-face shields and goggles will be permitted. Disinfection will be required between uses. To maintain the integrity of the respirator, HCP hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. It is not recommended to modify the N95 respirator by placing any material within the respirator or over the respirator.
- Use industrial respirators (for example N99 respirator) that offer equivalent or higher protection (reusable industrial respirators)

Face Masks

- Selectively cancel elective and non-urgent procedures and appointments for which a facemask is typically used by HCP
- Remove facemasks from all public areas - have available to provide to symptomatic patients upon check in at entry points
- Implement extended use of facemasks- Extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters. The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.

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Eye Protection

- Selectively cancel elective and non-urgent procedures and appointments for which eye protection is typically used by HCP
- Shift eye protection supply utilization from disposable to re-usable devices (i.e., goggles and reusable face shields)
- Implement extended use of eye protection- wearing the same eye protection (disposable and reusable devices) for repeated close contact encounters with several different patients, without removing eye protection between patient encounters. Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through. 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. Eye protection should be discarded if damaged.

Isolation Gowns

- Selectively cancel elective and non-urgent procedures and appointments for which a gown is typically used by HCP
- Shift gown use towards cloth isolation gowns
- Consider the use of coveralls- HCP unfamiliar with the use of coveralls must be trained and practiced in their use, prior to using during patient care
- Use of expired gowns beyond the manufacturer-designated shelf life for training
- Use of alternative supplies of gowns or coveralls conforming to international standards

PERFORM HAND HYGIENE BEFORE AND AFTER USING PPE

NOTES:

Regarding Tight-Fitting Half-Face Respirators (N-95 and Half-Face piece Reusable Respirators) and Powered Air Purifying Respirators (PAPRs):

- The use of ANY respirator requires a medical clearance by Occupational Health, and a fit test (for ALL tight-fitting respirators).
- PAPRs may be necessary to perform complicated intubations and bronchoscopies.
- Discourage use nebulizer treatments, as the virus can be spread through aerosolized particles. Use metered dose inhalers whenever possible.