

PPE Update 4.16.20

The following is a brief summary of how PPE is currently being used in the PPC and ED to help guide use in practice. Supplies in your office may vary but we know have a few weeks of our new “normal” and this may help to plan moving forward. *Remember with PPE to continue to use source controls in your office (screening patients before visits, cohorting ill and well patients, limiting in person care as much as possible, and screening employees). It is also important to know your PPE supply and usage rate. This will help you determine what you can do in your practice and request more from public health or other partners.*

Definitions adapted from CDC:

Standard precautions: Minimum infection control measures (hand hygiene before and after all patient contact, routine cleaning, use of aseptic technique for procedures).

Contact precautions: Use for patients with known or suspected infection that have potential contact transmission. Gloves and gown.

Droplet precautions: Use for patients with known or suspected infection that is transmitted via respiratory droplets. Surgical mask and face shield or goggles (can be washed as needed).

Airborne precautions: Use for patients with known or suspected infection with pathogen with airborne transmission (TB, measles, varicella, or performing aerosolized procedure with possible COVID 19 patient such as intubation or aerosol). Fit tested NIOSH approved N-95 respirator. Keep room closed.

Summary of use:

1. **WELL OR NON-COVID SUSPECTED VISIT - STANDARD AND DROPLET PRECAUTIONS** Staff and providers in PPC and ED can wear one surgical mask and eye protection for the full day disposing of the mask and cleaning the eye protection at the end of the day or if soiled. If in doubt, add contact precautions. If sick visit turns out to be more concerning for possible COVID-19, **replace PPE** before moving on to next patient.
2. **POSSIBLE COVID-19 VISIT: FOLLOW STANDARD, DROPLET AND CONTACT PRECAUTIONS** Staff and providers providing direct in person care to **ill patients with possible COVID 19** ADD CONTACT precautions to their standard and droplet with a new surgical mask, new gloves, new gown and new or washed eye protection for each encounter, with careful hand hygiene in between.
3. **COMMON PROCEDURES:** ED is FOLLOWING STANDARD, DROPLET, AND CONTACT PRECAUTIONS for common procedures such as strep tests, NP swabs, MDI delivery, basic oxygen and BBG suctioning.
4. **ADD AIRBORNE PRECAUTIONS (N-95)** if giving **nebulization**, especially if risk of COVID-19 is unknown (also intubations, HFNC in the ED) Try to avoid giving nebs in the office if possible by asking patients to bring MDIs. If given, limit staff in room.
5. **STANDARD AND DROPLET PRECAUTIONS FOR ALL PATIENT FACING STAFF** (including HUCs, Front Desk) All patient facing staff and providers within 6 feet of patients and families are wearing surgical mask and eye protection in patient care areas. Non-patient facing essential staff members have masks on while in building
6. **MASK PATIENTS WITH SYMPTOMS AND OTHERS AS MUCH AS ABLE** Practices should determine their patient and family member masking policy based on supplies. At a minimum, mask any patients and family members arriving for ill visits potentially related to COVID 19. If supplies are adequate, mask all visitors (young patients as able) on arrival. **CCHMC has now instituted universal masking of all visitors.**

7. Staff and providers providing care in the hospital to newborns should know and follow the birth hospital guidelines regarding screening at entry, masks and eye protection at all times
8. **Eye protection** can be via FACE SHIELD or WASHABLE GOGGLES. Wash after any potential COVID 19 encounter and at the end of the day with an alcohol based wipe or soap and water.
9. "Mask" means **surgical mask**. Protection from home-made masks is not known so is not used by staff involved in direct patient care
10. Notes on N-95 respirators: Currently they are only used in the ED for aerosol generating procedures. It is not known that non-fit tested N-95s confer any advantage in outpatient settings over proper use of surgical masks. They are not routine for well or general sick visits in the PPC or ED. Limited re-use can be considered based on manufacturer recommendations but policies and procedures should be established using CDC guidelines. If re-used for a time, use with a face shield is highly recommended to reduce contamination.