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Tier 1: COVID-19 Disposable Personal Protective Equipment (PPE) Extended Use and Reuse Guidelines

Scope

This guideline applies to all staff at HFHS working with COVID-19 suspected or confirmed patients.

Background

During periods of expected or known personal protective equipment (PPE) shortages, the Centers for Disease Control and Prevention provides guidelines for the extended use and re-use of certain PPE, under certain circumstances. These guidelines are specifically intended for use with COVID-19 suspected or confirmed patients.

Definitions

Geographic cohort – an area designated to contain multiple patients with the same infectious process. An example may be a semi-private room where both patients are COVID-19 positive. Another example would be an entire unit dedicated to COVID-19 positive patients. However, if a different infectious process is occurring in a patient that requires the use of isolation gowns, the isolation gown used in the COVID-19 cohort cannot be used with the patient who does not have COVID-19.

Guideline

PPE must not be worn in any clean area (e.g. medication room, break room, nurses' station, pantry, clean supply, etc.)

Available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to health care personnel (HCP).

N95 Respirators should only be used for respiratory aerosol generating procedures (AGP). See [Tier 1: High Risk Procedures – Intubation and other Aerosol-Generating Procedures \(AGM\)](#). If an AGP is not being performed, use a procedural/surgical mask.

For non-COVID-19 patients, please refer to the [Tier 1: Temporary Limited Reuse of N95 Respirators](#)

Extended Use of N95 respirators

- A full face shield is recommended to protect the respirator from gross contamination that would prohibit extended use or UV disinfection of the 1860. If visibly soiled, the respirator should be discarded as soon as it is safe to do so.
- Geographic cohort or COVID-19 units: N95 respirators may be worn by the same HCPs when interacting with more than one patient known to be infected with the same disease in the same defined area.
- Avoid touching the front of the respirator, as it is considered contaminated. Perform hand hygiene if the front of the respirator is touched.
- When leaving a COVID-19 area, or entering a clean room (e.g. break room, medication room, nurses' station, pantry, clean supply, etc.) respirator should be discarded or if applicable, disinfected following *Respirator Disinfection Guidelines* for HFHS (refer to: <https://onehenry.hfhs.org/departments/infectionpreventionandcontrol/Documents%20%20Infection%20Prevention/Respirator%20Disinfection%20Guidelines.pdf>)
- **Note:** The teal-colored 1860/1860s respirators are the only models of PPE currently approved for disinfection. If available at your business unit, utilize the Daavlin desktop UVC germicidal lamp. Not all UV devices provide the same output level. Units designed to disinfect hard, non-porous items such as phones or tablets do not have the appropriate output to perform this task on Respirators.

Surgical/Procedure Mask Reuse

- Surgical/procedure masks can be worn by the same HCPs when interacting with more than one patient known to be infected with the same disease; OR patients who are not in isolation precautions in non-cohorted areas.
- **Cohort or COVID-19 units only:** HCPs can safely reuse surgical/procedure masks for patients on **Droplet Plus Precautions** when used in conjunction with a full-face shield *during their work shift* (whether 8 or 12 hours)
- Discard face mask when leaving a COVID-19 geographic cohort area, or entering a clean room (e.g. break room, medication room, nurses' station, pantry, clean supply, etc.)
- Surgical/procedure mask reuse in areas outside of a COVID-19 unit.
 - Fold mask in half with patient-facing surface folded inside
 - Place mask in a NEW paper bag
 - Fold bag closed and sanitize hands
 - Label bag with your name

Important points regarding mask and respirator reuse

- Do NOT clean mask before storage
- Do NOT reuse a mask if the patient is coinfectd with another infectious disease (e.g., C. difficile, ESBL, etc.))
- Do NOT reuse N95 respirator following an AGP, unless UV disinfection is applicable

- Do NOT reuse mask if visibly soiled, wet or otherwise damaged

Face Shield and Goggle Reuse

- Face shields or goggles can be worn by the same HCP when caring for more than one patient known to be infected.
- Remove and disinfect face shield or goggles upon exiting the patient room/cohort.
- Do not wear face shield or goggles in any clean space such as medication rooms, pantry, or clean supply rooms.
- Follow the cleaning process designated for your unit:
- Dispose of goggles or face shield if damaged or compromised.

Isolation Gown Use

- If directed, isolation gowns should be prioritized for AGPs or for high-contact patient care activities that provide opportunities for transfer of pathogens to the clothing of HCP. See [Tier 1: High Risk Procedures – Intubation and other Aerosol-Generating Procedures \(AGP\)](#).
- During periods of expected or known shortages, isolation gowns can be worn for extended use within a geographic cohort. This allows for an employee to continue wearing the isolation gown from patient to patient within a geographic cohort unit as long as all of the patients are infected with the same CONFIRMED disease.
 - A geographic cohort should NOT comprise of a mixture of suspect patients with confirmed positive patients.
 - Protect clean areas/spaces on the unit (no PPE should be worn in clean areas). Clean areas/spaces include break rooms, medication rooms, nurses' station, pantries, clean supply rooms, etc.
 - Consider using runners or dedicated staff in clean areas within the geographic cohort to assist
 - Ensure that doffing of PPE occurs before leaving the geographic cohort area
 - Routinely disinfect areas within geographic cohort
- Once removed, do not hang or save gowns – this practice promotes cross-contamination and should be avoided.
- Unless designated as a reusable/launderable gown, gowns should be disposed of prior to entering a clean area or leaving the geographic cohort area. Launderable gowns should be processed according to guidelines provided at the designated site.

Related Documents

[Tier 1: Temporary Limited Reuse of N95 Respirators](#)

[Tier 1: High Risk Procedures – Intubation and other Aerosol-Generating Procedures \(AGP\)](#)

References/ External Regulations

- A. CDC Strategies for Optimizing the Supply of N95 Respirators: <https://www.cdc.gov/coronavirus/>

[2019-ncov/hcp/respirator-supply-strategies.html](https://www.cdc.gov/hcp/respirator-supply-strategies.html)

- B. CDC Pandemic Planning. Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings
- C. 3M Particulate Respirator N95. User Instructions 8210Plus/8210PlusMX/8210/ 8210MX/07048/8110S
<https://multimedia.3m.com/mws/media/1656794O/3m-particulate-respirator-n95-8210-8110s-user-instructions.pdf>
- D. Edward M. Fisher and Ronald E. Shaffer, Commentary Considerations for Recommending Extended Use and Limited Reuse of Filtering Facepiece Respirators in Healthcare Settings; J Occup Environ Hyg. 2014; 11(8): D115-D128

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
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System Policy Management Office	System Policy Management Offic	04/2020
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Applicability

Henry Ford Allegiance Health, Henry Ford Allegiance Specialty Hospital, Henry Ford Behavioral Health Services, Henry Ford Community Care Services, Henry Ford Health System, Henry Ford Hospital, Henry Ford Kingswood Hospital, Henry Ford Macomb Hospital, Henry Ford Medical Group, Henry Ford West Bloomfield Hospital, Henry Ford Wyandotte Hospital