Isolation & Personal Protective Equipment
National Conservation Instructions

Purpose:
The health and safety of our associates and patients is of utmost importance to us. Personal Protective Equipment (PPE) is necessary for associates to wear while providing care to patients suspected or confirmed with infection. In addition, masks are necessary for potentially contagious persons to wear while in Ascension care facilities. However, as COVID-19 cases increase over the coming days and weeks, PPE conservation measures are critical for both patient and clinician safety.

The purpose of this document is to provide instructions on what should be conserved and strategies on how to do so.

This document must be adopted as a local temporary policy as soon as possible but no later than within 24 hours of its issuance. In order to adopt this document it will be necessary to process the document through the local approval measures.

1) Principles of PPE Conservation:
- Every item of PPE, in particular masks and respirators, is critically important.
- All members of the workforce are expected to use PPE appropriately.
- All members of the workforce are expected to use PPE judiciously and not to waste PPE.
- Do not store PPE in non-designated locations where it may be compromised, taken or lost.
- If you see evidence of waste or inappropriate use report immediately to your supervisor.
- Do not wear PPE inappropriately in the halls (e.g. gloves, etc.).
• Do not take PPE from one location to be used in another location (e.g. from hospital to clinic, etc.).

• A daily checklist is to be completed by the manager of the unit, or designee, and the results turned into the local Incident Command Center. See Appendix A for checklist.

2) **For Isolation Patients:** Institute a daily review of patients that are in current Contact, Airborne or Droplet isolation (for non-COVID reasons) housewide, to evaluate if a patient can come out of precautions or isolation that no longer may need it. See Appendix B for examples.
   a) Minimize the overall number of people entering a room for the same task.
   b) Evaluate order sets that automatically place patients into isolation, and review for appropriateness. Discontinue if not necessary.
   c) Do not leave isolation carts in the hall. Move the supplies to the nursing station for tight monitoring and control.
   d) Restrict students, shadowing, and rounding teams from entering isolation rooms.
   e) Couple tasks together to reduce the number of in and outs of patients in isolation.

3) For patients in isolation for PUI (r/o COVID) or COVID Isolation:
   a) The Trained Observer is to strictly monitor and correct PPE utilization.
   b) Whenever possible, re-use or extended use of the PPE supply is recommended, after appropriate doffing and disinfection.
   c) Cohorting Unit Level: Consider establishing designated areas where PUI/COVID isolation patients will be located. This will ensure increased distribution and oversight of supplies and activities.

4) **Re-Use of N95/CAPR/PAPR disposables:** For patients in Airborne Precautions for non-COVID (e.g. TB, chickenpox, etc.): Each associate will be given 1 disposable (N95, or CAPR shield or PAPR hood) per shift. Reuse the N95s for the entire shift by placing in a paper sack with the associate’s name written on it. Dispose of if the respirator is wet, soiled or damaged. Always perform hand hygiene after handling the respirator.

5) **Re-Use of N95/CAPR/PAPR disposables:** For patients in PUI or COVID isolation.
   a) Each associate will be given 1 disposable (N95, or CAPR shield or PAPR hood) per shift.
b) Restrict respirator use to patients being swabbed and/or getting aerosol generating procedures.

c) **See Appendix C and CDC guidelines for specific guidance.**

6) For associates working in surgery and procedural units: Extend the use of a mask throughout the day. Dispose of it if it becomes wet, soiled or damaged.

7) Suspend ‘Masks-On’ for unvaccinated influenza vaccination associates (for those select ministries still doing this).

8) Remove PPE items from the par locations or medical supply rooms on nursing floors to a controlled environment (e.g. behind a nursing station or to a secure storeroom) to monitor excessive usage, pilferage, and other forms of waste.

**Additional Product Conservation Strategies:**

- Assign staff members to go out to look for unused PPE, including locker rooms, cupboards, empty units, closets, etc.
- Reserve Procedure masks (ear-loops) for Patients and Visitors ONLY.
- **Do not leave any box of masks unattended** in a public space **for any reason**. Secure masks with associates and make them available upon request. See sample sign below in Appendix D to place in entrance kiosks and mask holders.
- Limit the amount of routine annual fit testing and preserve these resources (respirators and man power) for individuals requiring respirator fit testing for associates expected to care for a patient with COVID-19.
- After an associate receives an N95 fit test, give them the fit testing N95 as their ‘first use device’ (e.g. put in brown sack with their name on the bag).
- Consider alternatives to disposable N95s: Increase the use of the CAPRs or the PAPRs (depending on supply of hoods and disposables).
- Do not give N95s or surgical masks to patients or visitors to wear. They should wear ear-loop procedure masks.
Appendix A:

**Daily PPE Conservation Checklist:**

- Is PPE being used appropriately to protect clinicians and patients?
- Daily review of patients in current Contact, Airborne or Droplet isolation (for non-COVID) housewide.
  - How many patients were able to come out of isolation that no longer need it.
- Are tasks being coupled together to reduce the number of in and outs of patients in all types of isolation? Couple tasks as much as possible.
- Is there minimization of the overall number of people entering a room?
- No students, shadowing, rounding teams, etc. allowed in any isolation room?
- Are patients (and visitors) only being provided with the Procedure masks (ear-loops)?
- Are any boxes of masks unattended in a public space?
- Are masks in public locations secured with associates but available upon request?
- Are signs placed in the Entrance Kiosks or Flu User Stations of how to obtain a mask if needed? (see sample sign at end)
- Have PPE items from the par locations or medical supply rooms on nursing floors been moved to a controlled environment (e.g. behind a nursing station or to a secure storeroom)?
- Are isolation carts moved to nursing stations and/or PPE secured at desk?
- Go out to look for PPE. Are there any loose supplies of PPE in locker rooms, cupboards, totes, empty units or other locations they should not be?
- Gowns are not being worn as warm up jackets or for other unnecessary reasons?
Appendix B: Isolation Removal Examples

- Contact precautions for patients colonized or infected (with controlled drainage) for MRSA and/or VRE.
- Contact precautions for C. difficile when patient has not had a loose stool for greater than 48 hrs.
- Airborne or Droplet for patients where the infection has been ruled out or is no longer symptomatic (e.g. r/o TB and AFB is negative and alternative diagnosis has been made).

Appendix C:

Re-Use or Extended Use Options for PPE:

FOR N95/CAPR Face Shield/PAPR Hoods:

- For all patients in Airborne Precautions (aerosol generating procedures*) or Patients being Swabbed for Novel Coronavirus: Re-use the N95s for the entire shift by placing in a paper sack with associate’s name written on it. Dispose of if the respirator is wet, soiled or damaged. Always perform hand hygiene after handling the respirator.
- Use a face shield (preferred) over an N95 and other steps (e.g., masking patients, use of engineering controls) to reduce surface contamination.
- Do not cover N95s with other types of facemasks, as those are limited as well.
- Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the N95 (if necessary for comfort or to maintain fit).
- Use N95 respirators beyond the manufacturer-designated shelf life for training and fit testing. Inspect prior to use for deterioration.
- Discard at end of shift except in the following situations:
  - Discard N95 contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
○ Discard any N95 that is obviously damaged or becomes hard to breathe through during use.
○ Discard N95 following use during aerosol generating procedures unless able to reduce surface contamination with use of a cleanable face field over the N95.

*Aerosol generating procedures include: positive pressure ventilation (BiPAP and CPAP), endotracheal intubation, airway suction, high frequency oscillatory ventilation, tracheostomy, chest physiotherapy, nebulizer treatment, sputum induction, and bronchoscopy

Appendix D: Sample Sign for Entrances for Masks:

Please see registration or information desk attendant for a mask
Thank you

Resources:
● CDC Guidance Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
Posted March 10, 2020

● Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings
Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings - NIOSH Workplace Safety and Health Topic