







The following describes our practices for personal protection for COVID-19.

## KEY POINTS

Clinical Scenario	PPE Requirement
COVID+ / PUI patient care	<b>Follow Full-Barrier precautions at all times (regardless of vaccination status)</b> <ul style="list-style-type: none"> <li>Respirator (N95, elastomeric or PAPR)</li> <li>Eye protection</li> <li>Gown</li> <li>Gloves</li> </ul>
AGP procedure when COVID status is unknown	<ul style="list-style-type: none"> <li>Respirator (N95 or PAPR) highly recommended</li> <li>Eye protection highly recommended</li> </ul>
<b>Vaccinated Individuals* up to date^ with COVID-19 CDC recommended vaccinations</b>	
Customer-facing spaces ^^	Medical grade mask required+
Non customer-facing spaces++	Mask not required+
Bedside / Direct patient care activities***	Medical grade mask required (regardless of customer’s isolation precautions status) Eye protection recommended
<b>Individuals* who have an approved COVID-19 medical or religious exemption or those not up-to-date-^ on COVID-19 vaccines</b>	
Customer-facing spaces ^^	Medical grade mask required+
Non customer-facing spaces++	Medical grade mask required+
Bedside / Direct patient care activities***	Medical grade mask required (regardless of customer’s isolation precautions status) Eye protection recommended
*Individuals includes team members, affiliate providers, volunteers, students and contractors. +Individuals who are returning to work after a COVID illness must follow masking & distancing guidelines posted here <a href="#">COVID Safe Return to Work Guidelines (sharepoint.com)</a> ^ Individuals who are up to date with all doses in their COVID-19 primary series and a booster when eligible according to their age and health status. <a href="#">Infection Control: Se ate respiratory syndrome coronavirus 2 (SARS-CoV-2)   CDC</a> **Per current public health guidance for healthcare facilities ^^ Customer facing spaces Ex) Lobbies, corridors, elevators, Nursing workstations ++ Non customer facing spaces Ex) Individual office & open cube spaces, break rooms, meeting rooms, Maintenance shop, EMS base, fitness center, ED/ECC core *** <b>Bedside (direct) care team activities</b> includes team members who interact with patients routinely for more than 15 minutes at a time within a 6-foot area or enter a dedicated patient space. <b>Non-bedside (non-direct) care activities</b> includes team members who have brief interactions with patients for less than 15 minutes at a time or no interactions with patients. They do not need to routinely wear eye protection, except when a work task requires them to enter a patient’s dedicated space (i.e. exam room)	



Type of PPE	Picture	Indications for use	Duration of use	Decontamination
Medical grade mask		Source control	Shift or until compromised (Becomes visibly soiled, wet, damaged or becomes hard to breathe through)	NA-dispose in trash
N95 (respirator)		Full barrier precautions Airborne precautions AGP precautions Source control (see FAQ)	<i>Single Use for Full Barrier, Airborne or AGP precautions.. If using as source control, use for shift or until compromised (as above).</i>	NA-dispose in trash
PAPR Motor / Breathing tube (respirator)		Full barrier precautions Airborne precautions AGP precautions	NA	Decontaminate after use -See Versaflo user guide
PAPR Hood (respirator)		Full barrier precautions Airborne precautions AGP precautions	Single shift use	Decontaminate after use during shift. Place in paper bag when not in use 
Goggles (eye protection)		Full Barrier precautions or for universal eye protection (if in place)	Can be reused while in good condition	Decontaminate after participating in an AGP After any overt contamination with splashes/droplets At the end of your shift
Face shield (eye protection)		Full barrier precautions or for universal eye protection (if in place)	Single shift use	Decontaminate after participating in an AGP After any overt contamination with splashes/droplets At the end of your shift dispose in trash



**AEROSOL GENERATING PROCEDURES**

Endotracheal tube (ETT) intubation, extubation or exchange  
CPAP and BiPAP - non-invasive positive pressure ventilation (NIPPV)  
Bag mask valve (BVM) ventilation (ambu bag ventilation)  
Cardiopulmonary resuscitation (CPR) with chest compressions  
Bronchoscopy  
Open suctioning of airways  
Sputum induction  
Nebulizer treatment (use CPAP and BiPAP masks if possible)  
Upper endoscopy (including PEG tub placement)  
Transesophageal echocardiography (TEE)  
High flow oxygen by nasal route or face mask > 6L/min

**NOT AEROSOL GENERATING**

Nasogastric tube (NGT) placement  
Oropharyngeal and nasopharyngeal suctioning (neosuckers/little suckers/yankeuar)  
Intra-nasal medication administration  
Chest physiotherapy (PT)  
Colonoscopy  
Laparoscopy  
Obstetrics – 2<sup>nd</sup> stage of labor (pushing and delivery)  
Obstetrics – cesarean section with regional anesthesia

\*When performing an Aerosol-Generating Procedures (AGP) on a patient with unknown COVID status, or a patient requiring droplet precautions, wait for room air to turn over before entering without a respirator or before placing another patient in the same room:

*Inpatient Rooms: 1 hour*

*Operating Rooms: 15 minutes*

*Outpatient Clinic Rooms: 2 hours*

*Patient home or congregate setting: 3 hours*



## FAQs

### What are our guidelines for Uninterrupted Use?

Uninterrupted use is the practice of wearing the same universal source control mask and eye protection for an extended period and for repeated close contact encounters with several different patients, without removing the mask and eye protection between patients. If the mask or eye protection needs to be removed, team members should follow the careful reuse steps. Once you put a mask or eye protection on, keep it on until your break.

- Only use the ties or ear loops to remove the mask. The outside of the mask is considered contaminated.
- Do not wear your mask around your chin or neck.
- If you touch the outside of your mask during uninterrupted use, perform hand hygiene.

### What are our guidelines for Careful Re-Use?

- Only eye protection and PAPR hoods are reused with decontamination steps.
- The items above may be stored in a clean paper bag or on a designated PPE hook between uses.
  - Paper bags should be kept clean and changed routinely.

### What is source control?

Source control refers to the use of masks to cover a person's mouth and nose and to help reduce the spread of large respiratory droplets to others when the person talks, sneezes, or coughs. This can help reduce the spread of COVID-19 by someone who is infected but does not know it. Universal source control is currently recommended in all healthcare facilities. A medical grade mask or an N95 respirator are both acceptable masks to use as source control.

### What do I do if I intentionally or unintentionally touch my PPE?

You should try very hard not to touch your PPE! However, if you do have to touch your PPE, such as when performing an N95 seal check, hand hygiene must be performed before and after touching.

### Should I take my PPE off when I go to the bathroom?

No, this is not required. The thought process is that you consider this as part of your work attire. If you do take your PPE off, follow the careful re-use procedures.

### Is keeping your N95 respirator or face mask below your nose or chin okay?

No, only use the ties or ear loops to remove the mask. The outside of the mask is considered contaminated.

### What wipes can be used for disinfection of goggles and face shields?

PDI wipes are acceptable (purple, gray). Bleach should not be used as it may be irritating to the eyes.

### Can I bring my own PPE, including masks or goggles/side shields from home?

Team members should generally use North Memorial Health, Maple Grove Hospital or Blaze Health - provided masks as personal protective equipment. PPE provided by the organization is reviewed to ensure safety and efficacy before deployed. Team members may use their own tight-fitting masks but will need to wear a procedural mask over the top. Because masks vary in their material and construction, wearing a hospital-provided procedure mask over the top provides protection from fluids should their mask not have this protection. NMH has an 'approved goggles' list which has been vetted through infection prevention and aligns to OSHA/CDC/MDH standards. This PPE can be requested through your normal ordering process. Side shields would not provide the coverage necessary to be compliant with the eye protection required for Covid-19. If you choose to purchase your own prescription or 'cheater' goggles, they would need to protect the eye from all sides so fluid does not enter. 7,8



**FAQs cont.**

**Are patients undergoing COVID screening (non-PUI) on isolation precautions?**

No, patients who are being screened for COVID because they are asymptomatic or do not meet PUI criteria will **not** be on formal isolation precautions. Additional PPE is recommended if the patient's COVID status is not known when the AGP is occurring, but will not be required for all cares (as is done for Full Barrier precautions). In the event the screening result returns positive, the non-PUI patient will be placed on formal Full Barrier precautions at that time.

**Are visitors allowed for COVID screening patients undergoing AGPs?**

Since these patients are not on Full Barrier precautions, standard visitor policies apply.

**Do I need to wear a gown while performing an AGP?**

A gown is not required to perform AGP's unless the team member assesses this need for this PPE with Standard Precautions. Standard precautions includes the use of a gown and gloves when the AGP is performed and it is likely (anticipated) that splashes or sprays will expose your skin or clothing.

**What is the practice for patients who have been ruled out for COVID but on Droplet Precautions for other reasons?**

AGP Precautions will apply for patients on Droplet Precautions. After the AGP is completed, there is a wait time to be in the room unless there is a continuation of respirator use and eye protection.

**Can I wear my universal mask into the OR for a case?**

No. You should change into a surgical grade mask for a case, remove the surgical grade mask upon completion of the case and obtain a new medical grade mask.



**References:**

1. C360: “PAPR: “Versaflo PAPR Instruction Guide (Direct Care)”
2. Infection Control Guidance for Healthcare Professionals about COVID-19. CDC, June 3, 2020 <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>
3. Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html>
4. Respirator Strategy While in Contingency, CDC, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html#contingency>
5. Strategies for Optimizing the Supply of Facemasks: COVID-19 | CDC <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>
- 6.C360: “Donning and Doffing Full Barrier Level I”
7. Infection Control Guidance, CDC, Updated 10/2021 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
8. The Basics of Eye Protection for COVID-19, APIC, [https://apic.org/wp-content/uploads/2020/12/Factsheet\\_EyeProtect3.pdf](https://apic.org/wp-content/uploads/2020/12/Factsheet_EyeProtect3.pdf)
9. [Aerosol-Generating Procedures and Patients with Suspected or Confirmed COVID-19 \(state.mn.us\) 4/12/22.](https://www.state.mn.us/health/epi/COVID-19/Aerosol-Generating-Procedures-and-Patients-with-Suspected-or-Confirmed-COVID-19-(state.mn.us)-4-12-22.pdf)

**Infection Prevention Task Force**

*This team represents expertise in infection prevention and operations.. If you would like further information on infection prevention components of this pathway, please contact Infection Prevention (Robbinsdale) at Main line: (763) 581-4660 Mon-Fri: 8am-4:30pm, Rounder on-call M-F: (612) 580-0218 or (Maple Grove) at (763) 581-1234*

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**Changes Since Last Version**

This document is active and further recommendations are forthcoming. It will be updated as additions develop.

Revision	Description of Changes	Approvals	Date
18	Removed reference to ‘test pending’ to align to updated plan to stop universal screening. Removed callout for procedural areas as they have same practice/requirements for AGP.	IP Task Force	01/03/2023