

## Conserving and Optimizing Personal Protective Equipment (PPE)

This guideline addresses strategies to be implemented when there is a shortage of masks considered to be Personal Protective Equipment (PPE) (e.g., surgical masks and N95 masks). Surgical and N95 (and KN95) masks are to be worn at all times while at work until further notice.

Employees are always encouraged to be thoughtful when using PPE. Ensure that all team members understand our Infection Control Policy for information regarding the use of PPE.

We recognize that there may be instances where there is limited or nonexistent PPE resources. Our Procurement team works to ensure adequate supplies are on hand to protect our employees.

The Centers for Disease Control (CDC) has developed guidelines for protecting team members during times where PPE supply is limited or nonexistent. This communication summarizes those guidelines related to our business lines. (Review the full [CDC recommendations](#).)

**Note: these guidelines are for use when the supplies of PPE are low or nonexistent.** Some of these recommendations do not meet the usual CDC standards for PPE use, but should be considered when PPE supplies are nonexistent. When adequate supplies are again available, the usual procedures and PPE should be used.

Employees at higher risk for severe illness from COVID-19, such as older people with chronic medical conditions or those who may be pregnant, should not be in contact with known or suspected COVID-19 clients or patients.

### Surgical Masks

When supply is **extremely limited**:

- A surgical mask may be worn by the same person multiple times, with several different clients/patients and without removing the facemask in between.
- Inspect the mask prior to each use. It should always be removed and discarded if soiled, damaged, wet or hard to breathe through.
- Do not touch the face mask. If you inadvertently touch it, wash your hands immediately.
- Remind team members and clients/patients to use tissues or other barriers to cover their mouth and nose when coughing or sneezing.
- Surgical masks may be used beyond the expiration dates.
- If saving a surgical mask for later use, carefully fold the mask so that the outer surface is inward against itself. The folded mask can be stored in a clean breathable container like a paper bag.
- For performing aerosol-generating procedures like nebulizer treatments (if N95 masks are unavailable).

When **NO** surgical face masks are available:

- Use a face shield that covers the entire front and sides of the face, if available.

- Cloth or homemade masks (e.g., bandana, scarf) may be considered as a last resort to protect against droplets.
  - Homemade or cloth masks are not considered PPE and should be used with caution when using in place of nonexistent supply of surgical masks.
  - Cloth masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face when used in place of a surgical mask.

## N95 and KN95 Masks

- An N95 mask is reserved for use when providing direct care for COVID-19 positive persons, when performing aerosol-generating procedures like deep suctioning, tracheostomy care, or aerosolized medication administration.
- Ensure that all team members who will use an N95 mask have received education on its use, including seal checks, donning and doffing procedures, conservation and storage for reuse.
- Employees issued N95 masks must be “fit tested”
- In order to conserve them, an N95 mask may be reused by the same person, for extended periods and for multiple days. It should be discarded when the physical integrity of the mask is no longer viable (e.g., soiled, wet, torn, elastics broken down, etc.).
  - In residential settings, a team member may wear the same mask throughout the day and for multiple days.
  - The respirator must be stored for at least five calendar days between use and kept away from water or moisture.
  - The respirator cannot be used more than five days total.
  - In visit-based settings (such as Home Health, Home Care and Hospice), or where direct care is provided for a COVID positive person, a different N95 should be worn when coming in contact with each patient/client. Operators may decide to provide a small trunk stock for those “visiting” team members who will provide care or services for COVID-19 patients/clients.
  - Masks should be stored between uses in a paper bag marked with the team member’s or patient/client’s name. Masks should not be stored for reuse in air-tight containers (like a Ziplock bag).
  - When removed, the mask should immediately be placed in the paper bag and not left on surfaces (table, countertop, etc.).

## Eye Protection

- Reusable eye protection supplies (e.g., goggles and face masks) are appropriate for use. Ensure they are cleaned and disinfected between users.
- Eye protection should be removed if it becomes visibly soiled or difficult to see through.
- Only one person should reuse disposable eye protection.
- Eye protection should be discarded if damaged (e.g., face shield can no longer fasten securely or is difficult to see through after cleaning).
- Do not touch the eye protection. If touched, immediately wash your hands.
- Eye protection may be used beyond manufacturer-designated shelf life.

- To conserve, routine use of eye protection should be limited to activities where splashes and sprays of body fluids are anticipated.
- Consider using safety glasses that have extensions to cover the side of the eyes.
- Follow manufacturer instructions for cleaning and disinfecting eye protection. Face shields are to be clean at least daily.
- For cleaning and disinfecting single use disposable face shields, consider:
  - While wearing gloves, carefully wipe the *inside, followed by the outside* of the face shield or goggles using a clean cloth saturated with detergent solution or a cleaner wipe.
  - Carefully wipe the *outside* of the face shield or goggles using a wipe or clean cloth saturated with disinfectant solution.
  - Wipe the outside of face shield or goggles with clean water or alcohol to remove residue.
  - Fully dry (air dry or use clean absorbent towels).
  - Remove gloves and perform hand hygiene.

## Gowns

- Consider the use of reusable cloth isolation gowns in our residential homes (which should be separately laundered).
- Reusable gowns should be routinely inspected and mended or replaced, as needed.
- Extend the use of disposable gowns.
  - The same gown may be worn by the same employee until soiled, wet or damaged.
  - If the gown becomes visibly soiled or damaged, it must be removed and discarded.
  - Disposable gowns are difficult to reuse. The ties and fasteners tend to break, and the paper-like fabric may easily rip.
  - Cloth isolation gowns could potentially be untied and retied and could be considered for re-use without laundering between uses as a last resort, or in an emergency.
- Gowns should be prioritized for use per the infection control policy:
  - During activities where splashes may occur, including aerosol generating procedures
  - During high-contact care activities that provide opportunities for transfer of pathogens to the hands and clothing, such as bathing, assisting with toileting, wound care, etc.

### When **No** Gowns Are Available

- When isolation gowns are severely limited or unavailable, the following pieces of clothing can be considered as a last resort for care of COVID-19 patients as single use:
  - Preferable features for all include long sleeves and closures (snaps, buttons)
  - Disposable or reusable laboratory coats, buttoned up or worn backwards
  - Reusable (washable) patient gowns (must be separately laundered per usual procedure for disinfecting clothing and bedding)
  - Disposable or reusable aprons
  - Sleeve covers in combination with short-sleeve gowns/aprons
  - Large plastic garbage bags worn like a poncho (with long-sleeve covers or smock/apron)

As always, please reach out to your Director of Clinical Practice or Director of Quality Support if you have any questions.