Temporary Housewide PPE Conservation Changes when Caring for COVID-19 Patients

The COVID-19 pandemic has created worldwide attention to the use of PPE. COVID-19 has also created a shortage of PPE, which includes respirators, masks, gowns, gloves, face shields and goggles. CDC has suggested the changes below, during this pandemic period. Please be aware that the changes are temporary.

A reminder about Standard Precautions:

- Hand hygiene is required when entering/exiting room.
Additional PPE (gown/gloves/mask/eye protection) is only needed for direct contact with blood or body fluids (including respiratory secretions) in a standard precaution room.

The current recommendations are based on revised CDC guidelines. Isolation PPE will be used as follows:

- Each staff member will use their surgical mask for their entire shift unless soiled with blood or body fluids. If soiled replace immediately.
- Each staff member will keep their own face shield, wiped down after each use with appropriate cleaner, until the shield is no longer viable.
For an aerosol-producing procedure, wear an N95 with a face shield or a Powered Air Purifying respirator (PAPR). If N-95 is used, discard it after the procedure.

Temporary Changes for All Units / Departments:

Some changes are already instituted including:

- Eliminated bedside reporting to reduce number of people needing PPE frequently
- Eliminated students caring for isolation patients
- Required cluster care (nurses asking what they can bring before entering the room and performing multiple tasks while there)
- Reducing the frequency of hourly rounding
- Roles who will not enter an isolation room
  - Non-direct caregivers
  - Orientees
  - Child life
  - Dietary (knock, hand tray to parent, leave tray at nursing station if no answer)
- EVS will still enter the room, but the number of entries will be reduced.

Temporary Changes to 7SP, 8SP*, PICU, Hem/Onc, ED, Ambulatory

- Mask Usage
  - Each staff member will use their surgical mask for their entire shift unless soiled with blood or body fluids. If soiled replace immediately.
  - Do NOT touch the front of the mask with your hands. The front of the mask will be contaminated. Handle by ear loops/ties.
Each staff member will keep their own face shield, wiped down after each use with appropriate disinfectant, until the shield is no longer viable.

- MRSA Colonization PPE will be Standard Precautions
- NICU, TCU, CF patients excluded from these changes
- MDRO colonization will not change

**Recommendations For aerosol-generating procedures for Suspected or Confirmed COVID-19 Patients:**
The current recommendations are based on revised CDC guidelines. Isolation PPE will be used as follows:
- Aerosol-generating procedures for this population will be done in a negative pressure room.
- Wear an N95 with a face shield or a Powered Air Purifying respirator (PAPR). If N-95 is used, discard it after the procedure. If PAPR used, clean hood and machine with hospital-approved disinfectant.
- Aerosol-Generating Procedure – Bronchoscopy, intubation, CPR, open suctioning, CPAP, BiPAP

**Temporary Modification to Respiratory Isolation Procedures**

<table>
<thead>
<tr>
<th>Suspected or Confirmed COVID-19</th>
<th>Contact / Droplet (gown, gloves, masks, face shield) - Respirator for aerosolized generating procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>(+) Influenza, Chlamydia pneumoniae, Mycoplasma, Pertussis</td>
<td>Droplet (mask only, face shield)</td>
</tr>
<tr>
<td>(+) Adenovirus</td>
<td>Contact / Droplet (gown, gloves, masks, face shield)</td>
</tr>
<tr>
<td>All other viruses in RIDP</td>
<td>Contact (gown, gloves, no mask)</td>
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Information Only
Caring for Patients with Suspected / Confirmed with COVID-19

3 West / PICU
Effective immediately, 3W will become the unit specifically for specialty peds respiratory-isolation patients, except those with cystic fibrosis. PICU will care for patients requiring intensive care. This allows us to focus our efforts on patient and employee safety, while also conserving PPE, which will become an ever-increasing issue as the pandemic grows.

Patients will be in contact/droplet isolation precautions, as they are currently, which include:

If the patient is needing to be cared for in the PICU, PPE will consist of:

- Gown
- Gloves
- Mask/face shield

If involved in aerosol generating procedures, then:

- N-95 (if fit tested) or PAPR
- Face Shield (with N-95)

If a patient is being tested for COVID-19, they will be moved to a negative pressure room on 3W/PICU and remain in contact/droplet isolation. In a code situation, all staff in the room will have either an N95 with eye protection (if previously fit-tested) or a PAPR.

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