Alaska Native Medical Center

Interim Addendum to PPE Program Policy and Respiratory Protection Program Policy

Overview:
To identify which capacity level we are at with our current stock of respiratory protection and other personal protective equipment (PPE) supplies in accordance with CDC guidance. Our PPE supply will determine the capacity in which we operate. This interim procedure includes: powered air purifying respirators (PAPR), N95 respirators, procedure masks, protective eyewear, and face shields. These recommendations are temporary while there are national and international shortages of protective equipment.

Purpose:
- Identify PPE supply status levels and use of PPE that are in line with CDC guidance, OSHA enforcement guidance and State of Alaska Health Mandates.
- To prevent a shortage or exhaust our supply specifically of facemasks, respirators and eye protection.
- To ensure that our staff have access to the necessary supplies to perform patient care safely.

Definitions:
- **Conventional capacity**: measures consist of providing patient care without any change in daily contemporary practices. This set of measures, consisting of engineering, administrative, and personal protective equipment (PPE) controls should already be implemented in general infection prevention and control plans in healthcare settings.
- **Contingency capacity**: measures may change daily standard practices but may not have any significant impact on the care delivered to the patient or the safety of healthcare personnel (HCP). These practices may be used temporarily during periods of expected PPE shortages. Selectively cancel elective and non-urgent procedures and appointments for which certain PPE is typically used by HCP.
- **Crisis capacity**: strategies that are not commensurate with U.S. standards of care. These measures, or a combination of these measures, may need to be considered during periods of known PPE shortages. Cancel all elective and non-urgent procedures and appointments for which certain PPE is typically used by HCP.
- **Elective Procedure**: A procedure being considered elective or not will be determined by a clinical team that will evaluate the medical necessity of the procedure. A procedure may be considered elective but after evaluation it may determined that if postponed it may have significant impact on health, livelihood or quality of life.
- **Extended use**: the practice of wearing the same facemask or N95 respirator for repeated close contact encounters without removing the respirator between the encounters.
  - Once doffed, a facemask or respirator should not be used after extended use.
  - Eye protection may be left in place with the N95 respirator for extended use.
- **Limited Reuse** the practice of using the same facemask or N95 respirator by one HCP for multiple encounters with different patients but removing it after each encounter. The respirator is stored in between encounters and reused.
  - Limited Re-use of full face shields will be permitted. Face shields will be dedicated for use by individual healthcare personnel. Disinfection of the face shield will be required between uses.
  - A respirator should only be donned 5 times prior to discarding.
  - During re-use periods of time facemasks and N95 respirators should not be extended use.

Applicability:
- The capacity in which ANMC is operating in will be updated through the Incident Commander on a routine basis and included in the situation report sent to all staff.
- These guidelines apply to all HCP who need to wear personal protective equipment in this procedure during patient care or as a requirement of their work responsibilities.
- Only staff who have been fit tested for a Hospital approved N95 should be wearing an N95 and must only wear the N95 for which they were fit tested.
- Only staff who have been trained to use a PAPR should use a PAPR.
- All supplies of PPE - should be monitored and secured to prevent diversion of N95 supplies to the general public.

Guiding Principles:
- **When operating under Conventional Capacity**:
  - ANMC Staff should be following regular policies and procedures; these are day to day operations where existing policies are in place.
  - ANMC Safety continues to maintain the Respiratory Protection Program.
• When operating under Contingency Capacity:
  o Implement extended use of facemasks and respirators.
  o Annual fit tests may be suspended
  o Staff may receive 4 masks to utilize throughout their shift. Should they become damaged or soiled they may be replaced.
  o Facemasks should not be used for the patient as source control, a cloth mask may be used.
  o Respirators and facemasks should not be worn for multiple shifts and reused after extended use. Once doffed after extended use it should be discarded.
  o Decontamination may be implemented following approved processes per “ANMC PPE Decontamination Plan” for future use if needed under crisis capacity.
  o Items like eye protection and face shields and PAPR Hoods should be reused and cleaned after each use using approved products
    ▪ These should be stored appropriately do ensure they are not damaged.
  o Respirators, PAPR hoods, eye protection and face shields may be used when caring for multiple patients including patients on Modified Contact Isolation. Disinfect hoods, eyewear, and face shields between use.
  o Limit room traffic, where possible, by ensuring that only those essential for patient care enter the room; strategies include bundling of care, limiting or avoiding bedside clinical teaching, limiting operating room traffic, and use of telemedicine where possible.

• When operating under Crisis Capacity:
  o Facemasks and Respirators that are beyond their manufacturer shelf life may be used
    ▪ Exception for aerosolizing procedures, a N95 within that shelf life should be used
  o Implement Limited re-use of facemasks and respirators may be implemented and extended use will stop.
    ▪ One disposable N95 respirator will be given each day and may worn for COVID-19 PUIs may be re-used as long as they are able to seal, or have reached the end of their use by being visibly soiled, wet, or damaged (whichever comes first)
    ▪ If supplies are limited masks and respirators may be kept for decontamination
    ▪ If supply allows, staff may receive up to 5 masks to rotate through their scheduled work week
    ▪ Guidance is for reuse by a single person (no sharing). This principle applies to N95 respirators and eye protection. PAPR hoods may be used by more than user in extreme need – this is not recommended.
  o Decontamination may be implemented following approved processes per “ANMC PPE Decontamination Plan”
  o May implement the use of respirators not evaluated by NIOSH but allowed by OSHA
  o Limit room traffic, where possible, by ensuring that only those essential for patient care enter the room; strategies include bundling of care, limiting or avoiding bedside clinical teaching, limiting operating room traffic, and use of telemedicine where possible.
  o Respirators, PAPR hoods, eye protection and face shields may be used when caring for multiple patients including patients on Modified Contact Isolation. Disinfect hoods, eyewear, and face shields between use.
  o Items like eye protection and face shields and PAPR Hoods should be reused and cleaned after each use using approved products
    ▪ These should be stored appropriately do ensure they are not damaged.

Guidance for Reuse of Respirator (N95s)

Process for Doffing N95 Respirator when Facility Practicing Limited Reuse (e.g., Crisis Capacity):
• Strongly recommend use of a PPE buddy trained to observe for breaks in doffing technique to reduce risk of cross-contamination during the PPE removal process.
• Follow CDC guidelines for doffing other PPE up until N95 respirator removal, including hand hygiene.
• Remove the N95 respirator by grabbing the straps. The front is considered contaminated. Remove slowly and carefully.
• After removing the N95 respirator, inspect for visible contamination or damage. If visibly soiled, wet, or damaged, the N95 respirator should be discarded.
• Store N95 respirator according to the following considerations, taking care to avoid destroying the shape of the mask.
  o Use a dedicated, well-ventilated container (i.e., paper bag with handles, bowl, or food storage container) labeled with user name.
    ▪ Take care to ensure that the interior of mask does not become contaminated during storage.
      • Consider using clothespins to clip the mask by the straps to the edge of the paper bag.
      • Consider using a hard sided container (e.g. bowl or food saver container) to store mask inside the
paper bag

• Periodically disinfect the container with an approved EPA registered disinfectant. Follow appropriate contact times.

• Perform hand hygiene.

Process to Re-use Your Disposable N95 Respirator when Facility Practicing Limited Reuse (e.g., Crisis Capacity):

• Perform hand hygiene and don clean gloves and gown.
• Remove previously worn N95 respirator from storage container and visually inspect. Do not re-use if damaged, wet, or soiled.
• Donning
  o Don the previously worn N95 respirator if it passes visual inspection.
  o Perform a user fit check or seal check by doing the following:
    ▪ No air should be felt around the perimeter while forcefully blowing out.
    ▪ If you feel air coming out around the seal, it is not a tight seal.
    ▪ Troubleshoot the seal in following ways:
      ▪ Ensure N95 respirator is donned correctly without criss-crossed straps.
      ▪ Press nose band firmly against sides of nose and face.
      ▪ Redo fit check to check seal of N95 respirator.
      ▪ If a tight seal cannot be achieved, the N95 respirator cannot be re-used.
  o Ensure the N95 respirator is breathable, if unable to breathe easily in the N95 respirator, do not re-use.
  o After adjusting previously worn N95 respirator and achieving successful respirator seal check, doff soiled gloves and perform hand hygiene.
  o Perform hand hygiene and don remaining PPE following CDC’s PPE doffing guidelines.

Guidance for Reuse Full Face shield and Eye Protection

• A full face shield may be applied over the N95 respirator, covering both eyes and face mask.
• During patient care, take care to NOT TOUCH masks or eye protection to limit risk of cross-contamination to self and/or between patients.
• Full face shields are dedicated to individual healthcare personnel as foam piece and elastic head band cannot be adequately disinfected between personnel.

Process for Doffing Full Faceshield and Eye Protection when Facility Practicing Limited Reuse (e.g., Crisis Capacity):

• While in the patient’s room, ONLY remove gloves then gown near the doorway, prior to exit.
• Perform hand hygiene.
• Exit patient room.
• Strongly encourage use of a PPE buddy trained to observe for breaks in doffing technique to reduce risk of cross-contamination during the PPE removal process.
• Don gloves and remove the face shield or protective eyewear. The front is potentially contaminated, so remove carefully by bending forward and using the elastic band of the face shield/ sides of protective eyewear near ears.
• Do not touch your face.
• Disinfect the face shield or protective eyewear. (Continue extended use if able).
• Doff gloves, perform hand hygience, remove N95 respirator. (Continue extended use if able).
• After completing all doffing steps:
  o Store face shield/protective eyewear for reuse.
  o Store N95 respirator per storage instructions.

Instructions for the LIMITED REUSE of PAPRs and Hoods
Note: Information below references the 3M FlexAir PAPR
Reference the manufacturer’s instructions for the type of PAPR respirator you are using

Safety Check
Follow these steps to perform a PAPR Safety Check:

• Inspect all PAPR parts including the hood for damage prior to use. Do not use if damaged.
• Make sure there are 2 filters (round filters located on each side of the motor)
• At the start of the shift, unscrew the tubing and place the Airflow indicator in the opening, holding the device level.
Turn on unit. Listen for 4 beep tone. Watch the indicator rise; must be above the 6 CFM level on the airflow indicator (usually rises within seconds to the top).

- Remove airflow indicator and reconnect tubing to motor
- Listen for alarms
- Do not use this device if anything is damaged, audible alarms are heard, or the indicator does not rise to a minimum level of 6 on the indicator

Donning:
- After performing a safety inspection and safety check using the airflow indicator, assemble the PAPR to connect the hood and tubing. Make sure 2 filters are attached.
  - Write name on hood
  - Perform hand hygiene
  - Don PAPR and turn blower motor on. Adjust waist belt as needed.
- Don gown over the PAPR belt. Make sure gown does not block intakes of blower motor.
- Don gloves and other PPE as required.

Doffing:
- While in the patient’s room, remove gown then gloves prior to leaving.
- Perform hand hygiene.
- Strongly encourage use of a PPE buddy trained to observe for breaks in doffing technique to reduce risk of cross-contamination during the PPE removal process.
- After exiting the patient’s room, don clean gloves, turn off PAPR motor, remove the PAPR hood, undo belt, clean, and store appropriately (see below).
- Doff gloves and perform hand hygiene

Disinfection, Disposal and Storage of Used PAPR Components
- Disinfect the PAPR motor, tubing, belt, and hood using an EPA registered disinfectant following the manufacturer’s contact time.
- Do not change the filters unless the PAPR alarms or does not pass the Safety Check.
- Write your name on the hood; Hoods may be shared if thoroughly cleaned and hood is labeled as being shared so that users are aware.
- Keep blower units plugged in when not in use. If charger availability is limited, rotate blower units on the charger.
- Reference the manufacturer’s instructions for more information.
- Discard hoods that are damaged or can’t be disinfected. Contact Central Supply if the PAPR is not functioning properly or additional supplies are needed.

References:


3M Flex Air Manufacturer’s Instructions for Use.