

**Updated Recommendations for Conservation and Reuse of Personal Protective Equipment (PPE) and Other Supplies
March 20, 2020**

As NYP's response to COVID-19 continues, we ask for your continued hospital-wide support to utilize our resources appropriately. It is **critical** that we appropriately use and conserve essential supplies. The guidance provided below outlines current strategies for conservation and reuse of PPE and other supplies. Additional strategies are in development. The care and safety of our employees and patients remain our top priority.

GENERAL STRATEGIES FOR PPE CONSERVATION

- Use PPE only when clinically indicated.
 - Do not use N95 respirators when a surgical face mask is indicated
 - Do not use a face mask with a face shield when a face mask without a face shield is indicated (e.g., staff member who did not receive annual influenza vaccine)
- **Limit the size of the care team providing direct care to ANY patient on CONTACT, DROPLET, or AIRBORNE PRECAUTIONS** to the smallest number possible that still allows for safe patient care.
- Limit unnecessary entry into patient rooms.
 - Bundle activities (for example, schedule medications to be administered together, when possible)
 - **Consult services should use extra discretion for room entry** (i.e., if the consult service is not performing a procedure, and if recommendations can reasonably be formulated without direct physical exam, avoid room entry; many medical specialty consultations can be performed without entry into the patient's room).
 - **Support services (care coordination, pastoral care) should endeavor to deliver care via telephone.**
- In circumstances where a visitor is allowed (i.e., pediatric and obstetric patients), conduct family meetings outside patient rooms. [Note: this does not apply to patients with suspected or confirmed COVID-19.]
- Make sure PPE stock is secured so that it is not taken for non-patient care use or otherwise used inappropriately.

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SPECIFIC STRATEGIES FOR CONSERVATION OF INDIVIDUAL TYPES OF PPE AND OTHER SUPPLIES

Surgical face masks:

- Surgical face masks worn for surgery/sterile procedures: routine protocols should be followed
- Surgical face masks worn for indications other than Droplet Precautions (e.g., staff who did not receive the influenza vaccine, asymptomatic staff with known high-risk exposure to COVID-19, etc.): the same surgical face mask should be used/reused throughout multiple shifts, inclusive of seeing different patients. Mask should be discarded when it is visibly soiled, contaminated, or wet.
- Surgical face masks worn during the care of patients on Droplet Precautions (excluding patients with confirmed or suspect COVID-19): surgical face mask may be used to see consecutive patients with the same indication for Droplet Precautions (for example, two patients with influenza); otherwise, mask should be discarded after used to see patient on Droplet Precautions.
- Surgical face masks used during the care of patients with confirmed or suspect COVID-19:
 - a. When consecutively seeing multiple patients in the same room with confirmed COVID-19, providers should remove their gloves, perform hand hygiene, and don new gloves prior to contact with the next patient. Gown, eye protection and mask/respirator do **not** need to be changed.

N95 respirators:

- Use N95 respirators only when clinically indicated.
- For N95 respirators used during the care of patients with confirmed or suspected TB or measles: The N95 respirator can be reused and used during the care of multiple patients. The N95 respirator should be kept clean between uses. Discard the N95 respirator only when soiled, contaminated or wet or if the wearer is unable to pass a fit check.
- N95 respirators used during the care of patients with confirmed or suspect COVID-19:
 - When consecutively seeing multiple patients in the same room with confirmed COVID-19, providers should remove their gloves, perform hand hygiene, and don new gloves prior to contact with the next patient. Gown, eye protection and mask/respirator do **not** need to be changed.
 - The use of a surgical mask over the N95 respirator can prevent droplet contamination of the N95. Thus, if the N95 is covered as above, it can be

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reused multiple times until visibly soiled, contaminated, or wet or the wearer is unable to pass a fit check.

Cover gowns:

Cover gowns used during the care of patients with confirmed or suspect COVID-19:

- When consecutively seeing multiple patients in the same room with confirmed COVID-19, providers should remove their gloves, perform hand hygiene, and don new gloves prior to contact with the next patient. Gown, eye protection and mask/respirator do **not** need to be changed.

Eye protection such as goggles and welder-style faceshields (reusable and disposable):

Eye protection should be cleaned after each use and reused except when consecutively seeing multiple patients in the same room with confirmed COVID-19, providers should remove their gloves, perform hand hygiene, and don new gloves prior to contact with the next patient. Gown, eye protection and mask/respirator do **not** need to be changed.

Adhere to recommended manufacturer instructions for cleaning and disinfection, when available.

When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable eye protection, perform the following steps so the eye protection can be reused:

1. While wearing clean gloves, carefully wipe the *inside, followed by the outside* of the eye protection using an alcohol-based disinfectant (e.g., PDI Super Sani Cloth) achieving the 2 minute contact time.
2. Fully dry (air dry or use clean absorbent towels) to avoid getting disinfectant in eyes.
3. Remove gloves and perform hand hygiene.

Cleaning / Disinfecting supplies – Be judicious in use of Purell and PDI wipes (e.g., only use the number of wipes necessary to achieve required contact time)

Lab supplies – Viral transport media, viral testing swabs

- Do not send respiratory pathogen panels unless clinically indicated

Thank you for your assistance and support.