

# PPE PROCESS CHANGES

## N95 Reuse

- You will check out one (1) N95 and one (1) surgical mask for your use from the Logistics window before each shift.
- We are now following procedure for reusing N95s. If your N95 is damaged or contaminated (see below guidance) during your shift, call the on-duty Supervisor for a replacement.
- If you do not use your N95 keep it and use it for your next shift.
- Following reuse guidelines approved by the CDC is paramount for your safety. Familiarize yourself and when in doubt, contact the on-duty Supervisor.

## Face Shields

- There are enough face shields to issue 1 per employee. There are currently no replacements available.
- Every employee will be issued their own face shield to keep. It should be placed in your locker at the end of the shift and reused.
- Cleaning procedures are included in the below guidance.

## Surgical Masks for Source Control

- Continue to check out your supply of four (4) surgical masks in addition to the one (1) surgical mask for your use from the Logistics Window.
- An additional six (4) surgical masks are still available for source control in the Infectious Disease Kit.

# N95 & FACE SHIELD REUSE

**Guidance Dated: 3-31-2020**

*The CDC has approved the outlined methods for reusing N95 facemasks. Ensure you follow the checklist, clean hands before and after touching your mask, and inspect your mask before and after each use.*

## **Before your patient encounter requiring N-95:**

- Wash hands thoroughly with soap and water, and/or alcohol based hand sanitizer prior to donning clean gloves and placing N-95.
- Ensure N95 is not visibly damaged or soiled.
- Ensure N95 as an appropriate seal:
  - After placement, exhale deeply. The mask should allow slight positive pressure to be built up in the face piece without any evidence of outward leakage of air at seal.
  - After placement, inhale deeply. The mask should allow slight negative pressure to be built up in the face piece with no inward leakage of air at seal.
  - If seal does not pass either of these tests, or is difficult to breathe through normally, discard the mask.
- Cover N95 with plastic face shield for additional droplet precautions.

**Before you throw out your N-95**

If any of the following conditions are met, dispose of your mask:

- In addition to COVID concerns, the patient has a known infectious disease that requires contact precautions (MRSA, C.diff).
- An aerosol procedure was completed (breathing treatment, BVM, airway adjuncts).
- The mask has been contaminated with bodily fluids (sputum, blood, etc.).
- The mask has been structurally compromised or broken.

**If your N-95 does not meet requirements to throw out:**

- Handle carefully, washing hands before and after touching.
- Store mask in your paper bag; it should be able to “breathe” and does not need to be sealed tightly. Write the user’s name on the bag.
- Store mask where it cannot be structurally compromised. Between calls these can be placed lying flat on a counter in the patient care compartment. Ensure nothing is leaning against or on top of the mask.
- If you do not use your N95, keep it and use for your next shift.

**Face Shields:**

- Wash hands with soap and water and/or alcohol based hand sanitizer
- Wash the plastic portion of the facemask with water and soap (or use the spray bottles on Supervisor vehicles). Pat dry with paper towel. Do not saturate the foam headband, it will remain damp for an extended period of time.
- Do not use bleach, or cleaners/cloths with abrasive surfaces.
- Lay mask flat in its plastic bag on a clean counter in patient care compartment between calls, ensure it is not sealed tightly and able to “breathe”.
- Face shields are perpetually reusable. If damaged or unusable, the backup is: goggles and a surgical mask over your N95.