Updated FAQs: Background

Updating the FAQs to reflect N95 extended use/when to discard

- To reduce the number of times HCP must touch their face and potential risk for self-contamination, HCP should consider continuing to wear the same respirator or facemask (extended use) for multiple patients or even throughout their entire work shift. This is supported by CDC (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html)
- N95 respirators should be discarded when the surface is grossly contaminated (NOT viral particle contamination).
- N95 and eye protection must be worn when entering rooms/care spaces post-AGPs to protect from potential aerosolized particles of SARS-CoV-2; gown and gloves are not necessary unless the patient is also on contact precautions
 - Current data suggest that close-range aerosol transmission by droplet and inhalation, and contact followed by selfdelivery to the eyes, nose, or mouth are likely routes of transmission. Long-range aerosol transmission, such as is seen with measles, has not been a feature of SARS-CoV-2.
 - Entering a room when a patient is on continuous AGPs such as high flow oxygen, BiPAP, CPAP, will not cause surface
 contamination of the N95. Thus the N95 does not need to be discarded.



Updated FAQs

Q. Can I use the N95 respirator for multiple patients? When should I discard it?

A: You may continue to wear and re-use your N95 respirator for multiple patients as long as it is not soiled, torn or difficult to breathe through. You can remove it and store it in a paper bag and then don it again. You should discard your N95 respirator at the end of your shift and in the following scenarios:

- When the surface of the N95 becomes contaminated with blood, nasal or respiratory secretions or other bodily fluids.
 - Scenarios where this is likely to occur i.e.CPR, bronchoscopy, intubation, extubation, open suctioning, manual ventilation
- If it fails the seal test, tears or breaks.
- If it becomes hard to breathe through.

Q. Should I cover the N95 respirator with a surgical mask?

A. This is acceptable but a face shield is preferred, as it provides eye protection and may reduce contamination of the respirator.

Q. Should I discard my N95 if it is covered with a surgical mask or face shield?

A. No, only discard when the surface of the N95 becomes contaminated with blood, nasal or respiratory secretions or other bodily fluids.

Updated Definition for Exposure:

<u>Contact:</u> Being within six feet for routine care, or in the same room if present during an aerosol-generating procedure (AGP) without N95 (or equivalent), gown, gloves and eye protection, or entering the room within 35 minutes of an AGP in an All room or 70 minutes in a non-All room without N95 (or equivalent) and eye protection or direct contact with contaminated fomites without performing hand hygiene prior to touching eyes, nose or mouth

PPE Update: Aerosol-Generating Procedures

Keep Yourself Safe

• The following PPE is required when performing AGPs (see LINK for list of AGPs)



- Regardless of if patient is COVID+ or negative
- Regardless of setting (inpatient, outpatient, ambulatory clinic, OR)

After AGP: INPATIENT ROOMS

- Use the AGP sign whether the patient is COVID positive or negative
- Wear PPE as indicated for the recommended period of time



After AGP: Emergency Department, Ambulatory Clinic, Physician Office, Hospital Outpatient Department, Operating Room, Procedure Areas

- AGP sign and special PPE requirements after the procedure are <u>not needed</u> for a <u>COVID negative</u>
 patient
- Use the AGP sign and wear PPE as indicated for the recommended period of time for a <u>COVID positive</u>
 patient

