

## COVID-19 Response

June 8, 2020 5:00 PM

### MASK GUIDANCE Quick Reference Guide

	ED / Inpatient	AMG / Ambulatory	Ascension Living
<b>POPULATION MASKING</b> <ul style="list-style-type: none"> <li>Public (non patient-facing vendors, visitors)</li> <li>Non-clinical associates with negative screen</li> <li>Patients with negative screen</li> <li>Patients with positive screen (<i>will be provided with medical facemask by facility</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Innovation mask</li> <li>Medical facemask (surgical/procedure)</li> <li>Cone style mask</li> <li>Cloth facemask</li> <li>Donated and approved mask</li> </ul>	<ul style="list-style-type: none"> <li>Innovation mask</li> <li>Medical facemask (surgical/procedure)</li> <li>Cone style mask</li> <li>Cloth face covering</li> <li>Cloth facemask</li> <li>Donated and approved mask</li> </ul>	<ul style="list-style-type: none"> <li>Innovation mask</li> <li>Medical facemask (surgical/procedure)</li> <li>Cone style mask</li> <li>Donated and approved masks</li> <li>Cloth facemask (Independent Living / Memory Care areas only)</li> </ul>
<b>UNIVERSAL MASKING HCP</b> <ul style="list-style-type: none"> <li>Associates and contracted personnel (including patient facing vendors) working in any facility, regardless of role, where patient care is delivered</li> </ul>	<ul style="list-style-type: none"> <li>Medical facemask (Surgical/procedure)</li> <li>Innovation mask</li> <li>Cone style mask</li> </ul>	<ul style="list-style-type: none"> <li>Medical facemask (Surgical/procedure)</li> <li>Innovation mask</li> <li>Cone style mask</li> </ul>	<ul style="list-style-type: none"> <li>Medical facemask (Surgical/procedure)</li> <li>Innovation mask</li> <li>Cone style mask</li> </ul>
<b>CLINICAL CARE: PPE</b> <ul style="list-style-type: none"> <li>Healthcare personnel (HCP) or patient facing vendors caring for <b>asymptomatic unknown status patients</b></li> </ul>	<ul style="list-style-type: none"> <li>Medical facemask (Surgical/procedure)</li> <li>N95/PAPR/CAPR/N100 (if swabbing or AGP)</li> </ul>	<ul style="list-style-type: none"> <li>Medical facemask (Surgical/procedure)</li> <li>N95 (if swabbing or AGP)</li> </ul>	<ul style="list-style-type: none"> <li>Medical facemask (Surgical/procedure)</li> <li>N95/PAPR/N100 (if swabbing or AGP)</li> </ul>
<b>CLINICAL CARE: PPE</b> <ul style="list-style-type: none"> <li>Healthcare personnel (HCP) or patient facing vendors caring for <b>PUI (e.g. test pending) or confirmed COVID patients</b></li> </ul>	<ul style="list-style-type: none"> <li>N95/PAPR/CAPR/N100</li> <li>Surgical/procedure mask <i>if not available</i></li> </ul>	<ul style="list-style-type: none"> <li>N95</li> <li>Surgical/procedure mask <i>if not available</i></li> </ul>	<ul style="list-style-type: none"> <li>N95/PAPR/N100</li> <li>Surgical/procedure mask <i>if not available</i></li> </ul>

## TABLE GLOSSARY:

**Aerosol Generating Procedure (AGP):** Planned or expected intubation on PUIs/Confirmed COVID-19 patients; Bronchoscopy; Tracheotomy; Open tracheal suction; Open lung procedures; Endoscopy; Laryngoscopy; Patients on mechanical ventilation with closed systems with no expiratory HEPA filtration; Nebulizer treatments; Non-invasive ventilation (CPAP/BIPAP); High flow nasal cannula (>20L per min); High-frequency oscillatory ventilation; Chest physiotherapy; *Emergent* intubation and/or CPR; Planned extubation. **Lower Risk:** Patients on mechanical ventilation with closed system with expiratory HEPA filter; Nebulizer in line on patients on mechanical ventilation with closed system with expiratory HEPA filter.

**CAPR:** Continuous air purifying respirator. This is a helmet style device suitable for airborne infections and aerosol protection.



**Cloth face covering:** An item made from cloth that should be multiple layers of fabric, suitable for covering the nose and mouth. Generally without ear loops or ties. May be manufactured or homemade. Not suitable for clinical use.



**Cloth face mask:** A mask that may be made of single or multiple layers of fabric to cover the nose and mouth, with either ear loop or ties. May be manufactured or homemade, and may include donated items. These should be routinely washed depending on the frequency of use. Not suitable for clinical use.

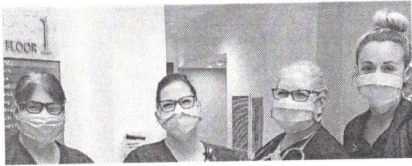


**Cone style mask:** A mask that is in the shape of a cone with rounded edges, that enables easy donning and is held away from the nose and mouth for comfort and protection. Typically has a malleable nosepiece allowing for a more custom fit. Suitable for clinical care environments.



**Healthcare personnel (HCP):** This includes any individual who is employed or non-employed providing services within the health ministry. This also includes students.

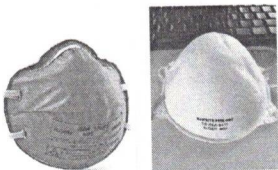
**Innovation Mask:** This includes any of the masks that were made with Ascension-approved surgical drape or instrument wrap, and sewn by an approved repurposed fabric factory.



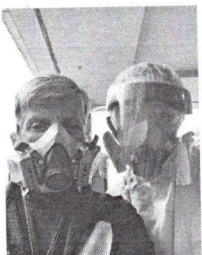
**Medical Face mask:** Refers to any Ascension approved medical industry (e.g. 3M, Medline, Halyard, etc.) manufactured surgical or procedure mask. Does not include innovation masks, cloth face masks or coverings, or anything homemade.

**Negative screen:** Using the Ascension signs and symptoms COVID-19 Screening tool, answers 'No' the questions delivered either verbally, in writing, or via electronic media (e.g. phone, tablet, etc.). Applies to entrance screening, check in/registration screening, phone screening, and Associate Health screening (including app).

**N95:** a disposable NIOSH approved respirator. Provides filtration capacity at 95% at 0.3 microns. The person wearing must have a fit test specific to the make, model and size of the respirator.



**N100:** A reusable half face mask respirator with replaceable filters. Also referred to as an elastomeric respirator. The person wearing must have a fit test specific to the make, model and size of the respirator.



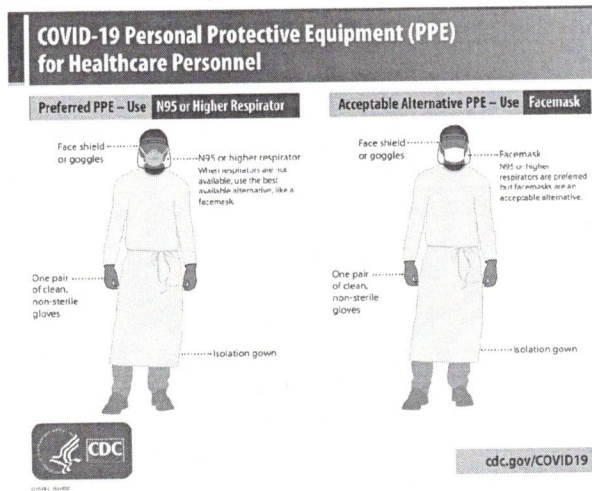
**PAPR: Powered Air Purifying Respirator:** Air-forced respirators that use a blower to force ambient air through air purifying elements to the respirator face piece, helmet, or hood to protect against airborne infections and aerosol protection.



**Patient facing Vendors:** Vendor representatives that are present in surgical or other invasive procedures, e.g. OR, IR, Cath Lab, etc.

**PUI - Patient Under Investigation:** This is a patient suspected of having COVID-19 and is being tested for it.

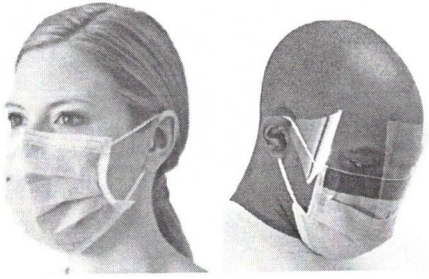
**PPE:** Refers to personal protective equipment that is per Centers for Disease Control Recommendations:



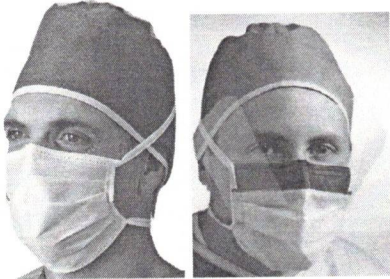
**Population masking:** per the CDC this is recommended for anyone going out in public, where social distancing (keeping 6 feet or more away from others) will not be possible. This may apply in elevators, stairwells, hallways, etc. Due to these circumstances this will be expected for anyone entering an Ascension facility in any care setting.

**Positive screen:** An individual, either patient or HCP, that answers yes to the COVID Screening questions (e.g. symptoms, exposures, etc.)

**Procedure mask:** A loose fitting mask also referred to as an ear-loop procedure mask. In most instances they are not approved for surgical procedures. May have a plastic face shield stapled on top (for COVID does not constitute adequate eye protection but may be used as a supplement).



**Surgical mask:** A loose fitting mask that covers the mouth and nose that has tie ons. Qualifies as a medical face mask. May have a plastic face shield stapled on the top (for COVID does not constitute adequate eye protection but may be used as a supplement).



**Universal masking:** The practice for all patient-facing associates of wearing a face mask upon entry into the building and taking it off upon leaving. The mask is worn at all times, unless eating, drinking or taking medications. The mask is to be replaced if damaged or visibly dirty.

**Unknown Status:** A patient that is asymptomatic of COVID-19 symptoms and is going to be having an invasive procedure or will be undergoing an Aerosol Generating Procedure (AGP). This person **is eligible** for PCR testing for SARS-CoV-2 in advance, but the test **was not run or the results are not available at the time of the procedure**. EX: a patient coming in for surgery who did not get a pre-surgical PCR test, but still needs the surgery.



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# Personal Protective Equipment (PPE)

## Personal Protective Equipment (PPE) Validation/Staff Training Overview

### Purpose:

- To create a consistent process of monitoring donning and doffing of PPE consistent with CDC recommendations.

### Expectations:

- A. Form overview and associate actions:
  - a. Personal Protective Equipment (PPE) Validation Self-Check Attestation  
Staff assigned to care for patient suspected or confirmed with COVID-19:
    - Reviews proper PPE donning and doffing expectations.
    - Attests that they will report any PPE needs for Ante Room.
    - Attests that they will report any PPE suspected of malfunctioning.
    - Attests that they are able to perform an N-95 seal self-check (if applicable).
    - Understands what PPE needs to be maintained for the duration of shift for PPE conservation
    - Signs that they understand the importance of consistent PPE compliance.
    - Files completed form in employee file.



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**Novel Respiratory Virus Personal Protective Equipment Self-Check Attestation**  
Please validate that you will use the following PPE during patient care with known or suspected COVID-19

Please check each box indicating your understanding of proper PPE donning and doffing. A PPE monitor may observe you for safe donning and doffing.

**Exception: If anteroom or patient room has no window, you MUST practice safe self-doffing.**

DONNING	DOFFING
Perform hand hygiene	Safely remove gown and gloves
Put on gown	Perform hand hygiene
Put on gown N95 PAPR CAPR	Safely remove Goggles, Face shield, PAPR, or CAPR
Perform N95 user seal-check (if applicable)	Perform hand hygiene
Perform hand hygiene	Safely Remove Mask or Respirator
Put on Goggles Face Shield	Perform hand hygiene
Put on gloves	Disinfect reusable CAPR/PAPR hoods (if applicable) with hospital-approved disinfectant*
	Disinfect goggles/face shield with hospital-approved disinfectant*
	Perform hand hygiene

\*Disinfectant must have novel coronavirus (e.g. SARS, MERS) or Human Coronavirus kill claim

I understand the importance of using the correct PPE every time I enter the room. I confirm that I will appropriately put on and take off PPE during each room visit. I will immediately notify both the observer and my supervisor if there were any PPE issues or exposure concerns. I understand that a PPE monitor will check my PPE appropriately for my safety.

Name (print) \_\_\_\_\_ Signature: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Patient Room: \_\_\_\_\_



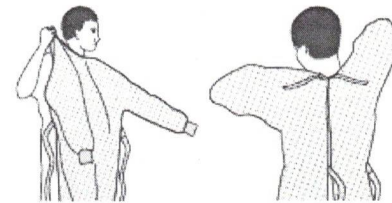
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## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

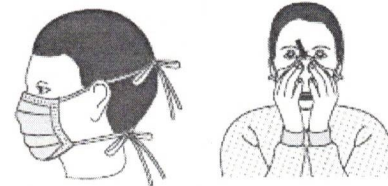
### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



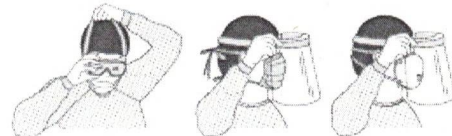
### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



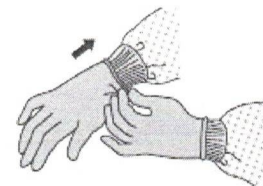
### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene







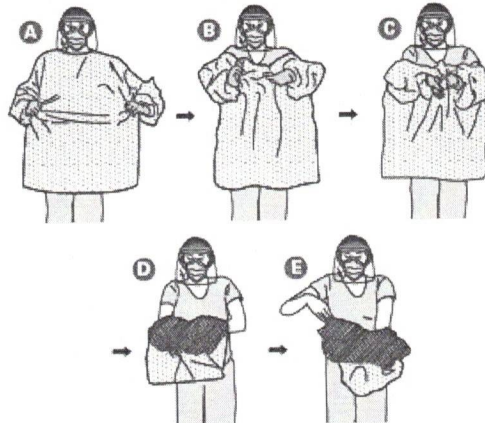
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## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

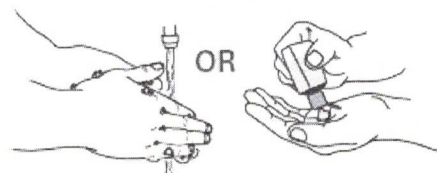


### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
BECOME CONTAMINATED AND IMMEDIATELY AFTER  
REMOVING ALL PPE**





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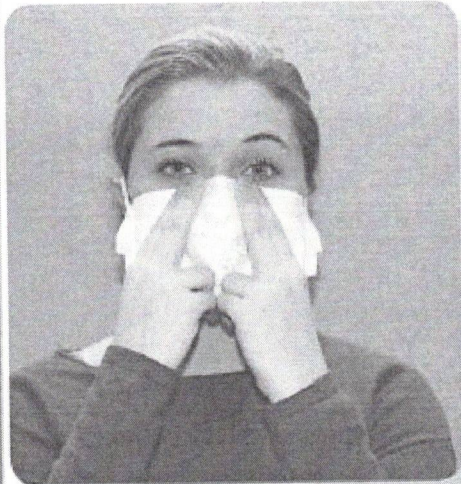
## Performing a Respirator User Seal-check

### How to do a positive pressure user seal check

Once the particulate respirator is properly donned, place your hands over the facepiece, covering as much surface area as possible. Exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure is being built up inside the facepiece without any evidence of outward leakage of air at the seal. Examples of such evidence would be the feeling of air movement on your face along the seal of the facepiece, fogging of your glasses, or a lack of pressure being built up inside the facepiece.

If the particulate respirator has an exhalation valve, then performing a positive pressure check may be impossible. In such cases, a negative pressure check should be performed.

### How to do a negative pressure user seal check



Negative pressure seal checks are typically conducted on particulate respirators that have exhalation valves. To conduct a negative pressure user seal check, cover the filter surface with your hands as much as possible and then inhale. The facepiece should collapse on your face and you should not feel air passing between your face and the facepiece.

In the case of either type of seal check, if air leaks around the nose, use both hands to readjust the nosepiece by placing your fingertips at the top of the metal nose clip. Slide your fingertips down both sides of the metal strip to more efficiently mold the nose area to the shape of your nose. Readjust the straps along the sides of your head until a proper seal is achieved.<sup>2</sup>

If you cannot achieve a proper seal due to air leakage, you may need to be fit tested for a different respirator model or size.



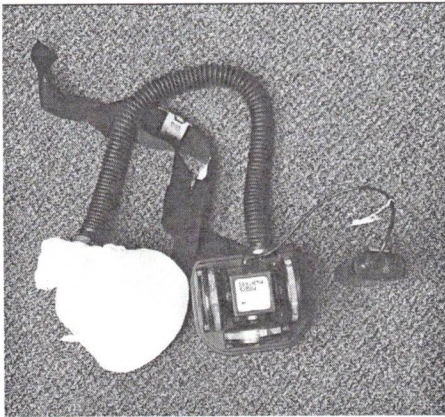
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## 3M Air Stream Breathe Easy Powered Air Purifying Respirator (PAPR)

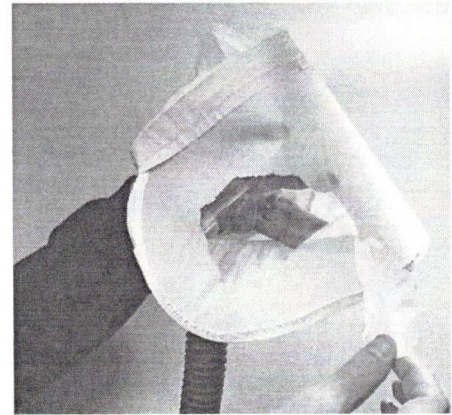
### Instruction for Use - Donning and Doffing

#### Donning Instruction

1. Call designated area to obtain equipment.



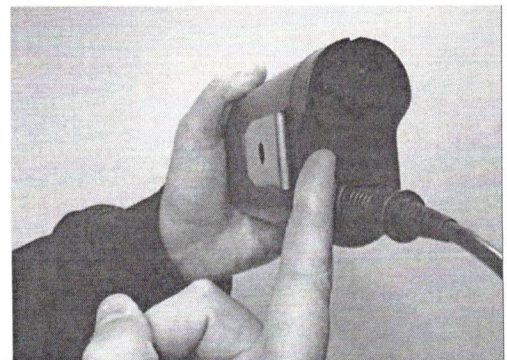
2. Remove the tissue paper covering the clear plastic face mask.



3. Secure unit around waists by fastening clip and adjusting strap to size.



4. Power on battery pack by turning the knob until green indicator is showing and air is flowing through the tube.

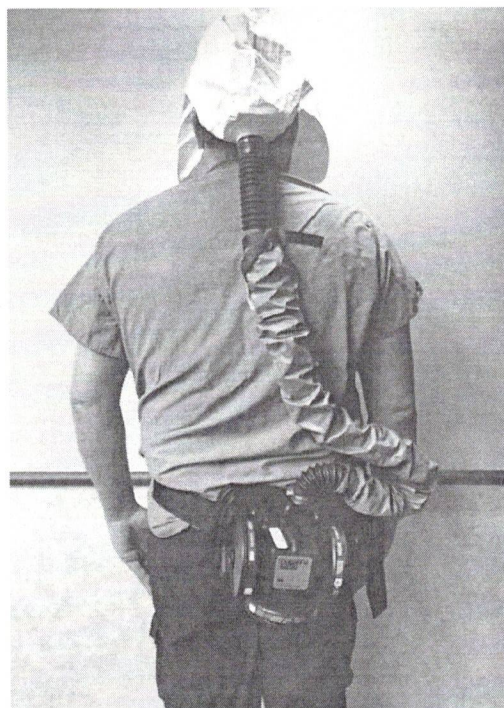


Turn knob until green indicator is shown here.

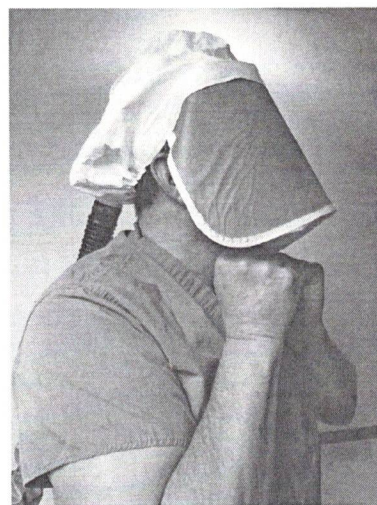


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5. Guide the airtube upward behind you and put the head cover on. There are headbands inside the head cover that fit snug on your head.



6. Adjust the head cover so that the elasticized edge of the face seal fits under your chin. It is now safe to enter the isolation room.



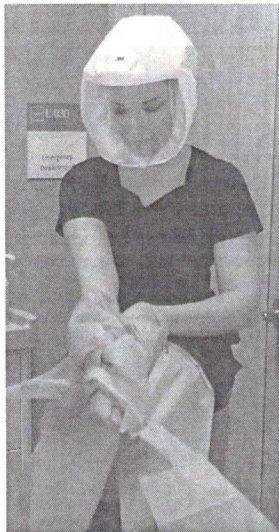


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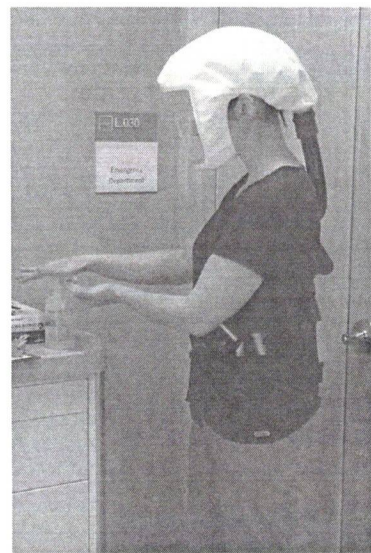
## Doffing Instruction - To take place in the negative pressure anteroom

(Note: Recommend 2 parties)

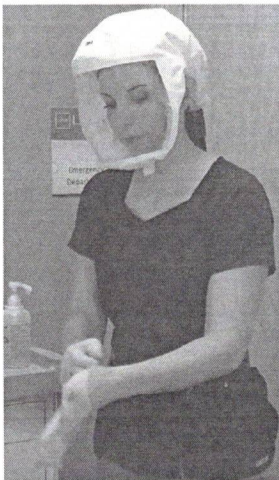
1. Prior to removal of PAPR, remove all other required Personal Protective Equipment (PPE).



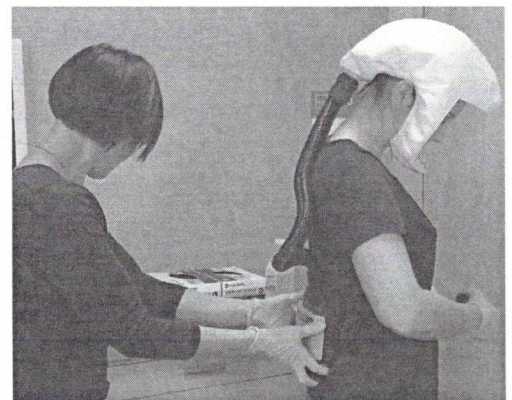
2. Perform hand hygiene.



3. Apply clean gloves.



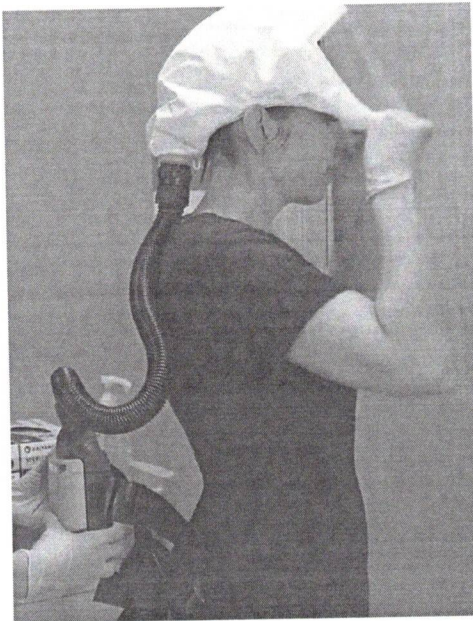
4. Have a second party first don gloves and then assist in removing the belt, containing the unit, and hold.



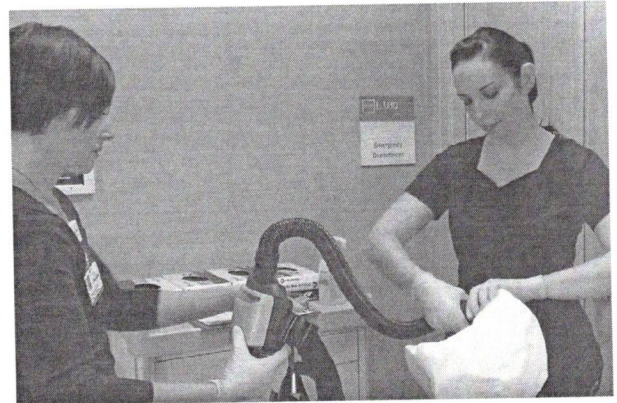


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5. Remove head covering starting from chin, lifting over the head in an upward direction. Be careful to avoid contaminating the face area.



6. Disconnect the head cover from the airflow tube with care by firmly grasping both pieces and gently but firmly pulling them apart.

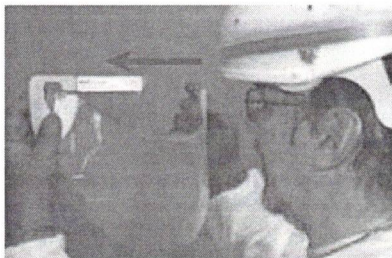


7. Inspect head covering, if extremely soiled (e.g. dripping) and or damaged (e.g. torn) then discard into appropriate trash
8. If head covering is still usable, wipe down with approved disinfectant and store appropriately.
9. All parties perform hand hygiene at completion of doffing.
10. When PAPR is no longer required for patient care, place unit in Soiled Utility. MED will retrieve PAPR during regular unit rounding.

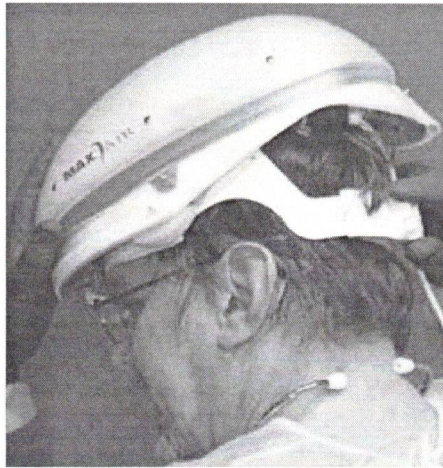


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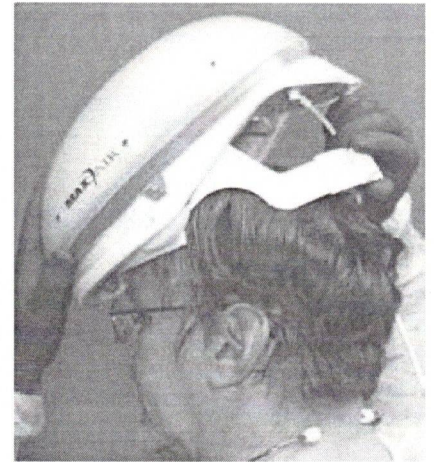
## CAPR Doffing Instruction - To take place in the negative pressure anteroom



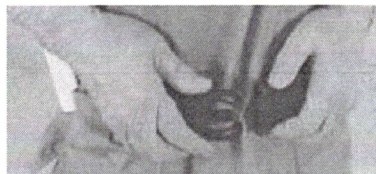
1. With the System mounted on head, remove the DLC from the Helmet. Dispose the DLC according to your institution's protocol for contaminated waste.



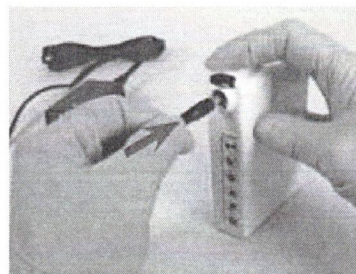
2. Loosen the rear Headband Adjustment Knob by turning it counterclockwise



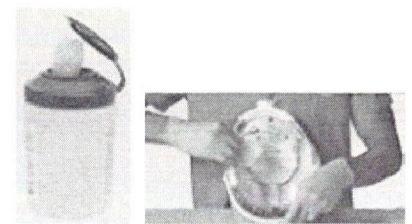
3. Hold the front top of the Helmet in one hand and with the other hand on the Adjustment Knob; lift the Helmet up and off the head.



4. Disconnect the Battery Belt from around the waist by un-snapping the buckle.



5. With the Charger connected to the mains wall power, connect the Charger Cord to the Battery. Push the Charger Cord Connector into the Battery Receptacle until it is fully seated.



6. The entire CAPR System may be decontaminated, cleaned and/or stored at this time.



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## CAPR Doffing Instructions

Post this sign on the inside of the patient room door and in the anteroom.

CAPR doffing will take place in the negative pressure anteroom.

If the CAPR exterior is visibly soiled, disinfect CAPR exterior with disinfectant wipes prior to leaving patient room with clean gloves, but DO NOT remove the respirator. Continue with anteroom CAPR disinfection process.



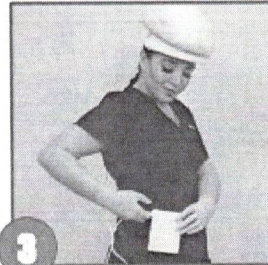
1

In the anteroom, with CAPR system mounted on head, put on a clean pair of gloves.



2

With the CAPR system mounted on head, remove the disposable lens cuff (DLC) and dispose of it in regular trash.



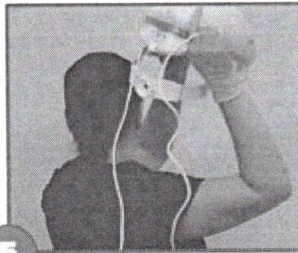
3

Unplug system from the battery pack.



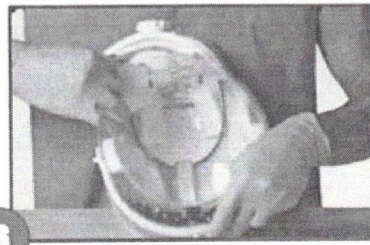
4

Loosen headband adjustment knob by turning it counter clockwise.



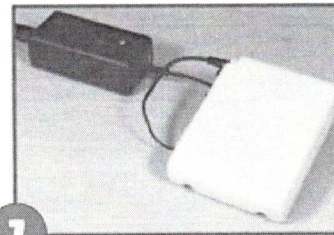
5

Hold the front top of the helmet with one hand, and with the other hand lift helmet up & off of the head



6

Clean & disinfect the entire CAPR system, including battery pack and cord using hospital-approved disinfectant wipes (e.g., purple top Sani Wipes, Oxivir-1).



7

Reconnect battery pack to the main charging station via black charging cord. Push the charging cord connector into the battery pack until it is fully seated.





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### Novel Respiratory Infection Personal Protective Equipment Direct Observation Checklist

Completed by associate performing direct observation of PPE donning and doffing

To be completed: for every person entering the room every time

Associate Name: \_\_\_\_\_ Job Role: \_\_\_\_\_

Observer Name: \_\_\_\_\_

Date: _____ Start Time: _____ Patient Room: _____ Completion Time: _____	Performed Correctly (without accidental contamination)	
	YES	NO
<b>Donning PPE</b>		
1. Remove all jewelry and perform hand hygiene with alcohol based sanitizer		
2. <b>Don gown:</b> <ul style="list-style-type: none"> <li>• Fully covering torso</li> <li>• Tie/fasten back of waist</li> </ul>		
3. <b>Don mask or N95</b> <b>Droplet precautions (for patients that do not require aerosol-generating procedures)</b> -use procedural mask- secure ties/elastic bands at middle of head and neck. Use N95 respirator for COVID-19 specimen collection <b>Airborne Precautions- (For aerosol-generating procedures)</b> Ensure correct N95 size (from fit testing) is being used or PAPR/CAPR		
<b>For N95 use:</b> Fit flexible band of mask to nose bridge Fit snug to face and below chin (perform user seal-check for N95)		
4. Perform hand hygiene		
5. <b>Don goggles or face shield:</b> Place over face and eyes; adjust to fit		
6. <b>Don gloves:</b> Extend to cover wrist of gown		



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Doffing PPE		
<p><b>7. Remove gown and gloves:</b>  <b>Gown front and sleeves and the outside of gloves are contaminated!</b>  <b>Grasp the gown in the front and pull away from body so that ties break, touching outside of gown with gloved hands.</b>            While removing the gown, fold or roll the gown inside-out into a bundle.            While removing the gown, peel off the gloves at the same time, only touching the inside of the gloves and gown with bare hands.            Place gown and gloves into a waste container</p>		
<p><b>8. Perform Hand hygiene with alcohol- based hand sanitizer</b></p>		
<p><b>9. Remove goggles or face shield:</b>  <b>Front of the mask/respirator is contaminated!</b>            Handle by head band</p>		
<p><b>10. Perform hand hygiene with alcohol-based hand sanitizer</b>            If visibly soiled use soap and water</p>		
<p><b>11. Remove Mask or Respirator (remove after exit patient room and close door) if applicable</b>  <b>Front of the mask/respirator is contaminated!</b>            Grasp bottom ties or elastics of mask/respirator, then the ones at the top and remove without touching the front.            Place mask (external surface against solid surface counter) on clean counter during the remainder of the doffing process</p> <p><b>REFER to PAPR/CAPR instructions for doffing procedures</b></p>		
<p><b>12. Perform hand hygiene with alcohol-based hand sanitizer</b>            If visibly soiled use soap and water</p>		
<p><b>13. Disinfect goggles, face shield, PAPR and/or CAPR hood and lens cuff (as applicable) with an Ascension-approved disinfectant.</b></p>		
<p><b>14. If applicable, inspect mask or N95 respirator for visible contamination or compromise. If soiled or compromised, discard mask or N95 respirator</b></p>		
<p><b>15 .Place mask or N95 respirator in labeled paper bag for reuse for duration of shift (Place in a controlled area low risk for accidental contamination of mask or respirator)</b></p>		



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<b>16. Perform hand hygiene with alcohol-based hand sanitizer</b> If visibly soiled use soap and water		
<b>Standard Precautions &amp; Transmission Based Precautions</b>	<b>Performed Correctly (without accidental contamination)</b>	
	<b>YES</b>	<b>NO</b>
<b>14. Staff correctly identifies the appropriate PPE for the following scenarios:</b>		
a. Standard Precautions (PPE to be worn based on anticipated level of exposure)		
b. Contact Precautions (gown & gloves)		
c. Droplet Precautions (surgical mask)		
d. Airborne Precautions (fit-tested respirator if applicable)		
e. COVID-19 Droplet and Contact precautions plus eye protection, surgical mask, gown, gloves and goggles or face shield (Airborne and N95 for aerosol-generating procedures)		
Comments or follow up actions:		

