

PPE Re-use Frequently Asked Questions

March 23, 2020

Questions from our clinical education teams that have been received from our hospitals related to guidelines of collection and reprocessing of PPE that was released on 3/20/2020.

1. Our hospital has instructed us to put all types of PPE, including the isolation gowns into the green bags. Based on the guidelines it only references any type of mask, face shield or goggles, should we put isolation gowns and gloves into these bags?

ONLY facemasks (including N-95 respirators) goggles and face shields should be collected. Gowns are not being collected at this time.

2. One division has adopted these guidelines for TB and varicella patients, should we only follow these new guidelines for only PUI and diagnosed COVID-19 patients?

ALL facemasks (including N-95 respirators) goggles and face shields should be collected.

3. Do we need to take off facemasks in between patients? (Earlier guidance suggested that was the action we needed to do.)

As of instructions on March 20, 2020, facemasks can remain on for multiple encounters.

- Face shields and goggles should be disinfected between encounters per the re-use instructions [here](#)
- ALWAYS wash hands or use hand gel after touching face protective PPE and again before donning new PPE.

4. We have been asked to provide a sign in and out sheet for PPE, do we have a sample that you can provide?

A log is being developed by supply chain that will be shared with each division to share with facilities.

5. The video via QR code says reuse of N-95 up to 5 times, based on the latest guidelines we need clarification that no longer applies and a clinician can wear the same mask for their entire shift.

The same face mask (including N-95 respirator) can be worn until it is compromised, in which case can be collected in designated bag and a new one can be donned (again effective hand hygiene must be practiced).

6. Can clinicians wear regular face mask for their entire shift?

If mask stays intact and viable for an entire shift without getting wet, soiled or compromised in any way, the mask may last the shift.

7. Since N-95 respirators are for aerosolizing procedures only, are they single use or can we continue to use the entire shift?

N-95 respirators are not reserved only for aerosolizing procedures, but are the only appropriate masks to wear during aerosolizing procedures. If N95 is used in aerosolizing procedure, the mask will likely get wet or compromised and therefore should be collected and a new one used (again effective hand hygiene must be practiced).

8. A couple of our hospitals are working with Respiratory Therapy to try reuse of N-95 respirators when there is same caregiver/patient combination. Should we be doing this or can a clinician wear the same face mask for all patients?

If RT is using an N95 for aerosolizing procedures, follow answer for question 7.

9. Staff anxiety is a concern because they don't understand that HCA has secured a vendor for re-processing.

We are working closely with supply chain in securing a vendor to reprocess facemasks. The FDA approval process is underway and we are in close contact.

10. If the patient's room does not have an ante-room, should the donning and doffing be done outside or just inside a patient's room?

Each facility may have a different designated area based on the unit design. This process should be in an area that is a safe distance from the patient (generally 6 feet). If in an airborne (negative pressure) room, doffing should occur outside the room or in the ante-room.

11. Can we include the "why" and the CDC guidance in the document? It would help that we are all saying the same message.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

12. When educators are making rounds the clinicians are asking about home-made mask. Is HCA researching the effectiveness or use for homemade masks? Staff are seeing online and community members are reaching out to offer to help hospitals by making. Even though they are likely not appropriate for COVID, PUI is there any other use for them that might help us preserve PPE?

This is a great effort by the community and offers such as these are growing. Please have the staff send this type of information to the EOC mailbox along with detailed information on the prototype. Also please thank them for their generosity and thoughts.

13. How will a staff nurse know who the PPE Czar is in their hospital?

The administrative leaders should be able to identify and provide this information for the frontline and communicated at each daily huddle. The Czar will also be wearing a vest or other means of identification.