

Isolation Gown Conservation Strategies during COVID-19

Version 1– 4.8.2020

Clinical Services Group

HealthTrust Supply Chain

Updates & Versioning

Version	Date/Time	Summary of Updates
1	4/8/20	Initial Document Created
2		
3		

Intended for:

- Hospital Leadership
- Supply Chain
- PPE Taskforce and Czar
- Healthcare Workers caring for COVID-19 PUIs and Positive patients

Purpose: To provide guidance on the extended use and re-use of PPE gowns **in conjunction with** the existing universal masking protocols and extended use/re-use of masks when there is a limited supply.

Scope:

- Extended Use of Isolation Gowns for COVID-19 PUI and Positive cohorted units

Extended Use of Isolation Gowns

Extended Use Considerations:

According to CDC Infection Prevention guidance for COVID-19, the extended use of isolation gowns can be implemented such that the same gown is worn by the same healthcare worker (HCW) when interacting with more than one patient known to be infected with the same infectious disease when

these patients housed in the same location (i.e., COVID-19 patients residing in an isolation cohort).

[\[Link\]](#)

The MidAmerica and Continental Divisions have conducted successful pilots for isolation gown conservation. Their learnings have been compiled into this document to outline a process for implementation of the conservation isolation gowns at HCA Healthcare facilities.

Extended Use: Supply Calculation and Distribution

1. All isolation gowns should be brought to a centralized location and distribution added to the PPE Czar's oversight alongside mask and eye protection distribution.
2. When calculating PPE needs for a unit, the total number of caregivers x 5 gowns/shift is appropriate.
3. Gloves remain on the units.
4. Gowns are to be discarded when appropriate, not collected. Continue to collect face shields, goggles, and N-95 respirators per facility reprocessing policy.

Extended Use: Instructions for Use in a COVID-19 Cohort Area

1. Mask, face shields and gowns can be worn from room to room for cohorted patients
 - a. Ideally, COVID-19 PUI cohorts should be seen before positive cohorts
2. When leaving a patient room, gloves are to be doffed and hand hygiene performed.
 - a. If any PPE is heavily soiled after patient contact, doff and discard PPE
 - b. If a face shield needs to be cleaned, doff and clean the shield after exiting the patient room

3. Hand hygiene should be performed and new gloves donned prior to entering the next patient room
4. When care is completed in the last patient room, doff gown and gloves and perform hand hygiene.
5. Doff face shield and disinfect with a hospital approved disinfecting wipe and store for next use
6. The nurses' station/supply rooms/medication rooms are a clean zone and masks only should be worn. Gown and gloves should be doffed and hand hygiene performed.
7. Gowns must be discarded after use and not hung or re-used.

Extended Use: Frequently Asked Questions

What PPE can I wear from room to room when caring for my patients?

When caring for a cohort of patients, gowns, masks, and face shields may be worn from patient to patient when clustering cares for the patients.

Gloves must be removed and hand hygiene must be performed between each patient per hand hygiene policy.

If PPE is soiled or damaged during care, do not continue using the item with additional patients. Prior to caring for the next patient, soiled or damaged PPE should be discarded unless it can be cleaned per PPE disinfection protocol. For example, if a face shield is soiled, it can be disinfected with a hospital approved disinfecting wipe per PPE cleaning protocol prior to caring for the next patient.

Why are we using a gown for multiple patients instead of re-using for the same patient and hanging/storing between use?

Donning a gown that has been previously used increases the risk of exposure to our healthcare team. Using the same isolation gown during cares for a cohort of patients provides ongoing protection to our healthcare team during the care of PUI or COVID-19 positive patients.

When using the same gown for multiple patients, why are we trying to provide care to PUIs before known positive patients?

Starting with PUI patients first allows us to move from patients with an unknown COVID- 19 status to a known positive COVID-19 status. This follows cohorting strategies commonly used for infection prevention in times of outbreaks. Ultimately, we are cohorting our patients based on clinical presentation and symptoms to provide care.

Whenever possible, nursing assignments will be made to cluster together PUIs or COVID-19 positive patients.

Is there a risk of transmitting COVID-19 to a patient by wearing the same gown from patient to patient, even if starting with PUIs first?

The highest risk of spreading COVID-19 occurs through respiratory transmission as this virus is primarily transmitted through droplets. There is some conflicting literature over the past several years on the utilization of gowns for all patients in contact isolation.

Hand hygiene continues to be the most effective way to prevent the spread of infection

Is there a best practice for passing medications or obtaining supplies when in the middle of providing care for my cohort of patients?

For medication administration, the nurse takes the first set of medications into the room for administration. When moving to the next patient, the helper or team nurse assists by handing the next set of medications and/or needed supplies to the nurse who is donned in PPE when entering the next patient room.

Helpful Links

[CDC Strategies for Optimizing the Supply of Isolation Gowns](#)

[HCA Healthcare COVID Connect Site](#)

[HCA Healthcare PPE Reuse Guidance](#)

[HCA Healthcare PPE Taskforce and PPE Czars Comprehensive Guidance](#)

[HCA Healthcare Bedside Medication Delivery Process Guidance](#)

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