

COVID-19 Respiratory Protection Plan Summary

1. Patients.

- a. All patients entering through the ED are required to use a surgical mask
The patient is to keep the mask on at all times throughout the hospital stay unless physician or mid-level practitioner deems unnecessary.
- b. All COVID-19 positive patients or patients under investigation for COVID-19 (PUI) are to wear surgical masks continually throughout hospitalization or until the lab test result is negative and surgical mask is deemed unnecessary by physician or mid-level practitioner.
- c. If a patient, falling under any of the above categories, is unable to tolerate a surgical mask, physician or mid-level practitioner would address this on a case by case basis.

2. Visitors.

- a. All visitors entering through ED are required to use a cloth mask
- b. All visitors with any known or suspected exposure to COVID-19 will not be allowed in the facility including ED.
- c. As cloth mask supply increases, cloth masks will be made available to all visitors house-wide
- d. NO visitors will be allowed in droplet precaution rooms. Exceptions may apply on a case by case basis and have to be approved by a physician taking into consideration the severe shortage of PPE.
- e. NO visitors will be allowed in airborne precaution rooms.

3. WMC staff members.

WMC staff is to adhere to already established policies enacted by infection control for patients in contact precautions/ droplet precautions/ airborne precautions.

Given the shortage of PPE, contingency plans are being implemented throughout the institution and follow guidance from the CDC and models other national institutions policies

3.1 WMC staff in droplet precaution rooms.

- a. Surgical masks, goggles, isolation gowns, and gloves for normal procedures
- b. CAPR for procedures with high risk of aerosol generation, Staff must follow existing WMC protocol
- c. When feasible donning and doffing should be observed by another staff member

3.2 WMC staff in airborne precaution rooms.

- a. CAPR / isolation gown, gloves at all time
- b. N95 respirator, goggles, isolation gown/ gloves can be used in emergency situations when CAPRs are not immediately available, such as Code Blue.
- c. Details on use and reuse of N95 masks can be found in a separate policy document.
- d. Staff must follow existing WMC protocol
- e. When feasible donning and doffing should be observed by another staff member

3.3 WMC staff during aerosol generating procedures

including intubation, EGDs, bronchoscopy, nebulizer, high-flow O2 (>6 liters), and 2nd stage labor.

- a. Negative pressure room if possible
- b. CAPR if available (preferred), isolation gown/ gloves
- c. N95 respirator, goggles, isolation gown/ gloves if CAPR is not available

3.4 WMC staff in Operating Room

- a. Normal precautions
- b. Follow existing WMC protocol

3.5 Rules for personal respirators:

Given the shortage of PPE and the uncertainties related to the current COVID-19 epidemic, some WMC staff members have opted to use their own personal respirators. While WMC does not encourage the use of a personal respirator while interacting with patients, we recognize that this is a suboptimal situation and hence put forth the following rules to be applied

WMC Staff members are allowed to wear their own National Institute for Occupational Safety and Health (NIOSH) -approved personal respirators excluding gas masks.

- a. Must first complete acknowledgement in HealthStream
- b. Personal respirator must fit under a surgical mask
- c. If used while interacting with patients on droplet precautions, personal respirator must be covered by either a face shield (preferably) or a surgical mask if a face shield is not available. *
- d. No personally provided devices will be allowed in areas of airborne precautions

3.6 WMC staff members can voluntarily wear their own or hospital provided cloth made mask

- a. Will not be allowed during patient care activity with any patient on any level of precautions
- b. This mask cannot be taken home; it will need to be dropped in soiled linen for proper cleaning and will be recirculated
- c. Staff responsible to keep the cloth mask clean at all times and not put it on any common work surface area throughout the facility unless it is secured in a bag.

**This is a necessary precaution for infection control, however use of a surgical mask over an N95 can reduce the wearer's protection"*

Mask Disposal Practice

1. Community Made Items (either donated or personally brought from home) are disposed of in soiled linen containers

- a. They will be processed by EVS and recirculated to screening stations

2. N95 disposal

- a. Visibly soiled or difficult to breath -> trash
- b. Visibly clean -> paper bagged for reuse up to a total of 5 uses/patients per day, then collected for disinfection as required. If the inside of the mask becomes contaminated, do not continue to reuse it.
- c. SPD will determine if reuse is possible and will process appropriately
- D. please refer to policy on reuse/ extended use provided separately

3. Surgical masks

Please refer to policy on reuse/ extended use provided separately