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To: Everyone at HHS

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Subject: **Extended use of Personal Protective Equipment in Adult , Pediatric and Neonatal Intensive Care Units**

HHS is moving to another stage in its phased approach to the use of protective masks and other PPE throughout hospital facilities. This is based on the evolving level of risk posed in different clinical settings as the prevalence of the COVID-19 pandemic in the community evolves. It is also based upon ongoing challenges with PPE supply chain disruptions.

What's guiding our approach

The approach to our masking policy is based on the patient population and specific risk to those areas of the hospital. Our first principle is always the safety of our staff and physicians. We are also acting responsibly in the face of a global supply shortage to allocate masks and other PPE according to risk, as a means to maintaining a sustainable level of PPE in the short- and long-term stages of the pandemic.

What's happening now

Earlier this week, HHS instructed that all AGMPs, on all patients, use an N95 Respirator with face shield/goggles. There are some exceptions that will be allowed for longer stay patients with clear nasopharyngeal swab results.

HOWEVER, at this time these exceptions will not be applied in the ICU. ICUs are being given specific instructions given the unique nature of these environments. The rationale:

- Higher risks of evolving COVID disease
- Numerous aerosol generating medical procedures (AGMP) and associated substantial numbers of PPE exchanges.
- Opportunities to reduce PPE usage by extending the use of N95 respirators to preserve supplies.

Extending use of masks in intensive care units

HHS is extending PPE use in the adult, pediatric and neonatal ICUs and particularly surgical masks and N95 respirators both worn with face shields.

What staff and physicians in ICUs need to do

- Should patient care require the use of a surgical mask, then staff and physicians should keep this surgical mask on until grossly soiled or wet **OR** until a N95 respirator and face shield is needed for an aerosol generating procedure (e.g. intubation).
- After the procedure, the N95 and face shield will be kept on until grossly soiled.
- This means the mask and face shield should not be removed until soiled/wet and until another one is needed to continue to provide care.
- If there's been no AGMPs during the course of the day, then no N95 respirator is worn.
- At this time, re-use of surgical masks or N95 respirators (e.g. donning and doffing after a break) is not recommended in ICU settings.
- Moving between patients with the same mask and face shield on is okay. Of course, it is critical while individuals are wearing a mask not touch their face nor the mask itself to avoid self or cross contamination – if this occurs please perform appropriate hand hygiene.
- Gowns and gloves are changed between patients, and hand hygiene conducted according to donning and doffing best practices.
- Eye protection can include a face shield, visor or goggles and can also be worn for an extended period with the mask.

What happens next

As the level of risk increases in the hospital, we reassess and change protocols as needed.

More information about PPE requirements and use is [available here](#). A summary of AGMPs is also [available here](#).

I thank everyone for their careful attention and collaboration between colleagues and with educators to follow these changes.

Kirsten, Dominik and Sarah