

## COVID-19 PPE Toolkit: Current Recommendations and Conservation Strategies

### Table of Contents

Click on section to navigate directly to page

COVID-19 PPE Requirements and Recommendations by Respiratory Protection Type.....	2
COVID-19 Graphic: PPE by Respiratory Protection Type .....	5
BJC Recommended PPE Optimization Strategies.....	6
Standard Donning and Doffing Sequence.....	10
Link to PPE Donning & Doffing Videos.....	12
<a href="#">Video: PPE Instructions for COVID-19 Clinically Stable Patient Care</a>	
<a href="#">Video: PPE Instructions for COVID-19 Critically Ill Patient Care</a>	
PPE Reuse Talking Points.....	13
Working Together to Conserve PPE (BJC/WU).....	14
Position Statement on Employee Self-Purchase of PPE.....	15
<b>Gowns:</b>	
Guidance for Chemo Gown Conservation Strategies.....	16
<b>Isolation Masks:</b>	
PPE Isolation Mask Instructions.....	17
KN95 Masks Flyer.....	18
Steps to Reduce Mask Irritation Flyer.....	19
<b>N95 Respirators:</b>	
N95 User Seal Check.....	20
N95 Substitute Product and Patient Care Specifications.....	22
<b>Eye Protection:</b>	
Acceptable Eye Protection Visual.....	23

**COVID-19 PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS by Respiratory Protection Type**

(version 23; 8/13/2021)

*Removed sections referencing use of isolation masks for COVID-19 patients. N95 respirators/PAPRs/CAPRs should be used for all patient care of COVID-19 confirmed and COVID-19 PUI patients.*

BJC HealthCare requires employees to wear a face mask, such as a surgical/isolation mask, when entering and working in our BJC facilities.

The following recommendations are categorized based on CDC guidelines, considering duration and degree of exposure to patients, necessary personal protective equipment (PPE) conservation measures and concern expressed among team members.

In order to clarify recommendations for PPE, particularly use of masks, this document outlines requirements for care providers at greatest risk for exposure to COVID-19. Initial evaluation of patients who have not been or cannot be adequately screened for COVID-19 symptoms and risk factors creates a higher risk of exposure. It is critically important that providers involved in these types of first encounters carefully assess all patients for COVID-19 risk, and that they use appropriate PPE for that encounter.<sup>1</sup>

Team members are encouraged to wear the highest level of protection recommended throughout the duration of their shift to conserve PPE. Team members may see others wearing different levels of PPE based on type of patient care interaction they experience. Any mask worn for protection from or source control of COVID-19 should consist of multiple layers and fit well over both the nose and mouth. This includes cloth masks for personal use, medical-grade masks used at work and N95 respirators. All medical-grade isolation masks, N95 respirators, KN95 masks and surgical masks are composed of more than one layer of material. The most common medical grade isolation and surgical masks contain three layers: an outer fluid-repellent layer, an inner absorbent layer and an additional middle layer that varies by manufacturer and intended use. Because medical-grade masks and respirators already contain multiple layers of barrier, wearing two masks is not routinely recommended. Wearing two masks can complicate the removal or “doffing” process. Cloth masks worn over isolation masks can become contaminated and are not cleanable or disposable between patients.

## **N95 RESPIRATOR with eye protection, gown, and gloves**

**PPE Required:** N95 respirator or PAPR/CAPR, eye protection<sup>4</sup>, isolation gown and gloves for care of

- Patients who are positive or suspected (otherwise known as patients under investigation [PUI]) for COVID-19

## **ISOLATION MASK OR N95 RESPIRATOR with eye protection, gown, and gloves**

**PPE Required:** Isolation mask (or N95 respirator or PAPR/CAPR *according to professional judgement*), eye protection<sup>4</sup>, isolation gown and gloves for care of<sup>2</sup>

- Patients undergoing other procedures of concern or where bodily fluids are difficult to control, such as: ENT surgical procedures and scopes, TEE, EGD, colonoscopy, vaginal deliveries, other high risk surgical procedures that involve insufflations (laparoscopy, thoracoscopy), suctioning, or smoke generation. This list is not exhaustive.
- Patients whose initial clinical assessment and management involves critical care, such as codes or trauma care, whose COVID-19 risk status cannot be established promptly (e.g. ED, Women's Assessment Center [WAC], urgent care settings). This could include patients presenting with MI, stroke, septic shock, acute respiratory failure, etc
- Patients with respiratory signs or symptoms until a diagnosis is established, after which providers should follow usual isolation precautions.

If a symptomatic patient is being tested for COVID-19, they become a suspect COVID patient and should be managed with N95/PAPR/CAPR until COVID-19 test is negative

## **N95 RESPIRATOR with eye protection**

**PPE Required:** N95 respirator or PAPR/CAPR with eye protection<sup>4</sup> for care of<sup>5</sup>

- All other patients receiving non-invasive positive pressure mechanical ventilation (e.g. BiPAP, CPAP) or high-flow nasal oxygen (ie through Optiflow or similar specialized tubing) (see above for COVID positive or suspect patients)

## **ISOLATION MASK or KN95 MASK**

**PPE/Source Control Required:** Isolation mask or KN95 mask<sup>3</sup>

- All team members with patient interactions, other than those already mentioned above.
- All team members with significant public interactions
- All team members when in vehicle with another person at work

- Multi-layer, well-fitting cloth masks also acceptable for team members without patient interactions, limited public interactions in public settings, or team members not wearing PPE as outlined above in public spaces

\*Team members who work in office-based or non-clinical settings are not required to wear a mask while working at desk or cubicle if social distancing (>6 feet) from patients, visitors, and employees is attainable. Must reapply mask prior to leaving the immediate work area.

Remember: Masking is only one part of a comprehensive strategy to keep team members safe, which includes:

- social distancing in most settings,
- frequent hand hygiene and respiratory etiquette,
- working from home, if possible,
- visitor restrictions,
- symptom monitoring,
- staying home when sick,
- screening of those suspected of having COVID-19

Notes:

<sup>1</sup> It is critically important that providers performing the first assessment of a patient at the health service organization make a careful assessment of the risk of possible early COVID-19 infection. This includes taking a careful epidemiologic history including contacts with possible COVID-19 infected patients AND taking a very detailed history of possible early symptoms of COVID-19 infection. See Infection Prevention Guidance Document (screening criteria updated regularly). If there are concerns for early COVID-19 infection, expert advice from Infection Prevention and /or Infectious Diseases should be sought.

<sup>2</sup> The choice of using an N95 respirator or isolation mask is available to providers as outlined above. If N95 respirators are used, proper fit testing must be completed prior to use.

<sup>3</sup> KN95 masks may be worn as substitute for isolation masks during clinical care where splashes and sprays are not anticipated. KN95 masks should never be worn in place of N95 respirators.

<sup>4</sup> Proper eye protection completely cover eyes and wraps around side of face. Examples of acceptable eye protection include face shields, goggles and safety glasses. Personal eye glasses are not sufficient protection. If wearing a PAPR/CAPR the eye protection built into the hood is sufficient.

<sup>5</sup> Private room preferred for patients on CPAP/BIPAP/HFNO if available. If not available, keep curtains closed between patients.

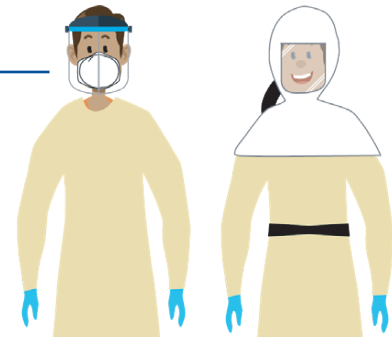
# COVID-19 Personal Protective Equipment by Respiratory Protection Type

## N95 Respirator Required with Eye Protection, Gown, Gloves

Any team member participating in the care of patients who are positive for COVID-19 or patients under investigation (PUI) for COVID-19 must wear an **N95 respirator/PAPR/CAPR, eye protection, gown** and **gloves**.

*Examples: Inpatient Units, Emergency Department, Respiratory Clinics dedicated to care of COVID-19 patients, Specimen Collection Sites*

N95 respirators may also be used at the point of patient's first contact with the health system when judged appropriate by care providers, including initial evaluation of patients in the ED, Women's Access Center and Urgent Care.



## N95 Respirator with Eye Protection

Any team member participating in the care of any patients receiving non-invasive positive pressure mechanical ventilation (examples: BiPaP or CPAP) or humidified/heated high-flow nasal oxygen, must wear **N95 respirator/PAPR/CAPR** with **eye protection**.

*Examples: Inpatient Units, Emergency Department*



## Isolation Mask or KN95 Mask Required

Any team member interacting with patients, other than those already mentioned above, or with significant public interaction, must wear an **isolation mask** or **KN95 mask** (and gloves if possible exposure to body fluid) in public areas at all BJC facilities.

Any team member not interacting with patients or with limited public interactions may continue to wear a cloth mask, but isolation masks and KN95 MASKS will be available and are encouraged for use in public areas in all BJC facilities. Team members who work in office-based or non-clinical settings are not required to wear a mask while working at your desk or cubicle if social distancing (>6 feet) from patients, visitors and co-workers is attainable. Put on your mask prior to leaving the immediate work area.

*Examples: Inpatient Units, Behavioral Health, Imaging, Infusion, Outpatient Services, Clinics, Patient Access, office-based worker with no patient contact and minimal public interactions, nursing stations, break rooms in clinical areas, lobbies, hallways, walkways, elevators.*



\* Any mask worn for protection from or source control of COVID-19 should consist of multiple layers and fit well over both the nose and mouth. This includes cloth masks for personal use, medical-grade masks used at work and N95 respirators used for high-risk patient interactions. All medical-grade isolation and surgical masks are composed of more than one layer of material. The most common medical grade masks contain three layers: an outer fluid-repellent layer, an inner absorbent layer and an additional middle layer that varies by manufacturer and intended use. Because medical-grade masks already contain multiple layers of barrier, wearing two masks is not routinely recommended. Wearing two masks can complicate the removal or "doffing" process. Cloth masks worn over isolation masks can become contaminated and are not cleanable or disposable between patients. To date, staff have been well-protected when following BJC PPE recommendations. To keep our staff protected at work, continue current practices and wear a multi-layer, well-fitting mask that covers the nose and mouth, at all times.

## BJC Recommended PPE Optimization Strategies

**Isolation Gowns, Surgical Masks, Goggles, Face Shields, Gloves, Isolation Stethoscopes:** Standard Operations.

**Isolation masks, N95s, KN95 masks, CAPRs, PAPRs, Chemo gowns:** Reuse and/or extended use recommended. See below.

Standard donning protocol in Appendix A.

Standard doffing protocol in Appendix B.

### Chemo Gown Reuse Protocol:

Chemo Gowns		
Situation	Process	Additional Information
1) Reuse of chemo gowns for High Hazard Drug administration	Chemo gowns should be reused for administration and spill response of High Hazard Drugs. Chemo gown should be reused by individual healthcare worker for an individual patient <ol style="list-style-type: none"> <li>After first use, staff should remove chemo gown and hang gown inside out near patient and away from surfaces where it could become contaminated</li> <li>Discard if soiled or at end of shift</li> </ol>	PPE required for Hazardous Drug administration is included in MAR. The following temporary gown reuse protocols should be implemented when MAR dictates gown use
2) Substitute plastic gown to be used for Moderate and Reproductive Hazard Drug administration	Single use plastic gowns should be used for administration and spill response of Moderate and Reproductive Hazard Drugs	

### Isolation Mask/KN95 Mask Extended Use Protocol:

Isolation Masks		
Situation	Process	Additional Information
1) Extend use of isolation masks and KN95 masks where applicable	<p><b>Process for Extending Use of Isolation Masks and KN95 Masks:</b></p> <p>For healthcare workers, an extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without</p>	KN95 Masks should not be worn during clinical care where splashes or sprays are likely to occur.

	<p>removing the isolation mask between patient encounters.</p> <ol style="list-style-type: none"> <li>1. Staff continue wearing same isolation mask or KN95 mask between patients</li> <li>2. If COVID-19 ward staffing is in place, HCP to wear one isolation mask when on ward</li> </ol> <p>Reinforce the need to minimize unnecessary contact with the surface of the isolation mask or KN95 mask, strict adherence to hand hygiene practices, and proper Personal Protective Equipment (PPE) donning and doffing technique.</p> <p>Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the isolation mask or KN95 mask (when necessary for comfort or to maintain fit).</p> <p>Discard isolation mask or KN95 mask if mask is:</p> <ol style="list-style-type: none"> <li>a. Visibly soiled</li> <li>b. Moist or wet</li> <li>c. Removed for any reason</li> </ol> <p>Discard any isolation mask or KN95 mask that is obviously damaged or becomes hard to breathe through.</p> <p>PPE should be removed before leaving the floor/ward or when consecutive patient care activities have been completed.</p>	<p>KN95 Masks are not fluid resistant and should not be worn in any area where splashes or sprays are likely to occur.</p> <p>Do not pull isolation mask or KN95 mask down around neck or place on top of head between patient encounters</p>
--	---	---

### N95 Respirator Extended Use Protocol:

N95 Respirators		
Situation	Process	Additional Information
<p>1) Extend use of N95 respirators where applicable</p> <p>(e.g. provider caring for multiple COVID pts in an ICU setting; provider performing multiple aerosol generating</p>	<p><b>Process for Extending Use of N95 Respirators:</b></p> <p>Extend the use of N95 respirators by wearing the same N95 for repeated close contact encounters with several different patients, without removing the respirator between patient encounters.</p> <ul style="list-style-type: none"> <li>The respirator must maintain its fit and function.</li> </ul>	<p>N95 respirators must only be used by a single wearer.</p> <p><i>N95 use should not be extended by covering with an isolation mask.</i></p>

procedures on multiple COVID pts [ie respiratory therapist on COVID ward])	<p>Reinforce the need to minimize unnecessary contact with the respirator surface, strict adherence to hand hygiene practices, and proper Personal Protective Equipment (PPE) donning and doffing technique.</p> <p>Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (when necessary for comfort or to maintain fit).</p> <p>Discard N95 respirator upon removal, and/or if N95 is:</p> <ol style="list-style-type: none"> <li>Visibly soiled</li> <li>Moist or wet</li> <li>Used during aerosol-generating procedures, <u>unless</u> N95 was protected by a face shield*</li> <li>Unable to achieve proper seal check</li> </ol> <p>Discard any respirator that is obviously damaged, loses seal, or becomes hard to breathe through</p>	KN95 masks may not be used as a substitute for NIOSH-certified N95 respirators.
--	--	---

### CAPR/PAPR Reuse Protocol:

CAPR		
Situation	Process	Additional Information
<b>CAPR assigned to single healthcare worker for multiple uses</b>	<p>Follow CAPR manufacturer's instructions for reuse.</p> <ul style="list-style-type: none"> <li>May be worn between patients until/unless meets discard or disinfection criteria.</li> <li>Wipe after each removal using a hospital-approved disinfectant wipe.</li> <li>Apply disinfectant to wipeable surfaces for appropriate time (e.g., 2 minutes)</li> </ul>	<ul style="list-style-type: none"> <li>CAPR approved for use instead of plastic face shield, where available</li> <li>Do not reuse CAPR if grossly soiled on non-wipeable areas of the mask; if torn, damaged, or low visibility.</li> </ul>
<b>CAPR shared between healthcare workers during shift</b>	<p>Follow CAPR manufacturer's instructions for reuse.</p> <ul style="list-style-type: none"> <li>May be worn between patients until/unless meets discard or disinfection criteria.</li> <li>Wipe after each removal using a hospital-approved disinfectant wipe.</li> <li>Apply disinfectant to wipeable surfaces for appropriate time (e.g., 2 minutes)</li> </ul>	<ul style="list-style-type: none"> <li>CAPR approved for use instead of plastic face shield, where available</li> <li>Do not reuse CAPR if grossly soiled on non-wipeable areas of the mask; if torn, damaged, or low visibility.</li> </ul>



PAPR		
Situation	Process	Additional Information
<p><b>PAPR assigned to single healthcare worker for multiple uses</b></p> <p><u>or</u></p> <p><b>PAPR shared between healthcare workers during shift</b></p>	<p>Follow PAPR manufacturer's instructions for PAPR hood reuse: 3M TR-300 S-series</p> <p>PAPR must be disinfected upon each removal</p>	<ul style="list-style-type: none"> <li>• PAPR approved for use instead of plastic face shield, where available, outside of OR</li> <li>• Do no reuse PAPR hood if torn, damaged, or low visibility.</li> </ul> <p>When PAPR is worn routinely for all patient interactions, it can be worn from patient to patient until/unless disinfection or discard criteria has been met.</p>

## Standard Donning Sequence

## Donning Personal Protective Equipment (PPE)

### ❖ Gown

- ♦ Fully cover torso from neck to knees, arms to ends of wrists, and wrap around the back.



### ❖ Isolation Mask, N95 Respirator/PAPR\*/CAPR\*\*

- ♦ 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.
- ♦ If using PAPR/CAPR, refer to training instructions.



### ❖ Goggles or Face Shield

- ♦ Place over face and eyes and adjust to fit.



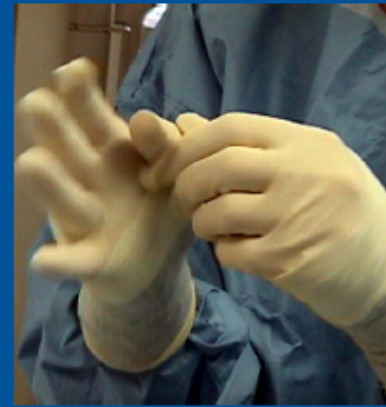
### ❖ Gloves

- ♦ Extend gloves to fully cover wrist.
- ♦ Cover wrist of isolation gown, if worn.



Use safe work practices to protect yourself and limit the spread of contamination.

- ❖ Keep hands away from face.
- ❖ Change gloves when torn or contaminated.
- ❖ Perform hand hygiene.
- ❖ Change mask or respirator when wet or soiled.



**The type of PPE will vary based on the level of precautions required, e.g., Standard, Contact, Droplet or Airborne Precautions.**

\*PAPR — Powered Air Purifying Respirator

\*\*CAPR — Controlled Air Purifying Respirator

## Standard Doffing Sequence

## Removing Personal Protective Equipment (PPE)

### ❖ Gloves

- ♦ Outside of gloves is contaminated!
- ♦ Grasp outside of glove with opposite gloved hand, peel off.
- ♦ Hold removed glove in gloved hand.
- ♦ Slide fingers of ungloved hand under remaining glove at wrist without touching outside of glove.
- ♦ Peel glove off over first glove.
- ♦ Discard gloves in waste container.
- ♦ If wearing gown and gloves — can remove together (see gown removal).



### ❖ Goggles or Face Shield

- ♦ Outside of goggles or face shield is contaminated!
- ♦ To remove, handle by head band or ear pieces.
- ♦ Clean according to facility guidelines, place in designated receptacle for reprocessing or discard in waste container.



### ❖ Gown

- ♦ Gown front and sleeves are contaminated!
- ♦ Use clean hands to unfasten back ties (if needed).
- ♦ Pull away from neck and shoulders; break neck/back ties.
- ♦ Turn gown inside out. Can remove gloves with gown.
- ♦ Fold or roll into a bundle and discard.



### ❖ Isolation Mask, N95 Respirator/PAPR\*/CAPR\*\*

- ♦ Front of mask/respirator is contaminated - **do not touch!**
- ♦ Grasp bottom, then ties or elastics and remove.



### ❖ Hand Hygiene

- ♦ Perform hand hygiene after removal of PPE.

\*PAPR — Powered Air Purifying Respirator

\*\*CAPR — Controlled Air Purifying Respirator

**COVID-19 PPE Donning and Doffing Video Links:**

**PPE Instructions for COVID-19 Clinically Stable Patient Care:** <https://youtu.be/8jm39VDsp10>

**PPE Instructions for COVID-19 Critically Ill Patient Care:** <https://youtu.be/AVAzHSpjL4M>

## PPE Reuse Talking Points

Document: PPE optimization strategy document that will undergo ongoing updates to reflect evolving strategies throughout this pandemic



Audience: All employees who use PPE

Summary:

- Extend use of N-95 respirators so caregiver will consecutively use for multiple patients.
- Eye protection that is marketed as 'single-use' by manufacturer should be disposed of after each use.
- Isolation gowns should be worn as single use: one gown per patient per encounter.
- KN95 masks are not an appropriate substitute for NIOSH-certified N95 respirators but may be worn as a substitute for isolation masks in instances where splashes or sprays are unlikely to occur.
- Team members are encouraged to wear the highest level of respiratory protection needed for their activities throughout the duration of their shift to conserve PPE.
- Extend use of isolation masks, KN95 masks, and N95 respirators per recommendations throughout day. Discard upon removal.
- Face shields should be worn as eye protection over isolation masks or KN95 masks if splashes or sprays are anticipated.
- Discontinue active surveillance for MDROs, except in NICU settings
- Door signs have been created and distributed with this document.

***Please review the full guidance document for detailed instructions.***

# Working Together to Conserve PPE

	<b>Isolation / KN95 Masks</b>	<ul style="list-style-type: none"><li>• Continue to wear same mask across patients: Do not pull down or remove between encounters</li><li>• Avoid touching mask</li><li>• Discard when visibly soiled, moist or wet</li><li>• Discard upon removal</li></ul>
	<b>N95 Respirators</b>	<ul style="list-style-type: none"><li>• Continue to wear same N95 respirator across patients: Do not remove between encounters.</li><li>• Discard when visibly soiled, moist or wet</li><li>• Discard after use during aerosol-generating procedure unless face shield worn to protect N95 respirator during AGP</li><li>• Discard upon removal</li></ul>

# **BJC COVID-19 Incident Command Employee, Physician and Licensed Independent Practitioner – Owned N95 Respirator, PAPR, CAPR and Eye Protection Guidelines**

BJC Healthcare recognizes some employees, physicians and licensed independent practitioners (LIP) have requested to supply their own respiratory and eye protection aside from those being made available by their HSO. During the current COVID-19 pandemic, the following criteria has been established for the employee, physician and LIP-owned N95 respirators or equivalents (e.g. PAPRs, CAPRs, elastomeric respirators, half face respirators, full face respirators) or eye protection, when required by policy:

## **General Information**

- Any request for use of employee, physician or LIP-provided PPE must be approved by HSO Incident Command
- Facility supplied respiratory and eye protection is preferred
- All current respiratory or eye protection policies apply
- HSO Incident Command to evaluate and approve appropriateness with respect to staff perception
- HSO Incident Command to identify proper Infection Prevention considerations such as donning, doffing technique and cleaning for non-disposable options
- HSO Incident Command to provide written notification to BJC Incident Command of non-BJC issued respirators/equivalents or eye protection equipment approved for use.

## **Respirators/PAPRs/CAPRs**

- All must be NIOSH approved
- All must provide N95 equivalent or higher protection for aerosolized particles

## **Face Shields or Goggles**

- Face shields must completely cover eyes, wrap around the side of the face and cover face from forehead to chin
- Goggles must completely cover eyes and fit against the face. Frame components must extend towards the face
- Eye protection built into CAPRs/PAPRs is acceptable as protection against the COVID-19 virus
- Personal eyeglasses or contacts, certain safety glasses or isolation masks with an attached shield that gape or do not provide side of the face protection are not sufficient protection from respiratory particles.

## **GUIDANCE FOR CHEMO GOWN CONSERVATION STRATEGIES**

**Intended Use:** Communication and guidance to Clinical Managers, Assistant Managers, LIPS, WU MDs, Ancillary Managers re: Chemo Gown Conservation

**Topics:** prioritization strategy

Due to increased international demand, BJC Healthcare is experiencing a shortage of chemo gowns.

### **CHEMO GOWN CONSERVATION**

Following interim guidelines provided by the Oncology Nurse Society, BJC is recommending reuse of chemo gowns when administering and spill response of NIOSH High Hazard Drugs. These strategies must be followed to ensure continued safety of employees and patients.

PPE required for hazardous drug administration is included in the MAR. The following temporary gown reuse and substitution guidelines should be implemented when MAR dictates gown use

#### **High Hazard Drug Administration**

- Chemo gowns should be reused for administration and spill response of High Hazard Drugs. Chemo gown should be reused by individual healthcare worker for an individual patient
- After first use, staff should remove chemo gown and hang gown inside out near patient and away from surfaces where it could become contaminated
- Caution should be used not to touch inside of gown when donning/doffing
- Discard if soiled or at end of shift

#### **Moderate and Reproductive Hazard Drug Administration**

- Single use plastic gowns should be used for administration and spill response of Moderate and Reproductive Hazard Drugs
- Discard plastic gown after each use



# Isolation Masks

## General Reminders

- Isolation mask use is required in all patient care areas.
- Avoid touching isolation mask. If you need to touch to adjust for comfort perform hand hygiene immediately after touching.
- Do not pull mask down around neck or place on top of head at any point in time.
- KN95 masks may be used as a substitute for isolation masks in settings where splashes and sprays are not likely to occur. KN95 masks should never be used in place of a NIOSH-certified N95 respirator.

## Application (Donning)

1. Perform hand hygiene.
2. Avoid touching surface of isolation mask.
3. Apply mask with exterior side facing out.
4. Mold the nosepiece to the shape of your nose by pushing inward.
5. When it comes to masking, think of quality first. Wear a mask that:
  - Has two or more layers (all BJC/WU provided masks have sufficient layers).
  - Completely covers your nose and mouth.
  - Fits snugly against your nose and the sides of your face.
  - Does not have gaps where air can leak out.

## Extended Use of Isolation/Surgical Mask:

- Continue wearing the same isolation mask between patients.
- Remove before leaving the floor/ward or when consecutive patient care activities have been completed.

## Dispose Of Mask When:

- Visibly soiled
- Moist/Wet
- Visibly damaged
- Becomes hard to breathe through
- Removed

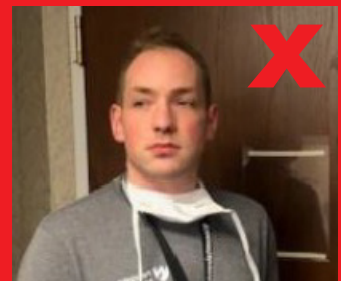
## Removal (Doffing):

1. After use, remove per standard doffing sequence. (Mask should be removed last.) Dispose of mask.
2. Perform hand hygiene.

## How To Wear Your Mask:



## How NOT To Wear Your Mask:



# KN95 Masks

- **KN95 masks may be used as a substitute for cloth or isolation masks:**
  - When interacting with the public
  - When interacting with patients
  - In clinical settings when interacting with patients in clinical settings where splashes or sprays are not likely to occur
- **KN95 masks are not a substitute for NIOSH-approved N95 respirators**
- **Face shields should be utilized over KN95 masks if working in a setting where splashes or sprays are anticipated, as they are not fluid resistant.**
- **KN95 masks should be put on in a similar fashion to isolation masks:**
  - Perform hand hygiene.
  - Avoid touching the surface of the KN95 mask.
  - Apply the mask with exterior side facing out.
  - Mold the nosepiece to the shape of your nose by pushing inward.
  - When wearing the mask, both nose and mouth should be covered.

There is no need to conduct a seal-check for KN95 masks, since they are not being used as a respirator in high-risk clinical settings.

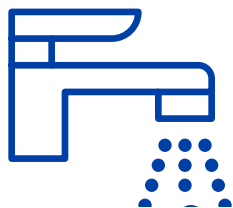


# Steps to Reduce Mask Irritation

Avoiding skin reactions due to prolonged mask use

## 1 Wash up

Always wash your face before and after wearing a mask.



## 2 Moisturize

Apply a light layer of moisturizer after washing your face. A dimethicone-based cream can act as a skin protectant.



## 3 Au natural

Consider not wearing makeup when wearing your mask.



## 4 Drink up

Remember to drink plenty of water and stay hydrated to help moisturize your skin from the inside out.



## 5 Roll it on

Try using a “chafe stick.” The kind frequently used by runners and hikers to reduce skin itching and chafing.



## 6 Take a break

At least every three hours, remove your mask and check your face for any irritation. Do not rub your face.



## 7 Get crafty

Try creating homemade “ear savers.” You can find many ideas and guides online.



# | N95 User Seal Check

## **When putting on your respirator, make sure it:**

- Fits properly on the chin
- Fits across the nose-bridge
- Is comfortable in spanning the distance from the nose to the chin
- Has adequate strap tension, not overly tight; top strap rests high on the back of your head and the second positioned around your neck, below your ears
- Always perform a “user seal check” before each use

## **Performing User Seal Check**

- Perform hand hygiene prior to touching the respirator
- Place both hands completely over the respirator, being careful not to disturb the position
- Exhale sharply
- If air leaks around your nose, adjust the nose-piece:
  - Using both hands, mold the nose-piece to the shape of your nose by pushing inward while moving your fingertips down both sides of the nose-piece
  - Pinching may result in improper fit!
- If air leaks at the respirator edges, adjust the straps back along the sides of your head
- Perform user seal check again if adjustment is made
- Perform hand hygiene after adjusting respirator fit
- If proper seal still cannot be achieved escalate to your supervisor

# | N95 User Seal Check

**3M 1860/1860S**

**3M 1804 VFlex**

**ADJUSTMENT:**



**USER SEAL CHECK:**

**POSITIVE PRESSURE  
USER SEAL CHECK**



# N95 Respirator-Temporary Substitutions

Below are temporary N95 respirator substitutions that may be issued during the COVID-19 pandemic. The models below are not dually classified as surgical masks. Therefore, **these respirators must be worn with a face shield if exposure to high-velocity liquids is possible.**

## 3M 8200 N95 Respirator



## 3M 8210 N95 Respirator



*Respirators with one-way exhalation valve are **NOT** recommended during universal masking period.*



*KN95 masks are **NOT** an acceptable substitute for NIOSH-certified N95 respirators.*





## **COVID-19 EYE PROTECTION**

Below are guidelines for selecting appropriate eye protection when required in the BJC COVID-19 PPE Toolkit.

Personal eyeglasses are not considered adequate when eye protection is required in BJC COVID-19 PPE Toolkit.

### **General Recommendation**

- Eye protection is required:
  - when working with COVID suspected and COVID confirmed patients, and
  - during aerosol generating procedures on all patients
  - as part of droplet precautions and
  - as part of standard precautions if exposure to blood or body fluids is anticipated.
- Proper eye protection completely covers eyes, and wraps around side of face.
  - Examples of acceptable eye protection include face shields, goggles and safety glasses.
  - Goggles or face shields are available in all clinical areas.
  - Regular eyeglasses are not sufficient eye protection.
  - If you are using CAPRs or PAPRs, the eye protection built into the hood is also acceptable

Examples of face shields, goggles and a PAPR are shown below.

**Face shields:** completely covers eyes, wraps around side of face, covers from forehead to chin



**Goggles:** completely covers eyes, fits against face, frame components extend toward face



**PAPR/CAPRs:** face shield completely covers eyes, wraps around side of face

