PEMBROKE REGIONAL HOSPITAL

MEMO

TO:	**All Staff and Physicians**
FROM:	**Infection Prevention and Control and Occupational Health and Safety**
DATE:	**January 2nd, 2022**
SUBJECT:	**PPE extended use**

Following a regional approach, PRH Infection Control and Occupational Health and Safety teams continue to encourage PPE stewardship and extended use of N95 respirators.

N95 respirators should be worn for an extended period of time (up to 4 hours) and can be worn for multiple patient interactions.

Fit-tested N95 respirators should be replaced:
- If soiled, wet, contaminated, or damaged
  - This means when contaminated with blood, respiratory or nasal secretions, or other body fluids from patients
  - This includes when your hands may be contaminated from patient care or from touching their environment and then touching your N95 before performing hand hygiene
- When you no longer have a good seal
- When going on meal breaks

In order to extend the use of N95 respirators, face shields are the required level of eye protection for staff providing direct care to patients with confirmed or suspect COVID-19. The face shield provides a layer of added protection for the underlying N95 respirator, preventing it from becoming contaminated.

Face shields should be replaced:
- Following an AGMP on an **outbreak unit**: note that only face shields need to be changed in this case; you can keep your fit tested N95 if not visibly soiled, wet, or contaminated.

- After providing care to COVID-19 positive patient(s), before providing care to a non-COVID patient

Face shields should be disinfected and re-applied:
- Following an AGMP on a non-outbreak unit
- When going for break
- After being in the room of a symptomatic, non-COVID positive patient
- After providing patient care and before entering common areas (ie. Nursing Station)

It is important to remember that the more a mask is manipulated, the greater the potential for cross-contamination. Using a mask for extended periods can help reduce this risk. Using a face shield offers a physical layer of protection and also prevents the health care worker from manipulating their N95 respirator. Face shields worn for extended use should be regularly disinfected using hospital grade disinfect and discarded at the end of the shift. When in doubt, discard your face shield and select a new one.

For staff/ physicians who work in various departments (ie. Physicians, RT, pharmacy, lab, DI, allied health, etc.), universal PPE (N95/ surgical or procedure mask and eye protection) must be removed and discarded when leaving an outbreak unit. New universal PPE (N95/ surgical/ procedure mask, and PRH approved eye protection) must be applied when going from an outbreak unit to a non-outbreak unit.

Steps for Cleaning Reusable Eye Protection
1. Ensure disinfectant wipes are within reach and wipe is accessible
2. Perform hand hygiene prior to removing eye protection
3. When removing eye protection, reach up behind head or side of head; do not touch the front of the contaminated eye protection
4. Place eye protection on a non-porous surface
5. Perform hand hygiene and don gloves
6. Using a hospital grade disinfectant wipe in one hand, using the other hand to pick up eye protection, carefully wipe the **inside** surface of eye protection. Discard wipe.
7. Still holding eye protection in the same hand, use the other hand to take a second hospital grade disinfectant wipe, and wipe the **outside** surface of the eye protection. Discard wipe.
8. Still holding eye protection in the same hand, use the other hand and take a third hospital grade disinfectant wipe to clean the surface where contaminated eye protection was placed during cleaning. Discard wipe.
9. Place eye protection on clean surface.
10. Remove gloves and perform hand hygiene.

If visibility is compromised by residual disinfectant, eye protection can be rinsed with tap water.

If you have questions or concerns regarding PPE use, please refer to the "Universal Masking and Eye Protection during the COVID-19 Pandemic Policy".