

**Updated Recommendations for Conservation and Reuse of Personal Protective Equipment (PPE) and Other Supplies
November 16, 2020 (published June 2, 2020)**

As NYP's response to COVID-19 continues, the safety of our patients and our front line staff remains our paramount concern. The following updated recommendations, which are consistent with CDC guidance for front line staff, are critical to conserve essential supplies. The guidance provided below outlines current strategies for conservation and use of PPE and other supplies.

NEW UPDATES FROM PRIOR GUIDANCE PUBLISHED ON 6/2/2020:

- Due to improvements in our supply, N95 respirators may be discarded at the end of a shift
- N95 respirators should continue to be covered with a surgical mask and reused over the course of a shift as part of our conservation strategy.
- Restrictions on size of care teams have been removed given improvements in PPE supply. Clinical judgement should be used to minimize unnecessary entry into patient rooms.

GENERAL STRATEGIES FOR PPE CONSERVATION

- Definitions
 - **Extended use:** refers to the practice of wearing the same PPE article (e.g. N95 respirator) for repeated encounters with multiple patients without removing the PPE article
 - **Reuse:** refers to the practice of using the same PPE article (e.g. N95 respirator) for multiple encounters but removing it after each encounter
- Use PPE only when clinically indicated.
 - Do not use N95 respirators when a face mask is indicated
 - Do not use a face mask with a face shield when a face mask without a face shield is indicated (e.g. staff member who did not receive annual influenza vaccine)

Make sure PPE stock is secured so that it is not taken for non-patient care use or otherwise used inappropriately.

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SPECIFIC STRATEGIES FOR CONSERVATION OF INDIVIDUAL TYPES OF PPE AND OTHER SUPPLIES

N95 respirators:

- Use N95 respirators only when clinically indicated.
- A [fit check](#) should always be performed prior to reuse of an N95.
- For N95 respirators used during the care of patients with confirmed or suspected TB or measles:
 - The N95 respirator can be reused during the care of multiple patients.
 - **The N95 respirator should be kept clean between uses. Discard the N95 respirator when soiled, contaminated, wet, anytime the wearer is unable to pass a fit check, or at the end of a shift.**
- N95 respirators used during the care of patients with confirmed or suspect COVID-19:
 - Use a surgical mask or full face shield over an N95 respirator to prevent droplet contamination of the N95.
 - The N95 respirator can be reused during the care of multiple patients.
 - **The N95 respirator should be discarded when it is visibly soiled, contaminated, wet, anytime the wearer is unable to pass a fit check or at the end of a shift.**
 - When consecutively seeing multiple patients with confirmed COVID-19 in the same room or within “zone infection control” areas designated by Infection Prevention and Control, healthcare personnel (HCP) should remove their gloves, perform hand hygiene, and don new gloves prior to contact with the next patient. Gown, eye protection and mask/respirator do **not** need to be changed.

Face masks:

- Surgical face masks worn for surgery/sterile procedures: routine protocols should be followed.
- Face masks worn for indications other than Droplet Precautions (e.g., universal mask use by all HCP): the same face mask may be used/reused throughout a shift, inclusive of seeing different patients. Mask should be discarded when it is visibly soiled, contaminated, wet, or at the end of a shift.
- Face masks used during the care of patients on droplet precautions (e.g., COVID-19, influenza):
 - When multiple sequential encounters with suspected/confirmed COVID-19 patients are anticipated, extended use of face mask can be employed.
 - **When going from the room of a patient on droplet precautions (e.g., COVID-19 positive or influenza positive), to the room of a patient not on droplet precautions (e.g., COVID-19 negative or**

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influenza negative), the used face mask should be discarded and a new face mask should be donned.

Eye protection such as goggles, eye shields, and welder-style face shields (reusable and disposable):

- Eye protection should be worn for all patient care encounters.
- Eye protection that is worn for patients not on droplet precautions, may be reused for multiple sequential patient encounters.
- HCP going from the room of a patient on droplet precautions (e.g., COVID-19 or influenza) to the room of a patient not on droplet precautions (e.g., COVID-19 or influenza negative) should don new or clean eye protection.
- When multiple sequential encounters with suspected/confirmed COVID-19 patients are anticipated, extended use of eye protection can be employed.
 - During extended use, eye protection may need to be briefly removed to put on a new gown.
- Eye protection should be cleaned and disinfected after removing when patient care activities are completed.
- HCP should take care to avoid touching their eye protection and should perform hand hygiene if they do touch their eye protection.

Cleaning and disinfection of eye protection

Adhere to recommended manufacturer instructions for cleaning and disinfection, when available.

When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable eye protection, perform the following steps so the eye protection can be reused:

1. While wearing clean gloves, carefully wipe the *inside*, followed by the *outside* of the eye protection using a non-bleach disinfectant wipe and achieving the manufacturer-recommended contact time.
2. Fully dry (air dry or use clean absorbent towels) to avoid getting disinfectant in eyes.
3. Remove gloves and perform hand hygiene.

Thank you for your assistance and support.