

**COVID-19**  
**LIMITED REUSE + EXTENDED**  
**USE OF PERSONAL**  
**PROTECTIVE EQUIPMENT**  
**Based on CDC Guidance**



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**Health Department**  
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Last updated: 04/08/2020

# REUSE OR EXTENDED USE OF N95 RESPIRATORS

COVID-19

## REUSE:

removal of N95 respirator between patients

**\*CDC recommended for pandemics**

VS

## EXTENDED USE:

use of the same N95 respirator for repeated close contact with multiple patients without removal of respirator between (acceptable when patients have the same respiratory pathogen)

Healthcare facilities need to establish clear procedures to advise staff on **acceptable reuse of N95 respirators to help reduce contact transmission.**

- Discard respirators that have been used during an **aerosol generating procedure**
- Discard respirator if **contamination with blood, respiratory or nasal secretions, or other bodily fluids** occurs
- Discard following close contact with any patient co-infected with an infectious disease that requires contact precautions
- Use respirator with a clean face shield (best) or surgical mask, and/or other steps such as masking the patient, to reduce surface contamination of respirator



## Storage & Donning of Used N95 Respirators

- Hang respirators in a **designated storage space** OR **store them in a clean and breathable container** (such as a paper bag) between uses
- Respirators should be stored so they do not touch and so that the person using the respirator is clearly identified
- **All storage containers should be cleaned regularly or disposed of**
- **Clean hands with soap and water OR alcohol-based sanitizer before and after touching/adjusting the respirator for wear**
- **Do not touch the inside of the respirator** -- if contact occurs, wash hands as described above
- Wear a pair of non-sterile gloves when re-donning the respirator and checking the seal, discard gloves when finished

## Other Considerations for N95 respirators

- N95 respirators may be **reused up to 5 times**, unless otherwise specified by employer or manufacturer
- Discard any respirator that is clearly damaged or hard to breathe through
- Each reused respirator should have **ONLY ONE WEARER**

# REUSE OR EXTENDED USE OF FACEMASKS

COVID-19

## REUSE:

removal and storage of facemask between patients

VS

## EXTENDED USE:

use of the same facemask for repeated close contact with multiple patients without removal between patients (acceptable when patients have the same respiratory pathogen)

## Considerations for **extended use of facemasks** to reduce contact transmission:

- If soiled, damaged, or hard to breathe through, mask should be discarded
- Do not touch the mask -- if the mask is touched, proper hand hygiene should immediately follow
- If mask needs to be removed, leave the patient care area



## Considerations for **limited reuse of facemasks** to reduce contact transmission:

- Remove mask after each encounter with a patient
- **If soiled, damaged, or hard to breathe through**, mask should be discarded
- If mask needs to be removed, leave the patient care area
- **Not all masks can be reused:**
  - Masks with ties may tear when removed and should be considered only for extended use
  - Masks with elastic ear hooks may be better for reuse

## Storage & Donning of Used Facemasks

- Facemasks should be stored folded with the outer surface held inward against itself to reduce contact with other surfaces during storage
- Folded mask should be stored in a clean **sealable paper bag or breathable container**
- Each mask should have **ONLY ONE WEARER**
- **Clean hands with soap and water OR alcohol-based sanitizer before and after touching/adjusting the mask for wear**
- **Do not touch the outside of the facemask** -- if contact occurs, wash hands as described above
- Wear a pair of non-sterile gloves when re-donning the mask, discard gloves when finished



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Last updated: 04/08/2020

# REUSE OR EXTENDED USE OF GOWNS

COVID-19

## REUSE:

removal and storage of gown between patients

VS

## EXTENDED USE:

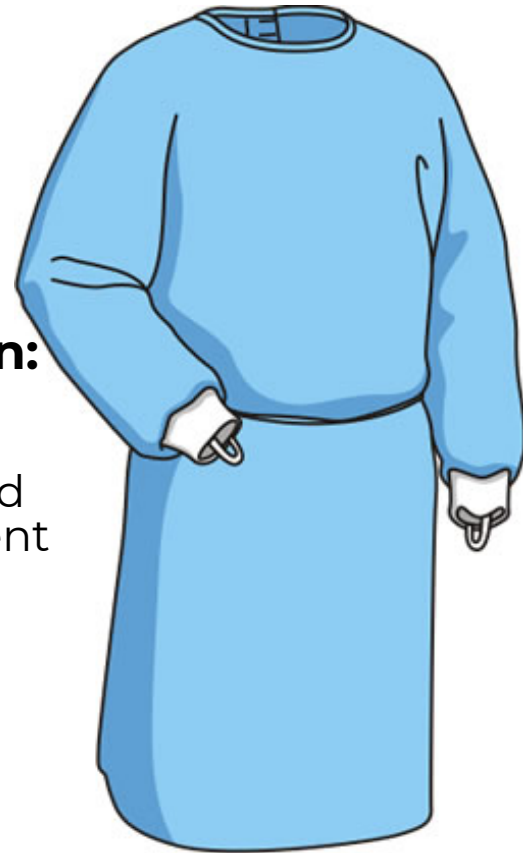
use of the same gown for repeated close contact with multiple patients without removal between patients (acceptable when patients have the same respiratory pathogen)

## Considerations for **extended use of gowns** to reduce contact transmission:

- If soiled or damaged, the gown should be discarded (according to usual practices)
- This is acceptable when patients being treated are housed in the same location (i.e. patients residing in an isolation cohort)

## Considerations for **limited reuse of gowns** to reduce contact transmission:

- Remove gown after each encounter with a patient
- If soiled, damaged, gown should be discarded
- If gown needs to be removed, leave the patient care area
- **Other types of gowns may be considered:**
  - disposable or reusable lab coats
  - reusable patient gowns
  - disposable aprons



## Storage & Donning of Used Gowns:

- Gowns should be stored folded with the outer surface held inward against itself to reduce contact with other surfaces during storage OR hung in a designated area, not in contact with other gowns
- Folded gown should be stored in a clean **sealable paper bag or other breathable container**
- Each gown should have **ONLY ONE WEARER**
- **Clean hands with soap and water OR alcohol-based sanitizer before and after touching/adjusting the gown for wear**
- **Do not touch the outside of the gown** -- if contact occurs, wash hands as described above
- Wear a pair of non-sterile gloves when re-donning the gown, discard gloves when finished



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# REUSE OR EXTENDED USE OF EYE PROTECTION

COVID-19

## REUSE:

removal and storage of eye protection between patients

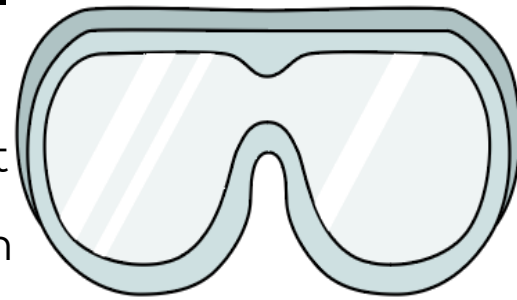
VS

## EXTENDED USE:

use of the same eye protection for repeated close contact with multiple patients without removal of eye protection between patients (acceptable when patients have the same respiratory pathogen)

## Considerations for **extended use or reuse of eye protection** to reduce contact transmission:

- Acceptable for disposable or reusable devices
- If eye protection becomes **soiled or difficult to see through**, it should be removed and reprocessed; **discard if damaged**
- Leave patient care area if eye protection must be removed
- Do not touch eye protection--if eye protection is touched, wearer should immediately perform proper hand hygiene measures



## Considerations for **reprocessing eye protection**:

- Adhere to manufacturer instructions if available
- If instructions are unavailable, use the following guidelines:
  - (1) While wearing gloves, wipe the inside, followed by the outside using a clean cloth with neutral detergent or a cleaner wipe
  - (2) Wipe the outside with a wipe or clean cloth saturated in EPA-registered hospital disinfectant solution
  - (3) Wipe outside with clean water or alcohol, removing residue
  - (4) Fully dry (air dry or with clean, absorbent towels)
  - (5) Remove gloves from hands and perform hand hygiene

## Storage & Donning of Used Eye Protection:

- Eye protection should be stored in a clean **sealable paper bag or other breathable container**
- Reused or extended use eye protection should have **ONLY ONE WEARER**
- **Clean hands with soap and water OR alcohol-based sanitizer before and after touching/adjusting the eye protection for wear**
- **Do not touch the outside of the eye protection**--if contact occurs, wash hands as described above
- Wear a pair of non-sterile gloves when re-donning the eye protection, discard gloves when finished



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# REUSE OR EXTENDED USE OF DISPOSABLE GLOVES

COVID-19

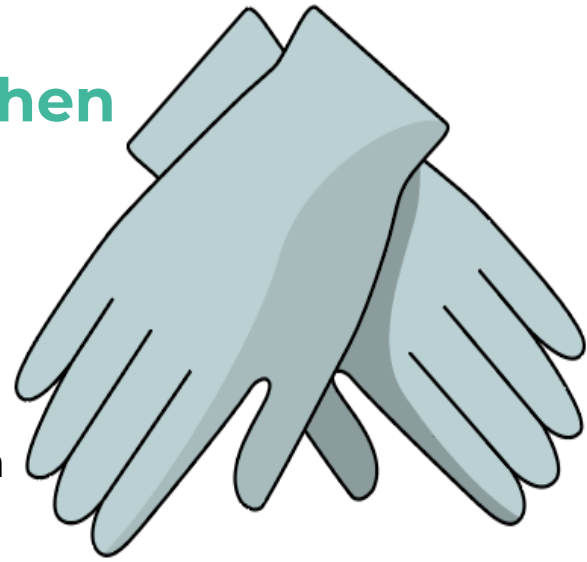
Healthcare facilities and workers are advised to **never use the same disposable gloves on multiple patients & never wash disposable gloves for reuse.**

These practices can further spread infection.

**Wear well-fitting, disposable medical examination gloves when providing direct patient care**

## When to remove gloves:

- After contact with the surrounding environment, including medical equipment
- After providing care to a patient
- During patient care if hands move from a contaminated body site to a clean body site



## Remove gloves using the following CDC instructions:

- (1) Grasp the outside of one glove at the wrist. Do not touch your bare skin.
- (2) Peel the glove away from your body, pulling it inside out.
- (3) Hold the glove you just removed in your gloved hand.
- (4) Peel off the second glove by putting your fingers inside the glove at the top of your wrist.
- (5) Turn the second glove inside out while pulling it away from your body, leaving the first glove inside the second.
- (6) Dispose of the gloves safely. **Do not reuse the gloves.**
- (7) Clean your hands immediately after removing gloves.

# Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

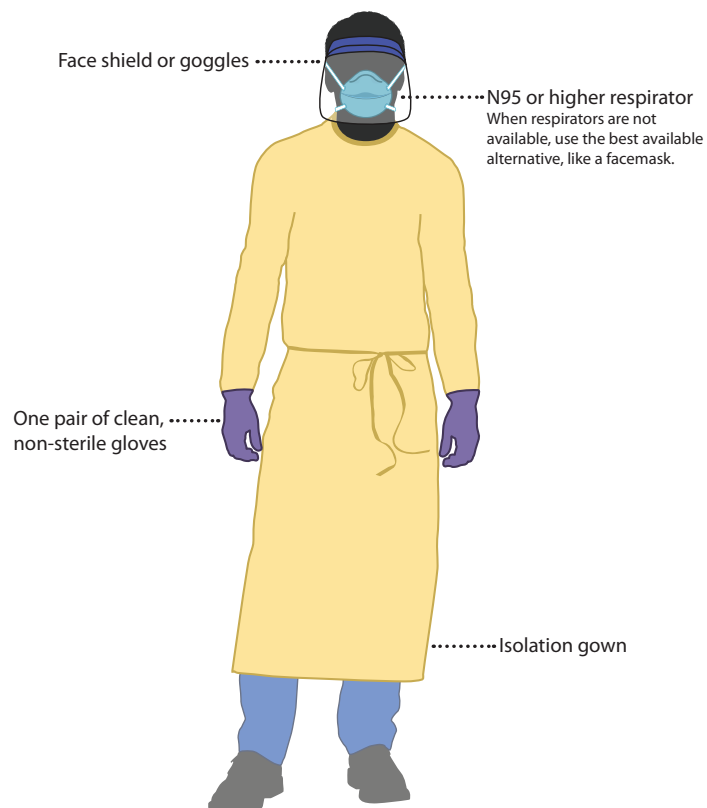
## Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- **Receive comprehensive training** on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- **Demonstrate competency** in performing appropriate infection control practices and procedures.

## Remember:

- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

### Preferred PPE – Use N95 or Higher Respirator



### Acceptable Alternative PPE – Use Facemask



## Donning (putting on the gear):

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

- 1. Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
- 2. Perform hand hygiene using hand sanitizer.**
- 3. Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by another HCP.
- 4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).** If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.\*
  - » **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
  - » **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
- 5. Put on face shield or goggles.** Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
- 6. Perform hand hygiene before putting on gloves.** Gloves should cover the cuff (wrist) of gown.
- 7. HCP may now enter patient room.**

## Doffing (taking off the gear):

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

- 1. Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
- 2. Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.\*
- 3. HCP may now exit patient room.**
- 4. Perform hand hygiene.**
- 5. Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
- 6. Remove and discard respirator (or facemask if used instead of respirator).\*** Do not touch the front of the respirator or facemask.
  - » **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
  - » **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
- 7. Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.

\*Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.