

## Enhanced N95 Respirator Use Plan for UNM Hospitals

*Revised on December 11, 2020*

### Purpose

- Provide concise recommendations regarding mask use, PPE, and isolation when caring for patients at UNMH.
- **Why?** The PPE committee created these recommendations to increase healthcare personnel safety with higher rates of community spread, with a large proportion of asymptomatic individuals with COVID-19 infection, and a more stable supply chain for N95 masks.

### Important Background

- Please limit aerosol generating procedures (AGPs) when possible. Dedicated teams already using COVID-19 specific PPE should perform AGPs in specified central, high volume locations.
- Minimize HCP present during AGPs.
- AGPs do not automatically indicate need for airborne isolation. Please see table below for more details regarding type of isolation based on clinical scenario.
- **NOTE:** This guidance does NOT apply to the Intermediate Care Nurseries (Peds), Newborn Nurseries, or Newborn ICU (NICU).

PPE and Isolation By COVID-19 Status			
	COVID-19 Test Positive <u>or</u> PUI	COVID-19 Admission Screening Test Pending (No COVID-19 Symptoms & No COVID-19 Exposures)	COVID-19 Test Negative <u>or</u> <a href="#">Recovered</a>
<a href="#">Higher Risk AGP</a>	N95 + Full COVID-19 PPE	N95 + Full COVID PPE	N95 + Eye protection
<a href="#">Lower Risk AGP</a>	N95 + Full COVID-19 PPE	N95 + Eye protection	Procedure Mask + Eye protection
<a href="#">Non-AGP Patient Care</a>	N95 + Full COVID-19 PPE	Procedure Mask + Eye protection	Procedure Mask + Eye protection
Care Not Requiring Direct Patient Contact	Do not enter room	Procedure Mask + Eye protection	Procedure Mask + Eye protection

**Full COVID-19 PPE:** Eye protection (face shield or TIDI shields), gown, gloves, bouffant

	Airborne isolation, priority for airborne isolation. Post appropriate peach sign.
	Airborne isolation preferred. May use enhanced droplet if no airborne available.
	Standard precautions (i.e., no isolation order unless otherwise needed)

### Summary of N95 Use Recommendations

#### **When to use a N95 mask:**

- Higher risk AGPs on ALL patients
- All direct patient care activities including AGPs for patients who are COVID-19 positive or considered a patient under investigation (PUI) (i.e., symptomatic)

**When N95 masks are NOT needed:**

- Lower risk AGPs in COVID-19 negative patients
- Patients with asymptomatic screening test pending unless AGPs being performed
- Non-AGP patient care if the patient has a current negative COVID-19 test
- Non-patient care activities.

**How long do I wait to enter the room? How do I use the AGP door signs?**

- After an AGP is done, we wait to make sure that most of the infectious particles have been cleared from the air before entering the room.
- If you need to enter the patient's room during the procedure or before the wait time is over, please make sure you're wearing the required PPE (see Table below).
- *How long do I wait?* Please refer to the table below about when you may re-enter a room after the AGP is performed.
- **Students:** Please follow the lead of your attending and/or residents relative to wait times after AGP completed

Location/room type	Wait time after AGP completed
Patient rooms in BBRP	45 minutes
Patient rooms in Main	60 minutes
Any Airborne Infection Isolation Rooms (AIIRs)	30 minutes
Operating rooms	15 minutes*
*Anesthesia has authority to waive the 15-minute wait time	
Note: Other rooms may have specific wait times posted on the door (e.g., Emergency Department, Preop, PACU, procedure rooms, OR)	

**How do I use the AGP signs?**

- AGP signs should be used for non-COVID-19 infected patients undergoing AGPs.
- For intermittent AGPs
  - Place sign up when AGP begins to notify others about AGP and need for appropriate PPE.
  - When done with the procedure, write on the sign when it is safe to enter room.
  - Flip sign over to "Hospital Staff" side when it is safe to enter room. Leave sign on door if you anticipate further need for AGPs.
- For continuous AGPs
  - Place sign up when AGP begins to notify others about AGP and need for appropriate PPE.
  - Check box on sign for continuous AGP.
  - When done with the AGP, write on the sign when it's safe to enter room.
  - Flip sign over to "Hospital Staff" side when it is safe to enter room. Leave sign on door if you anticipate further need for AGPs.

	<b>Please Do Not Enter</b>	
<b>Aerosol-Generating Procedure (AGP) Treatment In Progress</b>		
 <b>N95 + eye protection required</b>  <b>Other PPE may be required</b>		
<b>Leave door closed</b>		
Time procedure ended: <input type="text"/>	Time OK to enter room: <input type="text"/> (60 Minutes Post-Procedure)	
<input type="checkbox"/> Continuous AGP    If <input checked="" type="checkbox"/> leave sign posted until continuous AGP stopped		

## **Aerosol Generating Procedure (AGP) Definitions**

**\*For all patients with tracheostomies/laryngectomy, please [click here](#)\***

**\*For further Pediatric Guidance, please *click here*\***

### **Higher Risk or Continuous AGPs**

- Endotracheal intubation/extubation including SGAs
- Non-invasive ventilation (BiPAP, CPAP, BVM – use filter when possible)
- All aerosol masks and face tents
- High flow nasal cannula delivery devices\*\*
- Venturi (“Venti”) masks regardless of set flow
- Open suctioning of airways
- Sputum induction
- Cardiopulmonary resuscitation
- Bronchoscopy
- Other airway procedures (e.g. nasopharyngeal endoscopy, surgical airway, tracheotomy)
- Nebulizer administration
- Esophageal procedures (e.g. upper GI endoscopy, TEE)
- Majority of dental procedures
- Pulmonary function testing

**\*\*For Pediatric Patients:** AGP risk is at the discretion of the pediatric provider

### **Lower Risk AGPs**

- Dysphagia evaluation
- Insertion of a gastric tube (e.g. NG, OG)
- Transpleural procedures without significant risk of a pressurized air leak (e.g. CT guided lung biopsy, thoracentesis, pleural tube placement, pleural catheter removal without positive pressure ventilation, pleural catheters to suction or water seal)
- Treadmill stress testing
- Suction of the pharynx: oropharynx, nasopharynx, and hypopharynx
- Oral or nasal airway adjuncts
- Nasopharyngeal swab collection
- Second stage of labor
- Excessive coughing
- Breathalyzers

### **Non-AGP care/activities**

- Nasal swab collection
- Closed in-line tracheal suctioning
- Thyroid biopsies
- Nasal cannulas, simple masks, reservoir masks (examples includes partial non-rebreather)
- Physiologic (non-induced) coughing
- Basic dental examinations, radiographs and fluoride administration
- Wound care/lavage
- Practices which induce or include physiologic heavy breathing (e.g. exercise during PT/OT)
- Interviewing/conversation in a patient room (still recommend keeping 6 feet of distance)
- Patient care without AGPs such as medication administration, vital signs, physical examination

## **Definitions**

- **Aerosols:** suspension of solid or liquid particles in a gas. [Click here](#) for a picture.
- **Aerosol-generating procedures (AGPs):** procedures that lead to higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. These put healthcare personnel and others at risk for exposure and potentially infection.
- **Airborne precautions:** specific isolation that includes patient placement in an airborne infection isolation room (AIIR, a designated room with higher numbers of air changes and separate filtration) and an airborne isolation order in the electronic medical record.
- **COVID-19 Exposure (healthcare setting):** >15 minutes of face-to-face time (i.e., within 6 feet) with a person with current, confirmed COVID-19 infection.
- **COVID-19 Symptoms:** fever or chills, cough, shortness of breath or difficulty breathing, fatigue, sore throat, muscle or body aches, nausea or vomiting, diarrhea, headache, new loss of taste or smell.
- **Current COVID-19 Test:** COVID test performed during current hospital stay. This may be more frequent in specific sub-populations or if patients develop symptoms.
- **Enhanced droplet precautions:** For patients with COVID-19 infection without risk for ongoing AGPs. Single room required. No airborne isolation needed. PPE includes N95 with gowns, gloves, eye protection and bouffant.
- **N95 Respirator:** includes disposable respirator or equivalent (e.g., elastomerics, powered air purifying respirators (PAPRs), or CAPRs).
- **Negative COVID-19 Test:** no detection of the SARS-CoV-2 virus that causes COVID-19 on nasal, nasopharyngeal, or lower respiratory samples using a laboratory test like PCR.
- **Positive COVID-19 Test:** detection of SARS-CoV-2 that causes COVID-19 in a clinical specimen using a laboratory test like polymerase chain reaction (PCR).
- **Person Under Investigation (PUI):** a person who has had exposure to a person with laboratory proven COVID-19 or has COVID-19 symptoms +/- exposure to COVID-19 case. This does NOT include asymptomatic inpatients who have a screening test for COVID-19 infection that are pending.
- **Recommended PPE for all patient interactions:** Eye protection and procedure mask.
- **Recovered from COVID-19 Infection:** Based on CDC and UNMH guidance, patients with COVID-19 infection are not infectious from 10 to 20 days after symptom onset based on infection severity. For more information, please [click here](#).
- **Standard isolation:** no specific PPE required and no isolation order required (i.e., "None").

## **Updates to document as of 12/11/2020**

- Added "recovered" and "eye protection" added to "Table of PPE based on COVID-19 Status"
- Added exceptions about Intermediate Care Nurseries, Newborn Nursery, and NBICU. Added link to Pediatric COVID PPE guidance.
- Modified Higher Risk AGPs to "Higher Risk or Continuous AGPs" and moved high flow nasal cannula and Venturi masks from "Low Risk AGPs" to "Higher Risk or Continuous AGPs." Also added exception/rule for high flow nasal cannula for pediatric patients.
- Alphabetized definitions and added a definition for recovery from COVID infection.

## **Updates to document as of 11/11/2020**

- Removed colors from middle column in "Table of PPE based on COVID-19 Status" and clarified wording for PPE requirements based on different scenarios.

- Clarified wording about when N95 masks are needed vs. not needed in “Summary of N95 Use Recommendations”.
- Added step-by-step procedure for AGP sign use and a snapshot of updated AGP sign. Section now titled “How long do I wait to enter the room? How do I use the AGP door signs?”
- Created table to show wait time based on location/room and added information about wait times in the ORs.
- Updated [person under investigation \(PUI\)](#) definition.