

Personal Protective Equipment

Resource Guide

NEW items highlighted in yellow

Universal Masking does not replace the PPE guidance for suspect or COVID positive patients.

	Direction for Asymptomatic Ambulatory Patient/Visitor	Asymptomatic Inpatient	Direction for Symptomatic Patient	Acute Setting COVID-19 Isolation	ED / Triage & Overflow Tent URI designated ICC/urgent care	Aerosol generating Procedures(AGP) ⁵ COVID-19 PUI or positive	Clinic / Non-URI, ICC/Urgent Care settings	PSR/ Registration Symptomatic Patient	Patient or Visitor Screener
Isolation	N/A	N/A	Standard/ Droplet (Source Control)	Droplet/ Contact	Droplet/ Contact	Airborne/ Contact	Droplet/ Contact	Standard/ Droplet	Standard/ Droplet
Mask & Eye Protection (when indicated)	Procedure mask or Personal cloth mask (if preferred)	<Optional > Procedure mask upon request or Personal cloth mask (if preferred)	Procedure mask	N95 ¹ or Procedure Mask ² Eye protection goggle or face shield	Procedure Mask ² Eye protection goggle or face shield	N95 ¹ Face Shield	Procedure mask with attached face shield ^{2,4} or Procedure mask ² with Eye protection goggle or face shield	Procedure Mask ² Eye protection	Procedure Mask ² Eye Protection
Gown	N/A	N/A	N/A	Single use or extended use ⁶	Single use or Extended use ⁶	Single use isolation gown	Single use isolation gown	N/A	N/A
Gloves	N/A	N/A	N/A	Single use gloves	Single use gloves	Single use gloves	Single use gloves	N/A	Thermometer Dependent ³

****Team members may be asked to utilize PPE substitutes as identified by the site Incident Command****

- Extended use or Reuse N95:** Team members/Clinician will use until visibly soiled, wet or damaged. After use, store in paper bag with your name/date.
- Procedure Mask Extended Use:** Wear procedure mask for entire shift, unless the mask becomes visibly soiled, wet or damaged.
- Thermometer Dependent:** Infrared Temporal and tympanic thermometers require gloves and should be changed if contaminated or exposed to mucus membranes. UV infrared thermometers do not require gloves as they do not come in direct contact.
- If no mask with attached face shield** is available follow procedure mask #2 and use eye protection
- See resource document-[AAH aerosol generating procedures in PUI and COVID-19 positive](#)**
- Isolation Gown for Extended Use:** When Caring for multiple COVID patients, extended use gown may be used. If COVID+, Non-COVID/PUI are unable to be separated, use single use gown.

- Universal Cloth mask=All visitors/ambulatory patient encouraged to wear their own. In the absence of cloth mask availability, procedure mask will be offered.
- Eye Protection=Reusable, clean with approved disinfectant wipe or soap & water after each patient and only replace when damaged, broken or unusable
- Face Shield=Reusable, clean with approved disinfectant or soap & water at end of shift for personal reuse and replace only if damaged, broken or unusable.

See accompanying PPE resources: [N-95 Resterilization FAQ](#) [PPE-Donning and Doffing with N95](#) [PPE- Donning and Doffing with PAPR](#)



Personal Protective Equipment

Resource Guide

Frequently Asked Questions

Why did the IL & WI Departments of Public Health change isolation precaution requirements from airborne/contact to droplet/contact?

When a novel infectious disease occurs the highest level of isolation is implemented until the mode of transmission is identified.

What is the appropriate room signage for a confirmed COVID-19 patient?

Use the COVID-19 Isolation Sign found on the Advocate Aurora Health COVID-19 Information Center, specific to setting (i.e. Acute Care vs Outpatient) which reads "Droplet & Contact Precautions + Eye Protection" or Airborne/Contact + Eye protection.

Are procedure masks appropriate to wear in caring for COVID-19 PUI or Confirmed patients?

Yes, Procedure mask are appropriate to use in caring for a COVID-19 PUI or confirmed patient, unless an aerosol generating procedure (AGP) is being performed. N-95 should be worn when performing a aerosol generating procedure.

If we are reusing identified materials to responsibly conserve supplies, does the N95 mask have to be a true fit?

No. The spread of COVID-19 is thought to occur mostly from person-to-person by respiratory droplets among close contact. Although contact and droplet precautions traditionally require a procedural mask, the N95 is recommended due to their durability to maintain integrity with repeated use and doesn't require FIT testing.

What type of mask should be used when caring for a suspected or confirmed COVID-19 patient receiving an aerosol generating procedure (AGP)? N-95 mask should be used. Team member who have never been fit tested should contact Employee Health for just in time FIT test.

Can N95 masks be reused after caring for a confirmed COVID-19 patient with an aerosol generating procedure?

Yes, if the N95 was worn along with a face shield it can follow the extended use principle.

Can N95 mask and face shield travel with a provider to another site?

Yes, if properly handled and stored in a paper bag for use, unless visibly soiled, wet or damaged.

What type of PPE is needed for team members caring for COVID-19 suspected or confirmed patients in diagnostic and therapeutic areas?

Receiving team member must wear a procedure mask, reusable eye protection and gloves. Gown is needed when providing direct patient contact.

What is the difference between level 1, 2, and 3 procedure/exam masks?

All exam masks, regardless of level, have a $\geq 95\%$ Bacterial Filtration Efficiency rating and are appropriate to use in patient care. Please ensure you are following the PPE Resource Guide for appropriate donning of procedure/exam masks.

Personal Protective Equipment

Resource Guide

Frequently Asked Questions

On Acute Care & ED COVID units, ED overflow tents and URI sites, who are using extended use, how do we manage our PPE during break and lunch periods?

Faceshield should be cleaned and disinfected with disinfectant wipe or soap and water and properly stored. Procedure mask, gowns should follow PPE resource guidance.

How are providers receiving PPE updates and information regarding COVID-19 updates?

Providers receive regular system-based updates. The Advocate Aurora Health COVID-19 Information Center is available to providers as a helpful resource for real-time updates.

Shaving of beards for PPE effectiveness

When caring for patients during aerosolizing generating procedures, a fit tested N95 or PAPR is required. Due to a lower inventory of PAPRs we need more team members to utilize N95s and face shields for these aerosolizing procedures. Beards and facial hair can prevent proper fitting and sealing of N95 masks. We are requesting that team members shave their beard and facial hair in order to be properly fitted for a N95 mask. Team members who have questions or who are requesting an accommodation should contact their AARC:

In WI by calling 262-957-8300 or by opening a case online through My HR Navigator

In IL by calling 847-685-1447 or by opening a case online through Self Service

Is double gloving required when caring for patients with confirmed COVID-19?

No. Double gloving is not required. The virus is susceptible to soap and water and hand sanitizer. Proper hand hygiene must be performed using the appropriate technique before donning and doffing gloves.

DO NOT DOUBLE GLOVE

Is wearing a surgical mask over a N95 mask required to better protect the N95 mask?

No. Double masking is not required. N95 masks should be donned and doffed using the current guideline to decrease contamination.

DO NOT DOUBLE MASK

Can donning and doffing PPE be completed in the patient room?

There is a sequence to donning and doffing PPE inside AND outside the patient room. Refer to [COVID-19 PPE Donning and Doffing with Reusing N95](#) education for more information.

Are there any contraindications we should be aware of before providing a mask?

Face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

Personal Protective Equipment

Resource Guide

Frequently Asked Questions

What can be done to protect yourself from those carrying the virus but asymptomatic?

If the carriers are asymptomatic, the risk of transmission is low as long as proper hand hygiene is used and face touching is avoided.

Why are health care providers at other institutions sometimes shown in full protective gear, including hazmat suits.

The virus is thought to be transmitted by contact and droplet mechanisms. Gown, gloves, mask and eye protection along with proper hand hygiene provides protection against the virus. A hazmat suit or other full coverage PPE is not recommended by the CDC.

How long does the virus survive on surfaces?

It is not certain how long the virus survives on surfaces, but it behaves similar to other coronaviruses. Studies suggest that coronaviruses may persist on surfaces for a few hours to several days such that good hand hygiene remains your best protection.

Do gloves need to be cleaned with soap and water or hand sanitizer?

No. The virus is not a resistant organism like Ebola. Proper hand hygiene must occur when donning and doffing gloves. Only one pair of gloves are used, and the gloves do not need to be cleaned.

Are hair covers and shoe covers required when caring for patients with confirmed COVID-19?

No. The CDC does not require hair covers and shoe covers. The spread of COVID-19 is transmitted through droplet and contact mechanisms. Team members hair and shoes should not touch there patient; therefore, there is not a need to offer protection.

What happens if the supplies listed are no longer available?

Team members would be asked to utilize substitutes as identified by the site Incident Command. Available PPE substitutions will be implemented to meet the level of protection required as able.

How do I clean the Powered Air Purifying Respirator (PAPR) or the controlled Air Purifying Respirator (CAPR)

Completely remove PAPR according to doffing procedure. If the outside of the PAPR is visible soiled, wipe down the area with a mild soap and water using a clean, lint—free cloth and being careful not to get water inside the hose or on the filter. If not visibly soiled, skip this step and proceed to disinfect PAPR. The entire outside of the PAPR should be disinfected using a system approved disinfectant wipe and allowed to dry. See [Donning and Doffing with PAPR](#)

What type of mask should the MRI tech and the patient wear when going for an MRI procedure?

MRI Tech should follow current droplet/isolation process. A patient should wear cloth mask as procedure mask contain a metal strip that may interfere with the MRI machine.