

UPDATED PPE POLICY FOR KNOWN OR SUSPECTED COVID-19 PATIENTS

VERSIONS:

March 18, 2020: Update
March 19, 2020: Update
March 31, 2020: Update
April 4, 2020: Update
April 6, 2020 Update
April 17, 2020 Update
July 28, 2020 Update

The following are updated personal protective equipment (PPE) guidelines for all patient contacts.

- Added additional guidance regarding the use of various respirators (sec. 1.7)
- Procedure facemasks are an acceptable alternative for all patient contacts until the supply chain is stabilized. N95 or higher respirators will be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
- Added Strategies for Optimizing the Supply of N-95 Respirators
- Added guidance pertaining to the use of sheets, poncho's or other material to cover patients head during aerosolizing procedures.
- Added guidance pertaining to the use of homemade masks, externally purchased or personal PPE items.
- Added guidance on the use of temporary partitions to segregate drivers and pilots from patient care areas.

CAUTION:

1. No sheets, ponchos, blankets or other items are to be used to cover a patient's head during aerosolizing procedures or to cover equipment during patient transport as it presents an increased risk to the flight team. There are several known cases where blankets, sheets etc. have departed the aircraft and have entered the rotor system.
2. The use of homemade masks over approved respirators or in conjunction with procedure masks is discouraged.

1.0 Implementation:

- This revised PPE guidance is made in accordance with current CDC recommendations to ensure a sustainable PPE supply. Implementation is effective upon receipt of this guidance.

1.1 Definitions

- **Reuse:** refers to the practice of using the same N-95 respirator for multiple encounters with patients but removing it ('doffing') after each encounter. The N-95 respirator is stored in between encounters to be put on again ('donned') prior to the next encounter with a patient. For pathogens in which contact transmission (e.g., fomites) is not a concern, non-emergency reuse has been practiced for decades. For example, for tuberculosis prevention, CDC

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recommends that a respirator classified as disposable can be reused by the same worker as long as it remains functional and is used in accordance with local infection control procedures.

1.2 Appropriate Use

One of the most important components of preventing infection and spread of disease is the appropriate use of Personal Protective Equipment (PPE). Based on all available evidence to date and current CDC recommendations, employees who will directly care for or transport a patient with possible or known COVID-19 infection or who will be in the vehicle or aircraft with the patient follow **Standard, Contact, and Airborne Precautions** in accordance with organizational policy.

Specifically, recommended PPE for clinical staff, drivers, pilots or other affected employees includes:

- Drivers or pilots, if they provide direct patient contact or transport (e.g., moving patients onto stretchers), will wear all recommended PPE in accordance with this document
- Procedure facemask at a minimum **for all patient contacts**. N-95 respirators or respirators that offer a higher level of protection are used instead of a procedure facemasks **when performing or present for an aerosol-generating procedure**
- Eye protection (i.e., that fully covers the front and sides of the face).
- Staff engaged in or present for aerosolizing procedures will follow eye protection guidance above
- A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated. Use hand sanitizers or wipes to clean gloves prior to doffing or touching face, eye protection or respirators and masks.
- Isolation Gown—Gowns are prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of EMS clinicians (e.g., moving patient onto a stretcher).
- All personnel must avoid touching their face while working. After completing patient contact and before entering the driver's compartment or aircraft, the driver or pilot should remove and dispose of PPE except for the appropriate mask (see provided donning and doffing procedures (provide hyperlink(s)) and perform hand hygiene to avoid soiling the compartment.

If the transport vehicle (aircraft or ambulance) does not have an isolated (separate) compartment, the driver or pilot for operation of the transport vehicle should remove the protective eye wear, gown and gloves and perform hand hygiene. An appropriate mask or respirator should continue to be used in accordance with these guidelines during transport by the driver or pilot. For pilots, the N-95 respirator is appropriate to wear in the presence of helmets, visors and/or night vision goggles.

The use of temporary partitions (sheets, blankets, plastic, etc.) is not recommended or approved in GMR ground or air vehicles. The value of these variable materials in this application is currently unproven and

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may present additional hazards for ground/air modalities during flight or ground transport and during decontamination procedures on these vehicles. The single most important risk mitigation strategy is the proper use of PPE in accordance with this guidance.

On arrival, after the patient is released to the facility and the vehicle or aircraft is appropriately decontaminated, affected staff should perform hand hygiene, remove and discard PPE and perform hand hygiene again. All personnel should follow appropriate donning and doffing procedures (see provided donning and doffing poster). Used PPE should be discarded in accordance with routine procedures.

1.3 Appropriate N-95 Respirator Fit Testing and Facial Hair

To be optimally effective at reducing the risk of airborne exposures, N-95 respirators must fit appropriately on the face of the wearer. N-95 respirators are appropriately fit tested for all employees engaged in the treatment or transport of patients. Fit testing must occur with applicable safety equipment in place (e.g. helmets, safety glasses). In addition, facial hair that comes between the sealing surface of the N-95 respirator and the face must be removed. Individuals that do not remove facial hair that interferes with a proper seal will not be permitted to engage in the treatment or transportation of patients given the substantial risk to themselves, other providers and the community. There are no medical or religious exemptions allowed in accordance with OSHA standard 190.134. The use of employee purchased or owned PPE is not permitted. Currently, the use of half face respirators is not permitted as they required additional screening and controls.

1.4 Respirator Reuse Guidelines: [Infographic Flyer](#)

Safe N-95 respirator reuse is affected by a number of variables that impact respirator function and contamination over time. The recommendations below are designed to provide practical advice so that N-95 respirators are discarded before they become a significant risk for contact transmission or their functionality is reduced:

- Discard N-95 respirators following use during aerosol generating procedures.
- Discard N-95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Discard respirators that become damaged or wet.
- Place the used respirator in a brown paper bag and place your name on the paper bag to ensure another person does not use your mask. Paper bags should be disposed of after each storage use. Place your name on the strap of the respirator.
- Avoid touching any area of the respirator prior to hand hygiene. Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).

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- Use a pair of clean (non-sterile) gloves when donning a used N-95 respirator and performing a user seal check. Discard gloves after the N-95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.

1.5 Seal Check & Donning and Doffing Protocols

[PPE Donning and Doffing: CDC Sequence for COVID-19 \(video\)](#)

[Sequence for putting on PPE by CDC](#)

1.6 COVID-19 Approved Supplies: **Added April 17, 2020**

[Accepted Chemical and PPE Products for Ground Use](#)

[Accepted Chemical and PPE Products for Air Use](#)

1.7 Targeted Respirator Guidance: **Added July 27, 2020**

1. Employees who are required to wear a respirator must complete a respiratory medical questionnaire in accordance with GMR and regulatory guidelines prior to their first fit test.
2. On March 14, 2020 OSHA issued temporary guidance suspending the annual fit testing of N-95 filtering facepiece respirators to preserve and prioritize the supply of respirators for use in situations where they are required to be worn. This temporary guidance does not apply to new employees who have not been previously fit tested.
3. Perform initial fit tests for each affected new employee with the same model, style, and size respirator that the employee will be required to wear for protection against COVID-19 (initial fit testing is essential to determine if the respirator properly fits the worker and is capable of providing the expected level of protection).
4. GMR has partnered with outside entities to provide FDA approved respirator disinfection. Employees will not necessarily receive the exact mask(s) that they have placed in the shipping bin for disinfection. The employee should use the same model, style and size disinfected respirator.
5. The 3M model 8511 with one-way easy flow valve is NIOSH approved (approval #1299) and when utilized the wearer must ensure that source protection is in place for the patient and any other providers that may be present for aerosol generating procedures.

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6. The FDA has approved several respirators manufactured under foreign standards to be used in the presence of known or suspected COVID-19 patients. This includes the KN-95, however, the KN-95 cannot be submitted for the disinfecting process described under item 4.