



# Lifespan

*Delivering health with care.®*

April 1, 2020

## Personal Protective Equipment (PPE) FAQs Part 1

### **Are cloth masks safe to use in replacement of the surgical masks?**

Cloth masks can be used as source control, i.e., to protect others from one's own respiratory droplets. While practicing source control, Lifespan employees may choose to wear either a personal cloth mask or a hospital-supplied mask in the halls and for personal use.

However, **for direct patient care**, employees should wear hospital-supplied masks and PPE.

**I see staff wearing cloth masks from home over and under their surgical mask and a few have made a "sleeve" of fabric in which the surgical mask slides in. Are these allowed? What's the correct manner to wear them?**

If you choose to wear a cloth mask when you are not providing direct patient care, follow these guidelines:

- Make sure your cloth mask covers your mouth and nose.
- Place your mask in a paper bag when not in use.
- Home launder mask with hot water and detergent and place in a hot dryer for 30 minutes.

At this time, we have no data to assess the efficacy of layering cloth masks over surgical masks. For direct patient care, staff should wear the hospital-approved PPE. In the halls, staff may wear their personal cloth masks over their surgical masks if they so choose.

**I am unclear on the approval for use of homemade cloth masks in non-patient settings. Is this still appropriate for source control if washed according to the instructions provided in previous email communications?**

Yes. Cloth masks may be used for source control in non-patient settings if you follow the guidelines above.

**In the event of a shortage of PPE, will we be able to use our own N95 respirator for aerosol-generating procedures?**

- If the mask is an N95: we advise that non-Lifespan-issued N95s, similar to Lifespan-issued N95s, be used only for aerosol-generating procedures, and only when Lifespan has no more in stock. It is vital to conserve your resources for when they are truly needed.

- For non-Lifespan-issued N95s, or other masks brought from home, we would require that the N95 be checked for fit and ensure that it meets the NIOSH safety guidelines. Unfortunately, we have heard reports of hospitals that have purchased counterfeit masks in their efforts to secure an adequate supply. For your safety, we would need to ensure that the mask will protect you when needed.

**When are we getting more PPE? How long are we going to have to reuse our masks?**

Although we have been watching our supply chain carefully for months, it has become increasingly difficult to replenish, due to increased global demand, interruptions in shipments from China (a major manufacturer of PPE), and stockpiling by other hospitals, local and state governments, and federal agencies. The large number of counterfeit, unsafe N95s in circulation is also making it difficult to vet alternative sources of PPE. Please be assured that we are continuing to explore every possible avenue, from 3D printing, to local fabrication, to reprocessing using steam and hydrogen peroxide mist, to alternative vendors, to soliciting donations, for obtaining more PPE.

**Should all inpatients be required to mask since not every patient is tested, especially during rounds?**

We are now masking all patients in droplet, droplet/contact or modified droplet/contact precautions—essentially all patients with respiratory symptoms—when staff are in the room, as an additional method of source control. Evidence supports this as effective infection prevention measure as source control, when used in conjunction with staff masking, face shield and gown. We would need to discuss moving to masking all patients, depending on mask supply levels.

**What is the evidence for Dr. Mermel’s comments in the recent town hall video about our current use of PPE?**

Here is the bibliography behind Dr. Mermel’s comments:

- Alhazzani, et al. Surviving Sepsis Campaign: Guidelines on the Management of Critically Ill Adults with Coronavirus Disease 2019 (COVID-19). *European Society of Intensive Care Medicine and the Society of Critical Care Medicine*. 2020 (epub ahead of print).
- Johnson, et al. A Quantitative Assessment of the Efficacy of Surgical and N95 Masks to Filter Influenza Virus in Patients with Acute Influenza Infection. *Clinical Infectious Diseases*. 2009;49:275-277.
- Milton, et al. Influenza Virus Aerosols in Human Exhaled Breath: Particle Size, Culturability, and Effect of Surgical Masks. *PLOS Pathogens*. 2013;9:1-7.
- Ng, et al. COVID-19 and the Risk to Health Care Workers: A Case Report. *Annals of Internal Medicine*. 16 March 2020 (epub ahead of print).
- Santarpia, et al. Transmission Potential of SARS-CoV-2 in Viral Shedding Observed at the University of Nebraska Medical Center. *medRxiv*
- Seto, et al. Effectiveness of Precautions Against Droplets and Contact in Prevention of Nosocomial Transmission of Severe Acute Respiratory Syndrome (SARS). *Lancet*. 2003;361:1519-1520.

**Do we have a choice not to work if we feel PPE is not adequate? If we feel unsafe? Will we be penalized for refusing to work?**

Lifespan will continue to follow the latest CDC and DOH guidelines as they relate to PPE. Employees will be expected to follow these guidelines as they relate to their job duties. Employees who do not feel safe should review the latest guidelines and speak to their managers.