

## PPE and isolation precautions

Beaumont is recommending the following PPE and isolation precautions for our patients:

- Patients with fever and respiratory symptoms who are being cared for in a Beaumont facility should be given a surgical mask on arrival and asked to cover their mouth and nose as soon as possible. They should be placed in a private room with the door closed. This ensures source control and significantly helps mitigate risk of COVID-19 and other respiratory virus transmissions.
- **Respiratory illness, unknown etiology:** Providers should practice **contact** (gown, gloves) and **droplet** (surgical mask) plus **eye protection** (shield, goggles).
- **Patient admitted or in Emergency Center being tested for COVID-19:** Providers should practice **contact** and **airborne** (N95 or PAPR) plus **eye protection**. These patients do **not** require an airborne infection isolation room.
- **Confirmed COVID-19:** Providers should practice **contact** and **airborne** (N95 or PAPR) plus **eye protection**. These patients do **not** require an airborne infection isolation room.
- **N95 mask extended use and reuse (based on CDC guidance):** Wear the N95 on an extended use basis – wear it continuously unless it becomes soiled or damaged. Using it in this way, the same N95 may be worn in multiple patient rooms. N95 may also be reused, carefully removed and placed in a clean paper bag between patients. In either extended use or reuse, **handle the front of the N95 as little as possible, and clean your hands with hand sanitizer before and after handling it**. Discard the mask if it becomes soiled (with blood, respiratory/nasal secretions or other bodily fluid) or damaged, or if it becomes difficult to breathe through. N95 should be discarded at the end of each shift.
- **Aerosol-generating procedures in confirmed or patients being tested for COVID-19:** Providers caring for patients where aerosol generating procedures are necessary (intubation/extubation, bronchoscopy, CPR, NIPPV, or sputum induction) should practice **contact** and **airborne** plus **eye protection**. These patients should be in an airborne infection isolation room, if available. For the purposes of this interim guidance, nebulizer treatments do not require an airborne isolation room, but providers are encouraged to wear an N-95 or PAPR while administering nebulizer treatment if supplies allow.
- **Curbside Screening for COVID-19:** The person collecting the NP swabs should wear N95, eye protection, gown and gloves. Wear the N95 for the entire shift unless it becomes soiled or damaged. Others involved in the screening should practice **contact** and **droplet** and **eye protection**. Gloves should be changed between patients and hand hygiene by all involved in the screening.

**Personal Protection Equipment Configuration Grid - as of March 17, 2020 at 1:30 p.m.**

**\*Standard precautions still apply**

	<b>N95 Respirator /PAPR</b>	<b>Ear Loop Mask</b>	<b>Face shield /Goggles</b>	<b>Gown</b>	<b>Gloves</b>	<b>Hand Hygiene</b>
<b>Clinical staff entering room of confirmed or suspected (test pending) COVID-19 patient</b>	✓		✓	✓	✓	✓
<b>Clinical staff entering room of unknown respiratory viral patient</b>		✓	✓	✓	✓	✓
<b>Curbside screening: collecting specimens</b>	✓		✓	✓	✓	✓
<b>Curbside screening: other</b>		✓	✓	✓	✓	✓
<b>Visitor screening: if within 6 feet</b>		✓				✓
<b>Staff in an acute care campus: caring for someone who is not in transmission-based precautions</b>						✓
<b>EVS staff performing post-discharge clean of confirmed or suspected COVID-19 patient (after allowing room to be vacant for one hour)</b>		✓	✓	✓	✓	✓
<b>Transporter pushing confirmed or suspected COVID-19 patient in a medical bed</b>		✓		✓	✓	✓
<b>Transporter pushing confirmed or suspected COVID-19 patient on a stretcher or wheelchair</b>		✓				✓
<b>Staff accompanying transport of confirmed or suspected COVID-19 patient</b>		✓				✓