

COVID-19 Facemasks Optimization

Adapted from [CDC Strategies for Optimizing the Supply of PPE](#)

Implement extended use strategies: Extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.

- The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
- HCP (health care personnel) must take care not to touch their facemask. If they touch or adjust their facemask they must immediately perform hand hygiene.
- HCP should leave the patient care area if they need to remove the facemask.

Crisis capacity strategies:

- **Use facemasks beyond the manufacturer-designated shelf life during patient care activities.**
 - Visually inspect the product prior to use and, discard if there are concerns (such as degraded materials or visible tears.)
- **Implement limited re-use of facemasks.:** The practice of using the same facemask by one HCP for multiple encounters with different patients but removing it after each encounter. HCP should leave patient care area if they need to remove the facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.
 - Do not touch outer surfaces of the mask during care
 - Mask removal and replacement must be done in a careful and deliberate manner
 - Remove if soiled, damaged or hard to breathe.
 - Facemasks with ties cannot be reused.
 - Leave the patient care area to remove the mask.
- **Prioritize facemasks for selected activities**
 - When splashes and sprays are anticipated
 - Prolonged face to face or close contact with a potentially infectious resident in unavoidable.
 - For performing aerosol generating procedures

When no facemasks are available:

- Exclude HCP for higher risk of severe illness from contact with known or suspected COVID-19 residents.
- Designate HCPs who have clinically recovered from COVID-19 to provide care to known or suspected COVID-19 residents.
- Consider use of expedient patient isolation rooms for risk reductions, e.g. In-room portable fans with high-efficiency particulate air filtration (HEPA)
- Use of Homemade masks: last resort only. Not considered PPE.

INTERIM GUIDANCE FROM THE MDH ON ALTERNATIVE FACEMASKS

<https://www.health.state.mn.us/diseases/coronavirus/hcp/masksalt.pdf>

COVID-19 Isolation Gowns Optimization

Adapted from [CDC Strategies for Optimizing the Supply of PPE](#)

Contingency strategies:

- **Shift gown use towards cloth isolation gowns:** Reusable (i.e., washable) gowns are typically made of polyester or polyester-cotton fabrics. Gowns made of these fabrics can be safely laundered according to [routine procedures](#) and reused. Care should be taken to ensure that HCP do not touch outer surfaces of the gown during care.
- **Consider the use of coveralls.** HCP unfamiliar with the use of coveralls must be trained and practiced in their use, prior to using during patient care/

Crisis capacity strategies:

- **Extended use of isolation gowns:** The same gown is worn by the same HCP when interacting with more than one known COVID-19 patient residing in an isolation cohort.
- **Prioritize gowns:** Gowns should be prioritized for the following activities:
 - During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures
 - During the following high-contact patient care activities: Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care.
 - Surgical gowns should be prioritized for surgical and other sterile procedures. Facilities may consider suspending use of gowns for endemic multidrug resistant organisms (e.g., MRSA, VRE, ESBL-producing organisms).

When no gowns are available: In situation of severely limited or no available isolation gowns, the following pieces of clothing can be considered as a last resort for care of COVID-19 patients as single use.

- Disposable laboratory coats
- Reusable (washable) patient gowns
- Reusable (washable) laboratory coats
- Disposable aprons
- Combinations of clothing: Combinations of pieces of clothing can be considered for activities that may involve body fluids and when there are no gowns available:
 - Long sleeve aprons in combination with long sleeve patient gowns or laboratory coats
 - Open back gowns with long sleeve patient gowns or laboratory coats
 - Sleeve covers in combination with aprons and long sleeve patient gowns or laboratory coats.

COVID-19 Eye Protection Optimization

Adapted from [CDC Strategies for Optimizing the Supply of PPE](#)

Contingency strategies:

- **Shift eye protection supplies from disposable to re-usable devices (i.e., goggles and reusable face shields).**
 - Consider use of powered air purifying respirators (PAPRs) or full-face elastomeric respirators which have built-in eye protection.
 - Ensure appropriate cleaning and disinfection between users if goggles or reusable face shields are used.
- **Implement extended use of eye protection:** Wearing the same eye protection for repeated close contact encounters with several different patients, without removing eye protection between patient encounters.
 - Remove and reprocess if it becomes visibly soiled or difficult to see through. If a disposable face shield is reprocessed, it should be dedicated to one HCP and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on.
 - Discard if damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).
 - Take care not to touch their eye protection. If they touch or adjust their eye protection they must immediately perform hand hygiene.
 - Leave patient care area if eye protection needs to be removed.

Crisis capacity strategies:

- **Use eye protection devices beyond the manufacturer-designated shelf life during patient care activities.** The user should visually inspect the product prior to use and, if there are concerns (such as degraded materials), discard the product.
- **Prioritize eye protection for selected activities such as:**
 - Care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures.
 - Prolonged face-to-face or close contact with a potentially infectious patient unavoidable.
- **Consider using safety glasses (e.g., trauma glasses)** that have extensions to cover the side of the eyes.
- **Staffing considerations:**
 - Exclude HCP at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients, such as those of older age, those with chronic medical conditions, or those who may be pregnant.
 - Designate HCP who have clinically recovered from COVID-19 to provide care for patients with known or suspected COVID-19. Individuals who have recovered from COVID-19 infection may have developed some protective immunity, but this has not yet been confirmed.

COVID-19 Eye Protection Optimization

Adapted from [CDC Strategies for Optimizing the Supply of PPE](#)

Reprocessing Eye Protection: Adhere to recommended manufacturer instructions for cleaning and disinfection. When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable face shields, consider:

- While wearing gloves, carefully wipe the *inside, followed by the outside* of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
- Carefully wipe the *outside* of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
- Wipe the outside of face shield or goggles with clean water or alcohol to remove residue.
- Fully dry (air dry or use clean absorbent towels).
- Remove gloves and perform hand hygiene.