



# Clallam County Department of Health and Human Services

Mailing Address: 223 East 4th Street, Suite #14 • Port Angeles, WA 98362-3000  
Physical Address: 111 East 3rd Street, Suite #1A • Port Angeles, WA 98362  
360-417-2274 • FAX: 360-452-4492

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## Provider Alert:

### PPE Conservation and Extension Guidance: Compiling Existing CDC/DOH Guidance

Updated 3/23/20

Implementation of this guidance document should be guided by each institution's department of infection control.

#### General Strategies:

Clinic/Triage/Hospital Settings:

- As much as possible, fully separate your respiratory and non-respiratory visits (ie respiratory evaluation centers, COVID-only wings etc.)
- Assign only minimum needed staff to respiratory areas who stay in full PPE for the duration of their time there
- Practice telehealth as able

Fire/EMS:

- Screen for respiratory illness at dispatch
- Do not transport for mild illness
- Limit interactions for mild illness to 1 staff member, request the patient come out of their home if practical

#### Masks:

- Do not distribute masks to staff who have limited contact with respiratory patients.
- Save N95 respirators for aerosolizing procedures. Use procedure or surgical masks for other respiratory patient contact.
- Limit aerosolizing procedures to only those that are necessary (i.e. MDI instead of nebulizer if possible)
- Swabbing a patient is no longer considered an aerosolizing procedure and a procedure/surgical mask and face shield is adequate protection for this procedure
- Use reusable CAPR/PAPRs (N95 or higher respiratory protection) for aerosolizing procedures as available.
- If available, use reusable cloth masks (collecting after each use and laundering before reuse) for patient source control. Save surgical masks for staff taking care of respiratory patients.
- If frequent close contact with respiratory patients, consider extended use – continuously wearing the same mask up to a maximum of 8 hours

- If extending the use of any face masks (procedure, surgical, or N95) limit touching of the mask between patients. Leave the mask in place - do not lower it to chin between patient encounters. Be diligent with hand hygiene.
- If infrequent contact with respiratory patients, consider reuse of masks – donning and doffing between patients by a single provider, performing hand hygiene between uses. Store in a labeled area or breathable paper bag between uses.
- For both extended use and reuse scenarios, use face shields to reduce contamination of the mask and limit contact with the respirator surface. Discard masks when saturated, visibly soiled or damaged.

### **Face Shields/Eye Protection:**

- Reuse eye protection. Do not dispose of face shields/goggles unless they are damaged or a portion that cannot be cleaned (i.e. the foam on a face shield) is visibly soiled
- Prioritize face shields to staff performing procedures likely to generate sprays and aerosolizing procedures and those who will have prolonged close contact with the patient
- Face shields can be continuously worn or reused. The choice to reuse or continuously use a face shield depends on the frequency of respiratory exposure as above.
- Face shields or goggles are preferable, but if not available, reusable safety glasses can be used.
- Limit touching of the face shield. Face shields should be cleaned between reuses and hand hygiene performed.

### **Gowns:**

- Prioritize gowns for close contact with patients (rolling patients) and aerosolizing procedures
- Gowns can be continuously used by staff in a respiratory isolation area (ie respiratory triage tent) and removed only when leaving that area.
- As gowns become in short supply at individual facilities:
  - Transition to washable gowns if available, laundering between uses. Use alternative coverings if standard gowns and cloth gowns are not available
  - Consider stopping contact precautions for patients with only positive MRSA nasal swabs and no wounds
  - Recommend all staff providing care to respiratory patients who are unable to use gowns/coverings change out of their clothes before heading home for the day

CDC Guidance on PPE Conservation:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>