

***Sent on behalf of John B. Murphy, MD, Executive Vice President, Physician Affairs
Leonard A. Mermel, DO, Department of Epidemiology and Infection Control***

PPE Use When Caring for Patients Infected with COVID-19

April 6, 2020

Dear Colleagues:

We recognize the understandable concern among frontline staff around the use of PPE when caring for COVID positive patients and PUIs. These are stressful times, and we all want to do everything possible to protect our own health and our ability to care for our patients and our own families.

Our priority is to keep our staff safe by adhering to current evidence-based guidelines from the CDC, and by preserving PPE so as to ensure an adequate supply for aerosol-generating procedures that create the most risk of exposure.

We are constantly monitoring our supply of PPE and adapting accordingly. For instance, we currently have a large enough supply of surgical type masks to relax the guidelines for extended wear of surgical masks for staff providing direct patient care. **Effective immediately, all staff in direct patient care areas can return their surgical mask and receive another after 48 hours.** If you are not providing direct patient care, we ask that you continue to use your mask until it is soiled or no longer functional.

The CDC recommends use of gown, gloves, eye protection, and surgical type mask when N95 respirators are in short supply. They additionally recommend N95 respirators or PAPR/CAPR for aerosol-generating procedures. **These are the guidelines we are currently following.**

Many staff members have questions about additional PPE, such as hair and shoe covers, and homemade or purchased cloth masks. There is no evidence to support use nor recommendation from CDC for routine use of hair covers, shoe covers, or additional cloth masks when caring for patients with COVID-19 infection. To clarify:

- **Hair Covers.** The current practice is to tie hair back to reduce the tendency to touch your face when in the room or caring for a patient with COVID-19 infection, and when donning/doffing your face shield, goggles and mask or N95 respirator properly. If tying hair back is not adequate, then **staff may use a hair cover and keep it on for the length of their shift.** Hand hygiene must be performed before and after removing your hair cover.
- **Shoe Covers.** Shoe covers are recommended in caring for any patient when there is an uncontrolled body substance. Thus, in the vast majority

of COVID-19 cases, **shoe covers are not necessary**. Some staff have elected to use one pair of shoes for work and change into another pair when leaving the hospital.

- **Cloth Masks.** Cloth masks can be used for source control when surgical type masks are in short supply. **Cloth masks are not to be used as PPE when caring for, or otherwise in the room of a patient with COVID-19 infection.**

There are no published guidelines from the CDC recommending layering of a cloth mask over or under a surgical type mask. We recognize that some staff are developing skin irritation from continuously wearing a surgical mask, and that wearing a cloth mask underneath the surgical mask may help with this issue. However, if the cloth mask is otherwise contaminated, this practice risks contaminating the inside of your surgical type mask. Likewise, wearing a cloth mask over a surgical type mask won't reduce skin irritation and may contaminate the inside of the cloth mask.

In effect, the decision to use a cloth mask with a surgical type mask is a personal choice. How they are layered is your decision, based on potential risks and benefits. However, please remember--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, performing hand hygiene before and after.
- Home launder mask with hot water and detergent and place in a hot dryer for 30 minutes.

For direct patient care, staff should wear the hospital-approved PPE.

Thank you for your extraordinary efforts on behalf of our patients during these extraordinary times. The safety of all our health care professionals, employees and patients is at the forefront of everything we do.

Sincerely,

John B. Murphy, MD, Executive Vice President, Physician Affairs

Leonard A. Mermel, DO, Department of Epidemiology and Infection Control