

## Personal Protective Equipment Instructions

Specific for: Non-Clinical Staff

### General Practices

- Use an N95 mask and faceshield within 6 feet of any patient
- If a faceshield is not available, use a surgical mask over your N95 with goggles
- Wash hands before and immediately after coming into contact with any surfaces in patient care areas
- All departments should attempt to limit exposures of staff to patients as much as possible both to protect staff as well as to conserve PPE

### Housekeeping

#### Daily room clean:

- Wear an N95 mask, faceshield, and gloves
  - If the patient is also on CONTACT precautions (identified by the **contact** isolation sign outside of the room), a gown should be added
- Follow standard cleaning procedures
- It is critical that all horizontal surfaces are thoroughly wiped (e.g. exam bed, over-bed table, chair, equipment, etc.) with the approved low level disinfectant. The manufacturer's instructions must be followed (wet times) for disinfection to occur.

#### Terminal cleaning of patient rooms (based on Isolation Precautions):

- If the patient room has a CONTACT Precautions sign:
  - **Leave room vacant for 2 hours**
  - Wear an N95 mask, faceshield, **gown** and gloves
  - Follow standard terminal clean procedures
  - It is critical that all horizontal surfaces are thoroughly wiped (e.g. exam bed, over-bed table, chair, equipment, etc.) with the approved low level disinfectant. The manufacturer's instructions must be followed (wet times) for disinfection to occur.
- If the patient room has a DROPLET Precautions sign (but no Contact Precautions):
  - Wear an N95 mask, faceshield, and gloves
  - Follow standard terminal clean procedures

- It is critical that all horizontal surfaces are thoroughly wiped (e.g. exam bed, over-bed table, chair, equipment, etc.) with the approved low level disinfectant. The manufacturer's instructions must be followed (wet times) for disinfection to occur.

**Q- Why do the practices differ?**

The amount of time that the air inside an examination room remains potentially infectious is not known and may depend on a number of factors including the size of the room, the number of air changes per hour, how long the patient was in the room, if the patient was coughing or sneezing, and if an aerosol-generating procedure was performed.

For a patient who was not coughing or sneezing, did not undergo an aerosol-generating procedure, and occupied the room for a short period of time (e.g., a few minutes), any risk to HCP and subsequent patients likely dissipates over a matter of minutes. However, for a patient who was coughing and remained in the room for a longer period of time or underwent an aerosol-generating procedure, the risk period is likely longer.

For these higher risk scenarios, it is reasonable to apply a similar time period as that used for pathogens spread by the airborne route (e.g., measles, tuberculosis) and to restrict HCP and patients without PPE from entering the room until sufficient time has elapsed for enough air changes to remove potentially infectious particles.