

PPE Use in Non-OR Procedural Areas

For any aerosol generating procedure (AGP) as defined by institutional guidance on any suspected (PUI) or confirmed COVID patients, all personnel in the room should:

- Wear an N95 respirator*, face shield, gloves, and gown for the entirety of the AGP.
- N95 are single use in these cases unless your area has been approved for N95 reprocessing. Refer to N95 Respirator Reuse SOP for guidance. If your area is not approved, N95 is single use.
- After the case is completed and the patient has been extubated, another patient is **NOT** brought into the room for a designated time. This time is based on air exchanges for that location. Refer to the table below for specific area and timeframe.
- During the timeframe the room is closed to another patient, essential staff may clean room using N-95, gowns, gloves and eye protection.
- Refer to the VUMC COVID website for a list of AGPs.

For all procedures approved by the PPE Request Review Committee as requiring N95 respirator level protection in all patients (a.k.a. "higher-risk procedure" such as bronchoscopy, upper endoscopy procedures), all personnel in the room should:

- Wear an N95 respirator*, face shield, gloves, and gown for the entirety of the case.
- N95s not used on suspected or confirmed COVID patients should be reused during the day as per guidance for reuse. See below for guidance.
- N95s used on suspected or confirmed COVID patients are single use and are discarded after the case unless your area has been approved for N95 reprocessing. Refer to N95 Respirator Reuse SOP for guidance. If your area is not approved, N95 is single use.
- Refer to the VUMC COVID website for a list of approved procedures by the PPE Request Review Committee

For all other patients and procedures, during intubation and extubation:

- Only the essential providers necessary should be in the room.
- Provider managing the airway wears a N95 respirator*, face shield, gloves, and gown for the intubation/extubation.
- If other personnel must be in the room, they wear the routine surgical PPE appropriate for the case and stay 6 feet away from the head of the patient during intubation.
- Once intubation/extubation complete, the remainder of personnel can enter the procedural and wear the routine PPE appropriate for the procedure.
- N95s not used on suspected or confirmed COVID patients should be reused during the day as per guidance for reuse. See below for guidance. Those used on suspected or confirmed COVID patients are single use and are discarded after the case unless your area has been approved for N95 reprocessing. Refer to N95 Respirator Reuse SOP for guidance. If your area is not approved, N95 is single use.

**N-95 with eye protection is clinically equivalent to a PAPR in this setting*

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Reuse Guidance:

N95 respirators worn for a procedure/intubation/extubation performed on a patient neither suspected (PUI) nor confirmed to have COVID:

- An N-95 can be reused by the same provider during a shift as long as it doesn't become wet, damaged, or soiled and has not been used for suspect or confirmed COVID patients. A face shield must also be worn in order to reuse the N95
- After exiting room, doff N95 into brown paper bag. See below for donning/doffing instructions.
- Discard the N-95 at the end of shift. Please note N95s will be eligible for reuse but until your area has been approved for UV disinfection, discard at the end of the day.

To doff N95 with intent to reuse:

1. Perform hand hygiene
2. Remove N95 by taking off the bottom elastic strap first, then the top elastic strap. Do not touch the outside of the N95 or allow the elastic straps to contact the outside of the respirator.
3. If the N95 is not visibly soiled, torn, or saturated, carefully store in the provided brown paper bag. Place the bag on its side and slide the N95 into the bag by grasping the elastic straps and placing the straps in the clean inside of the N95. Ensure the mask and straps are completely inside the brown paper bag.
4. Label the bag with your name as well as "front" and "back" which will correspond to the front and back of the N95.
5. Perform hand hygiene.
6. Store bag in a clean, dry, safe location with the front side down. Do not store in a pocket as compression can compromise the N95.

To re-don used N95 respirator:

1. Perform hand hygiene and don a new pair of clean non-sterile gloves. One hand will be considered clean and the other contaminated for this process
2. With the clean hand grasp the elastic ties inside the N95 and remove it from the bag.
3. With the "contaminated" hand, grasp the outside of the N95 to maintain control of the respirator as it is placed back on your face.
4. Using the clean hand, put elastic straps in place.
5. Remove gloves and perform hand hygiene.

AGP Guidance for Room Closure:

The major method to clear the ambient air that may be contaminated is via air exchanges. Air exchanges refer to the number of times the air is replaced in a room each hour. Portable HEPA filtration units are NOT required for aerosol-generating procedures. Allowing time for air exchanges to occur and wearing appropriate PPE during the air exchange timeframe eliminates the need for a portable HEPA filtration units. Thus, use of portable HEPA filtration units are prioritize for those patients with infectious diseases that can travel at distance in the air for a duration of time.

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The following chart depicts the time necessary to achieve 99.9% of room air exchange:

VUH/VCH UNITS	TIMEFRAME ROOM IS CLOSED TO ANOTHER PATIENT & ANYONE ENTERING ROOM WEARS PPE
VCH 3 rd floor (All ORs, GI Lab, Cath Lab, Dental)	30 minutes
VCH Interventional Radiology	2 hours
VCH ICUs, ED and Inpatient Rooms (non- negative pressure)	2 hours
VCH ICUs, ED and Inpatient Rooms (negative pressure)	1 hour
VUH Diagnostic Cardiology (MCE 5 th floor)	2 hours
VUH ORs: FEL, MCE, 4 South	30 minutes
VUH Cardiac Cath Lab	30 minutes
VUH GI Lab	2 hours
VUH Interventional Radiology	2 hours
VUH Interventional Radiology ROOM 1078 only	30 minutes
VUH ICUs, ED and Inpatient Rooms (negative pressure)	1 hour
VUH ICUs, ED and Inpatient Rooms (non- negative pressure)	2 hours