

# Personal Protective Equipment (PPE) Updates and Reminders

Personal protective equipment (PPE) is recommended to be worn to reduce the risk of contamination and germ dissemination. Masks, gowns, gloves, and eye protection are all PPE components that when used appropriately provide protection to everyone at VUMC.

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**Surgical/procedure masks** must be worn at all times in any clinical areas of VUMC.

**Eye protection** must be worn by any personnel entering patient-occupied clinic exam/hospital rooms for any length of time regardless of COVID test results OR in other locations where the individual will have direct, prolonged (>5 min) contact with a patient

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Masks should be worn at all times, this guidance applies to **everyone at VUMC**. The type of mask will depend on the environment and situation. Eye protection should be worn in all patient rooms, regardless of time spent with the patient.

It is important to note that PPE stocks continue to be secured to maintain a good supply; however, we should all do our part to prevent PPE waste. PPE must be worn according to Standard and CDC Isolation Precautions. Below are answers to Frequently Asked Questions with some examples on how to best optimize our PPE supplies.

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## Frequently Asked Questions

### **Why is Eye Protection Recommended for All Patient Interactions?"**

If persons to whom you are exposed are wearing masks, then their respiratory droplets will be contained by their mask; however, patients are not always fully compliant with wearing masks properly. Though SARS-CoV-2 spreads primarily through a respiratory route, it is possible the virus could land in the eye and lead to infection even if your mouth and nose are covered by a mask. Rates of COVID-19 community transmission are increasing in our region, and the CDC has recommended the addition of eye protection in patient care settings/situations.

### **Where is Masking Required?**

Masking is required in all areas of VUMC (including all clinical, non-clinical, research and public areas). This includes common public areas such as cafeteria/food courts, break rooms, research labs, conference rooms, bathrooms, elevators, and waiting rooms.

Masks should be worn while walking outdoors to and from VUMC buildings from parking areas, from the time of entering or exiting one's car. Masks may be removed ONLY if a person is sitting in their assigned workspace (e.g. office, cubicle, lab bench desk) AND can maintain at least 6 feet distance from all others.

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## What Type of Mask Should be Worn?

- Non-clinical, Research, and Public Areas: Wear a paper mask or cloth face covering
- Clinical Areas where one enters a patient room or has prolonged (>5 mins), direct patient contact: Wear a surgical/procedural mask and eye protection (see [Eye Protection & Surgical Mask](#))
- Other Clinical Areas/Situations: Wear a surgical/procedural mask.
- N95 respirators should NOT be worn in general clinical areas or for non-approved indications. For additional information refer to the [N95 Reminders](#) document.

## Why are we recommending a surgical/procedural or cloth mask and not an N95 respirator?

Similar to influenza and other respiratory viruses, COVID-19 appears to be transmitted primarily through large respiratory droplets. Surgical/procedure masks provide protection against respiratory droplet spread. In contrast, N95 respirators provide a higher level of filtration and are important in clinical situations where infectious particles could become aerosolized. This primarily occurs in specific clinical situations such as when a patient is intubated or undergoes bronchoscopy. N95 respirators are also difficult to wear for long periods of time. **As the N95 respirator supply must be reserved for approved high-risk procedures, N95 respirators should NOT be worn in general clinical areas or for non-approved indications.**

## What is the difference between a surgical and a procedural mask?

Both provide bacterial, particle, and pathogen filtration at comparable levels. Surgical masks, however, have a higher degree of impermeability to prevent blood/body fluid exposures one would anticipate in a surgical setting.

## How can I eat/drink when I am supposed to wear a mask?

Perform hand hygiene, remove the mask, eat or drink in an approved location, and then replace your mask. Please follow the guidelines on appropriate doffing and maintain social distancing (e.g. space out in break rooms, at dining tables).

## What if I feel like I cannot wear a mask?

You can request a medical accommodation through Employee Relations at [employeerelations.vumc@vumc.org](mailto:employeerelations.vumc@vumc.org) or you can call 615-343-4759 if you have questions. The following link provides information about the accommodation process <https://hr.vumc.org/Employee-Relations/Accommodations>.

## Can masks or N95 respirators that have an external valve or vent (see picture) be used as part of universal masking at VUMC?

No. These types of masks do not protect others if the wearer has COVID-19 infection, and they are not permitted by [CDC guidelines](#). The external valves/vents are designed to release unfiltered air and do not effectively remove the virus from exhaled breath in the event the wearer has COVID-19 infection. This vent does not impair the device's filtration of inhaled air when worn as personal protective equipment to protect the wearer. For VUMC:



- A face mask with an external valve/vent should not be used. If any workforce member, patient, or visitor does not have a mask without a valve/vent, one will be provided to them.
- A VUMC provided N95 respirator with an external valve/vent should only be used if no other N95s are available, and, if used, a surgical/procedural mask should be worn over the vented N95.

# Personal Protective Equipment (PPE) Updates and Reminders

## What if I experience a burning sensation or skin irritation while wearing an N95 mask?

If you notice this type of discomfort from any PPE use, remove yourself from patient care, take off the PPE, fill out a VERITAS Report, and call Occupational Health for further instructions.

## Who must wear eye protection with surgical/procedural masks?

- Anyone entering a patient-occupied clinic exam or hospital room **for any length of time** regardless of COVID test results.
- Anyone in other locations having direct, prolonged (>5 min) contact with a patient (i.e. outside of a patient room such as in the hallway, ancillary testing).
- This guidance **does not replace** recommended PPE for other specific isolation precautions.

## Can I reuse the surgical/procedural mask and eye protection between patients?

Yes, with a few exceptions. The surgical/procedural mask and eye protection must be worn across multiple patient encounters without disposal. Surgical/procedural masks must be discarded if they become wet, torn, or soiled. Eye protection must be cleaned if it becomes contaminated or soiled. When exiting a contact or droplet precaution room, masks must be discarded and eye protection cleaned. **Staff should use a dedicated set of eye protection and should not share their eye protection with anyone else.**

## How do I store my surgical/procedural mask?

Do not touch your surgical/procedural mask during direct patient care. Store your mask by folding it in half (clean interior sides together), place in a paper bag, labeled with your name. Continue to use across multiple shifts while in good condition. If your mask becomes wet, torn, or soiled, remove your mask holding the straps and discard.

## What is considered “eye protection?”

Eye protection includes goggles, face shields, mask with splashguard, safety glasses, or shields that clip onto the sides of personal eyeglasses. Personal eyeglasses alone are not considered adequate eye protection.

## Why are patients not required to wear eye protection?

Healthcare personnel have more interactions with individual patients who are sometimes unable to wear a mask due to intolerance or a need to remove the mask for patient care examinations; therefore, additional PPE is used by healthcare personnel. Patients do not have the same amount of interactions and will be protected from spread by the universal use of surgical/procedural masks and eye protection by our healthcare personnel.

## How do I clean my eye protection?

Do not touch your eye protection during direct patient care. If your eye protection becomes contaminated or soiled, promptly remove, wipe down with hospital approved disinfectant, and allow to air dry. Perform hand hygiene. Store your eye protection in a bag, labeled with your name, and continue to use across multiple shifts while in good condition.

## How do we obtain PPE?

Supplies are available in outpatient clinics and inpatient areas. You can request PPE through the area leadership teams or staffing leaders.

# Personal Protective Equipment (PPE) Updates and Reminders

## If my patient is in a double occupancy COVID + room, how does that change PPE use?

- Don PPE and provide care for patient #1
- At the end of that care, doff gloves, perform hand hygiene, don new gloves and provide care to patient #2.
- For dedicated COVID units, follow "[Cohorting PPE Guidelines](#)" remembering to change all PPE after 4 patient encounters (not 4 rooms).

## If my patient is in a double occupancy COVID - room, how does that change PPE use?

- Don PPE (mask and eye protection) and provide care for patient #1
- At the end of patient #1's care, perform hand hygiene, and provide care to patient #2.
- When exiting the room, your masks can remain on unless damp, soiled or damaged.
- Eye protection is cleaned if soiled or contaminated.

## When should someone wear a nitrile glove instead of a vinyl glove? Is there a difference?

Vinyl gloves provide standard barrier protection from COVID-19, are soft and comfortable, and are latex and powder free, whereas nitrile gloves are chemical and puncture resistant and have a higher degree of tactile sensation for sensitive work such as starting IVs.

There are patient encounters where vinyl gloves are a suitable and safe option, including transport, valet, guest services, and EVS. These departments have been asked to utilize vinyl gloves to help us use our nitrile glove supply properly going forward and ensure the safety of everyone.

## When should gloves be worn?

Medical gloves are recommended to be worn to reduce the risk of contamination of healthcare workers hands when blood and other body fluids are present. Wearing gloves also reduces the risk of germ dissemination.

Gloves should therefore be used during all patient-care activities that may involve exposure to blood and all other body fluid (including contact with mucous membrane and non-intact skin) and for patients on contact precautions.

Gloves must be worn according to Standard and Contact Precautions. The pyramid below describes situations when sterile and examination gloves should be worn and when gloves are not necessary. It is important that **gloves are never reused** between two patient encounters and are changed when they become soiled or torn.

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## **Sterile Gloves:**

Any surgical procedure, vaginal delivery, invasive radiological procedures, inserting central lines, and sterile procedures.

## **Examination Gloves:**

Potential for touching blood, body fluids, secretions, excretions, and items visibly soiled by body fluids.

**Direction Patient Exposure:** Contact with blood, mucous membrane and with non-intact skin; potential presence of highly infectious and dangerous organism; epidemic or emergency situations; IV insertion and removal; drawing blood; discontinuation of venous line; pelvic and vaginal examinations; suctioning non-closed systems of endotracheal tubes.

**Indirect Patient Exposure;** Emptying emesis basins; handling/cleaning instruments; handling

## **Gloves Not Indicated**

(except for Contact Precautions)

No potential for exposure to blood or body fluids, or contaminated environment

**Direct Patient Exposure:** Taking blood pressure, temperature and pulse; performing SC or IM injections; dressing patients; transporting patients, caring for eyes and ears (without secretions)

**Indirect Patient Exposure:** Using the telephone, giving oral meds, distribution or collection of patient dietary trays; removing and replacing linen for patient bed, placing non-invasive ventilation equipment and oxygen cannula; moving patient furniture