



# Lifespan

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## **Personal Protective Equipment FAQs, Part II**

**Why can't the endoscopist wear the N95 mask while performing an EGD as well as a colonoscopy.** Colonoscopy is not an aerosol generating procedure. Therefore, N95 use is not indicated.

**What about nurses giving MDI/albuterol treatments when patients do not have their masks on?**

MDI is not considered aerosol generating procedure. Nebulized treatments are aerosol generating; however, these treatments should be infrequently used (if at all) on COVID-19 patients or Persons Under Investigation (PUI)

**Studies were done on influenza and other human respiratory viruses. Influenza has a lower R0 (1.2 vs >2.2 for SARSCOV2), lower mortality (0.1% vs 2.3% for SARSCoV2). SARS is more contagious and more deadly.** Agree based on the recognized R0 that SARSCoV-2 is more contagious than the average influenza. The final mortality rate for COVID-19 is not yet known. Based on initial estimates it will be more deadly than influenza.

**Dr. Roye, did you say the supply issue of surgical masks has been rectified? We (nursing staff) have been told we only get 2 masks (surgical, not N95), to be steamed and reused- do we still have to do this? We were also told that if masks were broken, they will be mended.** Surgical masks supply is much improved. The difficulty is predicting ongoing supply and what the magnitude of our surge of patients will be. Therefore, surgical masks should be reprocessed. While we have a reasonable supply of new masks, we prefer that the disinfected (reprocessed) mask be saved for a time when the mask supply is limited. Masks that can be mended should be mended if that does not affect the performance of the mask.

**Is CPR aerosol generating? If a patient loses a pulse on the floor is it recommended that we not start compressions prior to arrival of the code team?**

CPR is aerosol generating and should be done with proper PPE in a COVID-19 patient or PUI. N95, face-shield, and gowns.

**Should staff be wearing shoe covers and hair nets?** Not recommended as yet. Guidelines do change but at this time there is no requirement.

**Why are we not clustering COVID patients / rule-outs to one part of the hospital so that the best PPE can be concentrated to those areas to limit the staff who need n95s?** The physical plant capabilities (negative pressure rooms) guides the safest locations for the number of patients you have. As the number of patients increases patients can be co-located on a given floor, to try to limit the amount of PPE used and facilitate care.