

Personal Protective Equipment
(PPE) Conservation Policy—
General and for Medical
Providers/Trainees/Students

Context: With the expanding COVID-19 pandemic, UW Medicine must take extraordinary measures to conserve PPE while maintaining our commitment to excellence in patient care, staff wellbeing, and our educational mission.

The following PPE conservation policy is based on feedback from clinical stakeholders across the spectrum of care disciplines at UW Medicine. **This statement applies just to those patient encounters where the use of PPE is required (regardless of indication).** For those patients who do not require the use of any PPE, staff, providers, trainees and students should continue to see patients as per usual process. The first section of this document provides general guidance around our approach to PPE conservation; and the second section provides more specific guidance for providers, trainees, and students. While we tried to be as comprehensive as possible, it does not inclusive of every possible scenario and is subject to change as our situation evolves.

Definition of PPE: masks, masks with faceguard, face shields, goggles, PAPR, CAPR, gowns, surgical gowns, surgical masks.

SECTION I: GENERAL POLICY ON PPE CONSERVATION

1. Each facility will maintain control of access to all PPE at the medical store.
2. Medical stores will perform an inventory of all PPE items and report that data to UW Supply Chain. These data will be reported to the UW Medicine Incident Command Logistics team.
3. Medical stores at all facilities will maintain a log of items to track all PPE items that are issued. The log will be reviewed daily and any sudden increases or decreases will be communicated to the Incident Command Logistics chief for that site.
4. Inpatient units will track their PPE supply daily and report to site Medical Stores. These data will be used to calculate each unit's PPE use rate ("burn rate").
5. All PPE supplies will be secured in a designated and monitored location.
6. All simple mask ("yellow masks") for visitors are to be removed from public areas. Masks are to be available to provide to symptomatic patients and visitors upon check in at entry points.
7. Simple masks need to be placed in a secure and monitored site and then secured when the boxes are not being attended. This is especially important in high-traffic areas like emergency departments.
8. Each unit/clinic/department that uses simple masks will be issued 1 box of simple masks per day for a total 50 masks. If this does not meet the need of the unit/clinic/department, the unit will be referred to clinical supply lead to provide rationale and determine the appropriate additional stock of masks needed. That will then be communicated back to medical stores to potentially adjust for the following day.

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9. Each unit/clinic/department that requests masks with eye shields will be issued 2 boxes per day for a total 50 masks. If this does not meet the need of the unit/clinic/department, the unit will be referred to clinical supply lead (e.g. program operations specialist) to provide rationale and determine the appropriate additional stock of masks needed. That will then be communicated back to medical stores to potentially adjust for the following day.
10. N95 respirators will not be issued outside of COVID Assessment Units or for the care of off-unit patients with known or suspected COVID-19. These respirator masks are used only for patients in standard-contact-airborne precautions. Areas that provide care for patients in airborne precautions other than COVID-19 (e.g. TB patients) will use re-conditioned PAPR units.
11. PAPR hoods can be multiuse by an individual and as the situation dictates, may be used by multiusers. Cleaning the PAPR machine per manufacturer directions will be done between use and between users by the person wearing the PAPR.
12. Units that stock PPE items and are not engaged in the care of patients with COVID-19 will have their stock reduced by 50% in order to provide appropriate allocation of supply.
13. PPE will not be worn by employees outside of appropriate indications in the clinical/room cleaning setting.
14. For patients in precautions, ensure that care is combined to minimize in and out of room to preserve supplies.
15. Utilize team members outside of patient care spaces to obtain and to deliver forgotten or needed patient care items.
16. Operating rooms will limit the surgical masks of all types to 1 per shift unless a mask is used for a patient in standard-contact-droplet precautions, the mask becomes wet or visibly dirty, or there is a blood or body fluid exposure that includes the mask. Surgical masks will not be worn outside of patient care areas.
17. No PPE may be removed from hospital property unless used for the care of patients (e.g. in post-acute care setting)
18. Infection prevention & control teams will perform a risk assessment to determine if patients in other precautions (e.g. MRSA and VRE) can be cleared. Changes will only be implemented if the risk assessment is deemed safe and appropriate.
19. All healthcare personnel should submit other ways to conserve PPE to their managers and supervisors.

SECTION II: SPECIFIC FOR PROVIDERS, TRAINEES, AND STUDENTS

Ambulatory care clinics—primary care, urgent care, specialty care

- All providers, residents/fellows and students will need to obtain their PPE from the

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unit/clinic/OR.

- Only the attending provider or primary APP should see the patient, donning the necessary PPE for that patient encounter. Limit the encounter to just one time in and out of the room, and consider talking with the patient via alternative modes of communication, such as by phone or video chat; and donning a PPE for the physical exam and any other interactions that require direct contact.
- Shared visits for attending providers and APP, should be limited to just the APP see the patient, unless a clinical consultation is requested for challenging situations.
- Residents and fellows should see the patients if they are the patient's primary provider in their continuity clinic. Otherwise, all other encounters in clinics should be seen by attending providers only.
- Students should not see any patients in clinic who require the use of PPE.
- Non-trainee, non-medical student learners should not see any patients in clinic who require the use of PPE.

Outpatient procedure areas (patients who have their procedures and are discharged the same day or next day). These clinical areas include but not limited to: radiology—body, IR; bronchoscopy suite, ENT, Plastics, cath lab, other cardiology procedures, ambulatory OR, Digestive health (endoscopy), dermatology, etc...

- All providers, residents/fellows and students will need to obtain their PPE from the unit/clinic/OR.
- Only the attending provider or primary APP performing the procedure should see the patient donning the necessary PPE for that patient encounter. Limit the encounter to just one time in and out of the room, and if subsequent discussions are needed with the patient, consider alternative modes to communicate with the patient in the room, such as by phone or video chat.
- Shared procedures for attending providers and APP, should be discussed by the procedural area department/administration, APP, and attending provider to determine the most appropriate approach
- Assistants should be limited to just one person (one resident or one fellow or one APP or other) participating in the procedure where donning of PPE is required. Additional assistant(s) are strongly discouraged, unless the complex nature of the procedure requires the direct participation of these assistant(s).
- Students should not participate in any procedures that require them to don and use PPE. An exception may be made for sub-interns who are on rotation as a key part of their career planning and residency application who are permitted to participate in the procedure, and can be allocated 1 mask per day. The student should check for wet, visibly dirty, blood or body fluid presence on the mask in between cases, and not re-use the mask if any of these are found.
- Non-trainee, non-medical student learners should not participate in any procedures that require them to don and use PPE.

Inpatient—acute care and ICU. Considering factors such as daily rounding practice and strategies to reduce PPE utilization rate. Follow up visits or answering questions Bedside procedures and other interventions that warrant PPE use, etc...

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- All providers, residents/fellows and students will need to obtain their PPE from the unit/clinic/OR.
- Only the attending provider or primary APP should see the patient, donning the necessary PPE for that patient encounter. Limit the encounter to just one time in and out of the room, and consider talking with the patient via alternative modes of communication, such as by phone or video chat; and donning a PPE for the physical exam and any other interactions that require direct contact.
- Shared visits for attending providers and APP, should be limited to just the APP seeing the patient, unless a clinical consultation is requested for challenging situations.
- Consider transferring patients who require donning PPE to a non-resident service (if such a service is available). If it is deemed not possible, then follow recommendation as detailed below.
- For those situations where a resident/intern or fellow is required to participate in the care of that patient, only one resident/intern or fellow should see the patient. If the patient also needs to be seen by the attending, the attending should enter the patient's room on their own and discuss the case with the resident/fellow outside the room. Limit the encounter to just one time in and out of the room (no pre-rounding), and consider talking with the patient via alternative modes of communication, such as by phone or video chat; and donning a PPE for the exam and any other interactions that require direct contact. If there is a situation where it becomes absolutely necessary to re-enter the room (e.g. emergent or urgent clinical issue), the attending should be the provider to address that issue; however if the attending is not readily available, one resident/fellow (the most senior available) should enter the patient's room to address the clinical issue at hand.
- If a bedside procedure is required, the same specifications as above for "procedures" apply.
- Students should not see any patients on the acute care units and ICU who require the use of PPE.
- Non-trainee, non-medical student learners should not see any patients on the acute care units and ICU who require the use of PPE.
- Consulting services should determine whether a direct patient encounter is necessary for each day (including initial consult); and if a consult recommendation can be provided to the primary service without seeing the patient, then the consultant(s) should do so.
- For those inpatient visits where a physical exam is not required, consultants can consider a non-face to face visit; or use of tele-health capability in the future.
- For those cases where the consultant needs to have direct encounter with the patient (e.g physical exam, need to independently assess for a condition), consultants should follow these inpatient based guidelines in determining which patients should be seen on their own by the attending, and the process to follow if a single fellow/resident needs to participate in the care of the patient.

OR cases—those that will require inpatient stay after their procedure. Please consider

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the PPE use for pre-op, intra-op, and post-op care needs; and be sure to reference above for hospital stay.

- All providers, residents/fellows and students will need to obtain their PPE from the unit/clinic/OR.
- Only the attending provider, along with the minimum number of assistant surgeons (APP, resident, fellow. *A student assistant in ONLY if they are a vital participant to assist in the procedure) for the type of procedure should be in the operating room. Preserve masks by using the same mask if there is a need to go out and back in to the operating room.
- A mask may be used throughout the day unless it becomes wet, or visibly dirty, or there is a blood or body fluid exposure that includes the mask. The individual should check for wet, visibly dirty, blood or body fluid presence on the mask in between cases, and change mask for those indications.
- Students should not participate in any OR cases at this time. An exception may be made for sub-interns who are on rotation as a key part of their career planning and residency application who are permitted to participate in the procedure, and can be allocated 1 mask per day.
- Non-trainee, non-medical student learners of any type should not participate in any OR cases at this time.