

From: Dunn, Kathleen **On Behalf Of** Davidson, Peter
Sent: Monday, March 23, 2020 10:00 AM
Subject: PCPO Clinical Update

CDPHO is sharing the following from Partners regarding guidance pertaining to Personal Protective Equipment.

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Dear Colleagues,

I wanted to share several Partners policies with you, even though many of you are not Partners employees. We feel it is important for you to be aware of how seriously we are taking this threat and are encouraging you to adopt as many of these policies/practices as possible/practical. They represent a combination of evidence-based and supply-based recommendations.

*The **New Mask Policy** below applies to Partners hospitals and ambulatory sites, including physician offices. Given the constraints on PPE that offices are experiencing, it may be necessary to re-use masks or to require masking for only patient-facing employees until adequate supplies are obtained.*

*Also please find guidelines for the **re-use of masks, eyewear and PHS employee return to work (attachment)**. We hope you find these helpful. We have recently set up a forum to enable us to maintain regular and structured communication with the leadership of our community RSO's. Please forward concerns to your local leadership so they can keep us aware of the issues that are important to you during these challenging times.*

Thank you for all you are doing individually and collectively! _____ Terry

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Partners Community Physicians Organization

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New Surgical Mask Policy

Given the setting of widespread community transmission of COVID-19, **all Partners employees will begin wearing face masks (surgical or procedural masks) at all times while on facility premises** starting no later than Wednesday, March 25.

In addition, **all Partners employees will be required to self-monitor for symptoms concerning COVID-19 infection** at the beginning of every shift. To make the attestation process easier, Partners has created an online tool that will be rolled out starting first at Newton-Wellesley Hospital on Tuesday and then at all other hospitals. This will ensure that we are all carefully tracking our symptoms so that we can protect our patients and each other. All hospitals are currently working on the operational plans to implement this symptom tracking and mask distribution and more information shared over the next several days.

Per the above, possible COVID-19 symptoms are defined as any of the below and may be mild. New onset of:

1. Fever
2. Sore throat
3. Cough
4. Shortness of Breath
5. Muscle aches

Infection Control Approach to Universal Mask Policy

We appreciate the engagement of our system leaders and staff over the last several weeks as we have been disseminating the details of our Personal Protective Equipment (PPE) policies related to COVID-19. It has been amazing to see our entire system come together to incorporate emerging evidence to each aspect of our response. We are reviewing all available data and constantly using it to inform our policy development. A growing knowledge base allows us the opportunity to update our PPE policies to ensure that we are always incorporating the best evidence about issues like mask and respirator reuse and viral transmission. Because the evidence base is changing so rapidly, we expect these policies will continue to evolve.

In order to support the new policy, one surgical or procedural face mask will be issued at the start of each shift and will be used throughout the shift except in circumstances in which they become visibly soiled or damaged. We recognize this is a departure from standard approaches to infection prevention; however, we believe this is the best approach balancing all considerations in line with the changing evidence referenced above.

Given what we have learned about COVID-19, this universal mask approach will serve to:

- Protect our patients and other staff members should the healthcare worker have asymptomatic infection or develop symptoms at work (a mask achieves source control and decreases the risk of spreading infection)
- Protect our healthcare workers should they come in close contact with an individual with either asymptomatic infection or who has symptoms that have not yet been recognized

To be successful, this new approach will require support from all of us across the hospital and require the following:

- Strict adherence to extended use/reuse of masks
- Meticulous adherence to hand hygiene
- Proper mask use and hygiene including
 - 1) wearing the mask as directed to cover the mouth and nose, *and*

- 2) strict avoidance of manipulation/touching the mask to reduce the risk of contamination and self-inoculation

In the event the supply of surgical masks prohibits this strategy, distribution of masks will be prioritized based on the highest risk clinical activities. All efforts to conserve our supply are necessary to make masks available to healthcare workers.

Partners Infection Control Guidance on Extended Use/Reuse of N95 Respirators and Surgical and Procedural Masks

Background

During widespread respiratory outbreaks or pandemics, there is a possibility that the supply of N95 respirators, surgical, and procedural masks may become low. Under select circumstances, Partners Infection Control Leaders can invoke guidance in order to conserve the supply of respirators and masks while still protecting healthcare workers from respiratory infections.

Guidance

When notified by the Infection Control Department, all healthcare workers using surgical and procedural masks to care for patients should extend the use of their inventory in the following ways:

1. Extended use is preferred over reuse. Extended use of respiratory protection is defined as the wearing of a disposable respirator or mask without removal or re-donning of the mask.
2. Respirators and masks may be removed and reused later in the shift (including for different patients) as long as they are not soiled, contaminated by droplets (e.g., patient coughing near provider), or physically damaged.
3. The removed respirator or mask should be placed in a designated receptacle for reuse.
4. Perform hand hygiene immediately after putting on or otherwise touching a reused respirator or mask.
5. Surgical and procedural masks should not be used for patients on Airborne Isolation.
6. Respirators and masks must be worn by a single wearer.
7. When possible, respirators and masks can be used for a maximum of one shift.
8. For patients on Droplet Isolation, a face-shield must be worn over the mask for eye protection.

References:

APIC Position Paper: Extending the Use and/or Reusing Respiratory Protection in Healthcare Settings During Disasters. www.apic.org. December 2009. Accessed 3/6/2020. www.apic.org/Resource/_TinyMceFileManager/Advocacy-PDFs/APIC_Position_Ext_the_Use_and_or_Reus_Resp_Prot_in_Hlthcare_Settings1209.pdf

Partners Infection Control Guidance on Reuse of Eye Protection

Background

During widespread respiratory outbreaks or pandemics, there is a possibility that the availability of eye protection supplies (face shields and goggles) may become low. Under select circumstances, Partners Infection Control Leaders can invoke this reuse of eye protection supplies guidance in order to conserve the supply of face shields and goggles while still protecting healthcare workers from respiratory infections.

Guidance

When notified by the Infection Control Department, all healthcare workers using eye protection in the form of face shields or goggles to care for patients should reuse these supplies as follows:

1. Disposable face shields and goggles can be removed and reused later in the shift (including for different patients) as long as they are not soiled or physically damaged.
2. After removal, wipe the face shield or goggles on the external surface with hospital-approved alcohol-based wipes and allow to dry (e.g. WIPES ALCOHOL #CSWA004, PS#540464).
3. Perform hand hygiene immediately after performing the wiping.
4. Keep the disinfected face shield or goggles in a clean, dry place for reuse.
5. Eye protection must be worn by a single wearer.
 - a. Label the face shield or goggles with the name of the user
6. Disposable face shield or goggles can be used for a maximum of one shift.
7. Personal reusable goggles can be reused regularly without time limit unless damaged and must be cleaned after each use as per above.
8. Personal glasses are never suitable for eye protection.

References:

APIC Position Paper: Extending the Use and/or Reusing Respiratory Protection in Healthcare Settings During Disasters. www.apic.org. December 2009. Accessed 3/6/2020.
apic.org/Resource/_TinyMceFileManager/Advocacy-PDFs/APIC_Position_Ext_the_Use_and_or_Reus_Resp_Prot_in_Hlthcare_Settings1209l.pdf