



Extended use is supported:

Health Care Workers can extend the use of eye protection & respirator between patients and after an AGMP with the **same lab confirmed organism** based on order of risk.

Order of Risk:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Low risk, non-COVID, non-suspect 2. High risk COVID exposure 3. High risk COVID 4. Lab confirmed COVID-19 | <p>If at any time staff go backwards in the order of risk, staff MUST change or disinfect all PPE (including eye protection, mask, or respirator).</p> |
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When to Change

Gown & Gloves



Must be changed:

- ✓ Between **every patient interaction**

Procedure Mask, Respirator



Eye Protection



Must be changed or disinfected:

- ✓ Before break
- ✓ When wet, damaged, visibly soiled, directly contaminated or difficult to breathe/see through. This also applies to P100 filters
- ✓ After contact with a patient on droplet/contact precautions or after an AGMP.
 - If you are caring for a cohort of patients on droplet/contact for the same lab confirmed organism, you can extend use between patients.
 - Doff/disinfect PPE when moving outside of the 'cohorted area' (for example, when going to a 'clean area' like a med room).

How to Change



All PPE must be doffed, discarded, or disinfected prior to breaks.

Masks:

1. Perform hand hygiene
2. Doff mask
3. Perform hand hygiene
4. Donn clean mask
5. Perform hand hygiene
6. Proceed to break area
7. Doff and store on paper towel until done meal.

Units may keep clean masks in break room.

Eye Protection:

1. Perform hand hygiene
2. Doff eye protection
3. Disinfect at PPE Station
4. Perform hand hygiene
5. If storing use designated area
6. If wearing during break, donn new or disinfected eye protection
7. Perform hand hygiene

Disinfecting

- ★ Follow P100 reprocessing and disinfecting instructions
- ★ If your eye protection becomes foggy/streaked after disinfecting, rinse with soap and water or a wet paper towel to remove residual disinfectant.