



Lifespan

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FAQs on New Guidelines for N95 Respirator Use

Under the new guidelines, who can use an N95 respirator?

Providers and staff who are in the room with COVID positive and PUIs (ie, persons under investigation for whom COVID testing is pending) during aerosol-generating procedures will be equipped with N95s.

What is considered an aerosol-generating procedure?

Examples include, but may not be limited to: tracheal intubation, extubation, non-invasive ventilation, nebulized medication treatments, nasal oxygen flows greater than or equal to 6 LPM (high-flow oxygen), tracheostomy, cardiopulmonary resuscitation, manual ventilation before intubation, high-frequency oscillating ventilation, and bronchoscopy.

What is not considered an aerosol-generating procedure?

Examples of those procedures include lower endoscopy, cardiac catheterization, open general surgery, paracentesis, elective cardiac catheterization.

What PPE will staff and providers wear for standard patient care of COVID positive patients?

A blue surgical mask, paired with a face shield (or blue mask with full shield), gowns and gloves.

Why are we making this change?

This change is clinically appropriate for non-aerosol-generating patient care and procedures, and is consistent with guidelines from WHO, the CDC, and guidelines being followed in other countries and parts of the USA hard hit by the pandemic. It will help us to preserve our supply of PPE for use with the highest risk activity when managing COVID positive patients.

Is this truly safe?

We are extremely concerned about staff and provider safety. Until now, our guidelines for PPE and airborne precautions with COVID positive patients exceeded those released by the WHO. Given the shortage of N95s, it would be more unsafe for staff if we did not take immediate action to preserve our supply as long as possible. Since the available evidence and expert opinion tells us that the COVID-19 virus, similar to other coronaviruses and influenza, is primarily transmitted through close contact and large droplets, the combination of surgical mask, face shield and other PPE is safe for standard patient care, particularly if we utilize source control whenever possible by asking the patient to wear a mask whenever someone is in the room.

Here are some additional articles and resources that speak to the safety of these guidelines:

- <https://www.cebm.net/what-is-the-efficacy-of-standard-face-masks-compared-to-respirator-masks-in-preventing-covid-type-respiratory-illnesses-in-primary-care-staff/>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html>
- <https://www.newyorker.com/news/news-desk/keeping-the-coronavirus-from-infecting-health-care-workers>

What are some other measures Lifespan is taking to address the shortage and protect staff?

We have developed a process to collect, sterilize and re-use masks and other PPE to extend our supply. We plan to mask patients whenever staff members are in the room to further increase safety. Pharmacy is working on eliminating nebulizer treatments and using inhalers so that aerosols are not released, and we have filters on all ventilators to reduce aerosolization in all patients in all settings in our hospitals. We must work to minimize the number of people that need to be present during aerosol-generating procedures to the lowest possible. Other initiatives include:

- Stopping elective procedures at risk for aerosol generation (upper endoscopy, TEE, bronchoscopy)
- Creating protocols for non-invasive ventilation that decrease aerosols produced by these modes of ventilation
- Internal work being done to increase availability of face shields
- Increasing the number of negative pressure rooms at affiliates, when able, to optimize staff safety in caring for COVID patients

Do I need an N95 to do a nasopharyngeal (NP) swab?

No. we recommend the patient be masked and contact droplet PPE be used. If the patient cannot be masked, then use an N95 respirator.

Can I use my own non Lifespan-issued N95?

We advise that non Lifespan-issued N95s, similar to Lifespan-issued N95s, be used only for aerosol-generating procedures, and only when Lifespan has no more in stock. It is vital to conserve your resources for when they are truly needed.

I have a stock of non Lifespan-issued N95s at home. What should I do with them?

We want to keep a stock of N95s available for use for the most critical procedures (aerosol-generating). As such, any donations to the hospital supply are encouraged and appreciated and can be done by emailing supply chain department at supplychaininfo@lifespan.org .

What if I don't want to contribute my own non Lifespan-issued N95s to the Lifespan stockpile?

We would require that the N95 be checked for fit and ensure that it meets the NIOSH safety guidelines. Unfortunately, we have heard reports of hospitals that have purchased counterfeit masks in their efforts to secure an adequate supply. For your safety, we would need to ensure that the mask will protect you when needed.

Why is our supply of N95s so low?

Although we have been watching our supply chain carefully for months, it has become increasingly difficult to replenish, due to increased global demand, interruptions in shipments from China (a major manufacturer of PPE), and stockpiling by other hospitals, local and state governments, and federal agencies. Recently, a large number of N95 respirators we had been expecting were diverted to hard-hit hospitals in New York.

When do we expect to be at the peak of the pandemic in Rhode Island?

No one knows that answer. Two to three weeks ago, the numbers in New York were comparable to where we are in Rhode Island currently. On March 25, New York Governor Andrew Cuomo said his state's peak was projected to be still three weeks away. The uncertainty in predicting/modeling the peak has to do with how well we manage, via containment efforts and social distancing, to flatten the curve.