

# N95 Use – Enhanced Contact Droplet Precautions with Aerosol Generating Procedures



## Overview

Throughout the COVID-19 crisis, our priority has been to **ensure the safety and well-being of our staff while continuing to be responsible stewards of our PPE**. Because we do not know the full impact and demands of the pandemic, leadership teams have been planning for every possible scenario. We have factored in recommendations from the CDC, the public health guidelines and organizations who have been facing the challenge longer than we have, as well as our current and projected PPE supplies.

Based on our current supply of medical-grade N95 masks and variable adoption of our previous guidelines for N95 use, which exceeded CDC recommendations, we are refocusing our guideline on the CDC recommendations to support conservation of our current supply of medical-grade masks.

**Effective Thursday, April 9, we will update our guidelines for use of N95 masks to reflect the current CDC guideline to use an N95 mask only when completing an aerosol-generating procedure (AGP) for a patient with a suspected or confirmed case of COVID-19.**

## Who should wear an N95 mask?

The CDC states that COVID-19 is droplet spread. The only time that an N95 needs to be worn is when the patient is undergoing an aerosol-generating procedure. A procedure mask (in addition to eye protection, gloves, and gown) is sufficient for all patients with suspected or confirmed COVID-19.

## About Aerosol-Generating Procedures (AGP)

[CDC information](#) on precautions for aerosol-generating procedures.

- Some procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously and avoided if possible.
- View a list of applicable [aerosol-generating procedures](#).
- According to the CDC, if performing an aerosol-generating procedure, the following should occur:
  - HCP in the room should wear an N95 or higher-level respirator, eye protection, gloves, and a gown.
  - The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.
  - Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.

Please see additional information below and refer to the [Respiratory Care of patients on ECDP](#) resource for a list of applicable aerosol-generating procedures at Children's.

## Door Signage for Enhanced Contact Droplet Patients with Aerosol-Generating Procedure

To support this change, we will implement door signage for the rooms of all patients on enhanced contact droplet precaution with ongoing AGP.

- The Respiratory team will own the process and manage the enhanced contact droplet AGP signage as a patient moves into or out of AGP status.
- Respiratory Therapists will alert the charge nurse and the nurse assigned to the room to the order changes and change the door signage (remove or apply). The nurses will ensure the signage moves with the patient upon transfer.



## Infection Control Guidance – N95 Use for ECDP-AGP Patients

The following table outlines role specific N95 Mask usage guidelines, guidance, and rationales for the care of patients on Enhanced Contact Droplet Precautions with Aerosol Generating Procedures (ECDP-AGP). *Note: The table outlines use for N95 masks only. Refer to the [Personal Protective Equipment](#) resources on the COVID hub.*

Role/Area	ECDP-AGP Guidelines for N95 Use	Additional Guidance	Rationale
RN RT MD	ED Cohorted Pods/PICU – N95 Mask  Cohorted units and other areas – N95 Mask ONLY with ECDP-AGP patients		Variable risk intervention  Prevalence of AGPs and multiple entries into rooms.
EVS	N95 Mask ONLY while cleaning ECDP-AGP rooms	1 EVS staff will be responsible for cleaning all ECDP-AGP rooms  EVS will not clean ECDP-AGP rooms after 3pm. For significant EVS needs after 3pm, Charge RN will address  <i>For additional guidance, refer to <a href="#">EVS Inpatient Guidelines</a>.</i>	Low risk intervention  Minimizing unnecessary staff entry/exposures into patient room.
Speech PT OT	N95 Mask ONLY if close proximity to mouth	Procedure Mask for all other care not in close proximity to mouth.  <i>For additional guidance, refer to <a href="#">Rehab Dept Guidelines</a>.</i>	Low risk intervention (unless intimate and oral stimulation)  Based on proximity to patient
Vascular Access	N95 Mask when obtaining IV/CVL access on ECDP-AGP patients.	Attempt to limit one person to ECDP-AGP rooms if possible, to reduce N95 use.	Variable risk intervention  Based on proximity and length of procedure
Woundostomy	Not applicable	Will not enter ECDP-AGP rooms	No risk intervention  Minimizing unnecessary staff entry/exposures into patient room.
Phlebotomists	N95 Mask to be used for those who are drawing blood from ECDP-AGP patients.	Designated phlebotomist per shift or RN could draw	Variable risk intervention  Based on proximity to patient during lab draw
EKG	Procedure Mask only for ECDP-AGP patients	EKG tech will stand 6 feet or further from the patient and will ask RN staff to apply leads	No risk intervention  Minimizing unnecessary staff entry/exposures into patient room.



EEG	N95 Mask ONLY if going in to put leads on ECDP-AGP patient <b>(RARE)</b>	Procedure Mask for quick in and out checks that do not involve prolonged close contact (less than 6ft) with patient or ask RN to adjust leads.	Low risk intervention Based on proximity to pt and length of procedure
ECHO	N95 Mask for ECDP-AGP patients		Variable risk intervention Based on proximity to pt and length of procedure
Radiology	See <a href="#">Radiology Sedation Dept Guidelines</a> .		
Sedation	See <a href="#">Radiology Sedation Dept Guidelines</a> .		
Respiratory	See <a href="#">Respiratory Dept guidelines</a> .		
Patient Safety Sitters	N95 Mask if sitting with ECDP-AGP patient		Variable risk intervention Based on proximity to pt and length of time spent in patient room.
MD Consults	N95 Mask for ECDP-AGP Consults  Procedure Mask as indicated for EDCP non AGP consults	Procedure Mask as indicated for EDCP non AGP consults  Consultants should bring their own N95 to the ED for use. If they request N95 and one is not warranted, they will be reminded N95 is not warranted. If the consultant insists, they will be given a mask and Physician Leadership notified for follow up.  In ED, all people who enter Trauma or medical resus will receive N95 (ED is working to min number of essential staff)	Variable risk intervention  Utilize work practice controls that minimize “hands on time” and move outside the 6 foot radius to engage in charting or conversation with parents/patient.
ED non-Cohorted areas	N95 Mask ONLY for staff assisting in Trauma or medical resus	Procedure masks as indicated  ED working to min number of essential staff in trauma or medical resus rooms	Low risk intervention Variable risk intervention (Trauma/medical resus) Minimizing unnecessary staff entry/exposures into patient room.
Med Students	Not applicable	Will not enter ECDP-AGP rooms	No risk intervention  Minimizing unnecessary staff entry/exposures into patient room.



## Frequently Asked Questions

*We will continue to update as questions arise.*

### **Q: Why are we changing the N95 masking guidance again?**

**A:** Children's continues to monitor our supply of personal protective equipment to ensure we are prepared to support employee health and safety throughout the entirety of the COVID-19 crisis. Two weeks ago, we implemented universal N95 masking in cohort areas/patients on enhanced contact droplet precautions to address staff concerns about masking and under the assumption that we would continue to receive shipments of our standard medical-use N95 masks.

Because we are only receiving limited allocations of these medical-use N95 masks, we are at a point where we must pursue additional conservation efforts to preserve our supply of medical-use N95 masks. **Remember, CDC guidelines state an N95 is only necessary when completing an AGP for a patient on enhanced contact droplet precautions. Our guidelines align with those of the CDC.**

### **Q: Why aren't nebulizer treatments listed as an aerosol-generating procedure?**

**A:** Studies evaluating the aerosol particles generated from a nebulizer treatment are aerosolized medicine and not aerosols from the lungs of the patient. The aerosols from a nebulizer treatment (aerosolized medicine) does not pose a risk to the clinician or warrant use of an N95 mask. [Read more here.](#)

### **Q: Should I wear an N95 if my patient who is on enhanced contact droplet precautions *without AGP* is actively coughing? Am I unprotected if I'm not wearing an N95 and the patient coughs in my face?**

**A:** Remember, COVID-19 is droplet spread and a procedure mask is sufficient in protecting a clinician from the large droplets spread by a cough. In addition to a procedure mask, eye protection is the most critical piece of protective equipment you can wear to prevent spread from a cough.

