



HMH Universal Pandemic Precautions

Overview:

At Hackensack Meridian *Health* (HMH), we continuously adapt our policies and processes in accordance with guidance from the Centers for Disease Control and Prevention (CDC), Occupational Health and Safety Administration (OSHA) and/or the New Jersey Department of Health. This policy describes the implementation of Universal Pandemic Precautions for team members and universal masking of patients/visitors to prevent the transmission of COVID-19 between, and among, patients, visitors and/or Team Members (TM).

Universal Pandemic Precautions (UPP) is designed to reduce the risk of COVID 19 transmission from asymptomatic, pre-symptomatic or symptomatic COVID-19 positive individuals. These practices are intended to apply to all patients, not just those with suspected or confirmed COVID-19 infection. UPP is in addition to other administrative, engineering controls implemented to prevent transmission of SARS-CoV-2.

Source control refers to use of face masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are required for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. Eye protection in addition to a face mask, ensures the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters. The addition of eye protection is required when communities are experiencing moderate to high transmission.

This policy represents current personal protective equipment (PPE) recommendations to prevent transmission of COVID-19. Guidance will be tiered for periods of low community transmission and moderate-high community transmission (see charts below). It is subject to change as new information and guidance about COVID-19 transmission becomes available. The policy and PPE recommendations are also subject to change based on community prevalence and spread of COVID 19.

As of 11/23/20, community transmission of Sars-Cov 2 is high and HMH is implementing universal eye protection for all patient encounters until further notice.

Definitions:

1. Procedural face masks (referenced herein as face masks) for TMs - Must be 3-ply woven material, disposable and cannot be made of fabric or cloth.
2. Eye Protection – HMH issued eye protection (Face shield, goggles or safety glasses) prevent exposure to the eye or face from respiratory secretions/droplets.
3. The following are not acceptable for eye protection: prescription glasses, reading glasses, clip-on side shields for glasses, safety glasses with side vents. **TMs may not supply their own eye protection devices with the exception of customized eye protection (magnifying loops, prescription goggles, etc.) in surgical/procedural areas.**
4. Extended use is the practice of wearing the same PPE (eye protection, face mask and/or respirator) for repeated close contact encounters with several different patients, without removing PPE between patient encounters.



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5. Patient encounters – situations where providing direct care or having close (within 6 feet) contact with a patient.
6. PUI – A Person under Investigation for COVID-19

Protocol:

1. Universal Team Member & Physician Masking

- a. Procedural face masks covering the nose and mouth are to be worn continuously by all team members & physicians in any HMH facility including acute care, long term care, ambulatory, Home Health and Hospice, administrative areas and those who are not in direct patient care roles.
- b. Universal masking of TMs & physicians is required regardless of whether the patient is wearing a face mask or not.
- c. **Face masks must be worn at all times including in breakrooms, nurse stations, doctor lounges or any other space where one might encounter co-workers.**
- d. **Stagger schedules for TMs to take breaks, eat, and drink that allow them to remain at least 6 feet apart from each other, especially when they must be unmasked.**
- e. When face masks are removed for eating, the TM or physician must maintain social distancing (at least 6 feet apart) from others.
- f. Procedures to follow when wearing a face mask:
 - i. Wear continuously
 - ii. Replace your face mask if it gets wet or soiled.
 - iii. When eating, remove your mask and keep it clean in a paper bag. Wash your hands when removing your mask and before re-donning your mask once you finish eating. If eating in the cafeteria, practice social distancing while your mask is off.
 - iv. Wear your mask throughout your shift (when eating, please follow the procedure outlined above).
 - v. Discard your face mask when you leave your workplace. Do not take the face mask home.
- g. **NOTE: Wear an N95 or equivalent or higher-level respirator, instead of a face mask, for direct care and/or close contact with patients who are COVID +, PUI, or COVID status is unknown and patient is undergoing an aerosol generating procedure.**

2. Universal Masking for Patients/Visitors

- a. Patients/Visitors must wear a face mask to cover their mouth and nose at all times.
 - i. Exceptions: Face masks should not be placed on young children under age 2, anyone who has trouble breathing with the face mask, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
 - ii. Visitors who cannot wear a face mask because of a medical disability will be encouraged to use alternatives to on-site visits with patients (e.g., telephone or internet communication. Visitors who choose not to wear a mask because of personal beliefs will not be allowed to enter the healthcare facility.



- b. Patients/Visitors may wear their own face mask if it does not have an exhalation valve/port. If the integrity of the face mask is compromised (i.e. torn, not conforming to the face), a new mask should be provided.
 - c. If the patient or visitor does not have a face mask, a mask should be provided.
 - d. Patients/Visitors may wear a cloth face mask.
 - e. Face masks must be worn at all times within a HMH facility.
 - i. Patients in private rooms may not need to wear a mask while alone in the room. They need to don one when a healthcare provider/visitor, etc. enters the room.
 - ii. Visitors must wear masks at all times including when in a patient room.
 - f. Face masks must be worn whenever patient/visitor is within 6 feet of a TM, another patient, or visitor.
 - i. In double occupancy rooms ensure the privacy curtain is pulled and at least 6 feet distance is achieved in between roommates.
 - g. Face masks must be worn by all in common areas (waiting rooms, procedural areas, etc.)
 - h. Face masks should be replaced when wet, soiled or torn.
3. *Universal Eye Protection for TMs for direct patient encounters*
- a. Infection Prevention will assess level of community transmission and notify HMH senior and hospital/ambulatory leadership when community transmission is considered as moderate or high. Moderate or high transmission is defined as asymptomatic admission rate $\geq 3\%$. Leadership will notify TMs when community transmission levels change to above or below the 3% asymptomatic admission rate.
 - b. **In the setting of moderate to high community transmission (asymptomatic admission rate $\geq 3\%$), eye protection is worn for all patient encounters, regardless of COVID status, or when 6 feet distancing cannot be achieved.** This applies to all patient care settings including acute care, long term care, ambulatory, laboratory, home care, or radiology.
 - c. TMs should wear the same eye protection for repeated close contact encounters with different patients without removing eye protection between encounters.
 - i. Exception: eye protection should be removed and cleaned after leaving a room who has a patient in transmission-based precautions (contact, droplet and/or airborne)
 - d. Eye protection should be worn by a single wearer and labeled with name of the user with a marker.
 - e. The TM is responsible for safely storing their eye protection between uses or at the end of shift.
 - f. Eye protection should continue to be used as long as it is not damaged (e.g., can no longer fasten securely to the provider, if visibility is obscured and cleaning does not restore visibility).
 - g. TM should take care not to touch their eye protection while wearing. If they touch or adjust their eye protection they must immediately perform hand hygiene.
 - h. Eye protection should be cleaned after removal or when visibly soiled.



- i. While wearing gloves, carefully wipe the *outside* of the eye protection using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
 - i. Wipe the inside with soapy water or alcohol to remove residue.
 - ii. Fully dry (air dry or use clean absorbent towels).
 - iii. Store in a labelled paper bag between uses. Do not store with N95 respirator or face mask.
 - iv. Remove gloves and perform hand hygiene.
 - i. Material management will be responsible for distribution.
 - a. Goggles are to be utilized for specific clinical scenarios to include:
 - i. TMs performing procedures requiring dexterity/clear sight (IV insertion, etc) and who feel impaired by a face shield when performing such procedures
 - b. Goggles will be preferentially distributed using the following order:
 - i. OR / Endo suites / L&D
 - ii. COVID ICU
 - iii. ED
 - iv. COVID+ units
 - v. ICU
 - vi. Behavioral Health (due to ligature risk)
 - vii. Other inpatient floors
 - viii. Specialty ambulatory offices (ENT, Pulm, GI, etc)
 - ix. Long term care
 - x. Homecare
 - j. **NOTE: Face shields are the preferred eye protection for direct care and/or close contact with patients who are COVID +, PUI, or COVID status is unknown and patient is undergoing an aerosol generating procedure.**
- 4. *Expanded Droplet/Airborne and Contact Precautions Area Protection Rules*
 - a. Locations and functions whereby all team members must don PPE due to expanded airborne/droplet and contact precautions to include N95 (or greater such as a PAPR), face shields, isolation gowns and gloves. Areas include:
 - i. The room or treatment area of confirmed COVID-19 patients still in isolation precautions.
 - ii. The room or treatment area of PUI patients
 - iii. All Home Health visits for COVID-19/PUI patients
 - iv. When performing aerosol-generating procedures on patients whose COVID-19 status is unknown.
 - v. Other units or areas designated by Infection Prevention.
 - b. Team members must be medically cleared and fit tested to an HMH provided respirator by occupational health or their designee.
 - c. Team members must always perform a proper fit and seal check when donning a respirator. No team member can work in these areas without a proper fitting respirator.
 - d. Guiding principles to proper respirator use include not touching the outside of the respirator when in use; and to always perform hand hygiene after touching the outside of the respirator.



5. *Universal Pandemic Precautions Requirements for direct care and/or close contact with patients based on COVID-19 Status*
 - a. High Risk COVID-19 Status: Positive or PUI Patients or Unknown AND undergoing Aerosol-Generating Procedure
 - a. N95 (or greater such as a PAPR)
 - b. Face Shield
 - c. Isolation gowns
 - d. Gloves
 - b. Medium Risk COVID-19 Status: Unknown and Asymptomatic (Not yet tested or test pending and not symptomatic) – ED and Labor & Delivery
 - a. N95 (or greater such as PAPR)
 - b. HMH issued Eye protection
 - c. Low Risk COVID -19 status: Negative or unknown and asymptomatic AND COVID 19 community transmission is moderate to widespread. Patient care areas include acute care, ambulatory practices, outpatient laboratory, and radiology.
 - a. Procedural face mask
 - b. HMH issued Eye protection.
 - d. Low Risk COVID -19 status: Negative or unknown and asymptomatic AND COVID 19 community transmission is minimal or low. Patient care areas include acute care, ambulatory practices, outpatient laboratory, and radiology.
 - a. Procedural face mask
 - b. HMH issued Eye protection optional.
6. *Extended Use Protocol for N95 Masks (See N95 Extended and Reuse Policy)*
 - a. TMs and/or providers working in medium to high risk environments (ED, L&D, EMS, Inpatient units with >50% beds occupied by COVID + and PUI patients) should continuously wear N95 masks unless otherwise deemed impractical to do so.
 - b. Store N95 masks in a paper bag during breaks or when not in use.
 - c. N95 masks should be covered by a face mask. This face mask must be removed and replaced upon exiting an isolation room or upon completion of an aerosol-generating procedure
 - d. N95 masks should be discarded;
 - i. When potentially contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients
 - ii. When obviously damaged, wet or difficult to breathe through
 - iii. When the team member's shift ends and/or for a maximum of 12 hours
 - iv. When the N95 respirator was not covered by a procedural mask during an intubation or aerosol generating procedure
7. *Universal pandemic precautions for specific patient populations or clinical areas are subject to modification by Infection Prevention.*

References:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html> (accessed 11/23/20)



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<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
(accessed 11/23/20)

[https://www.nj.gov/health/cd/documents/topics/NCOV/Healthcare%20Personnel%20\(HCP\)%20Exposure%20to%20Confirmed%20COVID-19%20Case%20Risk%20Algorithm.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/Healthcare%20Personnel%20(HCP)%20Exposure%20to%20Confirmed%20COVID-19%20Case%20Risk%20Algorithm.pdf) (accessed 11/23/20)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html> (accessed 11/23/20)

<https://www.idsociety.org/covid-19-real-time-learning-network/infection-prevention/>
(accessed 11/23/20)



What PPE is right for me when community transmission is moderate-high?*

PATIENT'S COVID STATUS	FACE MASK 	N95 OR GREATER 	FACE SHIELD or GOGGLES ** 	FACE SHIELD, GOGGLES OR SAFETY GLASSES 	ISOLATION GOWNS/GLOVES 
Positive		X	X		X
PUI		X	X		X
Unknown and undergoing aerosol-generating procedures		X	X		X
Unknown with medium risk (includes ED, L&D, EMS, Designated Inpatient Units)		X	X		
Unknown or negative with low risk (asymptomatic pt in ambulatory or inpatient settings)	X			X	
No Direct Patient Contact	X			Optional	

Important Note – Team members and physicians should use HMH-issued PPE only. If you work in a procedural, invasive or surgical area you should continue to use the approved eye protection specified for that area. **The images above are examples only.**

*Moderate to High community transmission defined as asymptomatic admission rate =>3%

**Face shields are preferred for eye protection and strongly recommended. If the team member is unable to or feels impaired by wearing a face shield, approved HMH-issued goggles may be worn



What PPE is right for me when community transmission is low?*

PATIENT'S COVID STATUS	FACE MASK 	N95 OR GREATER 	FACE SHIELD or GOGGLES ** 	FACE SHIELD, GOGGLES OR SAFETY GLASSES 	ISOLATION GOWNS/GLOVES 
Positive		X	X		X
PUI		X	X		X
Unknown and undergoing aerosol-generating procedures		X	X		X
Unknown with medium risk (includes ED, L&D, EMS)		X		X	
Unknown or known negative with low risk (asymptomatic pt in ambulatory or inpatient setting)	X			Optional	
No Direct Patient Contact	X			Optional	

Important Note – Team members and physicians **should use HMH-issued PPE only**. If you work in a procedural, invasive or surgical area you should continue to use the approved eye protection specified for that area. **The images above are examples only.**

*Low community transmission defined as asymptomatic admission rate <3%

****Face shields are preferred for eye protection and strongly recommended.** If the team member is unable to or feels impaired by wearing a face shield, approved HMH-issued goggles may be worn