## PPE for all GI/CERT Cases w/

### **SUSPECTED or CONFIRMED COVID-19 PATIENTS**

### Don the following PPE using <u>either</u> option A or B:

#### **Option A:**

- Eye protection (e.g., face shield or goggles)
- N95 Respirator
- Gown
- Gloves
- Hairnets/bouffants
- Shoe Covers (non-waterproof shoes)

**NOTE:** Personal, prescription eyeglasses **DO NOT SUBSTITUTE** as eye protection!



#### **Option B:**

- PAPR (powered, air-purifying respirator)
- Gown
- Gloves
- Hairnets/bouffants
- Shoe Covers (non-waterproof shoes)





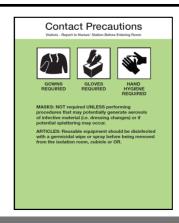




## Order CONTACT & SPECIAL RESPIRATORY Precautions and place Eye Protection Sign on Door



Updated 3/20/2020







## **PPE for Colonoscopy/Flex Sigmoidoscopy**

### **NOT SUSPECTED FOR COVID-19**

### Don the following PPE:

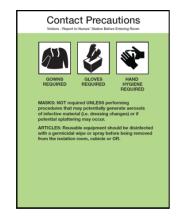
- Surgical mask <u>AND</u> eye protection
  - (e.g., face shield or goggles)
- Gown
- Gloves
- Hairnets/bouffants
- Shoe Covers (non-waterproof shoes)

**NOTE:** Personal, prescription eyeglasses **DO** 

**NOT SUBSTITUTE** as eye protection!











Updated 3/20/2020

### PPE for ALL EGD (Upper Endoscopy)\*Includes EUS, ERCP, PEGS, NJT

### **NOT SUSPECTED FOR COVID-19**

### Don the following PPE:

- Eye protection
  - (e.g., face shield or goggles)
- N95 respirator
- Gown
- Gloves
- Hairnets/bouffants
- Shoe Covers (non-waterproof shoes)

**NOTE:** Personal, prescription eyeglasses **DO NOT SUBSTITUTE** as eye protection!



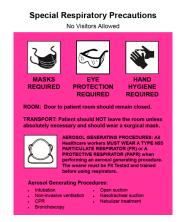


\*Anesthesia only in room during intubation, endo team to enter room once intubation completed \*Anesthesia and RN in room during exubation, endo team to enter room once extubation complete

# Order CONTACT & SPECIAL RESPIRATORY Precautions and place Eye Protection Sign on Door



Updated 3/20/2020







## **Use of PPE during GIPR/CERT Procedures**

### Cases Involving N95 Respirator

## Option 1:

Use a cleanable face shield (preferred) (figure 1)
with an N95 respirator. When cleanable face shield
is unavailable, proceed to option 2.

## **Option 2:**

 Use a surgical mask w/ face shield (figure 2) over an N95 respirator (figure 3) to reduce surface contamination of the respirator.

Figure 1:



Figure 2:



Figure 3:







## **Extended Use and Limited Reuse of N95 Filtering Respirators**

 Extended use refers to the practice of wearing the same eye and respiratory equipment for repeated close contact encounters with several patients, without removing the equipment or having them partially on between patient encounters.



• Reuse of equipment refers to the practice of using the same equipment for multiple encounters with patients but removing it ('doffing') after each encounter.





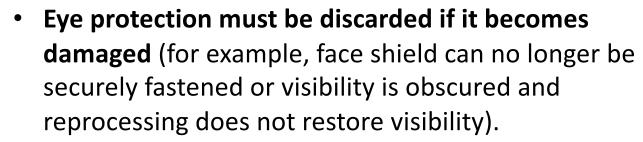


## **Extended Use and Limited Reuse of Equipment**

## Care of Eye Protection and N95 Mask after Use:

### **EYE PROTECTION**

- Eye protection should be removed and disinfected if it becomes visibly soiled or difficult to see through.
- If you remove your eye protection, it must be disinfected with a PDI wipe (orange or purple) immediately. After disinfecting, it can be stored for future use.



• PAPRs must be disinfected after use, as always. The lens cuff also may be disinfected and re-used.







### **Extended Use and Limited Reuse of Equipment**

## Care of Eye Protection and N95 Mask after Use: MASKS

- Facemasks and respirators should not be routinely reused after removing, but we are recommending extended use at this time. This means wearing a facemask or N95 respirator for multiple patients in a row or for an extended period of time.
- Once the mask needs to be removed, it must be
  discarded. If you need to displace the mask in order to
  eat or drink or to reach your mouth or nose, it should
  be removed and discarded and your hands cleaned.
- Do not replace with another mask until it is required for patient care.
- Be sure to also discard an extended-use mask when it is damaged or soaked through.





