

Masks are in short supply and we are still trying to balance patient and provider safety. This guidance focuses on N95 and PAPRs. General surgical masks are handled separately.

New masking protocol effective Mar 25 @0700

1. ChristianaCare is switching to a posture where every intubation or aerosolizing procedure (e.g. bronch) will be done by providers wearing either N95 masks or PAPRs.
2. Equipment
 - a. Those who require an N 95 mask will be issued one mask by Department of Anesthesiology staff. They will be dispensed in the office by Theresa working from Betty's desk. You are expected to use this mask throughout the day and then preserve for use in subsequent days. We are told masks are good for forty hours of use.
 - i. Please note There are two types of N 95 masks in our system. 1870 and 1870+ . Most, but not all , of the anesthesia staff have been fitted with 1870. Theresa Jolley has compiled a definitive list.
 - ii. If you have not been fit tested, that can still be arranged. Contact Theresa Jolley for details.
 - iii. You will be given a paper bag to hold the mask if you wish to doff it during the day (to eat, etc.) What you do with the bag while it holds the mask is up to you – a suggestion as been made that you carry it in your jacket pocket or you can find a safe place to stow it.
 - iv. Notes on proper donning and doffing of the N 95
 1. There is an appropriate way to remove your N95 mask.
 - a. Perform hand hygiene. Open paper bag.
 - b. Remove lower strap, remove top strap to drop N95 into paper bag.
 - c. Hand hygiene.
 2. To Replace N95:
 - a. Hand hygiene
 - b. Pull N95 from the bag by the straps. Try not to touch the body of the mask. Fit N95 to face by holding the edges of the mask and place bottom strap over the head, then top strap over the head. Touch the top rim of the mask to remold to face and ensure fit. Check for the absence of leak.
 - c. Hand hygiene
 3. Please touch the mask only to ensure a good fit, do not touch the mask otherwise. If you accidentally touch the front of the N95 please wash hands/Purell.
 - v. At the end of the day, place your mask some place safe – such as your locker – and then reuse it the next day you are working.

- vi. If the mask becomes unusable, see office staff for another one. Usage will be tracked.
 - b. Face shields
 - i. to use the N95 mask, you must use a face shield to protect it from spray.
 - ii. Face shields can be cleaned with purple wipes in between cases.
 - iii. A clean face shield can be used for the life of the N 95.
 - c. PAPRs
 - i. PAPR hoods remain in short supply. They must be wiped down and reused throughout the day.
 - ii. PAPR units are in such demand that it will not be possible to issue a PAPR unit to a given provider for on and off use throughout the day. See in/ex team ideas below.
- 3. Intubation and Extubation
 - a. **Only those providers doing the intubation or extubation will be required to wear N 95 or PAPR. All others associated with the procedure or case will maintain contact/droplet precautions.**
 - b. Once the ETT is secured or after the patient has been extubated and is stable from a respiratory status, all staff can switch to contact/droplet precautions. Entering the room while the patient is intubated requires only contact/droplet
- 4. Intubation and Extubation assignments
 - a. Given the probable scarcity of PAPRs, we are planning on splitting work for providers who are required to wear PAPRs with those who use N95s
 - b. Clinical leadership at each site will establish a method that allows physicians and CRNAS who wear N 95s to perform intubations and extubations. There are several clinical scenarios to cover and these details will be worked out over the next few days.
 - c. Dr. Cisler is running the board at Christiana on 3/25 and will work with Vince Hughes and others to make assignments and direct traffic flow

We anticipate there will be glitches in the process and we will refine it as we go. Thank you for your patience.