A Publication for Direct Patient Care Providers

Proper N95 Use and Conservation

We heard your concerns and questions about personal protective equipment during the peri-procedural and peri-surgical process for suspected COVID-19 patients, and we stay connected to experiences and data. Leadership will update the comprehensive COVID-19 PPE plan, to be shared in the coming days.

UPMC Not Disinfecting N95s for Reuse

We not currently support UPMC staff using UV light disinfection for N95 masks. The UV light has the potential to harm the filtering system of the mask and does not fully inactivate pathogens. We know other hospital systems use UV light to disinfect masks because of shortages; we have adequate stores and do not need this action. If UPMC neared a shortage, we would reassess all options to disinfect N95s.

For more information about N95 disinfection, refer to these sources:

- Evaluation of Five Decontamination Methods for Filtering Facepiece Respirators
- Effects of Ultraviolet Germicidal Irradiation (UVGI) on N95 Respirator Filtration Performance and Structural Integrity
- Effects of Relative Humidity and Spraying Medium on UV Decontamination of Filters Loaded with Viral Aerosols

In addition, do not wear a surgical mask over a N95 mask. This does not extend the use of the N95 mask, nor does it help protect you from any airborne viruses.

Physician and APP Town Hall Recap

If you weren’t one of the nearly 1,500 providers who attended the virtual town halls with Donald M. Yealy, MD, and Graham Snyder, MD, don’t worry — you can watch the presentations available now on Stream.

New Resources Added to Infonet

Critical clinical resources are updated regularly. Check Infonet often for the latest information.

- Manual Prone Positioning Checklist
- COVID-19 Intensive Care Unit Management
- COVID-19 Intubation Procedure Checklist
- COVID-19 Emergency Department Standard Operating Procedures
- Flagging and Tracking Patients Under Investigation in Cerner
- SARS CoV-2 and Respiratory Viral Testing FAQ
SARS-CoV-2 and Respiratory Viral Testing
The SARS CoV-2 Respiratory Viral Testing FAQ provides guidelines for influenza and other respiratory virus testing, including when you should obtain a specimen other than a nasopharyngeal swab, and when it is wise to retest a patient for SARS CoV-2.

CMS Issues Compliance Updates
Centers for Medicare & Medicaid Services (CMS) issued waivers during the COVID-19 national emergency. These compliance variances affect various levels of care across UPMC amidst the COVID-19 national emergency:

- **Skilled Nursing Facilities**: Affecting the requirement of a 3-day prior hospitalization and timeframe requirements for minimum data set assessments and transmission.

- **Home Health Agencies**: Affecting timeframes for OASIS transmission and extension of auto-cancellation date of RAPS.

- **Critical Access Hospitals**: Waiving the requirement of limit to 25 beds and length of stay to 96 hours.

- **Housing Acute Care Patients in Excluded Distinct Parts Units**: Waiver to IPPS hospitals that, as a result of the emergency, need to house acute care inpatients in excluded distinct part units, where the distinct part unit’s beds are appropriate for acute care inpatient.

- **Care for Excluded Inpatient Psychiatric Unit Patients in the Acute Care Unit of a Hospital**: Waiver to IPPS and other acute care hospitals with excluded distinct part inpatient psychiatric units that, as a result of the emergency, need to relocate inpatients from the excluded distinct part psychiatric unit to an acute care bed and unit.

- **Care for Excluded Inpatient Rehabilitation Unit Patients in the Acute Care Unit of a Hospital**: Waiver to IPPS and other acute care hospitals with excluded distinct part inpatient rehabilitation units that, as a result of the emergency, need to relocate inpatients from the excluded distinct part rehabilitation unit to an acute care bed and unit.

- **Care for Patients in Long-Term Care Acute Hospitals (LTCH)s**: Waiver to long-term care hospitals (LTCHs) to exclude patient stays where an LTCH admits or discharges patients in order to meet the demands of the emergency from the 25-day average length of stay requirement which allows these facilities to be paid as LTCHs.

Post-Acute Liaisons Can Perform Services Remotely
Liaisons from post-acute facilities, such as long-term acute care, acute rehabilitation, and skilled nursing facilities, are currently restricted from working on-site in UPMC facilities. During this time, post-acute liaisons should work closely with UPMC care managers and/or social workers using virtual electronic and telephonic methods to ensure patients transition safely and efficiently to the next level of care.

PA Extends License Renewal Deadlines
In light of the COVID-19 pandemic, Pennsylvania extended the license renewal deadline for nurses, graduate medical trainees, and other health care professionals. Deadlines are now late summer or early fall. Find all the details here.

Updated PAPR Hood Cleaning Protocol
Clarification exists on the COVID-19 Cleaning Protocol for 3M PAPR Hoods on Infonet. This protocol adds instruction around properly donning and doffing and cleaning the PPE for your safety.