

# Safe Return to Work Proclamation 20-24.1 Summary May 18, 2020



## Proclamation 20-24.1 Summary

Governor Inslee held a press conference this afternoon to introduce the plan for restarting Washington's health care systems. This proclamation is retroactive to 12:01am today and extends until the state of emergency is rescinded.

### Key Highlights:

- Three phased approach: Crisis Care, Contingency Care, and Conventional Care. Washington moved from the Crisis Care to Contingency Care with the new proclamation.
- Contingency Care Phase – All appropriate clinical care can be provided so long as there is sufficient access to PPE and, for hospitals, surge capacity is at least 20%. This could change ability to provide care by county.
- Criteria for Resuming Non-Urgent Procedures must be met and include but are not limited to:
  - Exercise clinical judgment to determine the need to deliver a health care service...
  - Follow DOH's current PPE conservation guidance, which will be regularly reviewed and updated by the DOH available on the website.
  - Review infection prevention policies and procedures and update, as necessary, to reflect current best practice guidelines for universal precautions.
  - Develop a formal employee feedback process to obtain direct input regarding care deliver processes, PPE, and technology availability related to expansion of care.
  - Follow requirements in Governor Inslee's Proclamation 20-46 High-Risk Employees – Workers' Rights.
  - Evaluation of "harm" as defined in the May 7 Updated Interpretive Statement
  - **The exercise of clinical judgement by healthcare and dental professionals related to the care of patients is essential, and it is essential for all of our health and dental partners to follow the same procedures as outline in this proclamation and work together to protect the health of all of our residents;**
  - COVID Assessment with includes testing
  - Patient's co-morbidities or risk factors for morbidity or mortality, if inflicted with COVID-19 after procedure is performed.

Below are the graphics used at the press conference along with links to supporting documents. You may contact me if you have further questions.

# PPE Usage Guidelines for Health Care Facilities

Personal Protective Equipment Usage Guideline							
		N-95 Respirator	PAPR/CAPR hoods	Surgical Masks	Cloth Masks	Eye Protection	Gowns
Standard Recommended Use of PPE (Green)	Device	Fit-tested	Commercial made	Commercial made	N/A	Commercial made	Commercial made
	Duration	Change per encounter	Change per encounter	Change per encounter	N/A	Change per encounter	Change per encounter
PPE Conservation Strategies (Yellow)	Device	Fit-tested	Commercial made	Commercial made	N/A	Commercial made	Commercial made
	Duration	For HCP only, extended use or limited re-use for 8 hours or until visibly soiled or other criteria met* (Re-processing N95s may be integrated into re-use policy if needed)	For HCP only, until broken, shared between HCPs. (Re-processing hoods may be integrated into re-use policy if needed)	Extended use or until visibly soiled, damaged (If universal masking, do not provide to HCP outside clinical areas or visitors)	N/A	Extended use or until visibly soiled, difficult to see through, damaged	Reuse on the same patient by the same HCP or until visibly soiled is preferred (See PPE Re-use Guidance for more information)
Extreme Strategies (Red)	Device	Fit-tested, non-fit tested, or industrial	Non-commercial made	Commercial made	Facility-designed or homemade (not NIOSH approved) masks	Non-commercial made	Commercial made/ Home made
	Duration	Till seal integrity lost	Until broken	Reuse	Any	Re-use	Use for multiple patients or when visibly soiled or use of non-standard products (sponchos, patient gowns, etc.)

\*Discard N95 respirators following use during aerosol generating procedures; Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients; Discard N95 respirators following close contact with, or exit from, the care area of any patient co-infected with an infectious disease requiring contact precautions. Initial (baseline) fit testing to be done. Annual fit testing can be postponed during times of PPE shortage.

Definitions:  
 • **Extended use** refers to the practice of wearing the same PPE for repeated close contact encounters with several patients, without removing the PPE between patient encounters.  
 • **Reuse** refers to the practice of using the same PPE for multiple encounters with patients but removing it (doffing) after each encounter. The respirator is stored in between encounters to be put on again (donned) prior to the next encounter with a patient. N95 respirator reuse is often referred to as "limited reuse".

## Extended and Re-use of PPE by Healthcare Personnel

Type of PPE	How long can I wear if extended use?	How do I store if re-using?	How many times can I re-use?	Can I decontaminate between uses?	Other instructions
N95 Respirator	8 hours continuously or until visibly soiled	In a clean, breathable container such as a paper bag labelled with the user's name	5 times	Decontamination can be considered, but no data exist supporting effectiveness <sup>1</sup>	Consider 5 respirators per HCW <sup>2</sup>
Facemask	Until visibly soiled/damaged up to 1 shift	In a clean, breathable container such as a paper bag labelled with the user's name <sup>3</sup>	Until visibly soiled/damaged up to 1 shift	Do not decontaminate as there is no data on effectiveness and damage to the facemask is likely	Facemasks with ties may tear during removal and should be considered only for extended use, rather than re-use
Eye protection	Until visibly soiled, difficult to see through or damaged	After disinfecting, in a dedicated space labelled with the user's name	Until difficult to see through or damaged	Yes, according to manufacturer's instructions <sup>4</sup>	
Gown	Until visibly soiled and only if caring for patients with the same infectious disease in the same location (e.g., COVID-19 patients in an isolation unit) <sup>5</sup>	Hang in area where it can be easily accessed and donned when entering the care area.	Until visible soiled up to 1 shift	Cloth gowns should be laundered according to routine healthcare laundry practice <sup>6</sup>	Disposable gown ties and fasteners typically break during doffing. Cloth isolation gowns could be considered for re-use.

Link to Proclamation 20.24.1

<https://bit.ly/3g4kpQy>

Resources:

- <https://www.cdc.gov/corona.../2019-ncov/.../dental-settings.html>
- <https://www.doh.wa.gov/.../Interim-2019NovelCoronavirusQuicks...>
- <https://www.lni.wa.gov/forms-publications/F414-164-000.pdf>
- <https://www.lni.wa.gov/.../saf.../enforcement-policies/DD170.pdf>
- [https://www.adha.org/resources-docs/ADHA\\_TaskForceReport.pdf](https://www.adha.org/resources-docs/ADHA_TaskForceReport.pdf)
- <https://coronavirus.wa.gov/.../whats-open-.../essential-business>
- <https://www.osha.gov/Publications/OSHA4019.pdf>
- <https://www.osha.gov/SLTC/covid-19/dentistry.html>

WDHA Covid-19 Resource Page

Stay safe. Stay healthy.



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#membershipmatters #advocacy #together #safereturntowork



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