

University of Maryland

PPE and Equipment Disinfection Procedures for Patients on Respiratory Isolation Precautions

* EEG Staff *

Purpose: To reinforce current practice regarding respiratory isolation precautions and to define disinfection procedure for COVID-19 patients (both rule out and confirmed cases).

Scope: Applies to all patients on respiratory isolation who are ordered electroencephalography (EEG) procedures.

General Recommendations:

- Respiratory protection should always be put on (donned) first and should be the last to be removed (doff)
- Always remove personnel protection equipment (PPE) in the least contaminated way possible.
- The treatment team is responsible for determining the appropriateness of diagnostic tests. Any decision-making regarding a procedure or test should consider the risks of potential healthcare worker exposure balanced against medical necessity.

I. Portable Electroencephalogram (EEG) Machine Procedures

A. *Droplet & Contact Isolation Patients*

Procedure

1. Perform hand hygiene.
2. Remove all unnecessary and disposable items from machine.
3. Perform hand hygiene.
4. Don mask with face shield (preferred) or surgical mask with goggles.
5. Don gown then gloves.
6. Proceed in room and perform EEG test.
7. Remove and dispose gown and gloves inside room.
8. Perform Hand Hygiene and exit room.
9. Remove and dispose of Mask/Face Shield/Goggles.
10. Perform hand hygiene.
11. Don new gloves and disinfect EEG machine and electrodes per guidelines.
12. Lastly, remove gloves and perform hand hygiene.

B. COVID-19 patients (both rule out and confirmed cases)

General Recommendations:

- Limit the number of non-essential staff in the room, if possible
- The treatment team is responsible for determining the appropriateness of diagnostic tests. Any decision-making regarding a procedure or test should consider the risks of potential healthcare worker exposure balanced against medical necessity. Follow EEG lab's protocol **per Medical Director**

Procedure

1. Perform hand hygiene
2. Remove all unnecessary and disposable items from machine.
3. Perform hand hygiene.
4. Don PAPR or fit-tested N95 mask with face shield.
5. Don gown then gloves.
6. Proceed in room and perform EEG (electroencephalogram)
7. Exit patient room. Remove and dispose of gown and gloves in anteroom, if present. **DO NOT REMOVE** PAPR or fit-tested N95 mask with field shield in anteroom.
8. Perform Hand Hygiene and exit Anteroom into hallway.
9. Remove PAPR or fit-tested N95 mask with face shield.
10. Perform hand hygiene.
11. Don new gloves and disinfect EEG Machine **TWICE**
12. Lastly, remove gloves and perform hand hygiene.

II. Waste Management for COVID-19 rule out or confirmed COVID-19 cases

Novel Coronavirus (COVID-19) Medical Waste (Category B)	Qualifies and treated as “Special medical waste” or Category B and should be clearly labeled on the red bin with paper as “Special Handling” per vendor recommendations. Waste should be in a leak proof container and should be disinfected with hospital approved disinfectant (Oxivir).
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B. Coronavirus (COVID-19) Medical Waste (Red Bag):

1. General Requirements

- a). Category B Regulated Medical Waste, should be disposed of in a leak proof container identified with language Medical Waste, and biohazard symbol. Do not overfill biohazard bag.
- b). The red bin should also be labeled with paper “Special Handling” and separate from other medical waste.
- c). All staff handling regulated waste must utilize Standard Precautions to prevent direct exposure to skin and mucous membranes.

d). Needles and other sharps will be disposed of in rigid, impervious containers located as close as possible to the point of use. Needles or other sharps should be packaged as Ebola waste per vendor request.

e). Sanitary sewers may be used for safe disposal of liquid regulated medical waste and anatomical material that has been mechanically destroyed.

d). Non-regulated medical waste (e.g., ordinary trash) should be disposed as medical waste.

e).Curtis Bay should be notified prior to pick up.

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