

SBAR

To be used in both clinical and non-clinical situations, verbally, by phone or in writing. Always use an SBAR format when communicating problems, to handoff information and to communicate patient condition information.

TODAY'S DATE: 3/22/2020

COMPLETED BY: Infection Control, Colleague Safety and Dr. Emerick

S Situation: The bottom line

The situation is:

PAPR hood supply within MCHS has been deployed to the units leaving none in supply chain.

B Background: What do you know?

The background is:

PAPR hoods are single provider use and should be wiped down with PDI wipe in between patients.

Due to low stock and the extreme critical shortage, staff have been reusing the hood between providers attempting to wipe down inside as well as outside to decrease cross contamination.

A Assessment: What is happening now?

PAPR hoods remain on backorder with no information when they will be available in the foreseeable future.

MCHS has providers who have failed fit testing, seals checks or have a beard which does not permit them to wear an N-95 leaving a PAPR as their only source of respiratory protection.

Need to create a barrier between multiple providers and inside of the PAPR hood.

R Recommendation (or Request): What is next?

The recommendation/request is:

PAPR hoods may be re-used by multiple providers with the following practice **ONLY**:

1. Don a bouffant hair covering to reduce provider contamination of hood internally
2. Don ear loop or tie mask to reduce provider respiratory contamination of hood internally
3. Don PAPR hood and device

After use, wipe down entire external surface of the hood AND internal surface of the SHIELD only with PDI wipe. Remove bouffant cap; may be reused for the provider's shift unless damaged or soiled, then discard. Remove ear loop or tie mask; can be re-used for provider's shift unless damaged or soiled, then discard. Perform hand sanitation.



Plus

