

## Personal Protective Equipment (PPE) Guidance for COVID-19

1. PPE should be utilized during appropriate times. Current CDC guidelines do not support everyone wearing PPE for all care in a facility.
2. Currently there is a national shortage with PPE due to the world-wide COVID-19 Pandemic.
3. PPE should be worn in the following situations:
  - a. Masks are to be worn by all stakeholders who did not receive their influenza vaccine (through April 30)
  - b. For transmission-based precautions (residents in isolation) – includes contact and droplet.
4. ALL facilities will be receiving a limited supply of N95 masks, these masks should ***only*** be used when caring for a resident/patient with Confirmed COVID-19.
5. **Extended use** is the practice of wearing PPE for repeated close contact encounters with several different residents/patients without removing eye protection between resident/patient encounters. Extended use of PPE can be applied to disposable and reusable devices. For more information, visit <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html> (CDC, 2020)
  - a. **Eye Protection:**
    - i. Remove and reprocessed if it becomes visibly soiled or difficult to see through.
      1. If Disposable- face shield should be dedicated to one Health Care Provider (HCP) and reprocessed whenever it's visibly soiled or removed (when leaving isolation room)
    - ii. Eye Protection should be discarded if damaged (does not fasten or visibility obscured)
    - iii. HCP should not touch their eye protection. If HCP touches or adjusts their eye protection, they must immediately perform hand hygiene.
    - iv. HCP should leave patient care area if they need to remove their eye protection (resident/patient room).
  - b. **Isolation Gowns:**
    - i. Cancel all elective and non-urgent procedures and appointments for which a gown is typically used by HCP.
    - ii. Extended use: Consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same HCP when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same

location (i.e., COVID-19 patients residing in an isolation cohort). This can be considered **only** if there are no additional co-infectious diagnoses transmitted by contact (such as *Clostridioides difficile*) among patients. If the gown becomes visibly soiled, it must be removed and discarded as per usual practices

- iii. Re-use of disposable gowns are not typically amendable to being doffed and re-used because the ties and fasteners typically break during doffing. If cloth gowns are used, they could potentially be untied and retied and could be considered for re-use. Any gown that becomes visibly soiled during patient care should be disposed of and cleaned.
- iv. Prioritize gowns:
  - 1. Care activities where splashes and sprays are anticipated (aerosol generating procedures)
  - 2. During high contact resident/patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of the HCP such as: Dressing, bathing/showering, changing briefs or wound care

**c. Facemasks:**

- i. Selectively cancel elective and non-urgent procedures and appointments for which a facemask is typically used by HCP.
- ii. Remove facemasks for visitors/vendors in public areas.
- iii. The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
- iv. HCP must take care not to touch their facemask. If they touch or adjust their facemask, they must immediately perform hand hygiene.
- v. HCP should leave the resident/patient care area (resident room) if they need to remove the facemask.
- vi. Restrict facemasks to use by HCP, rather than patients for source control

**d. N95 Respirators:**

- i. N95 respirators are to be reserved for the care of residents/patients with COVID-19.
- ii. In the absence of N95 masks, surgical facemasks should be used for the care of COVID-19 residents/patients
- iii. Practices allowing extended use of N95 respirators, when acceptable, can also be considered. The CDC has the following recommendations for extended use (without removing the respirator between patient encounters) N95 masks

(<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>):

- 1. Minimize the number of individuals who need to use respiratory protection (ex. Consistent CNA and nursing assignments);
- 2. Discard N95 respirators following use during aerosol generating procedures.

3. Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
4. 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.
5. Consider use of a cleanable face shield (preferred<sup>3</sup>) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls) to reduce surface contamination.
6. Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary, for comfort or to maintain fit).
7. Discard any respirator that is obviously damaged or becomes hard to breathe through.

## Crisis Capacity Strategies

### 1. Eye protection:

- a. Cancel all elective and non-urgent procedures and appointments for which eye protection is used by HCP.
- b. Use eye protection devices beyond the manufacturer-designated shelf life during patient care activities.
- c. Prioritize eye protection for activities such as: car activities where splashes and sprays are anticipated (aerosol generating), activities where prolonged face-to-face or close contact with potentially infectious patient is unavoidable.

### 2. Gowns:

- a. Shift grows to cloth isolation gowns that can be reused/washed.
- b. Use of expired gowns beyond the manufacturer-designated shelf life for training
- c. If **no** gowns are available, may consider using alternatives not evaluated as effective such as: disposable lab coats, reusable patient gowns, reusable lab coats, disposable aprons, etc.

### 3. Facemasks:

- a. Cancel all elective and non-urgent procedures and appointments for which a facemask is typically used by HCP.
- b. Use facemasks beyond the manufacturer-designated shelf life during patient care activities.
- c. Implement limited re-use of facemasks. Limited re-use of facemasks is the practice of using the same facemask by one HCP for multiple encounters with different patients but removing it after each encounter.
  - i. The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
  - ii. Not all facemasks can be re-used.
    1. Facemasks that fasten to the provider via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.

- 2. Facemasks with elastic ear hooks may be more suitable for re-use.
    - iii. HCP should leave resident/patient care area (resident room) if they need to remove the facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.
  - d. Prioritize facemasks for selected activities such as:
    - i. For provision of essential procedures
    - ii. During care activities where splashes and sprays are anticipated
    - iii. During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable
    - iv. For performing aerosol generating procedures, if respirators are no longer available
- 4. **N95 Respirator:**
  - a. Respirator *reuse* recommendations ***CDC recommends limiting reuse of N95 masks when caring for residents/patients with COVID-19.***

## RESOURCES

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-personnel-checklist.html>