**HIGHLIGHTS: Personal Protective Equipment**

Personal Protective Equipment (PPE) is now largely available for purchase. **Facilities are expected to be using PPE at conventional capacity.** The Centers for Disease Control and Prevention (CDC) provides the following recommendations for conventional capacity PPE use:

- Communities with minimal to no community transmission: adhere to Standard and Transmission-Based Precautions (TBP) based on anticipated exposures and suspected or confirmed diagnoses. PPE use may include: eye protection, N95 or equivalent or higher-level respirator, and other PPE. Universal use of well-fitting facemask for source control continues to be recommended for health care personnel (HCP) if not wearing a respirator mask.

- Communities with moderate to substantial community transmission: follow Standard Precautions (and Transmission-Based Precautions) based on the suspected diagnosis which includes using an N95 respirator or equivalent and face protection for applicable situations with increased risk of pathogen transmission.

**REVIEW & ACTION: COVID-19 Transmission Prevention Precautions**

<table>
<thead>
<tr>
<th>6 Key Areas</th>
<th>Required Actions</th>
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<tbody>
<tr>
<td><strong>N95 Masks</strong></td>
<td>N95 respirators or equivalent or higher-level respirators should be used for all aerosol generating procedures (including nebulizer treatments). Refer to aerosol generating procedures in the healthcare settings FAQ.</td>
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<td><strong>Masks for Protection</strong></td>
<td>One of the following should be worn by HCP while in the facility and for protection during resident care encounters:</td>
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<td>• NIOSH-approved N95 respirator, OR</td>
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<td>• A respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators, OR</td>
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<td>• Well-fitting facemask (e.g., facemask with nose wire to help conform to face; facemask with ties rather than ear loops; mask fitter; tying facemask ear loops and tucking in the side pleats; fastening ear loops behind head; cloth mask over facemask)</td>
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<td>o Additional information on strategies to improve fit/filtration are available in resources.</td>
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<td>o Implementation of new strategies/equipment to improve fit, HCP should receive training on how to safely don/noff including facility protocol for cleaning/disinfecting any reusable equipment. New strategies should not impede vision or ability to breathe.</td>
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<td>• Eye protection should be worn during patient care encounters to protect eyes from exposure to respiratory secretions.</td>
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## Community Transmission
CDC does not clearly define metrics to use to determine moderate to substantial community transmission. Providers may use the Centers for Medicare and Medicaid Services (CMS) color-coding methodology to determine community transmission levels.

## Outbreak Status
CDC recommends that during outbreaks, providers should care for all residents/patients using N95 or higher-level respirators, eye protection (e.g., goggles or face shield that covers front and sides of face), gloves, and gown.
- This includes anywhere direct care is provided, including dining rooms, therapy, etc.
- Outbreak is defined as a single new case of COVID-19 in a staff person or a nursing home onset infection in a resident.

## Managing Residents with Close Contact
HCP should wear N95 or higher-level respirator, eye protection, (e.g., goggles or a face shield that covers front and sides of face), gloves, and gown when caring for residents who have had close contact with a suspected or confirmed COVID-19 positive patient/resident.

## Unanticipated Encounters with Residents
Staff may have unanticipated encounters with residents outside of their rooms which may result in interactions with residents without full PPE or an N95 respirator.
- Providers are encouraged to develop policies and procedures to adhere to CDC recommendations, recognizing that there may be circumstances where full PPE or an N95 respirator is not worn during a patient/resident encounter.
- Providers should be prepared to share the policies and procedures with surveyors and show they are making good faith efforts to meet guidance.
- Providers should train and empower staff to monitor each other for support consistent with appropriate PPE.

### IMPORTANT COMPLIANCE TIPS
It is critical to comply with the latest guidelines. Here are the top three tips to help take action.
- Providers are strongly encouraged to read the CDC's interim infection prevention and control recommendations to prevent COVID-19 spread in nursing homes for additional guidance.
- Providers should also follow any local/state health department guidance.
- Audit hand hygiene and PPE compliance, including donning/doffing practices.

### ACT NOW TO ENSURE COMPLIANCE
**Auditing Hand Hygiene Practices: Citation at F880**
- Staff implement standard precautions (e.g., hand hygiene and appropriate use of PPE)
- Appropriate hand hygiene practices followed
ACTION BRIEF:
Personal Protective Equipment

- Alcohol-based hand rubs readily accessible and placed in appropriate locations (e.g., entrances to resident rooms, bedside [if appropriate], individual pock-sized containers for HCP, staff workstations, other convenient locations).
- Staff wash hands with soap and water when visibly soiled, or after caring for a resident confirmed or suspected of C. difficile infection or norovirus during an outbreak.
- Staff perform hand hygiene (even when gloves are worn) in following situations: before/after contact with resident; after contact with blood, bodily fluids, or visibly contaminated surfaces/objects and surfaces in resident’s environment; after removing PPE; and before performing procedures such as aseptic tasks (e.g., insertion of invasive devices such as urinary catheter, manipulation of central venous catheter, and/or dressing care)
- When being assisted by staff, resident hand hygiene is performed after toileting and before meals.
- Interview staff to determine if hand hygiene supplies are readily available and who they should contact for replacement supplies.
- Soap, water, and sinks are readily accessible in appropriate locations including, but not limited to, resident care areas, food and medication preparation areas.

Auditing PPE: Citation at F880

- Are staff appropriately using and discarding PPE including, but not limited to, the following:
  - Gloves worn if potential contact with blood or bodily fluids, mucous membranes, or non-intact skin;
  - Gloves are removed after contact with blood or bodily fluids, mucous membranes, or non-intact skin;
  - Gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care;
  - A gown is worn for direct resident contact if the resident has uncontained secretions or excretions;
  - A facemask is worn if contact (i.e., within 3 feet) with a resident with new acute cough or symptoms of respiratory infection (e.g., influenza-like illness);
  - Appropriate mouth, nose, and eye protection (e.g., facemasks, face shield) is worn for performing aerosol-generating (including nebulizer treatments) and/or procedures that are likely to generate splashes or sprays of blood or bodily fluids;
  - PPE is appropriately discarded after resident care, prior to leaving room, followed by hand hygiene; and
  - Supplies necessary for adherence to proper PPE use (e.g., gloves, gowns, masks, eye protection) are readily accessible in resident care areas (i.e., nursing units, therapy rooms).
- Complete an interview with appropriate staff to determine if PPE supplies are readily available and who they contact for replacement supplies.
ACTION BRIEF:  
Personal Protective Equipment

What facilities can do if PPE shortages exist:
- Providers should follow CDC’s Optimization Strategies. When Optimization Strategies are utilized, facilities need to document the following:
  - All efforts used to obtain PPE (including seeking other PPE suppliers outside usual supply chain, and other providers contacted in area for spare PPE); and
  - State/local health departments to notify them of the shortage and seek assistance in gaining additional PPE.

RESOURCES: Additional Materials to Help You