

 **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**

6 Key Areas

Required Actions

N95 Masks

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](#).

Masks for Protection

One of the following should be worn by HCP while in the facility and for protection during resident care encounters:

- NIOSH-approved [N95 respirator](#), OR
- A [respirator approved under standards used in other countries](#) that are similar to NIOSH-approved N95 filtering facepiece respirators, OR
- 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)
 - Additional information on strategies to improve fit/filtration are available in [resources](#).
 - Implementation of new strategies/equipment to improve fit, HCP should receive training on how to safely don/doff including facility protocol for cleaning/disinfecting any reusable equipment. New strategies should not impede vision or ability to breathe.
- Eye protection should be worn during patient care encounters to protect eyes from exposure to respiratory secretions.

ACTION BRIEF:
Personal Protective Equipment



<i>Community Transmission</i>	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.
<i>Outbreak Status</i>	<p>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.</p> <ul style="list-style-type: none"> • 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.
<i>Managing Residents with Close Contact</i>	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.
<i>Unanticipated Encounters with Residents</i>	<p>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.</p> <ul style="list-style-type: none"> • Providers are encouraged to develop policies and procedures to adhere to CDC recommendations, recognizing that there may be circumstances where full PPE or and 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.

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**

1. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
2. <https://www.cdc.gov/hicpac/recommendations/core-practices.html>
3. <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>
4. https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html?CDC_AA_refVal=https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html
5. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/n95-other-respirators.html>
6. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html#crisis>
7. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/mask-fit-and-filtration.html>
8. <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/>
9. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/general-optimization-strategies.html>