**COVID-19 Personal Protective Equipment (PPE)**

**Staff Practice**

**General Information**

**COVID-19 Personal Protective Equipment (PPE) Staff Practice**

**Overview and General Information**

The elevated risk COVID-19 poses to nursing home residents requires staff to implement a variety of infection prevention and control measures. Prior to and during the public health emergency (PHE), staff used standard precautions for all resident care activities involving potential blood or body fluid exposures. Transmission-based precautions – contact, droplet, airborne – “are the second tier of basic infection control.”1  These precautions are used in addition to standard precautions whenever residents who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.

During this COVID-19 Pandemic, understanding of COVID-19 transmission continues to evolve. Best practice recommendations on the use of Personal Protective Equipment (PPE) during the PHE have been updated multiple times based upon new knowledge about the virus as well as its presence within our buildings, our community, our state, and our country. Additionally, PPE shortages at certain times and/or in certain areas has resulted in recommendations from the Centers for Disease Control and Prevention (CDC) for conventional, contingency, and crisis usage criteria.

Federal requirements of participation at §483.80 Infection Control (F880) require the use of PPE for compliance with both standard precautions and transmission-based precautions. Preventing contamination of clothing and skin during the PPE removal process is also required.

PPE is specialized clothing or equipment worn by a staff member for protection against infectious materials. PPE prevents contact with an infectious agent or body fluid that may contain an infectious agent by creating a barrier between the potential infectious material and the staff member.

PPE includes the following items:

* Gloves
* Gowns
* Face Shield or Goggles
* Facemask
* N95 or Higher Respirator

Gloves are worn when it can be reasonably anticipated that contact with blood or other potentially infectious material, mucous membranes, nonintact skin, or potentially contaminated intact skin could occur. Disposable medical examination gloves with proper fit are worn for providing direct resident care. The gloves should be changed if the hands move from a contaminated body-site to a clean body site. Disposable medical examination gloves or reusable utility gloves are used for cleaning the environment or medical equipment.

Gowns protect the skin and prevent contamination of clothing during procedures and resident care activities when contact with blood, body fluids, secretions, or excretions is anticipated or when there are uncontained secretions or excretions.

Staff use PPE to protect the mucous membranes of the eyes, nose, and mouth during procedures and resident care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions. Masks, respirators, goggles, face shields, and combinations of these may be needed depending upon the task. Some procedures generate aerosols (e.g., bronchoscopy, suctioning of the respiratory tract, endotracheal intubation, tracheostomy care) and require properly fitted and/or full facial coverage.

It will be essential for facility leadership to implement a respiratory protection program consistent with the OSHA’s Respiratory Protection standard (29 CFR 1910.134). Leaders may review the OSHA® “Respiratory Protection Guidance for the Employers of Those Working in Nursing Homes, Assisted Living, and Other Long-Term Care Facilities During the COVID-19 Pandemic” as a guide.

The Centers for Medicare and Medicaid Services (CMS) provided reopening considerations in QSO-20-30-NH, (Revised 9/28/2020). This document describes phases of the plan for “Opening Up America Again.” Specific PPE considerations include the following:

* Phases 1, 2, and 3 of Reopening
  + Universal Source Control
    - Everyone in the facility (including residents and visitors) wear a cloth face covering or facemask.
      * Note: Cloth face coverings are not PPE.
* Phase 1 of Reopening (Highest Level of Vigilance and Mitigation)
  + All staff wear appropriate PPE when they are interacting with residents to the extent PPE is available and consistent with CDC guidance on optimization of PPE. Staff wear cloth face covering if facemask is not indicated.
* Phase 2 and Phase 3 of Reopening
  + All staff wear appropriate PPE when indicated. Staff wear cloth face covering if facemask is not indicated, such as administrative staff.

CMS requires nursing facilities to monitor and to report PPE supplies on a weekly basis. This data is shared with federal and state emergency management agencies to prioritize stockpile distributions.

Due to surge capacities when PPE supplies are stressed, running low, or absent, the Centers for Disease Control and Prevention (CDC) have recommended strategies to optimize PPE in healthcare settings.

**References and Resources**

1Centers for Disease Control and Prevention. Transmission-Based Precautions. <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>

Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease (COVID-19) Pandemic (Updated Feb. 10, 2020)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Centers for Disease Control and Prevention. Isolation Precautions

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

Centers for Disease Control and Prevention. Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages (Updated Dec. 10, 2020)

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

Centers for Medicare and Medicaid Services. QSO-20-30-NH Nursing Home Reopening Recommendations for State and Local Officials (May 18, 2020) (Revised September 28, 2020)

<https://www.cms.gov/files/document/qso-20-30-nh.pdf>

Centers for Medicare and Medicaid Services. QSO-20-38-NH Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool (August 26, 2020)

<https://www.cms.gov/files/document/qso-20-38-nh.pdf>

Centers for Medicare and Medicaid Services. State Operations Manual Appendix PP – Guidance to Surveyors for Long Term Care Facilities

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

Occupational Safety and Health Administration (OSHA®). Respiratory Protection Guidance for the Employers of Those Working in Nursing Homes, Assisted Living, and Other Long-Term Care Facilities During the COVID-19 Pandemic (DOL-OSHA-OOC-2020-103): <https://www.osha.gov/sites/default/files/respiratory-protection-covid19-long-term-care.pdf>

Occupational Safety and Health Administration (OSHA®). Standard Number 1910.134: PPE: Respiratory Protection: <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>