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

**Staff Practice**

**General Information**

**SARS-CoV-2 Personal Protective Equipment (PPE) Staff Practice**

**Overview and General Information**

The elevated risk COVID-19 or SARS-CoV-2 poses to nursing home residents requires healthcare personnel (HCP) to implement a variety of infection prevention and control measures. Standard precautions are to be used 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.

Best practice recommendations on the use of Personal Protective Equipment (PPE) includes, “If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-based Precautions if required based on the suspected diagnosis).”2

In facilities where the Community Transmission of SARS-CoV-2 is high, it is recommended that facilities “consider implementing broader use of respirators and eye protection by HCP during patient care encounters.”2 This includes the use of NIOSH-approved particulate respirators with N95 filters or higher for:

* All aerosol-generating procedures
* All surgical procedures
* When resident is not able to use source control and area is poorly ventilated
* “Universal use of NIOSH-approved particulate respirators with N95 filters or higher for HCP during all patient care encounters or in specific units or areas of the facility at higher risk for SARS-CoV-2 transmission”2

In addition, in facilities where the Community Transmission of SARS-CoV-2 is high, it is recommended that staff wear eye protection (i.e., goggles or a face shield that covers the front and sides of the face) for all patient encounters.

Community Transmission information can be accessed at: <https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk>

When caring for a resident with suspected or confirmed SARS-CoV-2, proper use of PPE is essential. Guidance includes:

* HCP entering a room with a resident suspected or confirmed with SARS-CoV-2 should follow:
	+ Standard Precautions
	+ Use a NIOSH-approved particulate respirator with N95 filter or higher
	+ Gown
	+ Gloves
	+ Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)

CDC has updated guidance and clarified the use of source control and N95 respirators. “When used solely for source control, any of the options listed above could be used for an entire shift unless they become soiled, damaged, or hard to breathe through. If they are used during the care of patient for which a NIOSH-approved respirator or facemask is indicated for personal protective equipment (PPE) (e.g., NIOSH-approved particulate respirators with N95 filters or higher during the care of a patient with SARS-CoV-2 infection, facemask during a surgical procedure or during care of a patient on Droplet Precautions), they should be removed and discarded after the patient care encounter and a new one should be donned.”2

As guidance continues to evolve, be sure to follow the CDC, CMS and State’s most updated guidance on optimizing PPE.

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 (Fit-tested)

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.

CMS requires nursing facilities to monitor and to report PPE supplies and shortages. 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>

2Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, Updated Sept. 23, 2022:

<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 (Revised 09/23/2022): <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>

Centers for Medicare & Medicaid Services. State Operations Manual. Appendix PP – Guidance to Surveyors for Long Term Care Facilities, Advanced Copy, 06/29/22: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.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>