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

**Staff Practice**

**Leaders Guide**

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

**Leader’s Guide**

Since the COVID-19 Pandemic has been declared, facilities have faced many challenges with obtaining, using, adherence and compliance. Guidance has changed multiple times and staying up-to-date with the most current information is crucial for safety, quality and compliance.

Over the pandemic, there have been changes in optimizing PPE due to supply and demand. Today, PPE for the care of a resident with suspected or confirmed COVID-19 includes a fit-tested, NIOSH-approved, N95 or higher respirator, gown, gloves and eye protection (goggles or face shield that covers both the front and sides of the face). NIOSH-approved particulate respirators with N95 filters or higher when used during the care of a resident with COVID-19 infection or a resident on droplet precautions, “they should be removed and discarded after the patient care encounter and a new one should be donned.”1

The CDC also outlines source control options for healthcare employees to include:

* “A NIOSH-approved particulate respirator with N95 filters or higher
* A respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators (Note: These should not be used instead of a NIOSH-approved respirator when respiratory protection is indicated);
* A barrier face covering that meets ASTM F3502-21 requirements including Workplace Performance and Workplace Performance Plus masks; OR
* A well-fitting facemask.”1

The ongoing need to be aware of and implement the most up-to-date guidance is crucial for leaders for quality and for compliance.

Today, nursing home leaders not only must keep strategic and operational goals in mind but must also pay close attention to daily organizational life. Successful leaders and managers rely upon internal and external relationships with residents, resident representatives, staff, vendors, and community partners in the continuum of care. Mutual support comes from clear, transparent, empathetic communication. A turn from the old ways of doing things toward creativity and active participation in problem solving can be a welcome discovery.

Some areas to be considered for review and focus for Personal Protective Equipment (PPE) Staff Practice related to COVID-19 and reopening include:

* Staff Resources
	+ Infection Preventionist
	+ Administrator
	+ Medical Director
	+ Attending Physicians and Physician Extenders
	+ Director of Nursing
	+ Nurse Managers, MDS Coordinators, Quality Assurance Coordinators
	+ Staff Development
	+ Rehabilitative and Restorative Staff
	+ Frontline Nurses and Certified Nursing Assistants
	+ Human Resources
	+ Nursing Department Scheduler
	+ Purchasing Agents and Supply Clerks
	+ Social Services Staff
	+ Activities Staff
	+ Environmental Services Staff (Housekeeping, Laundry, Maintenance)
	+ Food and Nutrition Services Staff
	+ Business Office/Administrative/Clerical Staff
	+ Volunteers
* Policies and Procedures for Personal Protective Equipment (PPE)
* Education
	+ Infection Prevention and Control Program (F880)
	+ Emergency Management Plan
	+ Outbreak Management Plan
	+ Infection Preventionist (F881)
	+ Long Term Care Survey Pathway “Infection Prevention, Control, and Immunizations” (CMS-20054)
	+ CMS Memos and updates
	+ COVID-19 Focused Survey for Nursing Homes
	+ Burn Rate Calculations
	+ PPE Supply Reporting Requirements
* Documentation/Communication
	+ Baseline care plan
	+ Comprehensive care plan
	+ PPE Ordering, Inventory, CDC Reporting
* Quality Assurance
	+ Processes
		- Medical Record Documentation
		- Resident, Staff, and Visitor Interviews
		- Observation of Staff PPE Use – Process Surveillance Audits
		- Signage Related to Precautions
		- Competency Checks
		- Ordering and Stocking PPE
			* Calculating Burn Rates
		- Reporting/Communication
			* PPE Ordering, Inventory, NHSN Reporting
			* Competency Checks – Usage, Donning/Doffing
	+ Outcomes
		- 24 Hour Reports
		- Line Lists
		- Audit Results
		- QAPI Process

**References and Resources**

1Centers 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. Optimizing Supply of PPE and Other Equipment during Shortages. Updated July 16, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/general-optimization-strategies.html>

Centers for Disease Control and Prevention. Personal Protective Equipment (PPE) Burn Rate Calculator. Updated Mar. 24, 2021: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>

Centers for Disease Control and Prevention. Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages. Updated Dec. 29, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html>

\*\***Please note: CDC is reviewing this page to align with updated guidance**

Centers for Medicare and Medicaid Services. Long Term Care Survey Pathway Infection Prevention, Control, and Immunizations (CMS-20054) Updated 10/2022:

Available for download at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>

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>