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PPE Preservation

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Why?

- **Purpose:** To offer a series of strategies or options to optimize supplies of PPE including eye shields, gown and facemasks when there is limited supply.

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Three general categories have been used to describe need when related to the use of PPE in a health care setting in order to prioritize measures to conserve PPE supplies along the continuum of care.

Conventional capacity: measures consist of providing resident care without any change in daily contemporary practices..
Contingency capacity: measures may change daily standard practices but may not have any significant impact on the care delivered to the resident or the safety of healthcare personnel (HCP).
Crisis capacity: strategies that are not commensurate with U.S. standards of care. These measures, or a combination of these measures, may need to be considered during periods of known PPE shortages.

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Strategies are needed based on:

Understanding your PPE Inventory

Understanding the utilization rate of PPE

Communicating with local healthcare coalitions, federal, state and local public health partners regarding identifying additional supplies

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Implementation of other control measures such as:

*Reducing the number of residents going to the hospital or outpatient settings
*Excluding HCP not essential for resident care from entering their care area
*Reducing face-to-face team member encounters with residents
*Excluding visitors to residents with confirmed or suspected COVID-19
*Cohorting residents and team members
*Maximizing use of telemedicine

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Extended Use

Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different residents without removing eye protection between patient encounters.

Eye wear can be worn by same team member for the entire shift

Can be applied to disposable and reusable devices
- Goggles
- Disposable eye shields

Consider using safety glasses (e.g., trauma glasses) that have extensions to cover the side of the eyes.

Eye Protection should be removed and cleaned if it becomes visibly soiled or if it is difficult to see through.

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If a disposable eye shield is reprocessed, it should be dedicated to one team member and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on.

Eye protection should be discarded if damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).

Team members should take care not to touch their eye protection. If they touch or adjust their eye protection they must immediately perform hand hygiene.

The team member should leave resident area if they need to remove their eye protection

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Eye Protection Strategies

- Cancel all elective and non-urgent procedures and appointments for which eye protection is typically used by team member.
- Use eye protection devices beyond the manufacturer-designated shelf life during resident care activities
- Prioritize eye protection for selected activities such as:
  - During care activities where splashes and sprays are anticipated
  - During activities where prolonged face-to-face or close contact with a potentially infectious resident is unavoidable.

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Considerations…

Exclude team member at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients.
During severe resource limitations, consider excluding HCP who may be at higher risk for severe illness from COVID-19, such as those of older age, those with chronic medical conditions, or those who may be pregnant, from caring for patients with confirmed or suspected COVID-19 infection.

Designate convalescent team member for provision of care to known or suspected COVID-19 residents.
It may be possible to designate HCP who have clinically recovered from COVID-19 to preferentially provide care for additional patients with COVID-individuals who have recovered from COVID-19 infection may have developed some protective immunity, but this has not yet been confirmed.

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Isolation Gown Strategies

Consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same team member when interacting with more than one resident known to be infected with the same infectious disease when these residents housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). T

This can be considered only if there are no additional co-infectious diagnoses transmitted by contact (such as *Clostridioides difficile*) among residents. If the gown becomes visibly soiled, it must be removed and discarded.

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Isolation Gown Strategies

For care of residents with suspected or confirmed COVID-19, team members risk from re-use of cloth isolation gowns without laundering among (1) single team member caring for multiple residents using one gown or (2) among multiple team members sharing one gown is unclear. The goal of this strategy is to minimize exposures to the team member and not necessarily prevent transmission between residents. Any gown that becomes visibly soiled during resident care should be disposed of and cleaned.

Prioritize gowns.
Gowns should be prioritized for the following activities:

During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures

During the following high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as:

- Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care

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When no Gowns are Available

Consider using gown alternatives :

In situation of severely limited or no available isolation gowns, the following pieces of clothing can be considered as a last resort for care of COVID-19 patients as single use. However, none of these options can be considered PPE, since their capability to protect the team member is unknown. Preferable features include long sleeves and closures (snaps, buttons) that can be fastened and secured.

Disposable laboratory coats

Reusable (washable) patient gowns

Reusable (washable) laboratory coats

Disposable aprons

Combinations of clothing: Combinations of pieces of clothing can be considered for activities that may involve body fluids and when there are no gowns available:

- Long sleeve aprons in combination with long sleeve patient gowns or laboratory coats
- Open back gowns with long sleeve patient gowns or laboratory coats
- Sleeve covers in combination with aprons and long sleeve patient gowns or laboratory coats
- Trash Bags over disposable aprons

Reusable patient gowns and lab coats can be safely laundered

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Facemasks Strategies

Use facemasks beyond the manufacturer-designated shelf life during patient care activities.

Implement limited re-use of facemasks**.**

> Limited re-use of facemasks is the practice of using the same facemask by one team members for multiple encounters with different residents but removing it after each encounter.

The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.

The team member should leave resident area if they need to remove the facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.

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When Face Masks are Unavailable

Exclude team members at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 residents

Designate convalescent team members for provision of care to known or suspected COVID-19 residents.

Use a face shield that covers the entire front (that extends to the chin or below) and sides of the face with no facemask.

HCP use of homemade masks:
In settings where facemasks are not available, team members might use homemade masks (e.g., bandana, scarf) for care of residents with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect team members is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.

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Self Isolation

- 14 Days
- Requires use of PPE
- Requires use of Individualized Screening Tool Daily
  - Every 4 hour check for symptoms including temperature check
- Required if:
  - symptoms including fever, cough or SOB (any one of the three)
  - New move in
  - Return from hospital ER, admission, rehab
  - Return from leaving the community

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Notify COVID Response Team If:

- Prior to sending resident to the hospital
- If symptoms worsen or the resident does not improve
- Prior to resident returning from the hospital to the community

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