

Optimizing Personal Protective Equipment (PPE) in Long-Term Care Facilities

PPE

Conventional

Contingency

Crisis



N95 Respirators

- Discard respirator between each resident encounter or when soiled/damaged.
- Staff working on a COVID-only unit should not break the seal to change respirators between patients, but should discard the respirator upon exiting the unit or when soiled/damaged.
- Use all respirators within the recommended use date.
- Ensure staff have been fit-tested and appropriately trained on respirator use.

- Extend respirator use for encounters with multiple residents by use of a disposable face shield or surgical mask over the respirator.
- Discard respirators after each removal, when soiled/damaged, or after performing aerosol generating procedures.
- Utilize expired respirators.
- Temporarily suspend fit-testing while resources are actively sought. Staff should perform user seal checks with each donning.

- Reuse of respirators for up to five donnings, provided time between donnings exceeds 72 hours.
- May use respirators after administering aerosol generating procedures, ideally with a face shield or surgical mask worn over the respirator.
- Prioritize respirators for higher risk encounters (i.e., patients with confirmed or suspected COVID-19 infection).
- May utilize KN95s or other respirators approved for use in other countries.



Facemasks

- Masks may be worn for extended periods, including **multiple** resident encounters, when **standard** precautions apply.
- Discard masks after **each** encounter with residents on **transmission-based precautions** to extend respirator wear, including masks worn over N95 respirators.
- Discard masks after removal or when soiled/damaged.
- Use masks according to product labeling within the manufacturer-designated shelf life.

- Wear masks for encounters with multiple residents on transmission-based precautions.
- Discard masks after close, prolonged contact with residents on transmission-based precautions or if soiled/damaged, and after each removal.
- Allow non-clinical staff to wear cloth face coverings for source control in non-resident areas of the facility.
- Masks may be used past the recommended shelf life for activities not involving resident contact.

- Masks may be used beyond recommended shelf life for resident care.
- Limit reuse of masks by the same caregiver.
- Prioritize masks for situations where splashes or spray is anticipated and for higher risk encounters (i.e., patients with confirmed or suspected COVID-19).
- Allow clinical staff to wear cloth face coverings to provide resident care, ideally combined with a face shield that covers the entire front and sides of the face.



Eye Protection

- Use FDA-approved face shield or goggles to provide eye protection from splashes, spray, or droplets.
- Remove disposable eye protection and discard after each resident encounter.
- Clean and disinfect reusable eye protection after each resident encounter.
- Use eye protection according to product labeling by the manufacturer-designated shelf life.

- Wear eye protection for multiple resident encounters (disposable or reusable).
- Discard, clean or disinfect eye protection after close, prolonged contact, when soiled/damaged or after removal.
- May perform cleaning and disinfection of disposable eye protection for limited reuse by a single healthcare worker.

- Use of eye protection beyond the recommended shelf life is acceptable.
- Prioritize eye protection for higher risk encounters (i.e., patients with confirmed or suspected COVID-19 infection) and activities where splashes or spray is anticipated.
- Consider use of safety glasses or trauma glasses, although these offer incomplete protection against droplets and splatter.



Gowns

- Ensure all staff wear gowns who enter the room of any resident on transmission-based precautions or for situations where splashes or splatter is anticipated.
- Discard/laundry gowns after each resident encounter.
- Use FDA-approved isolation gowns or alternatives that offer equivalent or higher level protection of fluid resistance/permeability.

- During a COVID-19 outbreak, prioritize gowns for higher risk activities.
 - All contact/proximity to residents with confirmed or suspected infection.
 - Close, prolonged contact or aerosol generating procedures of all residents.
- Consider suspending use for multi-drug resistant organisms endemic to the region.
- Wear gowns at any time contact with body fluids, splashes, or splatter is anticipated.
- Use internationally approved gowns or coveralls.

- Wear gowns for encounters with multiple residents who are cohorted with the same infection (i.e., a COVID-19 unit).
- Use gown alternatives (patient gowns, laboratory coats, aprons).
- Gowns may be reworn by the same staff member caring for the same resident.



Gloves

- Use FDA-approved, medical gloves within the recommended use date.
- Wear gloves as indicated by standard or transmission-based precautions.
- Wear gloves when handling cleaning chemicals or chemotherapy/hazardous drugs.
- Wear sterile gloves for surgical or sterile procedures.
- Change gloves when soiled and between each resident encounter.

- May use non-FDA approved healthcare grade (or similar) gloves.
- May use gloves past recommended shelf life for situations not involving exposure to pathogens (training, food prep, or cleaning activities not involving bodily fluids).
- Cancel/postpone non-essential procedures and/or cares that require the use of gloves.

- Gloves may be used past recommended shelf life for patient care.
- Prioritize use of medical gloves for handling of hazardous materials, contact with bodily fluids or infectious materials, and higher risk situations (i.e., patients with confirmed or suspected COVID-19 infection).
- Use non-healthcare gloves (food handlers gloves, etc.).
- Extended use of disposable, medical gloves is acceptable.

Implementation

1. Assess

Use [this](#) calculator to determine your PPE burn rate. Estimate rates for conventional use under typical conditions.

2. Acquire

Order sufficient supply to both meet current demand and retain an emergency reserve. Obtain fit testing resources.

3. Maintain

Appoint someone to monitor and reorder supply regularly. Ensure fit testing is updated annually and as needed.

Contingency Strategies are appropriate temporary measures to prevent shortages when supply is difficult to obtain or when high utilization rates threaten PPE reserves, such as during a COVID-19 outbreak.

Crisis Strategies may be utilized as a temporary bridge in times of severe shortage until supply can be replenished.



<http://health.utah.gov/epi>
PH 801-538-6191 | Fax 801-538-9923

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