Personal Protective Equipment (PPE) Requirements for Long-Term Care Facility Staff

	Face Mask*	Respirator/N95*	Gloves	Eye Protection	Gown		
Residents with Confirmed/	Suspected COVID-19 (Ir	ncluding any resident wi	th symptoms)				
Direct physical care		\checkmark	\checkmark	\checkmark	\checkmark		
Close proximity to		✓	<u> </u>		1		
resident(s)		•	•		•		
Resident room, distanced		\checkmark	\checkmark	\checkmark	\checkmark		
Residents on Quarantine							
Direct physical care		\checkmark	✓	✓	\checkmark		
Close proximity to		1	1		\checkmark		
resident(s)		•	•	-	•		
Resident room, distanced		✓	✓	\checkmark	\checkmark		
Multiple Infected Residents	s OR Persistent Transmi	ssion Despite Containm	ent Strategies**				
Direct physical care		\checkmark	✓	✓	\checkmark		
Close proximity to		1	1	\checkmark	\checkmark		
resident(s)		•	•	-	•		
Resident room, distanced		\checkmark	✓	✓	\checkmark		
Resident common areas,	\checkmark			1			
distanced				·			
Employee only areas	\checkmark			\checkmark			
Substantial or High Commu	inity Transmission OR D	ouring an Outbreak					
Aerosol generating							
procedures (suctioning,		\checkmark	\checkmark	\checkmark	\checkmark		
nebulizer, CPAP, etc.)							
Resident rooms	✓			\checkmark			
Resident common areas	✓			✓			
Employee only areas	\checkmark						



	Face Mask*	Respirator/N95*	Gloves	Eye Protection	Gown		
Low to Moderate Community Transmission and No Current Outbreak							
Aerosol generating procedures (suctioning,	\checkmark		\checkmark	\checkmark			
nebulizer, CPAP, etc.) Resident rooms	✓						
Resident common areas	✓						
Employee only areas, unvaccinated staff	√						
Employee only areas, up to date*** staff							
Recommendations By Proc	edure						
COVID-19 testing		\checkmark	\checkmark	\checkmark	\checkmark		
Soiled linen change/ incontinence care	\checkmark		\checkmark	\checkmark	\checkmark		
Bathing/showering residents	\checkmark		\checkmark	✓	\checkmark		
Venipuncture	✓		\checkmark				
Wound care	✓		✓		\checkmark		
Peri-care	✓		\checkmark				
Oral care	\checkmark		\checkmark				
Feeding assist/meal prep	\checkmark		\checkmark				

*An N95 or higher is considered respirator protection provided it has been fit-tested and staff are trained regarding proper use and seal check. Face mask should be a well-fitting surgical mask, KN95 or other medical-grade mask. Cloth masks are generally not recommended for facility staff unless worn over a disposable mask to enhance fit.

**As recommended by HAI. Please contact your HAI consultant with any questions or email hai@utah.gov.

*** Up to date refers to an individual who has received the primary COVID-19 vaccination series as well as any booster dose when recommended.

