



# Skilled Nursing Facility (SNF) COVID-19 Mitigation Plan (All Facilities Letter 20-52): Personal Protective Equipment

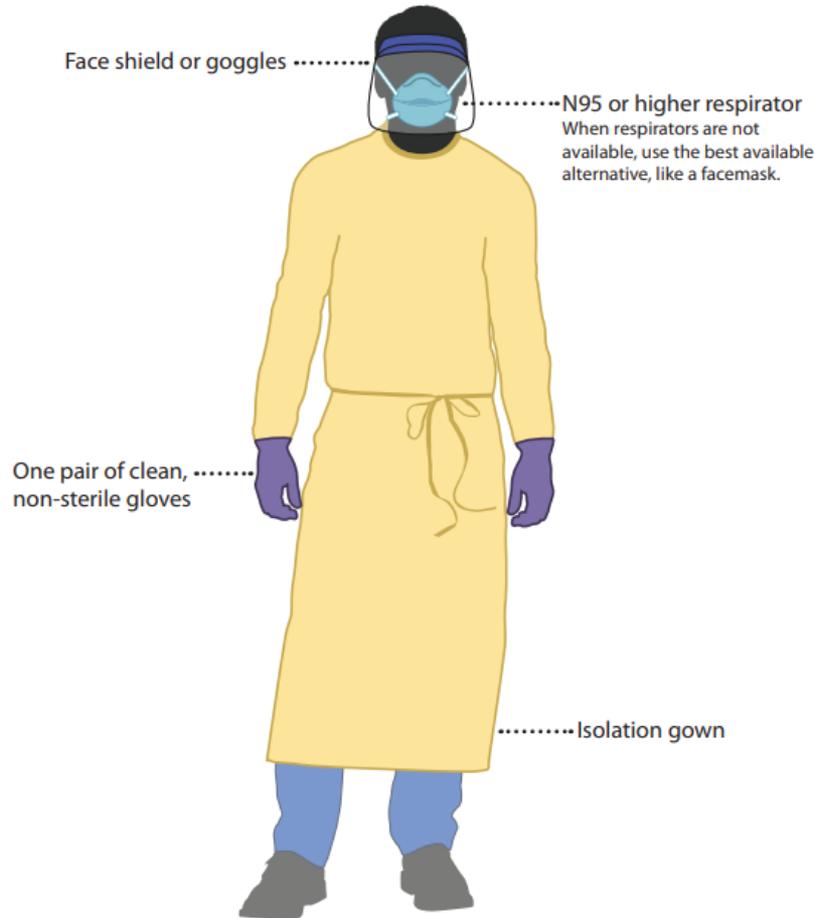
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Health Services Advisory Group  
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# Objectives

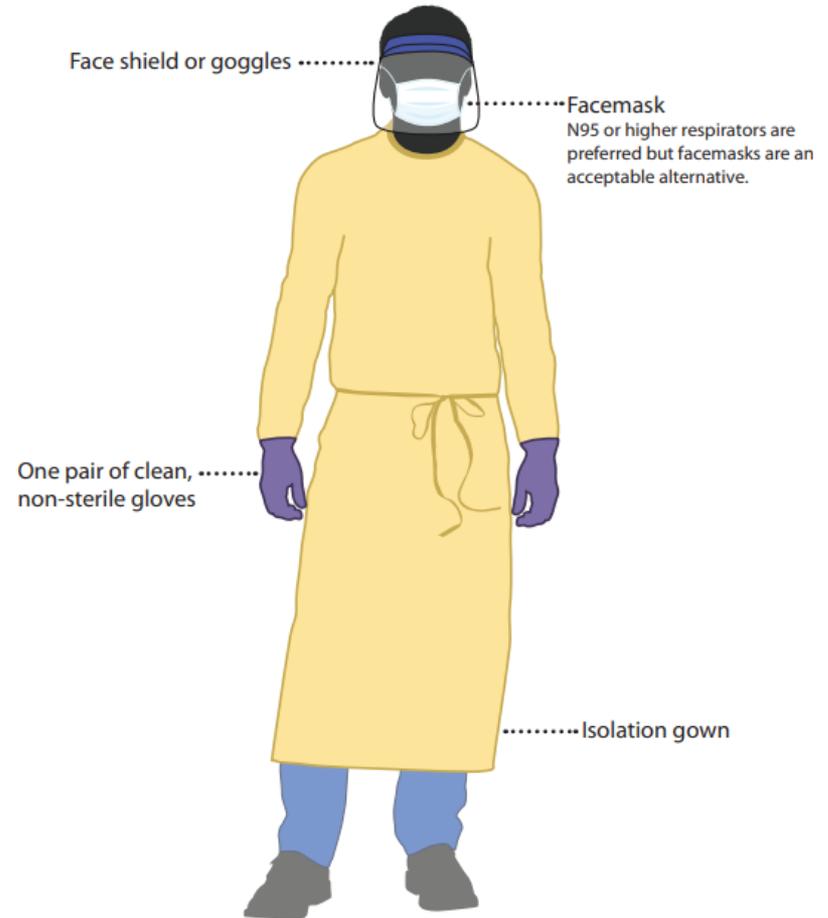
- Review California Department of Public Health (CDPH) All Facilities Letter (AFL) 20-52.
  - Element 3: personal protective equipment (PPE) required for COVID-19 transmission-based requirements
- Discuss strategies for extended use of PPE.

# What Does Appropriate PPE Look Like?

## Preferred PPE – Use N95 or Higher Respirator



## Acceptable Alternative PPE – Use Facemask



# Proper Use of PPE

- **Donning** correctly includes safety checks (integrity of PPE, seal-check each time an N95 is donned).
- **Doffing**
  - **Slow, deliberate process**  
*(must be separate from donning area)*
    - Recommend buddy system
    - Use checklist (*CDC<sup>1</sup> already has one created*)  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
- Practice, practice, practice.  
Training and practice will be ongoing.

# PPE Plan



- SNF must have a plan for adequate PPE supply
  - Types to be kept in stock
    - N95 respirators, facemasks, face shields, goggles gowns, gloves
- Duration stock is expected to last
- Information on established contracts or relationships with vendors
- Per [AFL 20-43.3](#), report PPE and hygiene supplies to CDPH
- CDPH will report this information on behalf of facilities through the SNF COVID-19 Survey. Facilities must first enroll in the CDC's National Health Safety Network (NHSN) system and then confer rights to CDPH

# CDC PPE Burn Rate Calculator

Calculator		Graphs		Instructions			
Box A		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
		XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020
		<b>How Many COVID-19 Patients are Being Treated at Start of the Day? Enter Below.</b>					
Number of Suspected and Confirmed COVID-19 Patients		20	20	28	26	35	
Type of PPE	Size/Brand	<b>How Many Full Boxes Are Remaining at Start of the Day? Enter Below.</b>					
Gowns	Size 1	500	475	400	350		
	Size 2						
	Size 3						
Gloves	small						
	medium						
	large						
	extra large						
Respirators							

[www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html)

# PPE Shortages—What To Do?

Keep  
Corporate  
Informed

Establish  
Vendor  
Relationships

Request  
Emergency  
PPE

- If part of a corporation—keep corporate contact informed of your usage and anticipated needs
- If not done already—establish relationship with your local PPE vendor
- Ahead of critical PPE need—contact local public health (LPH) to request emergency PPE from the Medical and Health Operational Area Coordinator (MHOAC)

# Appropriate PPE (for Source Control)—1

- Facemasks (or respirators, if needed for PPE)
  - All HCP<sup>1</sup> at all times while in the building
  - HCP should practice extended use of facemask or respirator
    - No N95s with an exhaust valve—they do NOT provide source control
- HCP may change into cloth face covering upon leaving SNF
- Cloth face covers
  - Residents, limited visitors, staff not in the resident care areas, such as kitchen or administration
  - NOT for HCP while in the building

# Appropriate PPE—2

- Goggles or face shield
  - When caring for suspected or known COVID-19 resident
  - Or any time body fluid splash is anticipated
- Gown
  - When caring for suspected or known COVID-19 resident
  - Or any time body fluids splash is anticipated
  - May be disposable or washable fluid resistant material
- Gloves
  - Hospital-grade disposable exam gloves



Image source: CDPH

# Appropriate PPE—3

- N95 respirators
  - When performing care for residents with suspected or confirmed COVID-19
  - Fit test for the brand N95 being used
  - Always perform seal check to ensure proper fit

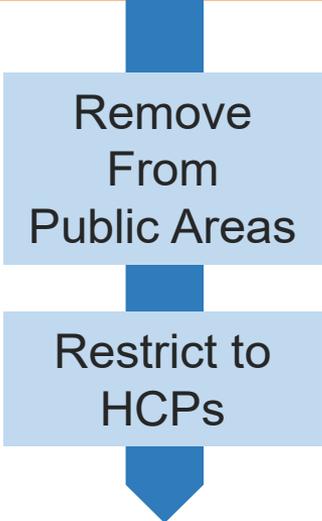


*Performing seal check*

## **Filter out Confusion: Frequently Asked Questions About Respirator Protection**

[www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf?id=10.26616/NIOSH PUB2018130](https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf?id=10.26616/NIOSH PUB2018130)

# Facemasks—Contingency Strategies



Remove  
From  
Public Areas

Restrict to  
HCPs

- Remove supply of facemasks for visitors in public areas.
- Restrict to use by HCP, rather than patients, for source control.

# Facemasks—**Crisis** Strategy

- Use beyond the manufacturer-designated shelf life, provided that visual inspection prior to use does not reveal concerns that prompt discarding.
- If no facemasks are available, use a face shield that covers the entire front (that extends to the chin or below) and sides of the face.
- Consider use of homemade masks as a last resort, ideally with a face shield that covers the entire front and sides of the face.

# N95 Respirators—Contingency Strategy

OSHA  
Guidance

Shelf Life

Extend Use

- Temporarily suspend annual fit testing of respirators, per interim guidance from OSHA.<sup>1</sup>
- Use respirators beyond the manufacturer designated shelf life for training and fit testing.
- Implement extended use.
  - Practice wearing the same N95 respirator for repeated close contact encounters with several different patients, without removing the respirator between patients, preferably in a cohort setting.

1. OSHA=Occupational Safety and Health Administration

# N95 Respirators—Crisis Strategies

- Use beyond the manufacturer-designated shelf life, provided that visual inspection prior to use does not reveal concerns that prompt discarding.
- Use respirators approved under standards used in different countries that are similar to the CDC's National Institute for Occupational Safety and Health (NIOSH)-approved respirators.
- Limited reuse of respirators.
- Use of additional respirators beyond the manufacturer-designated shelf life for healthcare delivery that have not been evaluated by NIOSH.

# KN95 Respirators

- NIOSH does not acknowledge “KN95” as a level of approved respiratory protection.
- CDPH does not acknowledge “KN95” as a level of approved respiratory protection.

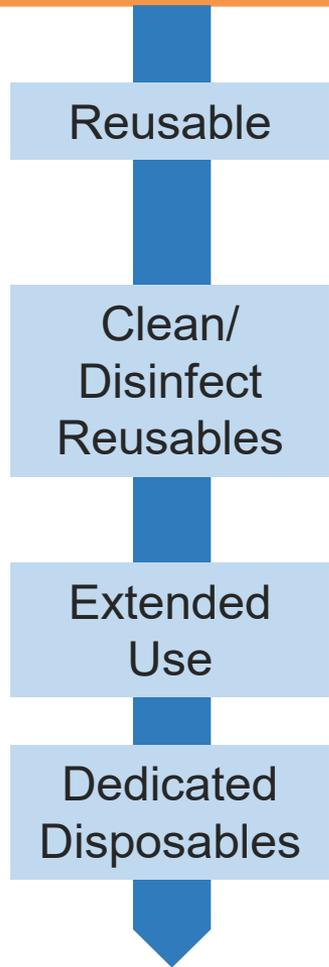
# Decontamination and Reuse of N95 Respirators

- Performed by Battelle Critical Care Decontamination System (CCDS)
- SNF must:
  - Sign service agreement
  - Collect used N95 according to instructions
- Battelle CCDS will:
  - Pick up contaminated N95 free of charge
  - Decontaminate N95 respirators
  - Return to facility

## **Battelle N95 CCDS Informational Packet**

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/Battelle%20Information%20Packet-ada.pdf>

# Face Shields & Eye Protection—Contingency Strategies



- Shift supplies from disposable to reusable.
- Ensure appropriate cleaning and disinfection between users if goggles or reusable face shields are used.
- Implement extended use.
- Dedicate a disposable face shield to one HCP if it will be reprocessed.

# Face Shields & Eye Protection – Crisis Strategies

- Use beyond the manufacturer-designated shelf life, provided that visual inspection prior to use does not reveal concerns that prompt discarding.
- Consider using safety glasses (e.g., trauma glasses) that have extensions to cover the side of the eyes.

# Gowns—Contingency Strategy

Cloth Gowns

Coveralls

Shelf Life

International Standards

- Shift gown use toward cloth isolation gowns that can be safely laundered, and ensure routine inspection, maintenance, and replacement.
- Consider the use of coveralls and provide HCP with proper training and practice prior to their use in patient care.
- Use expired gowns beyond the manufacturer designated shelf life for training.
- Use gowns or coveralls conforming to international standards.

# Gowns—Crisis Strategy 1

- Extended use of isolation gowns, worn by the same HCP when interacting with cohorted patients if there are no additional co-infectious diagnoses transmittable by contact among patients.
- Reuse cloth isolation gowns to minimize exposures to HCP, but not necessarily to prevent transmission between patients.
- Consider suspending use of gowns for endemic multidrug resistant organisms (e.g., MRSA, VRE, ESBL-producing organisms).

MRSA=Methicillin-resistant *Staphylococcus aureus*

VRE= Vancomycin-resistant enterococci

ESBL= extended spectrum beta-lactamase

# Gowns—Crisis Strategy 2

- When no gowns are available, consider using certain gown alternatives, which have not been evaluated as effective, as a last resort (e.g., disposable laboratory coats, washable patient gowns, washable laboratory coats, or disposable aprons). Combinations are optimal:
  - Long-sleeve aprons 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

# Summary

Full-time  
Trained IP

Online  
IP Training

Daily PPE  
Inventory

Extend Use  
of PPE

- The nature of the very vulnerable population in SNFs necessitates the need for a full-time trained infection perfectionist (IP) in every SNF.
- Immediate online training is available to new IPs.
- SNFs must make a daily inventory of necessary PPE and be aware of usage to avoid critical shortages.
- Following a plan for optimizing strategies to extend the use of PPE to ensure resident and HCP safety.



# Thank you!

For more information,  
please contact any HAI Liaison IP Team member  
or email:

**[HAIProgram@cdph.ca.gov](mailto:HAIProgram@cdph.ca.gov)**

Register for next week's webinar at:  
**[www.hsag.com/cdph-ip-webinars](http://www.hsag.com/cdph-ip-webinars)**

# Questions?



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