



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

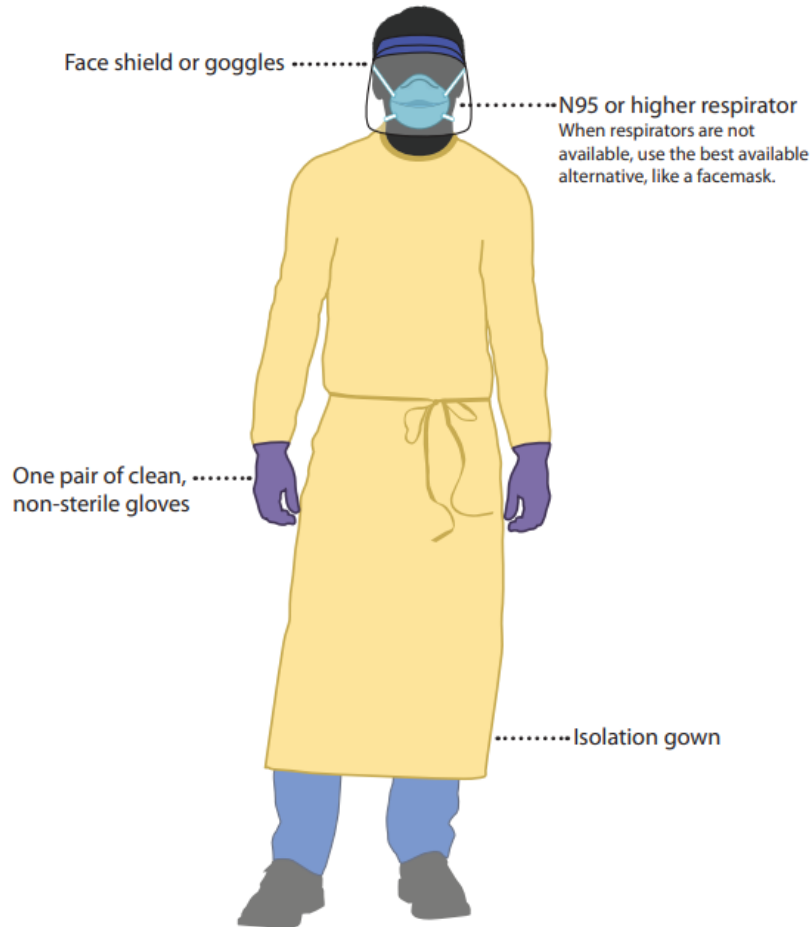
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Health Services Advisory Group
July 1, 2020

Objectives

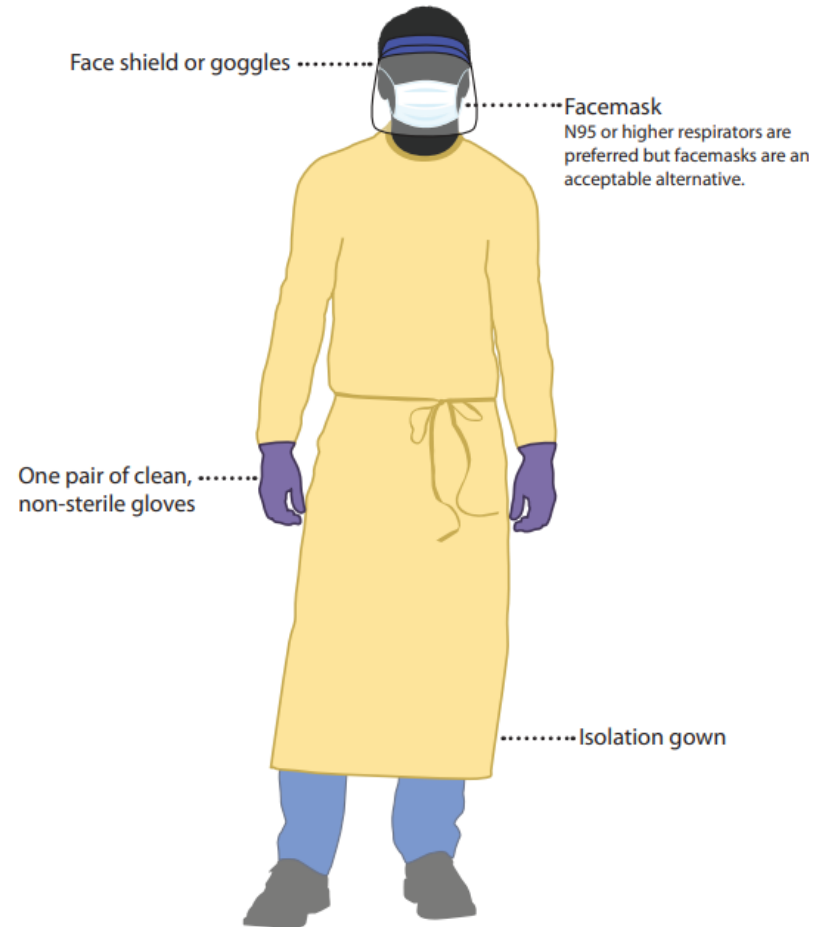
- Review California Department of Public Health (CDPH) All Facilities Letter (AFL) 20-52.
 - Element 3: personal protective equipment (PPE) required for COVID-19 transmission-based requirements
- Discuss strategies for extended use of PPE.

What Does Appropriate PPE Look Like?

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf

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 (*CDC¹ 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
		How Many COVID-19 Patients are Being Treated at Start of the Day? Enter Below.					
Number of Suspected and Confirmed COVID-19 Patients		20	20	28	26	35	
Type of PPE	Size/Brand	How Many Full Boxes Are Remaining at Start of the Day? Enter Below.					
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

PPE Shortages—What To Do?



- 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 HCP¹ 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

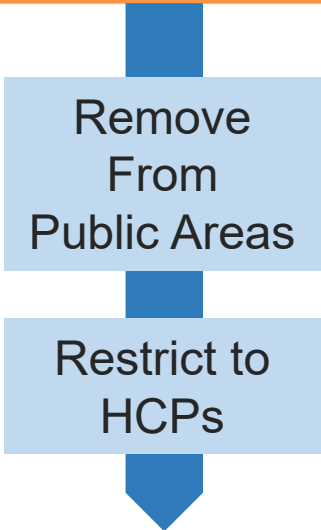


Performing seal check

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

Facemasks—Contingency Strategies



Remove
From
Public Areas

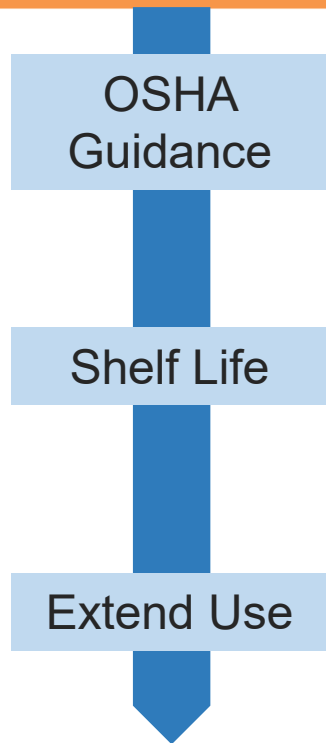
Restrict to
HCPs

- 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



- Temporarily suspend annual fit testing of respirators, per interim guidance from OSHA.¹
- 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.

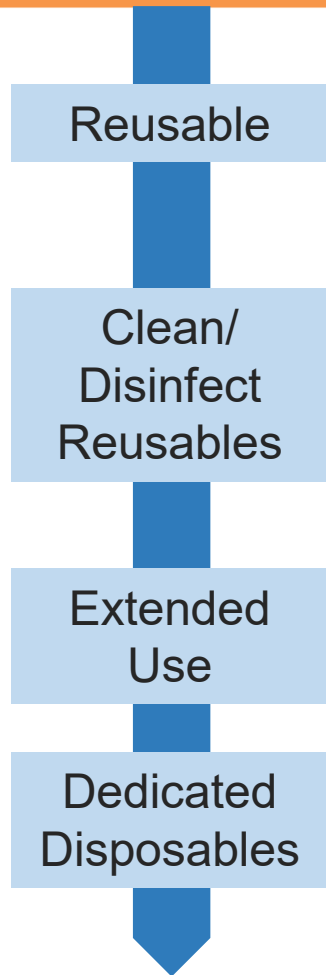
Decontamination and Reuse of N95 Respirators

- 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*

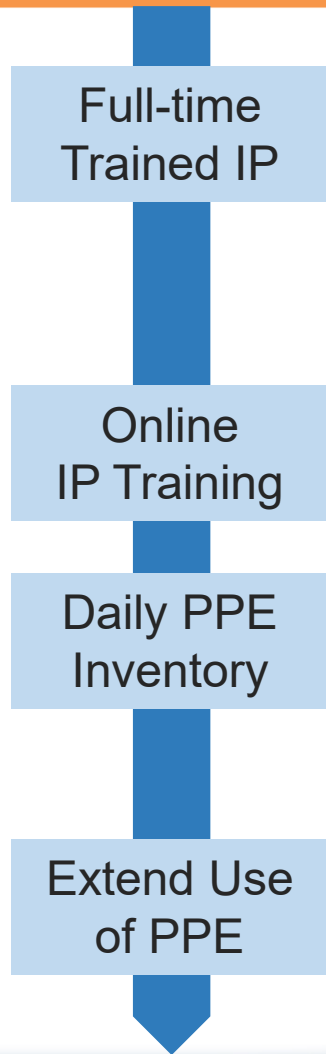
VRE= Vancomycin-resistant enterococci

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



- 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

Register for next week's webinar at:
www.hsag.com/cdph-ip-webinars

Questions?



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