PPE use when a LTCF/ALF has a suspected or confirmed COVID-19 case

General PPE Use Guidance (applicable at all times):

- All HCWs engaged in clinical work at a LTCF/ALF should universally wear surgical masks while in the facility.
- Standard precautions still need to be followed with each clinical encounter and PPE use will be specific to the need of each encounter (e.g. wearing fluid resistant gown and gloves when anticipating coming into contact with body fluids during changing briefs).
- Where applicable, appropriate transmission based precautions (in addition to standard precautions) will need to be taken (e.g. the use of gowns and gloves with each interaction as part of contact precautions for residents with active *C. difficile* infection and highly resistant pathogens such as CP-CRE. (Note: Residents with MRSA and VRE colonization do not need to be placed on contact precautions in order to conserve PPE at this time).

PPE guidance for taking care of a resident with known or suspected COVID-19 infection:

- While taking care of residents with known or suspected COVID-19 infection, staff should wear:
  - Gloves,
  - Isolation gown,
  - Eye protection (Preferably face shield but if not available then use goggles)
  - N95 or higher-level respirator (when not available then use surgical mask and if possible, consider asking the resident to wear the mask too when HCW is in the room with resident). [Note: If only limited number of N-95 masks are available, then reserve those for use with aerosol generating procedures, such as nebulizer treatment.]

- Some procedures performed on residents with known or suspected COVID-19 could generate infectious aerosols (e.g., aerosol-generating procedures such as nebulization, open suctioning of the airways, CPAP etc.). If performed, the following should occur.
  - Aerosol-generating procedures should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed.
  - Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and an isolation gown.
  - The chances of N-95 mask getting soiled or saturated might be higher during aerosol-generating procedures. Wearing a faceshield instead of goggles can prevent masks from getting soiled easily. If a mask become damaged, soiled or saturated then discard the mask and use a new mask.
The number of staff present during the procedure should be limited to only those essential for resident care and procedure support.

Clean and disinfect the room surfaces promptly and with appropriate disinfectant.

PPE guidance for taking care of residents without any COVID-19 symptoms, when a positive case has been identified in the facility:

- **Ideally**, staff should wear all recommended PPE for COVID-19 infection (i.e., gloves, gown, eye protection and respirator or surgical facemask) **for the care of all asymptomatic residents in the unit** (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability).

- **However, when PPE supply is limited**, nursing homes may consider making that decision based on the exposure risk assessment for residents within the unit/facility. This will limit the use of COVID-19 level PPE (i.e., gloves, gown, eye protection and respirator or surgical facemask) **for the care of those asymptomatic residents in the unit/facility who are considered to be exposed to COVID-19 infection**.

  - Several factors have to be taken into consideration in order to determine the risk of exposures. These factors include (but are not limited to) suspected mode of COVID-19 acquisition (for the positive resident), movement of resident with COVID-19 infection within the facility prior to the diagnosis, facilities policies on universal masking and visitation, compliance of staff with infection control protocols and the number of residents with suspected or confirmed COVID-19 infection in a unit.

- If PPE supply is inadequate, then facilities can follow established extended use/limited reuse protocols as described in the links below:
  - [https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html](https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html)

- If the supplies of gowns are so low that extended use and reuse options (based on the CDC guidance) are not going to be enough then consider prioritizing gown use for the following activities only (in asymptomatic patients without diagnosis of COVID-19):
  - During care activities where splashes and sprays are anticipated, which typically includes aerosol-generating procedures (such as nebulization, suction etc.)
  - During high-contact patient care activities such as dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care.
Additional guidance related to staffing and placement:

Following recommendations will minimize the chance of COVID-19 transmission within the facility and will also make it easier to implement protocol for extended use of PPE:

- Facilities should use separate staffing teams for COVID-19-positive residents to the best of their ability.
- Facilities should separate residents who have COVID-19 from those who do not, or have an unknown status. However, avoid moving the resident with COVID-19 infection into another area of the facility that has not yet been exposed to COVID-19.

References:


