

PERSONAL PROTECTIVE EQUIPMENT (PPE)

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PURPOSE

To provide guidance on protecting patients/clients and staff utilizing Personnel Protective Equipment (PPE) during an outbreak of an infectious disease.

POLICY

- I. The Agency will stay abreast of current information and practice guidelines provided by local, state, and federal agencies related to any infectious outbreak, pandemic, or epidemic.
- II. The Agency will identify patients/clients and staff [person under investigation (PUI) those with suspected or confirmed exposure or disease] with signs and symptoms of the infection as well as those considered at risk for the infection.
- III. The Agency will provide appropriate education to patients/clients and their families or caregivers on infection control procedures to avoid infection and/or prevent the spread of infection.
- IV. The Agency will provide appropriate education to their staff on disease specific infection control measures, including hand hygiene, appropriate use of PPE, standard precautions, and transmission-based precautions to prevent the spread of infection.
- V. The Agency will provide training as needed on PPE, including when to use, what PPE is necessary, how to properly don, use, and doff to prevent self-contamination, how to properly dispose of or disinfect and maintain PPE, and the limitations of PPE. The Agency will ensure staff competency for donning and doffing PPE, utilizing competency assessments by qualified individuals, as needed.
- VI. The Agency's leadership will assess the their ability to provide care and services to an influx of patients/clients, including availability of PPE and sources for additional supplies and equipment, staff availability, staff flexibility, and availability of supplemental staff.

PROCEDURE

- I. The Administrator or their designee will obtain updated infection prevention and control information related to the use of PPE routinely from appropriate and reliable local, state, and federal resources.
 - A. The information should include what is known about the transmission, prevalence and incidence, risk factors, and signs and symptoms of the disease, as well as infection control measures, and guidance on treatment and management of the disease.
 - B. These sources may include, but not be limited to the Centers for Disease Control and Prevention (CDC), Federal and State Health and Human Services, Health Departments, the Centers for Medicare and Medicaid Services, and state and local emergency management agencies.
- II. Recommended PPE for a home where infectious disease is not suspected.
 - A. Staff members should wear a facemask at all times while at work. Use of a facemask, instead of a cloth face covering, is recommended for staff, because a facemask offers both source control and protection from exposure to splashes and sprays of infectious materials from others.
- III. Recommended PPE for a home where infectious disease is suspected or confirmed.
 - A. Conventional capacity (when there is no shortage of PPE supply):
 1. A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated;
 2. Disposable isolation gown;
 3. Respiratory protection (such as N95 or higher-level respirator if available, otherwise use a surgical facemask).
 - B. If there is a shortage of PPE equipment, the following strategies can be implemented for PPE:

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1. Gown: Consider use of coveralls or expired gowns beyond the manufacturer-designated shelf life, or gowns or coveralls that conform to international standards (see CDC website for guidance). If feasible, shift gown use toward cloth isolation/reusable gowns that can be laundered. Always change gowns between patient/clients.
 2. Respiratory Protection (N95 respirators); Consider reuse of N95 respirators according to manufacturer's guidelines or CDC guidance (see CDC guidelines on limited reuse of N95 respirators).
 3. Eye Protection: Consider use of re-usable goggles or face-shields. Disposable eye protection can be cleaned and reused if it remains intact. (See manufacturer guidelines for cleaning or CDC website).
- C. Guidance for PPE use in the home
1. Staff will use alcohol-based hand sanitizer with at least 60% alcohol before putting on and after removing PPE. Staff will put on PPE outside of the home prior to entering the home. If staff cannot put all PPE on before entering the home, he or she will put on eye protection and facemask or respirator before entering.
 2. The staff member will alert those in the home that they will be entering the home and ask them to move to a different room, if possible. If that is not possible, the household members will be asked to keep at least a six-foot distance in the same room and wear cloth face coverings. Once the entry is clear, the staff member will enter the home and put on a gown and gloves (if they are not able to put them on outside).
 3. The assessment/visit will be conducted in the area with the best ventilation (such as outdoors or apartment hallway if feasible, or in the largest room).
 4. If surgical masks are available, staff will ask the patient/client to wear one.
 5. The assessment/visit will be as brief as possible.

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6. The staff member will use proper hand hygiene using soap and water or alcohol-based hand sanitizer with at least 60% alcohol after the assessment/visit.
 7. The staff member will ask the patient/client if an external trash can is available or if one can be left outside the home for the disposal of PPE.
 8. The staff member will remove PPE outside of the home and discard in an external trash can before departing the location. Staff members should avoid transporting worn PPE in their vehicle if at all possible.
 9. If staff member is unable to remove all PPE outside the home, they will keep the face protection (such as respirator and eye protection) on after exiting the home.
 10. If the staff member needs to remove their gown and gloves in the home, ask household members to move to a different room, if possible. If that is not possible, ask them to keep at least a six-foot distance in the same room and wear cloth face coverings. Once the entry area is clear, remove the gown and gloves and exit the home.
 11. Once outside the home, the staff member will use alcohol-based hand sanitizer with at least 60% alcohol to cleanse hands, remove face protection and discard PPE by placing in external trash can before departing the location. The staff member will clean their hands with sanitizer again.
- D. During crisis capacity periods of known PPE shortages, the Agency will consider excluding home health service providers at a higher risk for severe illness from an infectious disease from contact with known or suspected patients/clients with an infectious disease . Higher risk conditions include those of older age, with chronic medical conditions, or those who may be pregnant. The Agency may consider designating home health service providers who have clinically recovered from an infectious disease and have been cleared to return to work to provide care for patient/clients with suspected or confirmed infectious disease.
1. Gown: Consider re-use of cloth gowns without laundering between patients/clients. (Disposable gowns are harder to re-use because

the ties typically tear when removing). Prioritize the use of gowns to procedures where splashes or sprays may be expected or during high-contact patient care activities, such as dressing, bathing, or turning clients. When no gowns are available, consider using alternatives such as reusable (washable) laboratory coats, disposable laboratory coats or aprons, or a combination of these items that provide similar coverage.

2. Facemasks: Use face masks beyond manufacturer-designated shelf life. Prioritize use for:
 - a. Activities where splashes and sprays occur or during aerosol generating procedures (for example, sputum induction, open suctioning of airways); and
 - b. Prolonged face-to face or close contact with potentially infectious patients.
 - c. Use the same facemask (for example, those with elastic ear hooks for multiple encounters with different clients, but remove it after each encounter. Fold facemasks carefully so the outer surface is held inward and against itself to reduce contact with the outer surface during storage and stored between uses in a clean, sealable paper bag or breathable container. When no facemask is available, use a face shield that covers the entire front and sides of face with no facemask or consider homemade masks as a last resort.
3. N95 Respirators: Use N95 respirators or equivalent alternative devices beyond manufacturer-designated shelf life. Use respirators approved under standards in other countries that are similar to NIOSH-approved N95 respirators. Some N95 respirators can be re-used. (See CDC Guidelines).
4. When N95 supplies are extremely low, prioritize use for: 1) unmasked patients where the healthcare provider is within three feet of a symptomatic patient or providing direct care; 2) anytime a healthcare provider is present in a room during aerosol-generating procedures.
5. When no N95 respirators are left, use masks not evaluated or

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approved by NIOSH or homemade masks as a last resort (although this may provide only limited protection).

6. Eye Protection: Use eye protection devices beyond the manufacturer-designated shelf life if there are no concerns after visually inspecting the product. Prioritize for:
 - a. Activities where splashes and sprays occur or during aerosol generating procedures (for example, sputum induction, open suction of airways);
 - b. Prolonged face-to-face or close contact with potentially infectious patients.

- IV. The Clinical Manager/Supervising Nurse or their designee will identify supplies and equipment needed to provide care safely to an influx of infected patients and will identify and contact suppliers to ensure needed supplies and equipment are on hand and available. In the event of PPE shortage or inability to acquire the necessary amount of PPE needed for staff, the Agency will contact the appropriate agency as instructed by Health and Human Services to attempt to restock needed PPE supplies.
- V. The Clinical Manager/Supervising Nurse will ensure the staff are provided education and training on the current infection and infection control measures indicated.