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PPE Recommendations

When facilities have a positive staff and resident, infection control measures need to be put in place for exposed, unexposed, and positive residents. Staff who have had potential exposures should get tested and can use Contra Costa Community testing sites: https://www.coronavirus.cchealth.org/get-tested or their healthcare provider. All the results will be used to aid in cohorting and care of positive residents and will help protect the residents that is being cared for at the facility, while also protecting staff, their family members and co-workers.

For any facility with known exposures to COVID-19, or COVID-19 positive patients, please follow guidance below regarding PPE use within the facility. The public health department will continue to work with facilities to aid in guidance and recommendations and update the facility with any changes or recommendations as needed.

As a reminder:

1. All Staff need to:

- Practice social distancing during breaks (6 feet), at the nursing stations, etc.
- Hand washing before and after eating, using the bathroom and of course between residents.
- As with any healthcare worker or staff, you will work only if you are not experiencing any symptoms suggestive of COVID-19 or other respiratory or infectious illness.
 - You will need to monitor yourself for symptoms closely and will need to leave work and inform your manager of your symptoms.

2. All Residents Should:

 Wear a surgical mask, as much as tolerated, when outside their room and for patient care when staff is within 6 feet of them.

Personal Protective Equipment (PPE) recommendations during patient care and while in the facility: You will wear appropriate PPE in caring for your residents and while in the facility.

As much as possible, patients/residents should be cohorted by placing residents/patients into the following three separate cohorts based on the test results:

- 1. Positive result,
- 2. Negative result but exposed within the last 14 days or refused testing or awaiting testing results,
- 3. Negative result without known exposure within the last 14 days.



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The COVID-19 positive cohort should be housed in a separate area (building, unit or wing) of the Facility or barriers should be put in place, when possible. For assisted living facilities and facilities such as this, were residents/patients aren't able to move the facility may keep patients isolated in their rooms. The facility should have dedicated staff who do not provide care for Residents/patients in other cohorts, as much as possible, and use separate break rooms and restrooms, if possible. If staff unable to be dedicated for one cohort, they may not move between cohorts during their shift. If it is not possible to have separate breakrooms, breaks should be scheduled for each staff cohort and cleaned between.

- All Staff in the facility: Must wear a surgical mask while in the facility.
 - Staff should wear surgical mask while in the facility. Surgical mask should only be used for one shift.
 - Staff should not use N95 masks unless working with a COVID-19 positive patients/residents, or otherwise instructed.
 - Staff may not bring mask from home and should not take masks using in the facility home.
 - Mask should be worn at all times while in the facility but should be stored in a paper bag while taking breaks/eating.
 - All staff should have their temperature and symptoms checked.

• All Staff working or entering rooms of residents/patients that tested positive (Red Zone) or who have symptoms:

- Wear isolation gown, face shield, and N95 mask.
 - N95 may be used for one shift with this patient cohort only but should be changed if becomes moist or dirty. You will need a paper bag to place your N95 when taking breaks and for reuse.
 - Face shield maybe reused. Eye protection should be removed and replaced/cleaned if it becomes visibly soiled or difficult to see through.
 - Gowns must be changed between patient rooms. Note: if residents are cohorted may extend gown use for day with positive patients only.
 - o Gloves need to be changed between patients and hands cleaned with sanitizer or soap and water.

• Staff working with residents/patients that tested negative or refused testing with known exposure (Yellow Zone):

- Wear isolation gown, face shield, and N95 mask.
 - N95 may be used for one shift with this patient cohort only but should be changed if becomes moist or dirty. You will need a paper bag to place your N95 when taking breaks and for reuse.
 - Face shield maybe reused. Eye protection should be removed and replaced/cleaned if it becomes visibly soiled or difficult to see through.
 - Gowns should only be used for one patient/resident and must be changed between patient/resident rooms/between patients.
 - Gloves need to be changed between patients/residents and hands cleaned with sanitizer or soap and water.



Note: If limited amount of PPE may conserve PPE with this group (N95, face shield, and gown) to resident care with high contact care activities with risk of splash and spray, and aerosol generating procedures, such as nebulizers and prolonged contact such as turning patient or physical therapy. Gowns can only be used for one patient. Gloves should be worn with all patient/resident care. Gloves need to be changed between patients/residents and hands need to be cleaned with sanitizer or soap and water.

• Staff working with negative residents with no known exposure (Green Zone):

- Staff to wear surgical mask.
- Staff to wear face shield for any patient care or if within 6 feet of the resident/patient.
- Staff to wear surgical mask, isolation gowns and face shield with resident care with contact care activities with bodily fluids or risk of splash and spray.
- Staff to wear N95, isolation gowns and face shield with resident care with aerosol generating procedures, such as nebulizers/breathing treatments.
- Gloves should be utilized when performing any activities requiring contact with the
 patient or equipment in a patient care area, such as attending to a bed alarm or
 administering IV medications and need to be changed between patients/residents
 and hands need to be cleaned with sanitizer or soap and water. Staff should also
 continue other standard procedures for these patients.

• Staff working with recently residents who have recently cleared their infection:

- Staff to do use appropriate PPE for cohort, such as full PPE for red and yellow cohort as noted above, but if continues in red cohort may not extend use of gowns to these residents.
- If in green cohort, staffing working with recently cleared residents should wear:
 - Staff to wear surgical mask.
 - Staff to wear face shield for any patient care or if within 6 feet of the resident/patient.
 - Staff to wear surgical mask, isolation gowns and face shield with resident care with contact care activities with bodily fluids or risk of splash and spray.
 - Staff to wear N95, isolation gowns and face shield with resident care with aerosol generating procedures, such as nebulizers/breathing treatments.
 - Gloves should be utilized when performing any activities requiring contact with the patient or equipment in a patient care area, such as attending to a bed alarm or administering IV medications and need to be changed between patients/residents and hands need to be cleaned with sanitizer or soap and water. Staff should also continue other standard procedures for these patients.

Food Service and Housekeeping Staff should wear surgical mask and gloves while working in the facility. If entering rooms for delivering food must wear appropriate PPE for that resident/patient COVID status.



<u>How to put on and take off PPE-</u> Please see https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html for pictures and more information on how to put on and take off PPE.

- **Putting on PPE**: Outside the resident room/in the donning area for COVID wing if extending use of gown: Perform hand hygiene, put on isolation gown, put on N95, put on face shield or googles, put on gloves. Enter area/room.
- Taking off PPE: inside the residents room/doffing area for COVID area if extended use
 of gown. Removes gloves and gowns, preform hand hygiene, exit the room, preform
 hand hygiene, remove face shield or goggles, remove N95, preform hand hygiene.
 - If doing extended use N95 and face shield or googles, remove gloves and gowns inside the room preform hand hygiene exit room and preform hand hygiene again.
 Place gloves and gown outside room as noted above for patient care.
 - If doing extended use N95, gowns (COVID positive wing only), and face shields remove gloves inside patient room, perform hand hygiene, exit room, and perform hand hygiene. New gloves should be put on after hand hygiene outside next residents' room. Donning should be done in and identified area at beginning of shift, and doffing should be done in a separate identified area at end of shift.
 - If needed, face shield and N95 should be taken off outside the resident's room and hands should be washed.
- If staff have not been fit tested for their N95 ensure doing Seal check for FIT https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf.

If low on N95, may rextend the use of the mask. One way to method of reuse for N95:

- N95 may be reused for several shifts noted below.
 - Each staff member is given 3 masks. Staff will wear mask #1 on day 1, mask #2 on day 2 and mask #3 on day 3. Masks should have 72 hours from next use.
 - Staff can then start all over again with mask #1 on day 4 and so on.
 - Masks are stored in a labeled paper lunch bag or another breathable container like a pl carton/tray between use. Must use a new paper bag daily.
 - o Each mask can be worn up to 5 uses

Thank you for your dedication in caring for these residents.



COVID-19 (+) Patients/ Residents

N95, Face Shield/Goggles, Gloves, and Gown. Wash or hand sanitize between patients. May do extended use of PPE between positive patients.

Positive patients can be in shared rooms.

Separate entrance for staff.

Garbage by door (inside patient room) and receptacle to receive cloth gowns for laundering before reuse.

Separate bathrooms if possible. If not, reinforce wash hands and lock up personal stuff.

Separate staff breakroom, if not, schedule specific time and clean/sanitize between shifts.

If doors can't be closed for safety, clear plastic or strap barrier in doorway

Physical barrier between zones.

Possible for COVID + asymptomatic staff to work. Check with Public Health.

Patient/Resident wear mask when care activities being performed.

Exposed or unknown exposure & negative critical area

Prioritize individual rooms for this population. Defensible barrier to reduce spread.

N95, Face Shield/Goggles, Gloves, and Gown. Wash hands and/or sanitize between residents. Gown must be changed for each resident.

Garbage by door (inside patient room) and receptacle to receive cloth gowns for laundering before reuse.

Separate bathrooms if possible. If not, reinforce wash hands and lock up personal stuff.

Separate staff breakroom, if not, schedule specific time and clean/sanitize between shifts.

If doors can't be closed for safety, clear plastic or strap barrier in doorway

Erect physical barrier between zones.

Test and monitor for symptoms. If positive, move to COVID (+) Red Zone

COVID-19 & Not Exposed

Surgical mask, face shield/ goggles, and gloves. Add gowns for high-touch care activities such as bathing or toileting. Add N95s & gowns for aerosol generating procedures.

Wash and sanitize hands/change gloves between patients/residents.

Separate bathroom if possible and put away personal items.

Separate staff breakroom and bathroom if possible. Clean/Sanitize break room between staff shifts if shared break time.

Erect physical barrier between zones.

Test and monitor for symptoms.

Restrict staff moving between zones.

*Note: For green zone residents/patient, face shield should be worn with any patient care and if staff are within 6 feet of the resident/patient

RED UNIT: COVID-19 Positive Patient Unit PPE Requirements

PPE N95 Fit tested mask with seal check Shield/Goggles, Gown, & Gloves Buddy up to watch and support proper don/doff

Garbage by door inside patient room

Resident and Staff must wear mask during care

Extended Use

Reuse mask/face shield for all patients

Perform seal check on mask. Can store in paper bag/food tray

Change gloves in between patients and wash hands and/or use hand sanitizer

Gowns: OK to use same gown for all patients unless other isolation precautions in effect or become soiled.

Garbage inside door/ receptacle for soiled cloth gowns

Special Considerations

Change mask if soiled, damaged, poor seal

Use EPA approved disinfecting wipes to clean as needed—mark container with time.

Clean high touch areas often.

COVID (+) residents can share room

If doors can't be closed for safety, clear plastic or strap barrier in doorway

Staff Considerations

Separate entrance for staff/ physical barrier between zones

Gel when entering and exiting room

Separate COVID (+) staff lounge/ or schedule breaks and sanitize between shifts.

Separate bathroom for COVID (+) residents and staff/ or sanitize between use. Wash hands and lock away all personal belongings.

YELLOW UNIT: Negative/Exposed Patient Unit or Persons Under Investigation (PUI) Unit/ New Admins *Prioritize single rooms & Erect physical barriers between Zones. Defensible barrier to reduce spread.

PPE	REUSE	Special Considerations	Staff Considerations
N95, Face shield/ goggles, gloves, and gown	Change gloves, gown, and perform hand hygiene between patients	Use EPA approved disinfecting wipes to clean as needed	Separate entrance for staff/ physical barrier between zones
Wash hands and/ or sanitize between every resident	Paper bag/ food tray to store N95 between use	Clean high touch areas often.	Gel when entering and exiting room
Gloves must be changed between every resident	Change mask if soiled, damaged, poor seal	Patients must be in single rooms with door closed.	Separate COVID (+) staff lounge/ or schedule breaks and sanitize between shifts.
Garbage can inside room for used PPE	Receptacle to receive cloth gowns for laundering before reuse inside room	Monitor symptoms and test. If (+), move to RED ZONE	Separate bathroom for COVID (+) residents and staff/ or sanitize between use. Wash hands and lock away all personal belongings.
	Patient must use mask when outside of room, during treatment.	If doors can't be closed for safety, clear plastic or strap barrier in doorway	

GREEN UNIT: Negative/Non-Exposed Patient Unit Erect physical barriers between Zones. Monitor symptoms & test. ** Face Shield should be worn with any patient care and if staff are within 6 feet of the resident/patient

Special Staff Considerations REUSE PPE Considerations Surgical mask, face Speak up culture: Change gloves, shield and gloves Clean high touch Help other staff stay gown, and perform with any patient care areas often. safe by reminding hand hygiene within 6 ft them of proper between patients infection prevention Add gown for high Patients can share touch care activities Store N95 or rooms but must be 6 Buddy up to help with such as bathing or surgical mask in ft apart including donning/doffing and toileting bag/food tray. Can while in wheelchairs. monitoring that only be used once. correct procedure N95 and gowns used should be added for Close doors when Receptacle to aerosol generating able, mask outside receive cloth gowns procedures of room for laundering Separate break rooms before re-use inside or shifts and sanitize Wash and sanitize room between shifts hands/ change gloves between Separate bathroom if residents possible, ensure Patient must use wash hands and lock Restrict staff moving mask when outside away personal items between sections. of room Garbage inside room to dispose of PPE