**PPE Reference Guide- Community Based Services**

***What PPE should I wear, how often do I need to change it, & when can I stop?***

***March 15, 2021***

*HealthPartners is following CDC guidelines for PPE. These may change based on new information or inventory availability and prioritization. If you have a question regarding a specific patient scenario, please contact a medical director at your site.*

1. **For ALL in-person visits:** We are observing the universal use of eye protection (face shield, goggles, or safety glasses) and medical grade PPE face masks*. (ALL STAFF)*

* KN95 is a medical grade mask, NOT equivalent to an N95, and requires staff to wear full face shield as they are not fluid resistant.
* N95 should be worn for all patients if visit is made with 60 minutes of an aerosol generating procedure (Nebulizers)
* Gloves and gowns should be used for non-exposed/negative screen patients per pre-Covid guidelines (ie: anticipating contact with blood or body fluids, non-intact skin (gloves) or splash or spray of blood or body fluids (gown) or patient has other infections requiring additional precautions).

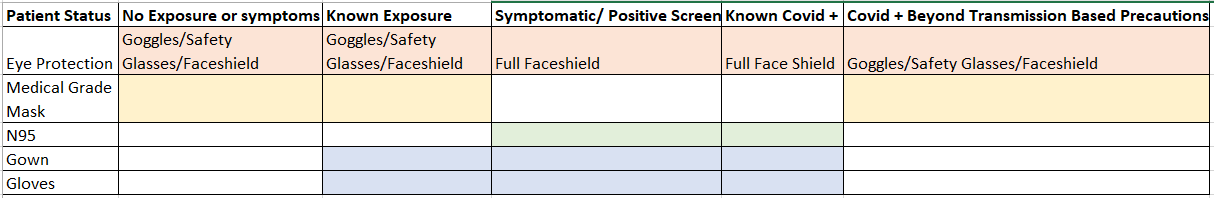
1. **For Covid- 19 Symptomatic and/or Positive Patients & Caregivers:** Use a N95 respiratory, Full face shield, gown and gloves during visits for the duration of the Transmission-based precautions*. (MD, NP, RN, LPN, HHA, PT, OT, SLP) \* Other roles follow Exposure/symptomatic PPE Below.*
2. **For Patients & Caregivers with known Covid-19 Exposure:** use a gown and gloves in addition to universal PPE guidelines. Shoe covers are optional, if there are concerns about cleanliness in private residences. (ALL STAFF)
3. **Hand Hygiene should be performed frequently and must be performed prior to donning PPE and after removing PPE.**

Refer to this reference grid for PPE after use:

|  |  |
| --- | --- |
| **Equipment Pieces** | **What to do with your PPE after each use:** |
| Medical Grade PPE Mask | * Place mask face down in brown bag rolled up between facility/home visits. Use 1 mask per day. If soiled or contaminated, discard. |
| N95 Mask | * N95 can be used for multiple patients in a single day. At end of day, place mask face down in brown bag rolled up and place date on bag. Mask can be used again after 5 days in brown bag. Discard mask if soiled or weathered/torn or after 5 days of use. |
| Face shields | * Remove and clean. Cleaning instructions: 1.) Clean with disinfectant after each shift, if soiled, or after visiting a COVID positive patient 2.) Wear gloves to clean 3.) Wipe front and back of shield 4.) If necessary, rinse with water or use alcohol wipe to remove disinfectant residue 5.) Wipe elastic band and foam band 6.) Perform hand hygiene. Replace face shield only when weathered/torn. |
| Glasses/goggles | * Remove and clean with disinfectant wipes. Can replace clear lens when weathered. |
| Gloves | * One time use |
| Gown | * Change between home visits. In facilities (not identified as a Hot Spot or not on a COVID-19 unit), change gowns between patients. In facilities with COVID-19 Units, use for 4 hours while on the unit unless soiled. In facilities identified as Hot Spots, use for 4 hours unless soiled or after visiting confirmed positive COVID-19 patient. Home Health Aides will need to change their gown between each patient (due to the gown being soiled from the nature of their work). |

Discontinuation of COVID-19 Transmission-Based Precautions

1. Covid +/ Symptomatic PPE usage (of gown, gloves and N95) can be discontinued if ALL the following conditions are met:
   1. 10 Days (20 days if immunocompromised) after the onset of symptoms or positive test
   2. Absence of Fever for more than 24 hours without use of fever reducing medication
   3. Improvement in Respiratory Symptoms
   4. Caregivers not considered exposed (Continue with gown and gloves and refer to exposure discontinuation if exposed caregiver)
2. Exposed PPE usage (of gown and gloves) can be discontinued if ALL the following conditions are met:
   1. 14 days after exposure
   2. No symptoms developed (if symptoms developed, must meet criteria above in #1)



**PPE Patient Scenarios**

Private Home Settings

1. Home Patients/Caregivers – **non-exposed/negative screen**

* All staff should wear eye protection [face shield, goggles, safety glasses] and medical grade PPE face mask when entering the home.
* Use gown and gloves per previous standard precaution guidelines.
* PPE should be removed outside of the patient’s home, when possible, or at least 6 feet away from patient/caregiver.
* At end of shift, Disinfect eye protection [face shield, goggles, safety glasses] with Oxivir wipe and dispose of medical grade PPE face mask.

1. Home Patients/Caregivers – **exposed [14 days] [Transmission-based precautions]**

* All staff should wear full PPE (eye protection [face shield, goggles, safety glasses], medical grade PPE face mask, gloves, gown)
* PPE should be removed outside of the patient’s home, when possible, or at least 6 feet away from patient/caregiver.
* Dispose of gown, gloves and medical grade PPE face mask. Disinfect eye protection [face shield, goggles, safety glasses] with Oxivir wipe.

1. Home Patients/Caregivers – **patients known to have COVID-19 or symptomatic/positive screen (if chronic condition symptoms above baseline) [Transmission-based precautions]**

* All staff should wear full PPE: Gown, Gloves, N95(MD, NP, RN, LPN, HHA, PT, OT, SLP) with Full face shield/ medical grade mask (MSW, Music Therapy, Chaplain, Massage Therapy) with eye protection
* PPE should be removed outside of the patient’s home, when possible, or at least 6 feet away from patient/caregiver.
* Dispose of gown and gloves (and medical grade mask, if using) N95 can be placed in paper bag for 5 days and reused following protocol.
* Disinfect face shield with Oxivir wipe.

Congregate Care Settings

*If a facility or building has effective engineering controls in which confirmed COVID cases and patients/staff are confined to a specific unit and visiting staff would essentially be in a separate airspace when visiting the non COVID section of the facility, then staff may follow recommendations for the non-exposed/negative screen (number 1) when visiting the non COVID section of such facilities. If a separate airspace is not maintained between confirmed Covid cases and non-Covid cases then staff should wear full PPE.*

1. Facility (AL & LTC ) – **non exposed/negative screen**

* All staff should wear eye protection [face shield, goggles, safety glasses] and medical grade PPE face mask when entering the building
* Use gown and gloves per previous standard precautions guidelines
* medical grade PPE face masks can be worn from patient to patient but should be disposed of if soiled

1. Facility (AL & LTC ) – **exposed [14 Days] or symptomatic/positive screen (if chronic condition symptoms above baseline) [Transmission-based precautions]**

* All staff should wear full PPE (eye protection [face shield, goggles, safety glasses], medical grade PPE face mask, gloves, gown)
* If aerosolizing procedures (i.e. nebs), COVID-19 Hot Spot, or COVID-19 Unit then N95 with full face shield should be used.
* In facilities (not identified as a Hot Spot or not on a COVID-19 unit), change gowns between patients.
* In facilities with COVID-19 Units, use gown for 4 hours unless soiled.
* In facilities identified as Hot Spots, use gown for 4 hours while on the unit unless soiled or after visiting confirmed positive COVID-19 patient.
* Home Health Aides will need to change their gown between each patient (due to the gown being soiled from the nature of their work).
* PPE should be donned prior to entering patient room or COVID-19 Unit
* Gloves should be changed between patients

1. Facility (AL & LTC ) – **patients known to have COVID-19 [Transmission-based precautions]**

* All staff should wear full PPE: Gown, Gloves, N95(MD, NP, RN, LPN, HHA, PT, OT, SLP) with Full face shield/ medical grade mask (MSW, Music Therapy, Chaplain, Massage Therapy) with eye protection
* PPE should be donned prior to entering patient room and removed when leaving patient room

*In efforts to be good stewards of PPE supplies, the overall guidance is to evaluate whether an in-person visit is needed to meet the patient’s assessment and care needs or if other methods including telephone or video visits could be utilized. If using an alternative to an in-person visit, refer to standard work for those visits if you have question*

Resources:

Resources for you from myPartner:

[Instructions on appropriate-use-of-PPE](https://intranet.healthpartners.com/Coronavirus/Documents/Appropriate-use-of-PPE-instructions.pdf)

[PPE Reuse Instructions](https://intranet.healthpartners.com/Coronavirus/Documents/Guidelines%20-%20Respirator%20Reuse%20-%20COVID-19.pdf)

[FAQs on Infection Prevention Precautions](https://intranet.healthpartners.com/Coronavirus/Documents/COVID-19-Infection-Prevention-Precautions-FAQ.pdf)

[PPE Donning/Doffing Steps](https://intranet.healthpartners.com/Coronavirus/Documents/ContactDropletChecklist-PatientDoorSign.pdf)

Resources for you from CDC

[Discontinuation of Isolation of persons with Covid-19 Not in Health Care Setting](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html)

[Immunocompromised Groups](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/immunocompromised.html)

[Donning PPE Video](https://www.youtube.com/watch?v=of73FN086E8)

[Doffing PPE Video](https://www.youtube.com/watch?v=PQxOc13DxvQ)