Coronavirus 2019 (COVID-19): Required Personal Protective Equipment (PPE) for Healthcare Facilities

This document provides guidance for Healthcare Facilities (HCF) regarding the use of personal protective equipment (PPE) by health care personnel when providing care to patients/residents during the COVID-19 pandemic.

PPE is used to protect healthcare personnel (HCP) and patients/residents from the transmission of infectious pathogens. **Except for current mandates in effect under a Mayor's Order or other existing local or federal regulation, any definitive action statements made in this guidance (e.g., "must") are considered essential best practice recommendations to mitigate the spread of COVID-19.** These best practice recommendations apply to any facility, entity, or individual that provides inpatient or outpatient healthcare services and is either licensed by DC Health or functions as an independent private practice through a certificate of need. This includes, but is not limited to, the following types of HCF: hospitals, inpatient psychiatric facilities, Skilled Nursing Facilities (SNF), Assisted Living Residences (ALR), Intermediate Care Facilities (ICF), Chapter 34 and 35 Community Residence Facilities (CRF) and Home Health Agencies. These best practice recommendations should also be strongly considered in the following settings: hospice, behavioral health facilities, or any other settings where health services are provided. **DC Health may provide stricter guidance for PPE use based on outbreak specific recommendations.**

Definitions:

- **Healthcare personnel (HCP):** HCP include all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients/residents or infectious materials; this includes part-time and full-time contractors, agency workers, and vendors.
- **Patient/resident care areas:** In this guidance, this term is broadly defined to include not only areas where patient/resident care is provided or where diagnostic or treatment procedures are performed, but as **any area where patients/residents could be encountered** (i.e., any area patients/residents can potentially access, including cafeterias and common hallways).
- **Source control:** The use of a covering over the mouth and nose as a physical barrier to prevent respiratory secretions from traveling into the air and onto other people when the wearer breathes, talks, coughs, or sneezes. Respirators and masks are examples of source control. Healthcare providers are required to wear procedure masks or respirators for source control. Cloth masks are not considered PPE.
- **Aerosol-generating procedures (AGP):** Medical procedures or treatments that are more likely to generate higher concentrations of respiratory aerosols. For proper planning, HCFs must take inventory of AGPs that occur in their facility. For more information on what is considered an AGP, see cdc.gov/coronavirus/2019-ncov/hcp/faq.html.
- **COVID-19 observation:** The practice of placing asymptomatic patients/residents who are newly admitted from another high-risk setting on empiric transmission-based precautions (previously referred to as quarantine).

Source control

Using source control (a mask or respirator) remains an important measure for preventing the spread of COVID-19, especially during periods of higher community transmission.

The following source control protocols must be followed while inside a HCF (except for temporary removal of masks for eating and drinking or for changing into a new mask):

- If the **COVID-19 Community Level** in DC is **HIGH** (as per the CDC COVID-19 Data Tracker[1]):
  - All HCP, **regardless of vaccination status**, must wear source control while inside a HCF (Universal Source Control).

- If DC has **HIGH** levels of **Community Transmission** (as per the CDC COVID-19 Data Tracker[1]):
  - All HCP, **regardless of vaccination status,** must wear source control inside a HCF while in patient/resident care areas (see definition on page 1).
    - Facilities may choose to lift this requirement if the level of **Community Transmission** in DC decreases to **SUBSTANTIAL**, **MODERATE** or **LOW** and is sustained for at least two weeks.
  - If the **COVID-19 Community Level** in DC is **MEDIUM or LOW** (as per the CDC COVID-19 Data Tracker[1]), facilities may choose to not require source control for HCP in well-defined areas that are restricted from patient/resident access (e.g., staff break rooms, meeting areas), however, universal source control remains the safest option.

- **During all levels of Community Transmission:**
  - **All HCP,** regardless of vaccination status, must wear source control:
    - While inside any area of the HCF for 10 days after they were exposed to COVID-19.
    - When caring for patients/residents who are moderately to severely immunocompromised[2].
    - While on a unit/area in the facility experiencing a **confirmed outbreak**.
  - Immunocompromised[3] HCP, regardless of vaccination status, should strongly consider universal source control while inside the HCF even if not required.
  - **Facilities should encourage everyone to respect the choice of others who wish to wear a mask or respirator even when not required.**

General PPE information

- PPE is only effective if it is used correctly.
- Employers of health care personnel must provide comprehensive PPE training to employees. More information can be found on the CDC website at cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf
- Employers of healthcare personnel must conduct routine audits of PPE compliance (specifically for, but not limited to, masks and eye protection) to inform educational efforts around appropriate use of PPE. These audits should include assessments of PPE use that are specific to preventing COVID-19 spread and infection.
- PPE must only be worn in locations where it is indicated and appropriate (e.g., one should not walk around the HCF wearing gloves or wear PPE inappropriately in public).

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[1] The CDC COVID-19 Data Tracker – **Community Transmission** can be found at covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&data-type=Risk and **COVID-19 Community Level** can be found at covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&data-type=CommunityLevels

[2] **Moderate to severely immunocompromised** may include conditions such as chemotherapy for cancer, receipt of solid organ transplant with immunosuppressive therapy, receipt of a CAR-T cell therapy or hematopoietic cell transplant (HCT) within 2 years or taking immunosuppressive therapy, moderate to severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome), advanced or untreated HIV infection (people with HIV and CD4 T lymphocyte count <200/mm3, history of AIDS defining illness without immune reconstitution, or clinical symptomatic HIV), active treatment with high-dose corticosteroids (i.e., prednisone ≥20mg/day for more than 14 days), alkylating agents, antimetabolites, and other biologic agents that are immunosuppressive or immunomodulatory. The degree of immunocompromise for the patient is determined by the treating provider and are tailored to each individual situation.

[3] **Immunocompromised** includes, but is not limited to: people on chemotherapy, people with blood cancers like leukemia, people who have had an organ transplant or stem cell transplant, and people on dialysis.

- Perform hand hygiene before donning and before and after doffing PPE.
- Reusable PPE must be properly cleaned, decontaminated and stored after use and between uses.
- HCF that are not experiencing PPE shortages and are operating under conventional capacity[4] must follow the manufacturer's guidelines for use.
- For additional PPE information, see the following CDC webpages:
    - *Optimizing Personal Protective Equipment (PPE) Supplies* cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html
      Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic at cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Specific PPE guidance

- **Respirators** provide a higher degree of respiratory protection than masks and reduce the wearer's risk of inhaling airborne particles including infectious agents. Various types of respirators exist including Filtering Facepiece Respirators (FFRs), which include NIOSH[5] approved respirators (e.g., N95s). Other examples of respirators include powered air-purifying respirators (PAPRs), elastomeric respirators, and respirators that meet international standards (e.g., KN95s).
    - **Respirators must be worn while providing care to patients/residents with suspected or confirmed COVID-19.**
        - If DC has **HIGH** levels of **Community Transmission** (as per the CDC COVID-19 Data Tracker[1]), facilities may choose to require use of respirators as primary source control for all HCP for all patient care encounters or for all HCP working on a unit with ongoing COVID-19 transmission (i.e., during an outbreak).
    - Respirators that meet international standards (e.g., KN95s) may be used as source control in HCFs, but **must not** be used in clinical scenarios that require the use of a NIOSH-approved respirator (e.g., N95s)[6]. Facilities should take care to purchase only high-quality KN95 and similar respirators from reliable sources.
    - Respirators are the optimal respiratory protection to wear during Aerosol-Generating Procedures (AGP) for all patients/residents, including when COVID-19 is not suspected.
        - **IF** DC has **SUBSTANTIAL, MODERATE** or **LOW** levels of **Community Transmission** (sustained for at least two weeks as per the CDC COVID-19 Data Tracker), **AND** a patient does **not** have suspected or confirmed COVID-19, then respirators are not necessary.
    - N95 respirators must only be used in the context of a complete respiratory protection program including medical evaluation and fit testing.
        - NIOSH-approved N95 respirators with exhalation valves must not be worn.
    - A user seal check is necessary each time an N95 respirator is worn.
    - PAPRs do not require fit testing and can be worn by people with facial hair. Although no fit testing is required, the use of PAPRs still requires a respiratory protection program be in place and that all of the requirements set by OSHA for the use of these devices be followed. (For more information see: osha.gov/dts/osta/otm/otm_viii/otm_viii_2.html).
        - Appropriate policies for cleaning, disinfection and storage must be in place prior to implementing the use of PAPRs in an HCF.

[4] Conventional capacity includes PPE controls that should be in place at baseline for general infection prevention and control plans in healthcare settings. With the exception of extended use of respirators or masks used only for source control, extended use of masks and respirators are not allowed in conventional capacity status.

[5] NIOSH = National Institute for Occupational Safety and Health

[6] Healthcare facilities should have safeguards in place to ensure that staff do not inadvertently wear one of these respirators in situations that require the use of NIOSH-approved respirators.

  - Respirators must be donned prior to entering a patient/resident room when being used as PPE.
  - For specific information about what to do if there are NIOSH-approved respirator shortages, see *Strategies for Optimizing the Supply of N95 Respirators* at cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html.
- **Procedure masks** provide acceptable respiratory protection for HCPs when respirators are not otherwise required. They provide source control plus some protection to the wearer against splashes and sprays.
  - All HCP must wear a respirator or procedure mask for source control as described in the **Source control** section of this guidance on page 2.
  - HCP must wear well-fitting procedure masks that fit closely over the nose and snugly against the sides of the face.
  - Do not double mask with two procedure masks (it will not improve fit) or wear a procedure mask under a respirator (this will compromise the respirator seal).
  - HCP must remove their masks at end of shift when leaving the facility.
  - HCP must not wear masks with exhalation valves.
  - For specific information about what to do if there are procedure mask shortages, see *Strategies for Optimizing the Supply of Facemasks* at cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html.
- **Cloth masks are not considered PPE** and must not be worn by HCP as PPE to protect their nose and mouth from exposure to splashes, sprays, splatter, and respiratory secretions (e.g., for patients/residents on Droplet Precautions). Cloth masks may be used by HCP who only require source control and do not work in patient care areas (e.g., security guard, cashiers). Cloth masks with exhalation valves must not be worn.
- **Note:** Face shields must never be used as a substitute for appropriate respiratory protection (masks or respirators).
- **Eye protection**
  - HCP must wear eye protection:
    - During patient encounters when HCP will be within 6 feet of patients/residents while inside a HCF if DC has **HIGH** levels of **Community Transmission** (as per the CDC COVID-19 Data Tracker[1]).
      - This requirement can be lifted if the level of **Community Transmission** in DC decreases to **SUBSTANTIAL**, **MODERATE** or **LOW** and is sustained for at least two weeks.
    - While interacting with someone who:
      - Is under isolation for suspected or confirmed COVID-19 infection.
      - Is under empiric transmission-based precautions.
      - Has symptoms of COVID-19.

      AND
    - As required by standard precautions (e.g., when there are anticipated splashes, sprays, or splatters).

      AND
    - As required by transmission-based precautions
  - Acceptable eye protection is a full-face shield or goggles that cover the front and sides of the eyes without gaps.
    - Safety glasses and eyeglasses do not constitute eye protection.
  - Ensure that your eye protection is compatible with your respiratory protection and does not interfere with fit.
  - Eye protection must be in place prior to entering patient/resident room.
  - HCP performing a medical or surgical procedure may temporarily remove or use protective eyewear that may not meet the standards for eye protection only **while**

performing critical portions of the procedure, if standard eye protection would interfere with the use of medical equipment where the HCP needs to view through a magnifying lens (for example, while viewing the surgical field through a microscope, using high magnification surgical loupes, or using an otoscope).
        - Standard eye protection must be replaced once these portions of the procedure are completed. **This should be minimized as being in close contact with anyone without appropriate eye protection puts the HCP at risk of exposure.**
    - Operating room staff may follow Association of periOperative Registered Nurses (AORN) guidelines for eye protection while within the surgical field. Eye protection in accordance with DC Health guidelines must be worn outside of the OR.
    - Eye protection must not be removed during AGPs or during care activities when there are anticipated splashes, sprays, or splatters or as required by standard precautions or transmission-based precautions.
    - Healthcare facilities should work with staff to ensure that appropriate eye protection options that meet DC Health standards are available as needed per varying staff duties (e.g., anti-fog goggles, goggles for kitchen staff who interact with patients as appropriate).
    - For specific information about what to do if there are eye protection shortages, see *Strategies for Optimizing the Supply of Eye Protection* at cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html.
- **Gowns** must be worn when providing care to patients/residents with suspected or confirmed COVID and those under COVID-19 observation.
    - Coveralls ("bunny-suits") are an acceptable substitute for gowns.
    - Discard gowns or coveralls in a trash receptacle prior to exiting patient/resident room.
    - HCP have the option to extend the use of a gown or coveralls only if working on a cohorted unit where all patients/residents are confirmed positive for COVID-19 and have no other communicable illnesses.
    - For specific information about what to do if there are gown shortages see *Strategies for Optimizing the Supply of Isolation Gowns* at cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html.
- **Gloves** must be worn when providing care to patients/residents with suspected or confirmed COVID-19 and for those under COVID-19 observation.
    - Do not double glove.
    - Discard gloves in a trash receptacle prior to exiting patient/resident room.
    - Gloves must be changed between each patient/resident.
    - Hand hygiene must be performed immediately before and after wearing gloves.
    - For specific information about what to do if there are glove shortages, see *Strategies for Optimizing the Supply of Disposable Medical Gloves* at cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/gloves.html.

Required PPE for different clinical scenarios

	Procedure mask	Respirator	Eye protection	Gown	Gloves	Other elements required as per patient's/resident's medical history or standard precautions
PPE to wear during patient/resident encounters (within 6 feet) *when COVID-19 is not suspected*[7]	X[8]		X[8]			X
PPE to wear when COVID-19 is suspected or confirmed		X	X	X	X	X
PPE to wear when a patient/resident is under COVID-19 observation		X	X	X	X	X

[7] Standard precautions should be followed in addition to any Transmission-Based Precautions required for another known or suspected infections (e.g., CRE, *Clostridiodes dificile*)**.** For more information see DC Health guidance *Interim Guidance on Discontinuation of Transmission-Based Precautions for Patients with Confirmed or Suspected COVID-19 in Healthcare Settings* coronavirus.dc.gov/healthguidance

[8] This requirement can be lifted if the level of **Community Transmission** in DC decreases to **SUBSTANTIAL, MODERATE** or **LOW** and is sustained for at least two weeks.

The guidelines above will continue to be updated as the outbreak evolves. Please visit coronavirus.dc.gov regularly for the most current information.