

**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. These requirements 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 requirements should also be strongly considered in the following settings: hospice, behavioral health facilities, or any other settings where health services are provided.

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:** All areas where patient/resident care is rendered, where diagnostic or treatment procedures are performed, or **anywhere there is potential for patient/resident encounters** (e.g., any area patients/residents can access).
- **Source control:** The use of a covering over the mouth and nose as a physical barrier to prevent spread of respiratory secretions. Respirators, facemasks, and cloth face coverings are examples of source control. Healthcare providers are required to wear respirators or facemasks for source control. Cloth face coverings are acceptable source control for patients/residents and visitors as well as employees who will not be in patient/resident care areas. Cloth face coverings are not considered PPE.
- **Aerosol-generating procedures (AGP):** Medical procedures or treatments that are more likely to generate higher concentrations of respiratory aerosols. Common examples of AGPs include (but are not limited to): Nebulizer administration, non-invasive ventilation (such as CPAP, BiPAP), open suctioning of airways, sputum induction, high speed drilling, high pressure irrigation, cardiopulmonary resuscitation, endotracheal intubation and extubation, bronchoscopy, manual ventilation, high flow O2 delivery. For more information regarding procedures that are considered AGPs see the Centers for Disease Control website [cdc.gov/coronavirus/2019-ncov/hcp/faq.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html). **Note:** Inventory must be taken of the AGPs that occur in each HCF for proper planning.
- **COVID-19 Observation:** This term refers to patients/residents who are asymptomatic and quarantined after being newly admitted from another high-risk setting. For example, nursing home residents who are newly admitted from a hospital are placed under observation for 14 days to ensure that they do not have COVID-19.
- **Fully Vaccinated:** An individual can be considered fully vaccinated 14 days after completion of a COVID-19 vaccination series (after the second dose of a 2-dose series, or after one dose of a single-dose vaccine). In general, healthcare facilities should

continue to follow the infection prevention and control recommendations for unvaccinated individuals (e.g., source control requirements, quarantine, testing) for fully vaccinated individuals with an immunocompromising condition.

Source Control and Eye Protection

- As community transmission continues in the region, all HCP must wear a respirator or face mask (medical, surgical or procedural) for source control while in the HCF, with the exception of temporary removal of masks for eating and drinking or for changing into a new mask or cloth face covering. **Note: In situations where HCP are temporarily unmasked, social distancing is critically important.**
 - Fully vaccinated HCP may dine and socialize together in break rooms and conduct in-person meetings in locations without source control or physical distancing.
 - Fully vaccinated HCP must continue to wear source control in areas where there is a high-likelihood of patient encounters (e.g., nursing stations, lobby areas).
 - If unvaccinated HCP are present, everyone must wear source control and unvaccinated HCP must physically distance from others.
- In addition to masking for source control, HCP must wear eye protection (i.e. full-face shield or goggles that fit snugly from the corners of the eye across the brow) during patient encounters when they will be within 6 feet of patients/residents while inside the HCF when DC is in Phase 2.

General PPE information

- PPE is only effective if it is used correctly.
- PPE alone is not a substitution for social distancing or for fully addressing the occupational hazard of COVID-19. For more information, see: [cdc.gov/niosh/topics/hierarchy/default.html](https://www.cdc.gov/niosh/topics/hierarchy/default.html).
- Employers of health care personnel must provide comprehensive PPE training to employees. More information, including training videos, can be found on the CDC website at [cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html).
- 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 required and appropriate (e.g., one should not walk around the HCF wearing gloves or wear PPE inappropriately in public).
- 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 no longer experiencing PPE shortages and operating under conventional capacity¹, must resume following the manufacturer's guidelines for use.
- For additional PPE information, see the following CDC and DC Health websites:
 - Using Personal Protective Equipment (PPE) at [cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html)
 - Optimize the Supply of PPE and Equipment at [cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html)

¹ Conventional capacity includes PPE controls that should already be implemented in general infection prevention and control plans in healthcare settings. With the exception of extended use of respirators or facemasks used only for source control, extended use of facemasks and respirators are not allowed in conventional capacity status

- 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](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html)
- DC Health Guidance– Conserving the Supply of Personal Protective Equipment (PPE) in Healthcare Facilities at coronavirus.dc.gov/healthguidance.

Specific PPE Guidance

- **Respirators** provide a higher degree of respiratory protection than facemasks 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 the N95 respirator commonly used in HCF. Other examples of respirators include powered air-purifying respirators (PAPRs) and elastomeric respirators.
 - **Respirators are the optimal respiratory protection to wear while providing patient/resident care to patients/residents with suspected or confirmed COVID-19 if supplies are available.**
 - If limited supply available, respirators should be reserved for use as Aerosol Generating Procedures (AGP), care provision to patients/residents with pathogens requiring Airborne Precautions (e.g., TB, measles, varicella), and certain surgical procedures that could generate infectious aerosols or involving anatomic regions where viral loads of SARS-CoV-2 might be higher (e.g., ENT surgeries). Respirators should not be used by HCP who are only using them for source control.
 - 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 when being used as PPE (i.e., to protect HCP’s nose and mouth from exposure to splashes, sprays, splatter, and airborne transmission).
 - A user seal check is necessary each time an N95 respirator is worn.
 - In HCF with an extended use policy for respirators.
 - If N95 respirators are used for PPE to protect HCP’s nose and mouth from exposure to airborne transmission, respirators may be covered with a surgical mask to prevent surface contamination. The mask must be changed between patients/residents.
 - In HCF with a limited reuse strategy for respirators
 - N95 masks must be removed and stored between uses in a manner that minimizes environmental contamination.
 - Unless otherwise specified by respirator manufacturer, the number of reuses should be limited to no more than five uses (five donnings) per respirator by the same HCP.
 - 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](https://www.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.
 - Respirators must be donned prior to entering patient/resident room when being used as PPE.
- **Face masks** provide acceptable respiratory protection for HCPs when respirators are not available or in limited supply. They provide source control plus some protection to the wearer against splashes and sprays.

- Face masks should be worn as PPE when HCP provide patient/resident care to patients/residents under observation or with suspected or confirmed COVID-19 (if respirators are not available).
- All HCP must wear a respirator or face mask (medical, surgical or procedural) for source control while in the HCF.
- Ensure that HCP wear a well-fitting face mask.
 - Although a cloth mask can be used over a medical facemask to improve fit, there may be better alternatives such as framed “fitters” or using a knot-and-tuck approach to achieve a good fit. If a good fit is achieved using a single medical facemask, additional approaches like adding layers to achieve a better fit might not be necessary.
 - For more information see [cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/mask-fit-and-filtration.html](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/mask-fit-and-filtration.html)
- Do not double mask two medical face masks (it will not improve fit) or wear a mask under a respirator.
- HCP must remove their face mask at end of shift and change into a cloth face covering or a new mask when they leave the HCF.
- Face masks with exhalation valves must not be worn.
- **Cloth face 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 on Droplet Precautions). If the HCF is experiencing limited supplies of facemasks, cloth face 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 face masks with exhalation valves must not be worn as they do not provide source control.
- **Note:** Face shields must never be used as a substitute for appropriate respiratory protection.
- **Eye protection**
 - Eye protection must be worn:
 - During patient encounters when HCP will be within 6 feet of patients/residents while inside the HCF while DC is in Phase 2.
 - As indicated for standard and transmission-based precautions during minimal to no community spread.
 - During care activities when there is anticipated splashes, sprays, or splatters or as required by standard precautions or 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.
 - Reusable eye protection must be stored appropriately, cleaned, and disinfected between uses according to manufacturer’s instructions. For more information about extended use of eye protection see [cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html).
 - Eye protection must be in place prior to entering patient/resident room.
 - HCP performing a medical/surgical procedures 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 it 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).

- 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 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 is 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 (i.e., goggles for kitchen staff, anti-fog goggles, etc).
- **Gowns** must be worn for patients/residents with suspected or confirmed COVID and those under COVID-19 observation.
 - Discard gowns in a trash receptacle prior to exiting patient/resident room.
 - Coveralls (“bunny-suits”) are an acceptable substitute for gowns and should be placed in a trash receptacle prior to exiting patient/resident room.
 - HCPs have the option to extend the use of a gown or coveralls only if working on a cohorted unit if everyone on the unit is confirmed positive for COVID-19 and there are no other communicable illnesses.
- **Gloves** must be worn for patients/residents with suspected or confirmed COVID-19 and 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.

Required PPE for Clinical Scenarios

	Facemask	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 suspected¹	X		X			X
PPE to wear during Aerosol-Generating Procedures (AGP) when COVID-19 is not suspected¹		X	X			X
PPE to wear when COVID-19 is suspected or confirmed²		X	X	X	X	X
PPE to wear when a patient/resident is under COVID-19 observation²		X	X	X	X	X

¹Standard precautions should be followed in addition to any Transmission-Based Precautions required for another known or suspected infection (e.g., CRE, *Clostridioides difficile*). For more information see DC Health guidance **Interim Guidance on Discontinuation of Transmission-Based Precautions for Patients/Residents with Confirmed or Suspected COVID-19 in Healthcare Settings** coronavirus.dc.gov/healthguidance

² Facemasks may be acceptable if the HCF is experiencing respirator shortages and operating under crisis capacity

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