

## Current PPE Plan and Protocol at Hope

**ALL STAFF:** Regardless of Vaccination status at minimum are required to wear a surgical/medical grade face mask (provided by facility), and approved eye protection. This is standard along with gloves when providing personal cares.

Continue to DON/DOFF in the entryway as we have from the beginning. Keep your eye protection at Hope in your labeled paper bag and change your mask daily and as needed. If you have questions on the DON/DOFF specifically for when entering and leaving Hope see me. *This process has not changed*

Regardless of Vaccination Status all staff members need to wear a surgical mask provided by Hope and approved eye protection, face shield or goggles. Regular prescription eyeglasses do not qualify as PPE. If you choose to purchase your own eye protection, be sure it qualifies as PPE and has a rim/shield area all the way around the eye. There are many items out there for sale appearing to be used as PPE, just be sure to read the fine print and that is specifically states it protects against, droplets, saliva, etc. If there is any question of the effectiveness of your eye protection, I may ask for verification. These guidelines are put in place for a reason, to protect you and anybody you come into contact with while working.

**STAFF WORKING WITH CLIENTS WHO REQUIRE TBP:** If a client(s) require PPE beyond the standard PPE it will be made aware to you. Signs stating that extra PPE and Precautions are in place will be posted in the appropriate area, such as but not limited to the living area double doors, a client(s) bedroom door or even outside the front doors if it is required for the whole facility. Be assured that it will be made known when and what extra precautions are needed. Along with posted info., the actual PPE will be readily available to you to DON prior to entering that area, along with sanitizer, extra trash specifically for DOFFED PPE, and again postings of what needs to be worn and how to wear. PPE included with TBP regarding COVID or suspected COVID is, eye protection, gown (disposable or re-useable), gloves and a N95 respirator mask.

**“Optimize PPE for...extended use, reuse, or prioritization”:** Currently we are following the CDCs “contingency capacity” measures for PPE use. This means we are extending the wear time and usage beyond the recommended guidance set by the manufacturer or healthcare agency guidelines. This is implemented by facilities when there is a shortage of PPE for whatever the reason may be, most recently there was a nationwide shortage at the start of the COVID pandemic.

### **Please follow the guidelines listed below for PPE use at this time**

- **Surgical Mask**
  - Change out daily and as needed.

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- If at any time your mask gets soiled, damaged, is loose fitting, rips, or is exposed to bodily secretions (i.e., a client coughs or sneezes near your face) GET A NEW ONE
- **Eye Protection**
  - Safe to disinfect and re-use on going unless/until it no longer serves its purpose, that could mean it gets damaged or weakened to the point it isn't protecting your eyes or parts of your eyes any longer or scratched to where you can no longer see clearly while wearing. This general rule of thumb pertains to both goggles and shields.
- **N95 Respirator:**
  - Currently per MDH recommendation you should DON a new N95 mask after every 5 DON/DOFFs, meaning you can put on and take off a total of 5 times (first time you take out of box and put on is DON 1), or at least daily.
  - store appropriately in your labeled paper bag in between wears
  - same applies as far as soiled or damaged, always get a new one and each time
  - Each time you DON do a "self-fit check" put hands near seal of masks and exhale forcefully to ensure there are no leaks
- **Gowns:**
  - Disposable gowns should be DOFFED after each wear and thrown in trash, meaning doffed appropriately along with your gloves, and should be changed between each client cares. Remember hand hygiene in between don/doff and vice versa.
    - At this time only disposable gowns are out on the floor, if that changes new guidelines will be posted.
- **Gloves:**
  - Continue to use as a standard precaution as you always have regardless of other PPE added and always change and perform hand hygiene in between glove changes.

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## Infection Control Precautions

Below information directly from CDC or MDH Website

Basic Definition: Infection control precautions are a set of standard recommendations for designed to reduce the risk of transmission of infectious agents from body fluids or environmental surfaces that contain infectious agents.

**Transmission Based Precautions; (TBP) is an umbrella term used for when standard precautions are not enough to prevent the spread of a particular infectious disease.**

Below summarizes each level of precaution and those that are highlighted would be considered TBP. Along with a list of PPE included to be used but not limited to just that precaution level.

These precautions include the use of [personal protective equipment](#) that serve as barriers to protect against contact with infectious materials.

- [Standard Precautions](#) (*ALWAYS in HEALTHCARE SETTINGS*)

Standard precautions are the basic level of infection control that should be used in the care of all patients in all settings to reduce the risk of transmission of organisms that are both recognized and unrecognized.

- o [Gloves](#)

Gloves help protect you when directly handling potentially infectious materials or contaminated surfaces.

- [Contact Precautions](#) (*SOMETIMES in HEALTHCARE SETTINGS*)

**Contact precautions should be utilized when direct or indirect contact with contaminated body fluids, equipment or the environment is anticipated.**

- o [Gloves](#)

Gloves help protect you when directly handling potentially infectious materials or contaminated surfaces.

- o [Gowns](#)

Gowns help protect you from the contamination of clothing with potentially

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infectious material.

- o [Shoe and Head Covers](#) (sometimes)  
Shoe and head covers provide a barrier against possible exposure within a contaminated environment.
  
- o [In addition to Standard Precautions](#)
  
  
- [Droplet Precautions](#) (*WHEN COVID or other infectious respiratory illness IS SUSPECTED OR CONFIRMED*) & (*WHEN providing or around an aerosol generating procedure such as Nebulizers and CPAP/BIPAPs*)  
[Droplet precautions should be utilized when working within 3 feet of a patient who is coughing or sneezing or during procedures that result in dispelling droplets into the air.](#)
  - o [Masks and/Respirators \(N95\)](#)  
Wear a facemask, such as a procedure or surgical mask, for close contact (within 3 feet of the patient) with the patient; the facemask should be donned upon entering the exam room.
  
  - o [Gowns](#)
  
  - o [Eye Protection](#)
  
  - o [Standard Precautions](#)
  
- [Airborne Precautions](#)  
[Airborne precautions should be utilized when exposure to microorganisms transmitted via the airborne route is anticipated -requires specially ventilated air exchange units to prevent transmission through air particles.](#)

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For suspected or confirmed COVID cases we follow TBP specifically droplet, and if providing an aerosol generating procedure (AGP) (neb treatments and use of CPAP/BIPAP are considered this) whether symptoms are present or not due to the possibility of infectious droplets being expelled from the forced air caused by the treatment. However, you will not simply contract COVID from breathing the same air (it is not airborne), it must be a droplet of bodily fluid from a positive individual. So if we discover a client is positive for COVID that uses a CPAP, or receives neb treatments, anyone and everyone who was in the presence of that client during their contagious period while receiving one of those treatments would be considered a high-risk exposure no matter what length of time (15-minute rule does not apply here). Nurses have been and will continue to use N95s and gowns when starting and stopping neb treatments, this goes for all staff not just nursing. If you are asked or assist with starting or stopping a neb treatment you must have your N95 and gown on (gloves and eye protection included and always apply to all cares no matter what) whether that client has symptoms or not to prevent a possible high-risk exposure. This will be especially important for the overnight staff when checking on client's who wear a CPAP at night as well as when checking/assisting their roommates. Same for am and pm staff that may start or stop CPAP machines, in addition to your gloves and eye protection wear your N95 and a gown during those times. While the client is getting their neb treatment nobody else should be in the room especially a roommate, if staff need to monitor, they should stand outside their room keeping the door shut during the treatment time. Depending on the client at night if they wear a CPAP their door should remain closed, of course the client's safety is first and there may be times this is not feasible for their well-being.

See me, Debra or nursing with any questions.

<https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/ppe/comp/index.html>

<https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/pre/index.html>