



PPE Guidance for Long Term Care Employees

Revised 7-7-2020

Based upon the numbers of member questions that IHCA receives regarding the use of PPE, it is one of the most complicated issues facing long term care providers today. The lengthy list of references at the end of this document, sometimes provide conflicting and confusing guidance. Shortages of PPE supplies and frequently changing interpretive guidance and recommendations create more complicated issues for providers.

The following recommendations are based upon review of the document references and are IHCA's attempt to share best practices that are aimed at protecting your employees and residents from COVID and your organizations against regulatory sanctions. The practices you choose to follow in your facility should be based upon your own research and documented in your infection control policies and procedures. Download webpages and print guidance when you find it and keep those references with your infection control plan, especially if you cannot follow these recommendations due to PPE shortages.

Here are the IHCA best practice recommendations for PPE usage:

1. All LTC employees

All LTC employees, contract employees or visitors should wear face mask when in the facility. It is best to wear commercially manufactured masks sold (medical grade) as cloth masks are not considered PPE. If masks are in short supply, employees not providing care or coming in contact with residents should wear cloth masks.

2. LTC employees having direct contact with residents not suspected of having COVID

Any LTC employee coming in contact with residents should wear face mask and eye protection. Eye protection is considered to be goggles, safety glasses with side panels or full-face shields. Regular eyeglasses are not considered eye protection. If a direct care giver or other employee having resident contact must wear a cloth mask due to a PPE shortage, a full-face shield is required. Consider that many nursing facility employees may come in contact with residents each day, including some dietary workers, environmental service workers and management staff and may need to wear PPE at this level when having that resident contact.

3. Employees caring for residents who have suspected COVID exposure, but no signs or symptoms

Residents who are isolated upon admission or readmission from hospital or for other potential COVID exposures but have not been confirmed, should not be cohorted with

known positive COVID cases. However, according to [CDC Guidance](#), “All [recommended COVID-19 PPE](#) should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown.” If shortages of PPE exist, consult the CDC guidance on optimizing use below which includes suggested substitutions or extended use.

Note: IDPH indicated in webinars presented on June 30 and July 6 that N95 masks are not required for administration of nebulizing treatments unless a resident is having an aerosolizing treatment.

4. Employees caring for residents who have tested positive or who are exhibiting symptoms of COVID

According to CDC guidance, employees caring for residents in dedicated COVID units or in private rooms who have tested positive or are exhibiting respiratory or other symptoms should wear full PPE which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown.” If shortages of PPE exist, consult the CDC guidance on optimizing use below which includes suggested substitutions or extended use. *Note: IDPH indicated in webinars presented on June 30 and July 6 that N95 masks are not required for administration of nebulizing treatments unless a resident is having an aerosolizing treatment.*

5. Employees administering nebulizer treatments in non-isolation or non-quarantine units

IDPH indicated on webinars presented on June 30 and July 6 that N95 masks are not required for administration of nebulizing treatments if residents are not in isolation or quarantine units.

Nursing facility providers are urged to report shortages they are experiencing every week to the Regional Medical Coordination Center and to the CDC through via NHSN. Make sure that you are documenting every attempt you make to order PPE and the results of those orders. Keep these records so that you may reference them in the future if needed.

References:

[IDPH Personal Protective Equipment Guidance](#) 4-1-2020

[OSHA Memorandums](#) 4-8-2020

[Governor’s PPE Shortage Order](#) 4-25-2020

[Responding to Coronavirus in Nursing Homes \(CDC\)](#)

[IHCA LAI Admission Best Practices](#) April 2020

[CDC Strategies to Optimize the Supply of PPE and Equipment](#) 5-18-2020

[Interim Infection Prevention and Control Recommendations for Patients with Confirmed or Suspected COVID-19 in Healthcare Settings \(CDC\)](#) 5-18-2020

[Long Term Care Reopening Phases and Testing](#) 6-30-2020