**Question or request:** What are the recommendations for PPE use in Skilled Nursing Facilities, Long-term Care Facilities and Assisted Living Facilities

1. **Recommend:** Follow CDC Guidelines for PPE Guidance including Optimizing and Reprocessing of PPE

2. **Recommendations for community with cases/no resident or staff cases:**
   a. Observe Standard Precautions
   b. Universal medical-grade masking of HCW
   c. Universal medical-grade masking of resident
      i. If limited availability, prioritize for HSC. Cloth masks suitable for residents and non-HCW personnel but not appropriate for HCP
      ii. Cloth masks should be changed when moist or soiled and routinely laundered
   d. Use of N95 respirator or facemask and face shield and gown for aerosolizing procedures. E.g. nebulizers

3. **Recommendations for caring for residents who 1.) have tested positive, 2.) have been exposed or 3.) are in quarantine:**
   a. For HCW: N95 or equivalent, eye goggles/shield, gown, gloves, observation of donning and doffing
   b. For residents: Universal medical-grade masking
   c. If N95 respirator or equivalent not available for HCW, use face mask and face shield
   d. Follow CDC recommendations for cleaning and reuse of goggles and face shields
   e. Utilize extended wear of PPE- same gown/mask/eye protector when caring for COVID-19+ **cohort**ed residents.
      Change gloves and perform hand hygiene between residents.
   f. Prioritize impervious gowns for situations with expected risk of splash or aerosolization.

4. **Recommend:** Avoid use of N95 (or equivalent) with ear loops due to reduced ability to create adequate seal. Consult NIOSH website below for assessment of available respirators.

5. **Recommend:** Review of isolation practices and use of PPE for other less serious disease concerns such as MRSA.

6. **Recommend:** Facilities should implement a respiratory protection program compliant with the OSHA respiratory protection standard for employees if not already in place. The program should include medical evaluations, training and fit testing.

7. **Recommend:** For providers collecting specimens or within 6 feet of patients suspected to be infected with COVID-19, maintain proper infection control and use recommended personal protective equipment (PPE), which includes an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown, when collecting specimens.

8. **Recommend:** Development of education program for facilities related to include printed materials on PPE use and strategies for extended wear/ PPE selection, and video tutorials such as the CDC video for LTC staff:
   [https://www.youtube.com/watch?v=YYTATw9yav4&feature=youtu.be](https://www.youtube.com/watch?v=YYTATw9yav4&feature=youtu.be)

**Assessment:**
Challenges are expected for operationalizing recommended PPE use due to shortages, prioritization, and necessary training.

There will be a need for extended wear due to limited availability of PPE, which is acceptable if following guidelines and recommendations.

Support will be needed to implement OSHA respiratory program, including improved access to fit-testing.

The potential for counterfeit and inappropriately marketed PPE will need to be addressed in training.

**NIOSH recommendations:**
   a. Under serious outbreak conditions in which respirator supplies are severely limited, however, you may not have the opportunity to be fit tested on a respirator before you need to use it. While this is not ideal, in this scenario, you should work with your employer to choose the respirator that fits you best, as, even without fit testing, a respirator will provide better protection than a facemask or using no respirator at all. Even if workers begin using respirators without proper fit testing,
Employers should make every effort to perform fit testing as respirator supplies allow. Employers should always perform fit testing for workers who cannot successfully seal check their own respirators (https://blogs.cdc.gov/niosh-science-blog/2020/03/16/n95-preparedness/).

While fit testing is ideal to confirm if a respirator does or does not fit, healthcare professionals should be able to obtain a good fit if they have had training and they perform a user seal check prior to each use of the respirator.

**Red Flags and Concerns:**

1. Access to adequate PPE- gowns and N95 across all LTC and licensed ALF/care facilities
   - Clear understanding/process of how facilities request PPE
   - Facilities estimating burn rate/reporting PPE supply daily
     - CDC Burn Calculator
2. Lack of fit testing for N95 Respirator masks
   - Limited access to testing supplies
   - Inconsistencies in mask sourcing
   - Health risks to HCP if assessment for wearing N95 not conducted
3. PPE supplies not providing adequate protection to HCP
   - N95
4. HCP fatigue working in full PPE- may need to consider limiting time in PPE

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**Resources/Reference:**

- https://www.cdc.gov/niosh/npptl/respirators/testing/NonNIOSHresults.html
- Appendix A: FDA Authorized Respirators: https://www.fda.gov/media/136663/download?mod=article_inline
- Respirator Fit infographic: https://www.cdc.gov/niosh/npptl/pdfs/KeyFactorsRequiedResp01042018-508.pdf
- Counterfeit Respirators / Misrepresentation of NIOSH-Approval: https://www.cdc.gov/niosh/npptl/usernotices/counterfeitResp.html