

Recommended Use of Enhanced Personal Protective Equipment (PPE) for COVID-19



The following is a step-by-step guide for nurses and aides on how to use enhanced PPE measures to prevent the transmission and contraction of COVID-19.

While it would be ideal to use enhanced PPE during any viral epidemic, the reality is that providers may not have enough PPE to use for every visit. In this scenario, providers should limit the usage of enhanced PPE to the highest risk patients.

Step for the proper usage of PPE:

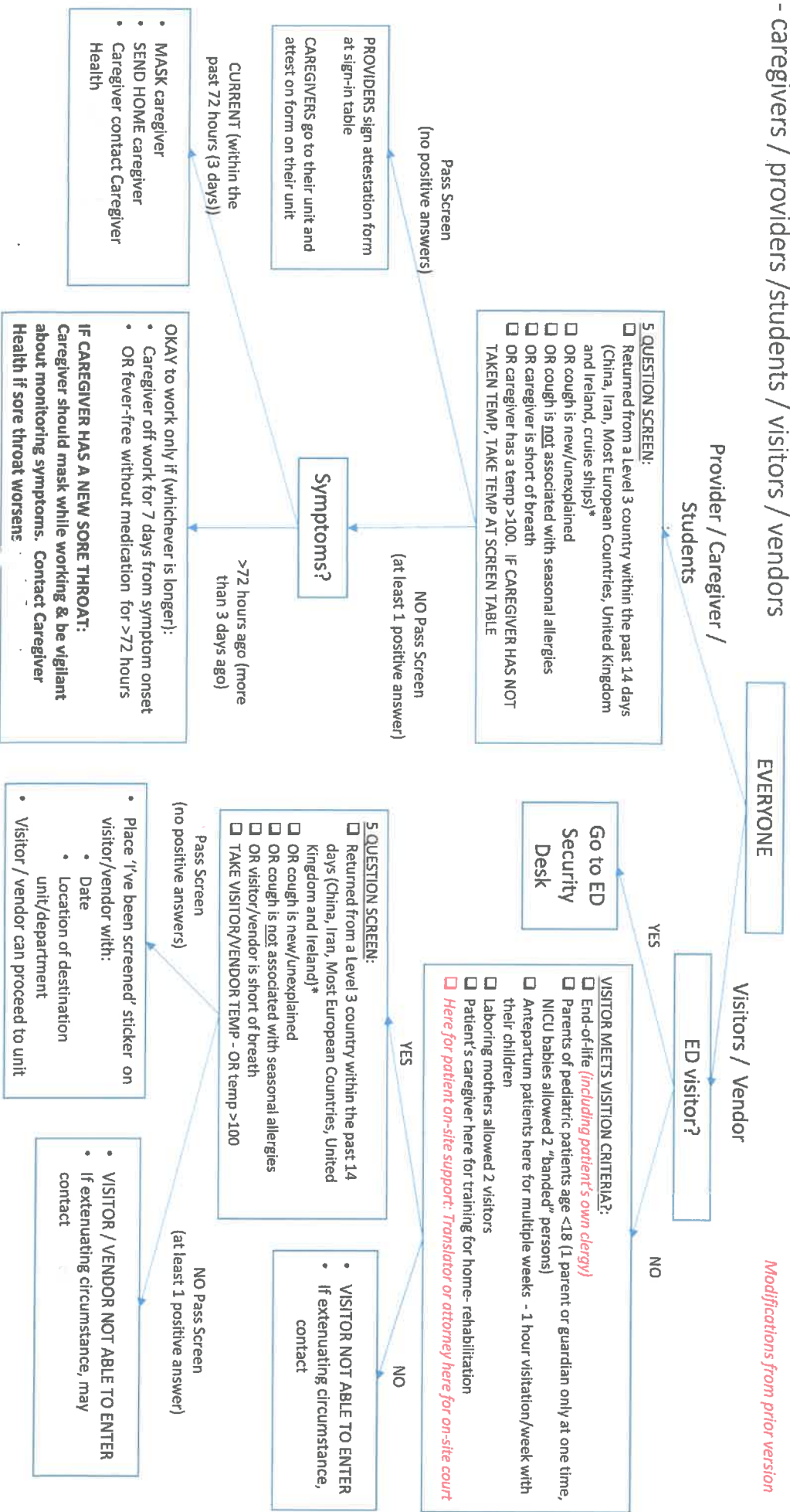
1. *Complete a patient risk assessment*—call ahead to complete assessment, if possible, or complete assessment before entering the home. Report high risk patients.
2. *Dress with PPE before entering the home in the following order:*
 - a. Latex gloves—ensure gloves are pulled up over the crest of your wrist, then use your fingers to ensure the gloves are pushed down and tucked in-between fingers. Then double check ALL sides of the gloves to ensure there are no rips.
 - b. N-95 mask—place the bottom mask strap around your head and slide the mask down over your mouth and nose so that the bottom strap is below your ears. Then place the top strap over your head so that the top strap sits above your ears. If applicable, press the metal tab down around your nose to create a tight seal.
 - c. Face shield/goggles—place the strap around your head so that it is level and above your ears. Double check that your face is covered or that your goggles have a tight seal.
 - d. Gown/Apron (optional)—place the strap over your head and tie the strings on the lower back so that the gown/apron is tight against the stomach.
3. *Limit what you take into the home*—take ONLY the equipment that is needed for the visit. Avoid taking electronic devices and paperwork into the home if it cannot easily be stored in a carrying case or on your person.
4. *Do take sanitization materials*—take sanitization wipes, hand sanitizer, and a small garbage bag with you in the home. If possible, sanitize any surfaces BEFORE you touch them, such as light switches and countertops.
5. *Provide a surgical mask to patients*—before beginning a visit, give the patient a surgical mask to wear during the visit. Ideally, the patient should place the mask themselves, but providers may need to place it on the patient themselves.
6. *Remove and Sanitize PPE after leaving*—do NOT remove PPE until AFTER you have left the home. Remove PPE in the reverse order as it was added. Use a sanitizer wipe on any PPE that will be reused before it stored in your vehicle. All disposable items should be thrown away in the small garbage bag. The garbage bag can be throw away in the regular trash.
7. *Sanitized hands*—after you remove your gloves, use hand sanitizer liberally.

Screening for ALL

- caregivers / providers / students / visitors / vendors

VERSION: 3.17.20 15:30pm

Modifications from prior version



*CDC recommendations reviewed daily and subject to change. <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

QUESTIONS: During 7am-5pm contact Labor Pool x
After hours: contact command center _____

COVID-19 Assessment Information: Evaluating Persons with Fever and Acute Respiratory Illness (updated 2/28/2020)

- Obtain a detailed travel history on ALL patients being evaluated for fever and acute respiratory illness.
- Use the assessment criteria below to determine if COVID-19 should be included in the differential diagnosis.

Name:	DOB:	Interview date:	
Address:	Phone:		
Assessment Criteria	Yes	No	Comments
A) Did/Does the patient have a fever? (Fever may not be present in some patients, use clinical judgement to guide testing.)			Fever onset date: ___/___/___ Highest measured temperature: _____ °F □ °C <input type="checkbox"/> Check if SUBJECTIVE fever only
B) Does the patient have symptoms of lower respiratory illness (LRI) (e.g. cough or shortness of breath)?			Symptom onset date: ___/___/___ <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Difficulty breathing Other Symptoms (list): _____
C) Does the patient require hospitalization for severe LRI (e.g., pneumonia, ARDS)?			
D) Has the patient tested negative for other common respiratory pathogens? (e.g., influenza)?			
E) In the 14 days before symptom onset, did the patient: i. Have close contact with a lab-confirmed COVID-19 patient?			Dates of contact with COVID-19 lab-confirmed case: ___/___/___ to ___/___/___ Name of COVID-19 lab-confirmed case (if known): _____ Nature of contact: <input type="checkbox"/> Family/Household <input type="checkbox"/> Coworker <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____ Comments: _____
ii. Travel from affected geographic areas*? CDC Coronavirus Travel Information: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html			Dates: ___/___/___ to ___/___/___ Arrival in US: ___/___/___ Locations visited in 14 days before symptom onset: _____
Suspect COVID-19 if you answered YES to <ul style="list-style-type: none"> • A or B <u>and</u> Ei, OR • A <u>and</u> B <u>and</u> C <u>and</u> Eii, OR • A <u>and</u> B <u>and</u> C <u>and</u> D 			
		*If patient does not meet case definition but there is a high index of clinical suspicion, contact LHJ.	

IMMEDIATELY:

- Ensure that the patient is masked and isolated in a private room with the door closed AND
- Ensure that healthcare personnel entering the room use standard, contact, AND airborne precautions, **INCLUDING** eye protection (e.g., goggles or face shield that covers the front and sides of the face).
 - Note: Airborne precautions includes use of fit-tested NIOSH-certified N95 filtering facepiece respirator or higher.
- Notify your healthcare facility's infection control personnel.
- Perform any clinically indicated respiratory and other diagnostic tests and note results below:

Rapid Influenza: <input type="checkbox"/> A <input type="checkbox"/> B	Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done
Rapid Strep	Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done
Viral Respiratory Panel	Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done
Pneumonia	Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done
Legionella	Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done
Other: _____	Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done

Other clinically relevant testing:

Chest X-Ray Not Done Pending Normal

Abnormal: _____

Other: _____

Other: _____

- Call your local health jurisdiction (LHJ) with the above information to discuss the case and determine whether to test for SARS-CoV-2.