

Comprehensive Personal Protective Equipment (PPE) Guidance Revised CDC Infection Control Policies, January 6, 2021

- Healthcare Personnel refers to all paid and unpaid persons serving in a healthcare setting who have the potential for direct/indirect exposure to clients/infectious materials.
- All Healthcare Personnel (HCP) must wear a face mask in the clinical areas at all times
- Extended use of facemasks has been modified to no more than one shift or one day under following conditions:
 - The facemask should be removed/replaced if soiled or damaged.
 - HCP must not touch facemask. If facemask touched or repositioned, hand hygiene must be performed immediately.
 - HCP should leave clinical area if they need to remove their mask.
- Reminder: homemade and cloth facemasks are not considered PPE.
- DPH is supportive of Joint Commission's public statement: it emphasizes that its standards do not prohibit staff from bringing in their own PPE or wearing PPE throughout the day.

PPE for COVID-19 Patient Care:

In addition to the universal facemask policy, DPH has following recommendations about PPE use in COVID positive or suspected clients.

- DPH recommends an N95 facemask or higher, eye protection, isolation gown and gloves be used, especially when performing aerosol generating procedures such as neb treatments.
- KN95 masks may be considered as a substitute for N95 only if:
 - N95 masks are not available and the KN95 have been FIT tested and if the use of KN95 masks has been approved by organization.
 - If an N95 or equivalent is not available, a surgical facemask should be used.
 - Limited re-use of N95 masks may be necessary but again, limited to one shift or one day use.
- Extended use of eye protection can be applied to disposable and reusable devices.
 - Eye protection should be removed/reprocessed if visibly soiled
 - If a disposable face shield is reprocessed, it should be dedicated to one HCP and stored in a transparent plastic container labeled with HCP name.
 - Protocols similar to mask: perform immediate hand hygiene if touch eye protection and leave clinical area if eye protection needs to be removed.
 - Prioritize eye protection for selected activities such as: aerosol generating procedure and prolonged face-to-face exposure/close contact with potentially infectious client.
- Isolation gown use may be extended (disposable or cloth) to allow the same HCP to interact with one or more clients infected with same infectious disease in same location.
- Cloth isolation gowns can be tied and untied and re-used without laundering in between.
- Gowns should be prioritized for when sprays/splashes may occur including aerosol generating procedures and when high-contact care activities are involved.