

SCARC, Inc. COVID 19 Personal Protective Equipment (PPE) Guidelines

According to OSHA, personal protective equipment, commonly referred to as "PPE", is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. These injuries and illnesses may result from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards. PPE may include but is not limited to items such as gloves, safety glasses and shoes, earplugs or muffs, hard hats, masks, coveralls, and gowns.

During this pandemic it is challenging to follow the typical guidelines due to global supply shortage and the inability to pursue the typical follow through. However, PPE is the smallest and last line of defense. Proactive changes are much more effective as indicated below according to the CDC. Such actions as sheltering in place, social distancing, cleaning and disinfecting are the most effective. So keeping up all safety and health precautions is paramount.

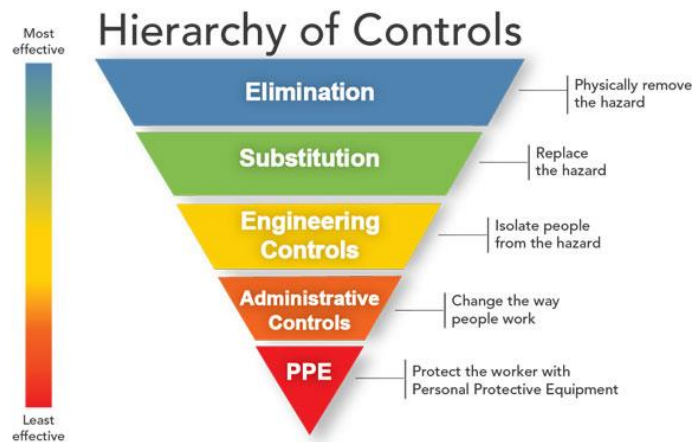


Chart Source: Center of Disease and Prevention.

Some words used often are donning and doffing, in case you've never heard those terms it simply means putting on and taking off. Ideally PPE should be the appropriate fit, used at the correct time and donned and doffed in the correct sequence to be most effective.

Ideally, best practice to prevent transmission of microorganisms is to focus on areas that harbor the microorganisms such as viruses, bacteria and fungi in the first place. Such areas may include areas under, on and alongside the finger nails especially if fingernail polish and artificial nails are worn. In addition to nails, objects such as jewelry like rings, bracelets and watches can be a hide out for microorganisms.

PPE Sequence-

You may see different sequences dependent upon the types of PPE available and what it is being used for. Please refer to CDC guidelines below:

<https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

Donning (Putting on) order:

- 1. Hand washing**
- 2. Shoe Protectors (If applicable)**
- 3. Gown**
- 4. Mask**
- 5. Face shield**
- 6. Disposable gloves**

*If using Coveralls, see Coverall section below for additional information on sequence, donning and doffing.

To remove PPE safely, you must first be able to identify what sites are considered “clean” and what are “contaminated.” In general, the outside front and sleeves of the isolation gown and outside front of the mask, and face shield are considered “contaminated,” regardless of whether there is visibly soiled. Also, the outside of the gloves are contaminated. The areas that are considered “clean” are the parts that will be touched when removing PPE. These include inside the gloves; inside and back of the gown, including the ties, elastic, ear pieces of the mask and face shield.

Doffing (Removal) order:

- 1. Gloves**
- 2. Face shield**
- 3. Gown**
- 4. Mask**
- 5. Shoe protectors (If applicable)**
- 6. Hand washing**
- **PPE Disposal** –Used PPE should be discarded in the red designated, secure covered waste receptacle. The bag containing used PPE should be tied off and discarded when full, but not less than once per day. Areas in the house to doff (remove) PPE should be discussed in SCARC, Inc. Program COVID-19 Emergency Plan

When handling soiled items make sure to hold it away from the body as much as possible.

Face Masks-

Face masks help limit the spread of germs. When someone talks, coughs, or sneezes they may release tiny droplets into the air that can infect others. If someone is ill a face masks can reduce the number of germs that the wearer releases and can protect other people from becoming sick. A face mask may also protect the wearer’s nose and mouth from splashes or sprays of body fluids.

Staff are to wear the cloth mask or surgical mask when working in the group home and while out in the community at all times. Staff may use either the staff's personal mask or the one provided by SCARC, Inc. The mask must cover the mouth and nose. It may be removed for eating and drinking or during breaks away from other staff and individuals. If going to the hospital a KN95 mask and gloves must be worn. Please refer to the IDT for guidance on whether the individual is approved to wear masks and gloves and when.

Each staff cloth mask must be labeled with the staff's name permanently. Staff are to leave their cloth mask whether it be their own or the SCARC provided mask at the group home to be laundered. When washing using a garment bag is preferred then left to air dry in a clean place away from common areas, individuals and SCARC employees.

How to put on and remove a face mask

Always follow product instructions on use and storage of the mask, and procedures for how to put on and remove a mask. If unavailable, complete the following:

Putting on a face mask:

1. Clean your hands with soap and water or hand sanitizer before touching the mask.
2. Remove a mask from the packaging and make sure there are no obvious tears or holes in either side of the mask.
3. Determine which side of the mask is the top. The side of the mask that has a stiff bendable edge is the top and is meant to mold to the shape of your nose. (cloth mask may not have bendable edge)
4. Determine which side of the mask is the front. The colored side of the mask is usually the front and should face away from you, while the white side touches your face.
5. Follow the instructions below for the type of mask you are using.
 - *Face Mask with Ear loops:* Hold the mask by the ear loops. Place a loop around each ear.
 - *Face Mask with Ties:* Bring the mask to your nose level and place the ties over the crown of your head and secure with a bow.
 - *Face Mask with Bands:* Hold the mask in your hand with the nosepiece or top of the mask at fingertips, allowing the headbands to hang freely below hands. Bring the mask to your nose level and pull the top strap over your head so that it rests over the crown of your head. Pull the bottom strap over your head so that it rests at the nape of your neck.
6. Mold or pinch the stiff edge to the shape of your nose.
7. If using a face mask with ties: Then take the bottom ties, one in each hand, and secure with a bow at the nape of your neck.
8. Pull the bottom of the mask over your mouth and chin.

Removal of face mask:

1. DSP should leave the common area and the area where the individual is ill if they need to remove the face mask. This location should be specified the SCARC, Inc. Individualized COVID-19 Emergency Plan
2. Clean your hands with soap and water or hand sanitizer before touching the mask. Avoid touching the front of the mask. The front of the mask is considered contaminated as is the inside because of the wearers potential illness. Only touch the ear loops/ties/band. Follow the instructions below for the type of mask you are using.
3. *Face Mask with Ear loops:* Hold both of the ear loops and gently lift and remove the mask.
4. *Face Mask with Ties:* Untie the bottom bow first then untie the top bow and pull the mask away from you as the ties are loosened.
5. *Face Mask with Bands:* Lift the bottom strap over your head first then pull the top strap over your head.
6. Throw the mask in the designated PPE covered trash that is away from those that may go in and reach into the covered trash can.
7. Clean your hands preferably with soap and water or otherwise hand sanitizer.

KN95 Mask

KN95 masks are similar to the U.S. N95 but are typically used outside of the U.S. They both are designed to filter 95% of particles. They form a closer seal to the face as opposed to the surgical masks. Due to the extreme shortage of PPE the CDC has interim guidelines approving extended use and reuse of masks and the FDA has approved the use of certain KN95 masks. Unlike the cloth or surgical mask, KN95 mask will be utilized when caring for an individual highly suspected or presumed positive for COVID 19 or confirmed positive. (Also while accompanying individuals on emergency hospital visits as indicated above). This will be determined by the individual's physician and HNCA. Residential program will be notified when to start and stop PPE usage by the HNCA.

Once opened, label on an outer section of the mask with your initials.

If possible our goal is for each DSP to wear one KN95 mask per day and then dispose of it properly. If that's not possible, re-use and rotation will need to be considered.

KN95 Seal Check-

If ill fitting, the mask is not as effective. Ideally the mask should be snug to skin on face with no wide mustaches, beards, hair or jewelry in the way. Little to no gaps and leaks should be present. Once on, take a deep inhalation, the mask should concave. Air should not be felt entering under the chin. During exhalation, the mask should remain in place. If the fitting isn't ideal and that is all that's available, you may wear a surgical or cloth mask on top of the KN95 mask. If glasses are worn, they should be sitting on top of the mask, not under.

KN95 Extended use-

1. KN95 masks can be used for the entire shift with limited removal from person to person to decrease the risk of contamination. The more a mask is touched, the risk for contamination and exposure increases.

KN95 Reuse-

1. Face masks should be carefully removed with minimal touching of the main section of the mask. Remove and handle the ear loop pieces or straps as indicated above. The mask can be stored between uses in a clean folded paper bag. Masks should not be shared. Each DSP shall have their own KN95 mask with their own label bag or container to place it in.
2. Masks should not be re-used if the masks integrity is compromised such as no longer covering the nose and mouth, stretched out or damaged ties or straps, cannot stay on the face, has holes or tears in the fabric or if the mask is wet, soiled, contaminated with blood, respiratory or nasal secretions, or other bodily fluids.

KN95 Mask rotation-

1. If enough masks are available, rotation should be considered, allowing 72 hours between uses. This may be accomplished by each staff possessing several masks and the mask could be labeled with date used. Whether or not this is achievable will be determined by COO and HNCA.

Face Shields-

Face shields are intended to block particles and fluids from coming into contact with the DSP's face. Face shields should be worn as opposed to goggles if possible because it provides more of a barrier, making reuse and extended use of masks more achievable. Each staff will have their own personal face shield that is to stay at the program. DSP's name is to be clearly labeled in indelible marker. It is to be cleaned and sterilized before and after use. It should remain in a section of the house that is kept away from tampering as much as possible.

Extended use-

Extended use is the practice of wearing the same eye protection for repeated close contact encounters with several different individuals, without removing eye protection between people. Extended use of eye protection can be applied to disposable and reusable devices.

1. The face shield should cover the forehead, extend below the chin, and wrap around the side of the face.
2. Face/Eye protection should be removed and sanitized if it becomes visibly soiled or difficult to see through.
3. Face/Eye protection should be discarded if damaged (i.e. face shield can no longer fasten securely to the provider, if visibility is obscured and sanitizing does not restore visibility).
4. DSP should take care not to touch their eye protection. If they touch or adjust their eye protection they must immediately perform hand hygiene.
5. DSP should leave area if they need to remove their eye protection. See protocol for removing and reprocessing eye protection below.

Cleaning face shields-

Adhere to recommended manufacturer instructions if available for cleaning and disinfection.

If instructions are unavailable complete the following:

1. While wearing gloves, carefully wipe the *inside, followed by the outside* of the face shield using a clean cloth saturated with neutral detergent solution or cleaner wipe.
2. Carefully wipe the *outside* of the face shield using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
3. Wipe the outside of face shield with clean water or alcohol to remove residue.
4. Fully dry (air dry or use clean absorbent towels).
5. Remove gloves and wash hands.

Disposable Medical Gloves-

Gloves should be utilized as needed to follow universal precautions.

Limit opportunities for “touch contamination” - protect yourself, others and environmental surfaces. (How many times have you seen someone adjust their glasses, rub their nose or touch their face with gloves that have been in contact with an individual? This is one example of “touch contamination.” Think about environmental surfaces too and avoid unnecessarily touching them with contaminated gloves. Surfaces such as light switches, door and cabinet knobs can become contaminated if touched by soiled gloves.)

Tips:

1. Gloves should not be doubled or re-used because tearing and contamination possibility increases. Gloves should always be disposed of if soiled or contaminated with blood, respiratory or nasal secretions, or other body fluids and/ any sign of damage (i.e., holes, rips, tearing).
2. After removing gloves for any reason, hand washing should be performed preferably with soap and water. Please use hand sanitizer if soap and water is unavailable.

Isolation Gowns

Isolation gowns are a barrier to prevent bodily fluids and particles from getting on the wearers clothing. Currently there are two options, disposable plastic gowns and reusable cloth gowns. Disposable is preferred over reusable because there may be less handling with the soiled gown, however reusable may be a more feasible option due to supply shortages.

Disposable- Disposable isolation gowns are made of a thin plastic and should not be reused after removal. They often tear. They should be worn when caring for the individual that is presumed or confirmed positive. These gowns need to be discarded in a designated covered waste receptacle and changed at least once daily. Areas where the gowns are to be worn are as per the Individuals COVID Emergency Plan.

Reusable-Reusable cloth gowns should be laundered when soiled and between uses. Designated reusable gowns are preferred but may be unavailable.

Coveralls-

Coveralls have the same concept as isolation gowns, given they protect the main area of the body from exposure however the coveralls need to be stepped into, zipped and have a hood which provides increased coverage. This changes the PPE sequence some because there are additions parts of the sequence. These suits are disposable and should not be reused.

The proper putting on and taking off of coveralls can be a bit complicated. This should only be done with 1:1 nursing assistance each time.

Donning (Putting on) Sequence-

1. Hand washing
2. Inner glove
3. Shoe protectors (if available)
4. Coverall
5. Mask
6. Face shield
7. Hood
8. Outer glove

Removal Sequence-

1. Outer glove (talk about disinfecting at each section with EPA cleaner or alcohol based hand sanitizer with pump)
2. Hood
3. Face shield
4. Coverall
 - a. When unzipping the coverall be careful to only touch the zipper. Then roll the top of the suit, working your way down ensuring that the outer/contaminated part of the suit is folding within itself until it is near the ground. Then a seat can be used to remove the calf level and below section of the suit.
5. Shoe protectors
6. Mask
7. Inner gloves
8. Hand hygiene

Shoe protectors

Shoe protectors may be available and should be disposed of at the end of every shift. If unavailable, DSP's may want to clean or disinfect the outside of their shoes or have a designated "work" pair of shoes that could be taken off and left aside from other shoes or outside of the main section of the dwelling such as a porch or garage.

Additional Modifications to Minimize Exposure

Soiled or contaminated linens such as reusable cloth isolation gowns and personal clothing of someone presumed or confirmed positive for COVID-19 should use a designated soiled laundry basket or a garbage bag could be placed in it and disposed of. Please refer to SCARC, Inc. Program COVID 19 Emergency Plan.

Use disposable paper products and utensils if possible to limit handling of potential contaminated objects.

Individualized COVID-19 Emergency Plan should be implemented for each individual in the event of a presumed or confirmed case of COVID-19.

Helpful links:

PPE sequence-<https://www.cdc.gov/hai/pdfs/ppe/ppeslides6-29-04.pdf>

Mask do's and Don't's-<https://www.nytimes.com/2020/04/08/well/live/coronavirus-face-mask-mistakes.html>

Coverall Donning and Doffing Video- <https://youtu.be/KKC-VSh4Hsk>

References:

1. Hierarchy of Controls. Center of Disease and Prevention. Published January 13, 2015. Accessed May 8th 2020. <https://www.cdc.gov/niosh/topics/hierarchy/default.html>
2. Kathleen B. Stoessel, RN, BSN, MS, is senior manager of clinical education for Kimberly-Clark Health Care. Donning and Removing PPE for Infection Prevention. Infection Control Today. Published July 23, 2009. Accessed May 8th 2020.
3. How to put on and Take Off a Mask. Population Health Division. San Francisco department of Public Health Division of Prevention and Control. Copyright 1998-2002. Accessed on May 5th 2020.
4. Strategies for Optimizing the Supply of Facemasks. Center for Disease and Prevention. Date last reviewed March 17 2020. Accessed date May 5th 2020.
5. N95 MASK RE-USE STRATEGIES. Sages Education and Research Foundation. Last revision April 17th 2020. Date Accessed May 8th 2020. <https://www.sages.org/n-95-re-use-instructions/>
6. Strategies for Optimizing the Supply of Eye Protection. Center for Disease and Prevention. Last reviewed March 17th 2020. Date assessed May 5th 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>
7. Doffing the Coverall. Center of Disease and Prevention. Published October 29th 2014. Accessed May 12th 2020. https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator_coveralls/doffing_12.html