GURWIN JEWISH
NURSING & REHABILITATION CENTER

INFECTIOUS DISEASE/PANDEMIC EMERGENCY
POLICY AND PROCEDURE MANUAL

SUBJECT: STRATEGIES TO OPTIMIZE PPE DURING CONTINGENCY AND CRISIS CAPACITY DURING INFECTIOUS ILLNESS/PANDEMIC EMERGENCY

POLICY: The facility will follow all recommended CDC guidelines for the optimization of PPE supply during surge capacity (Surge capacity refers to the ability to manage a sudden, unexpected increase in patient volume that would otherwise severely challenge or exceed the present capacity of the facility). The facility will continue with the following contingency and crisis strategies:

- The facility is aware of their PPE inventory and supply chain
- The facility monitors their PPE utilization rate
- The facility is in communication with local healthcare coalitions, federal, state, and local health partners regarding identification of additional supplies
- The facility has implemented other administrative and engineering control measures including;
    - Reducing the number of residents going to the hospital or outpatient settings
    - Excluding HCP not essential for resident care from entering their care area
    - Reducing face-to-face HCP encounters with residents
    - Excluding visitors from the facility except for actively/imminently dying,
    - Cohorting residents and HCP
    - Ongoing monitoring and discontinuing of residents on transmission based precautions where PPE is required
- The facility has provided HCP with required education with use of PPE that is used to perform job responsibilities

PROCEDURES:

EYE PROTECTION:
Contingency Capacity Strategies:

1. Implement extended use of eye protection: Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different residents, without removing eye protection between resident encounters.
2. Eye protection will be removed and cleaned with sani-wipe if it becomes visibly soiled. Wearing gloves carefully wipe inside followed by outside of eye protection. Then rinse with clean water to remove residue. Fully dry. Remove gloves perform hand hygiene.
3. Eye protection will be discarded if it becomes difficult to see through

4. Disposable eye protection will be dedicated to one HCP. The HCP will receive brown bag to label and store eye protector in after daily use.
5. Eye protection will be discarded if damaged
6. HCP will be educated to take care and NOT touch their eye protection. If they touch or adjust their eye protection they must immediately perform hand hygiene.

Crisis Capacity Strategies:

1. Prioritize eye protection for care activities where splashes and sprays are anticipated
2. Use during activities where prolonged face-to-face or close contact with potentially infectious resident is unavoidable.
3. Consider excluding HCP who may be at higher risk for severe illness from infectious agent (older age, chronic medical conditions, pregnant staff) from caring for residents with confirmed/suspected infection.
4. Consider delegating HCP who have clinically recovered from infectious agent to provide care for residents with infection.

ISOLATION GOWNS:

Contingency/Crisis Strategies:

1. Purchase of cloth isolation gowns which can be laundered according to routine procedures
2. Implement extended use of isolation gowns worn by HCP when interacting with more than one resident known to be infected with the same infectious disease when the residents are housed in the same location.
3. Discard gown if it becomes visibly soiled
4. Prioritize use of gowns for activities where splashes/sprays are anticipated and during high-contact resident care activities: dressing, bathing, transferring, providing hygiene, changing linens, changing briefs, assisting with toileting, device care/use, wound care
5. Use of disposable or washable lab coats, washable patient gowns, and disposable aprons cannot be considered PPE and should be considered only as a last resort and as single use for care of COVID-19 patient.

FACEMASKS:

Contingency/Crisis Strategies:

1. The facility inventory of facemasks are placed in secure and monitored sites in the building
2. The extended use of facemasks is implemented when contingency and crisis capacity occurs
3. The HCP will remove and discard the facemask when soiled, damaged, or hard to breathe through

4. HCP will be educated to take care not to touch their facemask. If they touch or adjust their facemask they must immediately perform hand hygiene.
5. HCP will leave the resident care area if they need to remove the facemask. Facemasks will be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The staff will place the folded mask in bag provided at screening table daily.
6. Limited re-use of facemasks will be implemented in crisis capacity: practice of using one facemask by one HCP for multiple encounters with different residents.
7. Facemasks can be prioritized for use in crisis capacity for the following selected activities:
    - Provision of essential procedures
    - During care activities where splashes and sprays are anticipated
    - During activities where prolonged face-to-face or close contact with a potentially infectious resident is unavoidable
    - For performing aerosol generating procedures, if respirators are no longer available

WHEN NO FACEMASKS ARE AVAILABLE:

- Exclude HCP at higher risk for severe illness from COVID-19 (such as those of older age, those with chronic medical conditions, or those who may be pregnant) from contact with known or suspected COVID-19 residents
- Use face shield that covers the entire front (that extends to the chin or below) and sides of the face with no facemask
- Consider use of homemade masks: HCP might use homemade masks (e.g., bandana, scarf) for care of residents with COVID-19 as a last resort. Ideally should be used in combination with the face shield that covers the entire front (that extends to the chin or below) and sides of the face.

N95 RESPIRATORS: Strategies for Optimizing the Supply of N95 Respirators during Infectious Illness/Pandemic Emergency:

N95 respirators are the PPE most often used to control exposures to infections transmitted via the airborne route, though their effectiveness is highly dependent upon proper fit and use. The optimal way to prevent airborne transmission is to use a combination of interventions from across the hierarchy of controls, not just PPE alone. Applying a combination of controls can provide an additional degree of protection, even if one intervention fails or is not available.

1. Use of physical barriers: plastic windows at reception desks, curtains between residents, etc. as practicable and applicable will be considered
2. Exclude all HCP not directly involved in resident care (e.g. dietary, housekeeping staff,)

3. Reduce face-to-face HCP encounters with residents (e.g. bundling activities, video monitoring)
4. Cohort residents with same organism to confine their care to one area
5. Cohort HCP: Consider assigning teams of HCP to provide care for all residents with suspected or confirmed infectious agent
6. Train HCP on use of N95 respirators (i.e. proper use, fit, donning and doffing, etc.)
7. Implement just-in-time fit testing for staff assigned to affected units with plan for larger scale fit testing
8. N95 masks to be used only for HCP who need protection from both airborne and fluid Hazards (splashes, sprays)
9. Medical staff will evaluate need for aerosolized treatments for residents to reduce HCP exposure
10. Extended use of N95 will be practiced without removing the respirator for repeated close contact encounters with several different residents with confirmed/suspected infectious agent.
11. N95 masks will be removed when leaving affected area and placed in labeled paper bag on the unit.
12. Consider prioritizing the use of N95 respirators and facemasks by activity type when supplies are running low

WHEN NO N95 RESPIRATORS ARE LEFT:

- Exclude HCP at higher risk for severe illness from infectious agent (such as those of older age, those with chronic medical conditions, or those who may be pregnant) from contact with known or suspected infected residents
- Designate convalescent HCP for provision of care to known or suspected infected residents (those who have clinically recovered from infectious agent and may have some protective immunity) to provide care.
- Use masks not evaluated or approved by NIOSH or homemade masks as last resort