



VCU

SESSION 2

PPE Guidance & Practical Approaches for Improved Outcomes

VCU Nursing Home ECHO COVID-19 Action Network

Virginia Center on Aging
VCU Department of Gerontology
VCU Division of Geriatric Medicine



Agency for Healthcare
Research and Quality



Last Week

- Program Introduction
- Overview of stopping the spread
 - Identify a Team
 - Develop YOUR System
 - Screening, Testing, Cohorting, and Staffing
- (Re)introduction to Quality Assurance/Performance Improvement

Program Reminders

- Weekly presentation/case-based discussion of best practices re. Covid-19
 - 1st 60 minutes required
 - Additional 30 minutes optional for discussion & questions
- Linkage to your QI and QAPI efforts
- Access to content and QI experts
- Posting of PPTs and resources to VCU NH ECHO CAN webpage
 - <https://www.vcuhealth.org/NursingHomeEcho>
- CME/CEU credits/certificates of completion
- \$6000 reimbursement from University of New Mexico for program completers:
 - Must be a CMS certified NH
 - 2 facility champions attend 13 of 16 sessions for 60+ minutes
 - Additional participants/facility as desired
- Attend!
- Participate! (Zoom review next slides)
 - Questions, share ideas, best practices
 - Cases (de-identified, HIPAA-compliant)
- Complete surveys & questionnaires
 - Your replies are confidential
 - Help us evaluate & refine program

Hub Team Introductions

Educators



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Daniel Bluestein, MD, CMD-R



Joanne Coleman, FNP, MSN



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Bert Waters, PhD

Funding and Faculty Disclosures

- Pending
 - CE/CME and certificate information will be forthcoming
- Disclosures
 - We (sponsoring organizations, speakers, and planners) have no relevant financial interests to disclose with any manufacturer of commercial products or services discussed in this activity

Today's Agenda

Time	Presentation Content/Discussion(s)	Presenter(s)
1:00-1:05 pm	Welcome and Review of last week	ECHO Hub Team
1:05-1:15 pm	Personal Protective Equipment	
1:15-1:25 pm	Practical Approaches, PPE Strategy	
1:25-1:40 pm	Case Discussion	
1:40-1:45 pm	Quality Assurance-Performance Improvement	
1:45-2:00 pm	Breakout review, Wrap-Up	ECHO Hub Team
2:00-2:30 pm	Extended Question and Answer Session	ECHO Hub Team and participants

Week 2 Learning Objectives

1. PPE:

- List types of PPE & their importance
- Describe situations wherein PPE use is necessary
- Identify practical tips & tools to determine supply need, optimize PPE, and train staff on correct use

2. QI: Conversations to prepare for improvement

- Describe how conversation can be leveraged to support improvement work
- Plan for 1:1 conversations/huddles with staff to hear concerns & problem solve

Context

- For Frontline Staff:
 - in-servicing education
 - Note any Changes
 - Reinforcement
- For Leadership:
 - Resources
 - A cross check for your policies & procedures
 - Identify QAPI opportunities

Personal Protective Equipment



Disease Transmission & PPE Rationale

Covid-19

- Primary mode of transmission – person to person
 - Small droplets from nose or mouth when a person with COVID-19 coughs, sneezes and even speaks
 - Aerosol transmission can occur with procedures mostly
 - These droplets can also land on surfaces and other objects
- Understanding types of precautions can help staff understand the why & what of PPE (next slides)



<https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Coronavirus-Disease-2019-Basics>

PPE Importance and Purpose



- Protect self
- Protect patients
- Protect colleagues
- Slow the spread of COVID
 - In facility
 - In community
 - To family and friends
- Protection against other infections
 - MRSA
 - C Diff
 - ESBL bacteria
 - Influenza

PPE challenges

- PPE not always available
 - Need for conservation strategies
- Staff may not use or not use correctly
- Need to know the
 - Why
 - What
 - How
- Need for education, re-education, and ongoing monitoring
 - Risk of PPE fatigue
- Need for coaches, champions & “superusers”, peer role models
- Need for an organizational culture that supports proper use & permission to speak up when there is need for correction

Standard Precautions

- CDC Definition - "**Standard precautions** are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered."
- Standard precautions apply to:
 - Blood
 - All body fluids, secretions and excretions (except sweat), regardless of whether they contain visible blood
 - Non-intact skin
 - Mucous membrane
- Also consider infectious objects (sharps, etc)

Standard Precaution Elements

- Hand Hygiene
- Personal protective equipment (PPE)
- Respiratory hygiene and cough etiquette
- Cleaning and disinfection of devices and environmental surfaces
- Safe injection practices
- Medication storage and handling



Transmission-based Precautions

**STOP**

**CONTACT
PRECAUTIONS**

**STOP**

EVERYONE MUST:



Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:



Put on gloves before room entry.
Discard gloves before room exit.



Put on gown before room entry.
Discard gown before room exit.
Do not wear the same gown and gloves for the care of more than one person.



Use dedicated or disposable equipment.
Clean and disinfect reusable equipment before use on another person.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

**STOP**

**DROPLET
PRECAUTIONS**

**STOP**

EVERYONE MUST:



Clean their hands, including before entering and when leaving the room.

Make sure their eyes, nose and mouth are fully covered before room entry.




or




Remove face protection before room exit.




U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

**STOP**


**AIRBORNE
PRECAUTIONS**

**STOP**

EVERYONE MUST:




Clean their hands, including before entering and when leaving the room.




Put on a fit-tested N-95 or higher level respirator before room entry.

Remove respirator after exiting the room and closing the door.



Door to room must remain closed.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

COVID-19: Transmission-Based Precautions

- Wear PPE for contact and droplet precautions*
 - Unless an aerosol-generating procedure is performed, in which case airborne precautions are needed
- Use disposable or dedicated patient care equipment (e.g., stethoscopes, blood pressure cuffs)
 - If equipment needs to be shared among patients, clean and disinfect it between use for each patient by using ethyl alcohol of at least 70%
 - DO not move equipment across units



**WHO recommendations*

<https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-2020.4>

COVID-19: PPE

Healthcare workers should:

- Use a medical mask (i.e., at least a surgical/medical mask)
 - ✓ N95 respirator for aerosol-generating procedure
- Wear eye protection (goggles) or facial protection (face shield)
- Wear a clean, non-sterile, long-sleeved gown-can stay in if pts similar infectious status
- Use gloves
 - Change between pts
 - **Pre/post hand hygiene: Don't forget**
 - Never in pockets
- Healthcare workers should be trained on correct use of PPE, including putting on and taking off PPE
 - Extended use and re-use of certain PPE items (e.g., mask, gown) can be considered if supply shortage
- Risk of self-contamination is high when removing PPE

Instructions for putting on and removing PPE:

https://www.who.int/csr/resources/publications/ppe_en.pdf?ua=1





VCU

PPE Recommendations

Graphics, courtesy of Contra Costa Public
Health, Martinez, California

COVID-19 (+) Patients/ Residents

N95, Face Shield/Goggles, Gloves, and Gown. Wash or hand sanitize between patients. May do extended use of PPE between positive patients.

Positive patients can be in shared rooms.

Separate entrance for staff.

Garbage by door (inside patient room) and receptacle to receive cloth gowns for laundering before reuse.

Separate bathrooms if possible. If not, reinforce wash hands and lock up personal stuff.

Separate staff breakroom, if not, schedule specific time and clean/sanitize between shifts.

If doors can't be closed for safety, clear plastic or strap barrier in doorway

Physical barrier between zones.

Possible for COVID + asymptomatic staff to work. Check with Public Health.

Patient/Resident wear mask when care activities being performed.

Exposed or unknown exposure & negative critical area

Prioritize individual rooms for this population. Defensible barrier to reduce spread.

N95, Face Shield/Goggles, Gloves, and Gown. Wash hands and/or sanitize between residents. Gown must be changed for each resident.

Garbage by door (inside patient room) and receptacle to receive cloth gowns for laundering before reuse.

Separate bathrooms if possible. If not, reinforce wash hands and lock up personal stuff.

Separate staff breakroom, if not, schedule specific time and clean/sanitize between shifts.

If doors can't be closed for safety, clear plastic or strap barrier in doorway

Erect physical barrier between zones.

Test and monitor for symptoms. If positive, move to COVID (+) Red Zone

COVID-19 & Not Exposed

Surgical mask, face shield/ goggles, and gloves. Add gowns for high-touch care activities such as bathing or toileting. Add N95s & gowns for aerosol generating procedures.

Wash and sanitize hands/change gloves between patients/residents.

Separate bathroom if possible and put away personal items.

Separate staff breakroom and bathroom if possible. Clean/Sanitize break room between staff shifts if shared break time.

Erect physical barrier between zones.

Test and monitor for symptoms.

Restrict staff moving between zones.

***Note: For green zone residents/patient, face shield should be worn with any patient care and if staff are within 6 feet of the resident/patient**

RED UNIT: COVID-19 Positive Patient Unit PPE Requirements

PPE	Extended Use	Special Considerations	Staff Considerations
N95 Fit tested mask with seal check	Reuse mask/face shield for all patients	Change mask if soiled, damaged, poor seal	Separate entrance for staff/ physical barrier between zones
Shield/Goggles, Gown,& Gloves	Perform seal check on mask. Can store in paper bag/food tray	Use EPA approved disinfecting wipes to clean as needed—mark container with time.	Gel when entering and exiting room
Buddy up to watch and support proper don/doff	Change gloves in between patients and wash hands and/or use hand sanitizer	Clean high touch areas often.	Separate COVID (+) staff lounge/ or schedule breaks and sanitize between shifts.
Garbage by door inside patient room	Gowns: OK to use same gown for all patients unless other isolation precautions in effect or become soiled.	COVID (+) residents can share room	Separate bathroom for COVID (+) residents and staff/ or sanitize between use. Wash hands and lock away all personal belongings.
Resident and Staff must wear mask during care	Garbage inside door/ receptacle for soiled cloth gowns	If doors can't be closed for safety, clear plastic or strap barrier in doorway	

YELLOW UNIT: Negative/Exposed Patient Unit or Persons Under Investigation (PUI) Unit/ New Admins *Prioritize single rooms & Erect physical barriers between Zones. Defensible barrier to reduce spread.

PPE	REUSE	Special Considerations	Staff Considerations
N95, Face shield/ goggles, gloves, and gown	Change gloves, gown, and perform hand hygiene between patients	Use EPA approved disinfecting wipes to clean as needed	Separate entrance for staff/ physical barrier between zones
Wash hands and/ or sanitize between every resident	Paper bag/ food tray to store N95 between use	Clean high touch areas often.	Gel when entering and exiting room
Gloves must be changed between every resident	Change mask if soiled, damaged, poor seal	Patients must be in single rooms with door closed.	Separate COVID (+) staff lounge/ or schedule breaks and sanitize between shifts.
Garbage can inside room for used PPE	Receptacle to receive cloth gowns for laundering before re-use inside room	Monitor symptoms and test. If (+), move to RED ZONE	Separate bathroom for COVID (+) residents and staff/ or sanitize between use. Wash hands and lock away all personal belongings.
	Patient must use mask when outside of room, during treatment.	If doors can't be closed for safety, clear plastic or strap barrier in doorway	

GREEN UNIT: Negative/Non-Exposed Patient Unit

Erect physical barriers between Zones. Monitor symptoms & test. ** Face Shield should be worn with any patient care and if staff are within 6 feet of the resident/patient

PPE	REUSE	Special Considerations	Staff Considerations
<p>Surgical mask, face shield and gloves with any patient care within 6 ft</p>	<p>Change gloves, gown, and perform hand hygiene between patients</p>	<p>Clean high touch areas often.</p>	<p>Speak up culture: Help other staff stay safe by reminding them of proper infection prevention</p>
<p>Add gown for high touch care activities such as bathing or toileting</p>	<p>Store N95 or surgical mask in bag/food tray. Can only be used once.</p>	<p>Patients can share rooms but must be 6 ft apart including while in wheelchairs.</p>	<p>Buddy up to help with donning/doffing and monitoring that correct procedure used</p>
<p>N95 and gowns should be added for aerosol generating procedures</p>	<p>Receptacle to receive cloth gowns for laundering before re-use inside room</p>	<p>Close doors when able, mask outside of room</p>	<p>Separate break rooms or shifts and sanitize between shifts</p>
<p>Wash and sanitize hands/ change gloves between residents</p>	<p>Patient must use mask when outside of room</p>	<p>Separate bathroom if possible, ensure wash hands and lock away personal items</p>	<p>Restrict staff moving between sections.</p>
<p>Garbage inside room to dispose of PPE</p>			

Other PPE

- Shoe covers



Should personal protective equipment (PPE) for COVID-19 include shoe covers?



Recommendations for PPE when caring for COVID-19 patients do not currently include shoe covers. There are no relevant published trials. General occupational health advice recommends shoe covers when there is a risk of splashing. We recommend further research.

#EvidenceCOVID

Kamlesh Khunti, Xin Hui Chan, Lawrence Ross and others
7th April 2020

- Caps or hair nets

- Not part of standard precautions
- Could consider if high risk of droplets, or “hair becoming a fomite”



Aerosol-Generating Procedures

- Endotracheal intubation
- Bronchoscopy
- Non-invasive ventilation
- Tracheostomy
- Manual ventilation before intubation
- Cardiopulmonary resuscitation
- Sputum induction
- Autopsy procedures

PPE Recommendations for aerosol-generating procedures performed on COVID-19 patients:

- A fitted respirator (N95, FFP2, or equivalent) as opposed to surgical/medical masks
- Gloves
- Gown
- Eye protection (goggles/face shield)

<https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-2020.4>

Not PPE

- Cloth Facemasks
 - Can be used by residents
 - By staff if out of PPE
 - Bandanas & scarfs are not protective
- Items below not PPE and garments of last resort*
 - Rain Ponchos
 - Disposable or Reusable Lab Coats
 - Reusable Resident Gowns
 - Disposable Aprons
 - Patient Gowns



*** Strategies for PPE conservation and supply management discussed later**

Summary: When IS PPE *Required*?

- All facility personnel must wear facemasks while in the facility
- If there are COVID-19 cases identified in the facility, healthcare workers should wear the recommended PPE for the care of all residents in line with the most recent DPH PPE guidance
- Employees working in facilities located in areas with moderate to substantial community transmission should wear eye protection in addition to facemasks during patient care encounters
- N95 for aerosol situations



<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.htm> |

Guidance-CDC

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

Conventional Capacity
Contingency Capacity
Crisis Capacity

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

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Coronavirus Disease 2019 (COVID-19)

WEAR A MASK. PROTECT OTHERS.

Your Health ▾ Community, Work & School ▾ Healthcare Workers & Labs ▾ Health Depts ▾ Cases & Data ▾ More ▾

Healthcare Workers

- Testing +
- Clinical Care +
- Infection Control +
- Optimize PPE Supply** -

- Summary Optimization Strategies
- PPE Burn Rate Calculator
- Eye Protection
- Gowns
- Gloves
- Facemasks
- N95 Respirators +
- Powered Air Purifying Respirators
- Elastomeric Respirators
- Ventilators
- PPE FAQ
- Potential Exposure at Work +
- First Responder Guidance

HEALTHCARE WORKERS

Optimizing Supply of PPE and Other Equipment during Shortages

Updated July 16, 2020 Print

Personal protective equipment (PPE) is used every day by healthcare personnel (HCP) to protect themselves, patients, and others when providing care. PPE helps protect HCP from many hazards encountered in healthcare facilities.

The greatly increased need for PPE caused by the COVID-19 pandemic has caused PPE shortages, posing a tremendous challenge to the U.S. healthcare system. Healthcare facilities are having difficulty accessing the needed PPE and are having to identify alternate ways to provide patient care.

Surge capacity refers to the ability to manage a sudden increase in patient volume that would severely challenge or exceed the present capacity of a facility. While there are no commonly accepted measurements or triggers to distinguish surge capacity from daily patient care capacity, surge capacity is a useful framework to approach a decreased supply of PPE during the COVID-19 response. To help healthcare facilities plan and optimize the use of PPE in response to COVID-19, CDC has developed a [Personal Protective Equipment \(PPE\) Burn Rate Calculator](#). Three general strata have been used to describe surge capacity and can be used to prioritize measures to conserve PPE supplies along the continuum of care.

Summary Strategies to Optimize the Supply of PPE

	Conventional	Contingency	Crisis
Conventional Capacity	Measures that should already be in place to protect HCP from many hazards encountered in healthcare facilities.	Measures that can be used during periods of anticipated PPE shortages.	Measures that can be used during periods of anticipated PPE shortages.
Conventional	Measures that should already be in place to protect HCP from many hazards encountered in healthcare facilities.	Measures that can be used during periods of anticipated PPE shortages.	Measures that can be used during periods of anticipated PPE shortages.
Contingency	Measures that can be used during periods of anticipated PPE shortages.	Measures that can be used during periods of anticipated PPE shortages.	Measures that can be used during periods of anticipated PPE shortages.
Crisis	Measures that can be used during periods of anticipated PPE shortages.	Measures that can be used during periods of anticipated PPE shortages.	Measures that can be used during periods of anticipated PPE shortages.

- Conventional capacity:** measures consisting of engineering, administrative, and PPE controls that should already be implemented in general infection prevention and control plans in healthcare settings.
- Contingency capacity:** measures that may be used temporarily during periods of anticipated PPE shortages. Contingency capacity strategies should only be implemented after considering and implementing conventional capacity strategies.



Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/22
www.cdc.gov/nhsn

Prevention Process Measures Monthly Monitoring for LTCF

Page 1 of 1
*required for saving **conditionally required based upon monitoring selection in Monthly Reporting Plan

Facility ID #: _____ *Month: _____ *Year: _____ *Location Code: _____

Prevention Process Measures

Hand Hygiene

**Performed: _____

**Indicated: _____

Gown and Gloves

**Used: _____

**Indicated: _____

Custom Fields

Label	_____	_____	_____	_____	_____
Data	_____	_____	_____	_____	_____

Table 6. Instructions for Completion of the Prevention Process Measures Monthly Monitoring for LTCF form (CDC 57.143)

Data Field	Instructions for Form Completion
Facility ID #	The NHSN-assigned facility ID number will be auto-entered by the system.
Month	Required. Enter the 2-digit month during which prevention process measures monitoring was performed.
Year	Required. Enter the 4-digit year during which prevention process measures monitoring was performed.
Location Code	Required. For Long-term Care Facilities this code will be FacWideIN (Facility-wide Inpatient).
Process Measures: Hand Hygiene	
Performed	Conditionally required, if enrolled in hand hygiene adherence process measures. Enter the total number of observed contacts during which healthcare personnel touched either a resident or inanimate objects in the immediate vicinity of a resident and appropriate (based on facility policy and procedures and/or recommended guidelines) hand hygiene was <u>performed</u> .
Indicated	Conditionally required, if enrolled in hand hygiene adherence process measures. Enter the total number of observed contacts during which healthcare personnel touched either a resident or inanimate objects in the immediate vicinity of the resident and therefore, appropriate (based on facility policy and procedures and/or recommended guidelines) hand hygiene was <u>indicated</u> .
Process Measures: Gown and Gloves	
Used	Conditionally required, if enrolled in gown and gloves use adherence process measures. Among residents on Transmission-based Contact Precautions, enter the total number of observed contacts between healthcare personnel and a resident or inanimate object in the immediate vicinity of the resident for which gown and gloves were donned <i>prior</i> to contact.
Indicated	Conditionally required, if enrolled in gown and gloves use adherence process measures. Among residents on Transmission-based Contact Precautions, enter the total number of observed contacts between healthcare personnel and a resident or inanimate objects in the immediate vicinity of the resident and therefore, gown and gloves were <u>indicated</u> .
Custom Fields	
Label	<i>Optional.</i> Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYYY), numeric, or alphanumeric. Note: Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use.
Comments	<i>Optional.</i> Enter information for internal facility use.



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**Performed: _____

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Indicated	Conditionally required, if enrolled in hand hygiene adherence process measures. Enter the total number of observed contacts during which healthcare personnel touched either a resident or inanimate objects in the immediate vicinity of the resident and therefore, appropriate (based on facility policy and procedures and/or recommended guidelines) hand hygiene was indicated.
Process Measures: Gown and Gloves	
Used	Conditionally required, if enrolled in gown and gloves use adherence process measures. Among residents on Transmission-based Contact Precautions, enter the total number of observed contacts between healthcare personnel and a resident or inanimate object in the immediate vicinity of the resident for which gown and gloves were donned prior to contact.
Indicated	Conditionally required, if enrolled in gown and gloves use adherence process measures. Among residents on Transmission-based Contact Precautions, enter the total number of observed contacts between healthcare personnel and a resident or inanimate objects in the immediate vicinity of the resident and therefore, gown and gloves were indicated.
Custom Fields	
Label	<i>Optional.</i> Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYYY), numeric, or alphanumeric. Note: Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use.
Comments	<i>Optional.</i> Enter information for internal facility use.

Some PPE resources

Key Resources

- VDH:
<https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPE-shortage-in-LTCFs-final.pdf>
- CDC:
<https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPE-shortage-in-LTCFs-final.pdf>

Other sources

- Centers for Medicare & Medicaid Services
- U.S. Federal Drug Administration
- U.S. Department of Labor Occupational Safety and Health Administration
- Quality Improvement Organizations
- Provider Associations
- Leading Age

Break slide

Next up – Practical Approaches, PPE Strategies

Questions to Ask when developing a PPE strategy

- Do you have measures for obtaining an adequate supply of at least 2 weeks of PPE?
- Do you have a contingency plan for shortages?
- Have you trained your staff in proper selection, donning and doffing?
- Is PPE available outside the resident rooms?
- Are trash receptacles in strategic locations near the exit of the resident room?
- If COVID-19 cases are in the building, are staff wearing PPE for care of all residents?
- Do residents wear face masks when they leave the room?
- Are all employees wearing facemasks in the facility?



Answer these questions thinking QAPI & PIPS

Practical Approaches, PPE Strategy

1. Policies and Procedures for PPE (regular updates, accessible to all)
2. Determining Supply Needs (CDC burn calculator, NHSN reporting)
3. PPE Education, Demonstration, Donning/Doffing PPE

Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- Receive comprehensive training on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper use, maintenance, and disposal of PPE.
- Demonstrate competency to perform donning and doffing in a controlled practice and procedure.

Remember:

- PPE must be changed correctly before entering the patient's care (e.g., isolation room, wait if it is being changed).
- PPE must remain in place until the user correctly has the device and work in a potentially contaminated area. PPE should not be adjusted (e.g., touching gloves, adjusting respirator) to ensure it is working during patient care.
- PPE must be removed slowly and deliberately to prevent the person's self-contamination. A step-by-step process should be developed and used during training and practice.



www.cdc.gov/coronavirus

How to Put On and Take Off PPE – Fact Sheet 8.5 x 11

[PDF – 1 page]

- [Spanish](#) [2 pages]
- [Ukrainian](#) [2 pages]
- [Tagalog](#) [2 pages]

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Remember:

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- PPE must be removed slowly and deliberately to prevent the person's self-contamination. A step-by-step process should be developed and used during training and practice.



Donning (putting on the gear)

Remember to always perform hand hygiene. Donning gear should be done in a controlled practice and procedure.

1. Identify and get into the proper PPE area. Do not enter the area until you are properly trained and supervised.
2. Perform hand hygiene using hand sanitizer.
3. Do not touch the gown. Touch only the ties or the gown should be changed immediately.
4. Do not touch the gloves. Touch only the ties or the gloves should be changed immediately.
5. Do not touch the face shield or the respirator. Touch only the ties or the face shield or the respirator should be changed immediately.
6. Do not touch the gown. Touch only the ties or the gown should be changed immediately.
7. Do not touch the gloves. Touch only the ties or the gloves should be changed immediately.
8. Do not touch the face shield or the respirator. Touch only the ties or the face shield or the respirator should be changed immediately.
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19. Do not touch the gloves. Touch only the ties or the gloves should be changed immediately.
20. Do not touch the face shield or the respirator. Touch only the ties or the face shield or the respirator should be changed immediately.



www.cdc.gov/coronavirus

How to Put On and Take Off PPE – Poster 11x17

[PDF – 1 page]

COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use N95 or higher respirator

Acceptable Alternative PPE – Use Face mask



cdc.gov/COVID19

PPE Illustrations

[PDF – 1 page]

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

<https://www.youtube.com/watch?v=H4jQUBAlBrI>

<https://www.youtube.com/watch?v=PQxOc13DxvQ>

Donning and Doffing

- Have a system for employees to receive adequate training and return demonstration
- Continue to verify competency with process audits
- Designate lead employees to support, teach, mentor and hold staff accountable on all shifts
- Help, ask, do



Practical Approaches, PPE Strategy

1. Policies and Procedures for PPE (regular updates, accessible to all)
2. Determining Supply Needs (CDC burn calculator, NHSN reporting)
3. PPE Education, Demonstration, Donning/Doffing PPE
4. Optimizing PPE, Contingency/Crisis CDC Standards
5. Surveillance, Auditing Clinical Practice
6. Performance Improvement (ad hoc QA/PI)

Supporting Team Members



VDH VA COPES-Free and Confidential COVID-19 Response warmline at 877 349-6428
Monday-Friday 9am-9pm and Sunday 5pm-9pm

VDH Website

To better cope with stress and build resiliency

- Recognize that you are performing a crucial role and doing the best you can with the resources available.
- Recognize colleagues for their service.
- Communicate with your coworkers and supervisors about job stress and ask about how to access mental health resources (e.g., Employee Assistance Program)
- Identify factors that cause stress and work with coworkers and supervisors to identify solutions.
- Engage in mindfulness techniques (e.g., breathing exercises and meditation).
- Increase your sense of control by keeping a consistent daily routine when possible including:
 - Adequate sleep
 - Time for healthy meals
 - Time for exercise and relaxation



Summary

- ❑ Create policies & systems in keeping with evolving regulations
- ❑ Monitoring & anticipating supply needs
- ❑ Ongoing training and competency assurance
- ❑ Review performance to identify gaps and areas for improvement using QAPI approach
- ❑ Create culture of safety & support



Break slide

Next up – Case Discussion

Case Study

Practical Approach, PPE Strategy

1. Policies and Procedures for PPE (regular updates, accessible to all)
2. Determining Supply Needs (CDC burn calculator, NHSN reporting)
3. PPE Education, Demonstration, Donning/Doffing PPE
4. Optimizing PPE, Contingency/Crisis CDC Standards
5. Surveillance, Auditing Clinical Practice
6. Performance Improvement (ad hoc QA/PI)

Next up – Quality Assurance /
Performance Improvement

Honoring the Work

Breakout Discussions

**AHRQ ECHO National Nursing
Home COVID-19 Action Network**







Breakout Conversations

- Relative to your work this year to improve your home's Covid-19 response...
 - What has gone well?
 - What has been more challenging?
 - What would be helpful from your colleagues or the ECHO Community?
- 15min
- Choose one person to share the key themes from your discussion

Breakout Conversations Debrief

In 2min or less...

- What were the key themes from your discussion?
- What would be helpful from the community as we proceed over the next 14 weeks?



Use This Process in Your Homes...

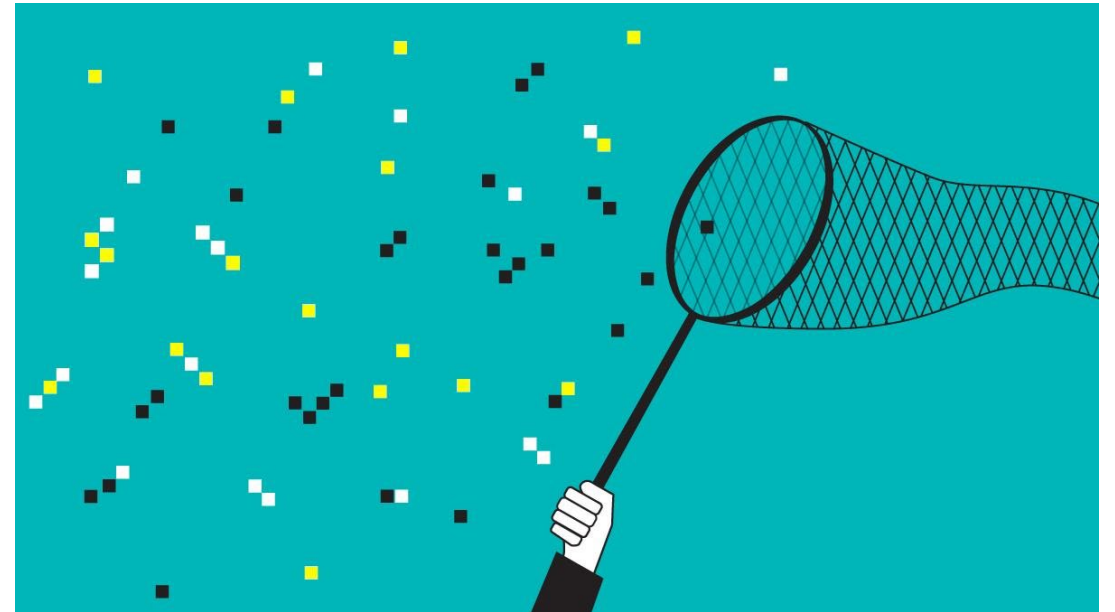
Physical and Psychological Safety			
Hear Me: Listen and act on lived experience to understand and address concerns to the extent organizations and leaders are able			
Do	Don't	Steps to Try	Sustain Joy in Work
<p>Conduct frequent, brief well-being huddles (at the beginning and end of work shifts) to learn about current pressing issues</p> <p>Listen, do not interrupt</p> <p>Learn what is going well, not just problems</p> <p>Acknowledge the complex emotions of delivering care in the face of uncertainty</p>	<p>Assume you know since concerns may vary by individual</p> <p>Ignore the strengths and bright spots</p> <p>Underestimate the learning required (and time it takes) to care for patients with COVID-19 in addition to other patients</p>	<ul style="list-style-type: none"> • Ask: "What concerns do you have for patients, yourself, or the team?" • Ensure you understand by confirming: "Here's what I hear you saying — do I have that right?" • Ask: "What do we still need to learn?" • Ask: "What can we do together that would help right now?" 	<p>Continue well-being huddles to learn about current pressing issues for staff and focus on what matters most to care teams</p> <p>Try different small tests to identify the huddle time, agenda, and facilitation structure that works for each group</p>

<http://www.ihl.org/resources/Pages/Tools/Conversation-Guide-to-Support-Staff-Wellbeing-Joy-in-Work-COVID-19.aspx>

Leave in Action

Over the coming week:

- Identify or create an opportunity to hear from your community
- Collect and document the ideas that come from the discussion
- Move forward in action – one small change at a time

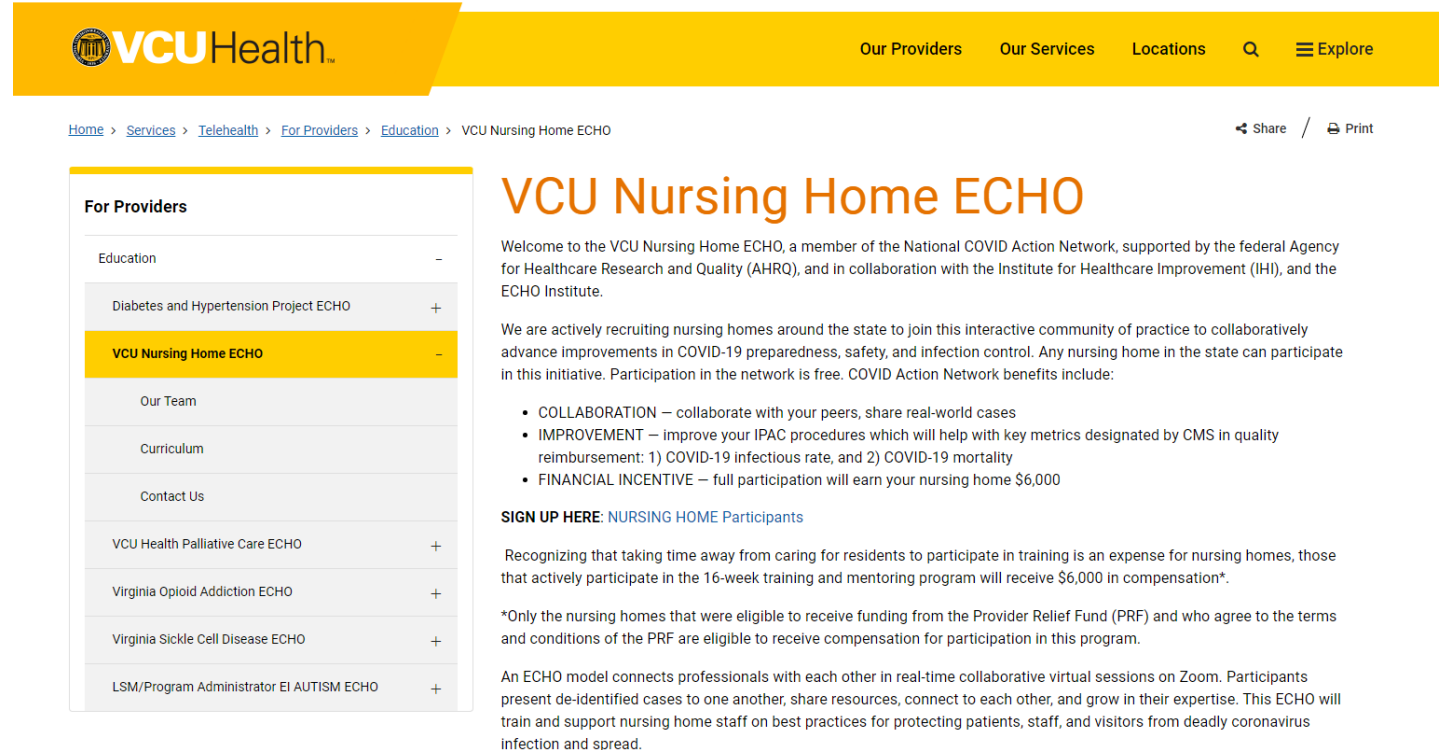


Break slide

NEXT UP – WRAP UP & NEXT STEPS

VCU Nursing Home ECHO Website

- Team members
- Curriculum content
- Handouts
- Contact information



The screenshot shows the VCU Health website's "VCU Nursing Home ECHO" page. The header is orange with the VCU Health logo and navigation links: "Our Providers", "Our Services", "Locations", a search icon, and "Explore". A breadcrumb trail reads: "Home > Services > Telehealth > For Providers > Education > VCU Nursing Home ECHO". On the right, there are "Share" and "Print" icons. The main content area has a title "VCU Nursing Home ECHO" in orange. Below the title is a welcome message and a list of benefits: "COLLABORATION", "IMPROVEMENT", and "FINANCIAL INCENTIVE". A "SIGN UP HERE" link is provided. A paragraph explains the compensation for participation. A final paragraph describes the ECHO model. On the left, a "For Providers" sidebar lists various ECHO topics, with "VCU Nursing Home ECHO" highlighted in orange.

VCU Nursing Home ECHO

Welcome to the VCU Nursing Home ECHO, a member of the National COVID Action Network, supported by the federal Agency for Healthcare Research and Quality (AHRQ), and in collaboration with the Institute for Healthcare Improvement (IHI), and the ECHO Institute.

We are actively recruiting nursing homes around the state to join this interactive community of practice to collaboratively advance improvements in COVID-19 preparedness, safety, and infection control. Any nursing home in the state can participate in this initiative. Participation in the network is free. COVID Action Network benefits include:

- COLLABORATION – collaborate with your peers, share real-world cases
- IMPROVEMENT – improve your IPAC procedures which will help with key metrics designated by CMS in quality reimbursement: 1) COVID-19 infectious rate, and 2) COVID-19 mortality
- FINANCIAL INCENTIVE – full participation will earn your nursing home \$6,000

SIGN UP HERE: [NURSING HOME Participants](#)

Recognizing that taking time away from caring for residents to participate in training is an expense for nursing homes, those that actively participate in the 16-week training and mentoring program will receive \$6,000 in compensation*.

*Only the nursing homes that were eligible to receive funding from the Provider Relief Fund (PRF) and who agree to the terms and conditions of the PRF are eligible to receive compensation for participation in this program.

An ECHO model connects professionals with each other in real-time collaborative virtual sessions on Zoom. Participants present de-identified cases to one another, share resources, connect to each other, and grow in their expertise. This ECHO will train and support nursing home staff on best practices for protecting patients, staff, and visitors from deadly coronavirus infection and spread.

For Providers

Education	-
Diabetes and Hypertension Project ECHO	+
VCU Nursing Home ECHO	-
Our Team	
Curriculum	
Contact Us	
VCU Health Palliative Care ECHO	+
Virginia Opioid Addiction ECHO	+
Virginia Sickle Cell Disease ECHO	+
LSM/Program Administrator EI AUTISM ECHO	+

<https://www.vcuhealth.org/NursingHomeEcho>

Curriculum Content

1. Preventing and Limiting the Spread of COVID-19 in Nursing Homes
2. Guidance and Practical Approaches for use of Personal Protective Equipment (PPE) During COVID-19
- 3. NEXT WEEK: Approaches to Cohorting during COVID-19**
4. Promoting Solutions for Making the Built Environment Safe During COVID-19
5. Guidance for Cleaning and Disinfecting During COVID-19
6. COVID-19 Testing for Nursing Homes
7. COVID-19 Community Transmission and Nursing Home Screening Strategies
8. Staff Returning to Work Safely During COVID-19

Break slide

NEXT UP – RESOURCES

RESOURCES



References and Resources

- Centers for Disease Control and Prevention. Coronavirus (COVID-19): <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Centers for Disease Control and Prevention. Using Personal Protective Equipment (PPE): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
- Centers for Disease Control and Prevention. Optimizing Supply of PPE and Other Equipment during Shortages. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- U.S. Food & Drug Administration. Personal Protective Equipment for Infection Control, <https://www.fda.gov/medical-devices/general-hospital-devices-and-supplies/personal-protective-equipment-infection-control>

References and Resources

- Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019(COVID-19) Pandemic. July 15, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- Centers for Medicare & Medicaid Services. COVID-19 Long-Term Care Facility Guidance. April 2, 2020: <https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>
- Centers for Medicare & Medicaid Services. Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID19 Focused Survey Tool. QSO-20-38-NH. August 26, 2020: <https://www.cms.gov/files/document/qso-20-38-nh.pdf>
- United States Environmental Protection Agency. List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19): <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>