Role of the PPE Coach

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PPE COACH
“The PPE coach is the one person accountable on each shift for supporting proper PPE use at each unit.

The PPE coach can have other duties. PPE coaches can be assigned for the whole facility per shift or be assigned per unit per shift. However, if assigned as one single coach per facility, then the Coach must have visualized PPE practices of other staff across the various units on that shift. The checklist established by MassHealth Nursing Facility Bulletin 145 does not specify a specific training level or other role required of a PPE coach. A PPE coach must be assigned for every shift, including the overnight shift.”
Choosing a PPE Coach
Education of the PPE Coach
Types of PPE

- Gloves
- Gowns
- Eye Protection
  - Face Shield
  - Goggles
- Face Masks
- N95 Respirators
What is NOT Considered PPE?
• Cloth Facemasks
• Bandanas
• Scarf
• Rain Ponchos
• Disposable or Reusable Lab Coats
• Reusable Resident Gowns
• Disposable Aprons
• Patient Gowns
Steps for Donning

Donning (putting on the gear):

More than one donning method may be acceptable. Training and practice using your healthcare facility’s procedure is critical. Below is one example of donning.

1. **Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).

2. **Perform hand hygiene using hand sanitizer.**

3. **Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by another HCP.

4. **Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).** If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.
   - **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
   - **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.

5. **Put on face shield or goggles.** Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.

6. **Perform hand hygiene before putting on gloves.** Gloves should cover the cuff (wrist) of gown.

7. **HCP may now enter patient room.**

Steps for Doffing-CDC

Doffing (taking off the gear):

More than one doffing method may be acceptable. Training and practice using your healthcare facility’s procedure is critical. Below is one example of doffing.

1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).

2. **Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.*

3. **HCP may now exit patient room.**

4. **Perform hand hygiene.**

5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.

6. **Remove and discard respirator (or facemask if used instead of respirator).* Do not touch the front of the respirator or facemask.
   - **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
   - **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.

7. **Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.

Need A Bit of Clarification?
• One precaution cart can be available for more than one room or group of rooms with COVID-19 residents in the same area if:

• Staff can access PPE without crossing into the resident area or hallway that involves residents of another cohort (e.g. quarantine)
Staff Bringing PPE to Work

Gowns and gloves should not be brought to work

Face shields and/or masks carried within a designated receptacle
WHEN should PPE be Used?

- All staff must wear a facemask (not cloth)
- Care for residents with COVID-19 AND for PUI’s
- If community spread, full PPE for care of all residents
“Community spread is defined as spread within the facility, not spread from outside of the facility. Facilities with community spread have higher level PPE requirements, particularly for COVID-19 negative units, than facilities with no community spread for the duration of the period of possible infection. A facility will be considered to have community spread if any of the following are true:

The facility suspects there has been community spread within the facility (even if not yet proven); and/or

A single resident within the facility who has been there prior to diagnosis has developed COVID-19 (i.e., a facility only needs to have one single resident become COVID-19 positive while residing in the facility to have met the threshold of community spread).”
“If all of the positive residents in the facility are new admittances placed into a COVID-19 positive unit and are specifically not residents who went out from the facility and came back from the hospital or other outside location, these do not count towards community spread. However, even one single resident becoming positive when either condition described in the bulleted items, above, is met puts the facility into community spread.”
Noting Item 17 and the 04/29 DPH guidance on community spread and its impact on PPE policy, the following applies:

<table>
<thead>
<tr>
<th>The PPE standard on unit</th>
<th>COVID+ unit, No Comm Spread</th>
<th>COVID+ unit, Comm Spread</th>
<th>Quarantine/ PUI Unit, No Comm Spread</th>
<th>Quarantine/ PUI Unit, Comm Spread</th>
<th>COVID- unit, No Comm Spread</th>
<th>COVID- unit, Comm Spread</th>
<th>COVID recovered patients (meet 14d/72h threshold)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Can PPE be worn in hallway?</strong></td>
<td>Yes</td>
<td>Discouraged</td>
<td>Discouraged</td>
<td>Usually no. If doing it, not forbidden but discouraged</td>
<td>Yes, but must change for PUI</td>
<td>Usually no. If doing it, not forbidden but discouraged</td>
<td></td>
</tr>
<tr>
<td><strong>When must PPE be changed in the unit?</strong></td>
<td>If seeing any patient of different status (PUI). Can wear same PPE for mult COVID pos patients though</td>
<td>Must change between all PUI patients (don't know who will be pos v neg)</td>
<td>Must change between all PUI patients (don't know who will be pos v neg)</td>
<td>Must have PPE on unit and wear it for any new PUI or symptomatic patient</td>
<td>Must change for PUI or symptomatic patient. Can wear same PPE for multiple COVID neg patients</td>
<td>Must wear Full PPE for seeing a PUI or a confirmed positive patient not at threshold. If a confirmed positive is sharing a room with a recovered patient, all entrants to room must wear full PPE</td>
<td></td>
</tr>
<tr>
<td><strong>Community Dining allowed?</strong></td>
<td>CMS says No communal dining, so same standard as other units.</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>CMS says No communal dining, so same standard as other units.</td>
</tr>
</tbody>
</table>

*Notes: PUI = Person Under Investigation*
• Wearing PPE in hallways of units is not expressly required
• It is allowed in a fully COVID-19 positive unit
• In a dementia unit it may make sense to wear PPE in hallways (COVID-19 positive or negative) due to the inevitable amount of resident interactions
• Limited PPE Supply
PPE Across Shifts

• PPE should not be used across shifts
  • Exception, in a double shift on the same unit where same PPE standard is applied for all residents, employee can continue to wear PPE across both shifts (all other PPE rules apply)
  • PPE should be changed between care of residents of different status
“if a nursing station is fully enclosed in a single unit, and that unit has only one type of resident (positives for example), and no staff from other units use the station, and the facility does not otherwise consider it to be a clean zone - if all of those are met, than staff could wear PPE at that station. But if any of those are not met (i.e. station is shared with other staff, etc.), then staff should not wear PPE at the station.”
Verification of Competency
Optimizing PPE

• Policies and Procedures
• Employee Education
• Follow Guidance
• Audit and Monitor
Policies and Procedures for PPE

Policies

Procedure

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Donning and Doffing

• Have a system for employees to receive adequate training and return demonstration

• Continue to verify competency with process audits
When IS PPE *Required*?

<table>
<thead>
<tr>
<th>COVID-19 Pandemic:</th>
</tr>
</thead>
<tbody>
<tr>
<td>All facility personnel must wear facemasks while in the facility</td>
</tr>
<tr>
<td>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</td>
</tr>
</tbody>
</table>
Checklist

- Staff Training
- Signs posted
- PPE Coaches
- PPE immediately available
- Trash disposal bins
- If there COVID-19 cases in the facility, PPE for care of all residents
- Residents wearing face masks
- All facility personnel wearing facemasks in the facility
The IMPORTANCE of Surveillance

Provides information in order to PROTECT residents, staff and visitors
Identifies whether the practices are compliant with established prevention, control and policies based on recognized guidelines.

- Audit - (hand washing, environmental rounds, injection safety, Point of Care testing, Implementation of infection control practices for care, etc.)
- Do your policies work?
Examples of audits:

• Hand Hygiene
• Appropriate PPE use
  • Selection
  • Donning
  • Doffing
  • Discarding
  • Optimizing
# Infection Prevention and Control Manual
## Interim Personal Protective Equipment (PPE) Audit - COVID-19 Pandemic

### Personal Protective Equipment (PPE) - COVID-19 Audit

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>All facility staff are wearing face covering</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Preparation
1. Determine and assemble appropriate PPE
2. Perform Hand Hygiene

### Donning of Personal Protective Equipment
1. Gown is donned first and tied at waist and neck
2. Don mask or N95 respirator
3. Secure nosepiece with both hands
4. Secure elastic bands or ties securely
5. Mask or N95 fits snug to face and below chin
6. Goggles or face shield is donned
7. Hand Hygiene is performed
8. Gloves extend to cover wrist or isolation gown

### Removal of Personal Protective Equipment

#### Gloves
1. Grasps outside of glove with opposite gloved hand and peels off
2. Holds removed glove in gloved hand
3. Slides fingers of ungloved hand under remaining glove at wrist
4. Peels glove off over first glove
5. Discards gloves in waste container

#### Gown
1. Unfasten ties
2. Pulls away from neck and shoulders, touching inside of gown only
3. Turn gown inside out
4. Folds or rolls into a bundle and discards
   - Disposable gowns: Discards in waste receptacle
   - Reusable cloth gowns: Places in soiled laundry receptacle

#### Exit Room after Gloves/Gown Removal

#### Goggles/Face Shield
1. Removes goggles/face shield using care to pull away from face not to touch front of shield or goggles
Identifying and Correcting Opportunities for Improvement
Opportunities for Improvement
“When a facility has had its COVID-19 positive residents subsequently recover or no longer reside at the facility (i.e., the facility has no further actively COVID positive residents and all have fallen into recovery status), when can it return to a mask only PPE level for its general population?”
“The facility must wait a minimum of 14 days after the most recent specimen was collected that was resulted as COVID-19 positive and all COVID-19 positive residents must be at least 72 hours since last exhibiting symptoms or requiring anti-fever medications, without new cases and with no current PUIs (i.e., all PUIs must be confirmed negatives). The facility should also not have had any known COVID positive staff working shifts during that interim period, and no newly tested positive staff in the last 14 days or staff that remain with tests pending.”
“In addition, a facility will continue to be considered in community spread status until DPH has announced that there is not ongoing transmission within the larger community (i.e. outside of the facility's walls) in the geography that the facility is located.”
“Both requirements above must be met before a facility can step down from a community spread status (aka facility transmission for an NF). This provision is subjective to change based on future MA DPH and CDC guidance. For further reference, facilities can discuss with the DPH epidemiologist line.”
References and Resources


• Massachusetts Nursing Facility Infection Control Competency Checklist

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