



Interim Framework for PPE Use by City and County of San Francisco (CCSF) and Contractor Home Health Care Personnel (HCP) Caring for Clients with Suspected or Confirmed, Including Asymptomatic, COVID-19

June 30, 2020

The City and County of San Francisco is sharing this Interim Framework for PPE in an effort to promote the general welfare, health, and safety; employee health and safety; and effective client and patient care and services during the COVID-19 pandemic, given current PPE shortages. Anyone reviewing this Interim Framework for PPE must understand the following:

- Data, knowledge, and recommendations concerning the safe use of PPE are evolving rapidly. CCSF developed this Interim Framework based on its inventory of PPE and the client and patient care and services being provided as of May 23, 2020. This Framework is based specifically on the data, knowledge and recommendations concerning the safe use of PPE and supply chain prognosis as of May 23, 2020, and is subject to change without notice.
- Care and service providers should consult CDC guidelines for the current selection, alternatives, and safe use of PPE. This Framework may not strictly comply with all guidelines for PPE but was developed to address the COVID-19 Pandemic Emergency and the resulting PPE shortages.

Care and service providers should consult with their Health & Safety, Infection Control, and Risk Management Staff before deciding to use any of the information or processes in this Interim Framework for PPE. Any decision to use all or part of this Interim Framework for PPE rests solely with that provider. In making this Interim Framework for PPE publicly available, CCSF is not assuming or imposing on CCSF, or its officers or employees, any obligation for which it may be liable to any person who claims that this Interim Framework proximately caused injury.

Summary of Revisions to the Guidance since the 5/23/2020 Version

Guidance has been updated to reflect

- Fit-tested N95 respirator recommended over isolation mask for PPE table, Scenario II

AUDIENCE

CCSF and Contractor Home Health Care Personnel (HCP) caring for clients with suspected or confirmed COVID-19, including asymptomatic.

For the purposes of this guidance, individuals suspected to have COVID-19 are those who have symptoms consistent with COVID-19 which include: elevated temperature ($\geq 38^{\circ}\text{C}$ or 100.4°F), cough, sore throat, new shortness of breath, or rhinorrhea (runny nose), headache, muscle aches, fatigue, new loss of smell or taste, nausea, vomiting, or diarrhea. Individuals may have one or more of these symptoms. See the CDC guidelines for a list of symptoms associated with COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.



PURPOSE

To create a framework for work practices and PPE recommendations for HCP working in homecare sites that takes into account the risk of transmitting SARS-CoV-2 (the virus that causes COVID-19) during different activities, and the availability of PPE supplies and resources.

For information regarding PPE use and re-use, please see "Instructions for Personal Protective Equipment (PPE) Use and Re-Use by CCSF and Contractor Home Health Care Personnel (HCP) Caring for Clients with Suspected or Confirmed, Including Asymptomatic, COVID-19," posted at www.sfdcp.org/covid19hcp under "Personal Protective Equipment."

BACKGROUND

San Francisco's Health Order No. C19-12 and its updates require all essential workers to wear face coverings when conducting essential services.

See <https://www.sfdph.org/dph/alerts/coronavirus-healthorders.asp> for the latest version of "Requiring Face Coverings."

RECOMMENDATIONS

This document provides a framework of PPE recommendations that takes into account 1) the risk of SARS-CoV-2 transmission during different activities and 2) the supply and resources for PPE which may be limited. See the table below for recommended PPE for use with clients with suspected or confirmed COVID-19, including clients who are asymptomatic.

Use of PPE is only one method of protecting HCP and clients from transmission. HCP should first and foremost optimize administrative and environmental controls to minimize disease transmission to clients, HCP and others. Some recommended administrative and environmental controls are provided below.

Protecting Clients and HCPs

Protecting Clients

- HCP with fever or respiratory illness should not work while ill. HCP who are ill should be advised of sick leave policies that allow employee to stay home when sick. HCP who develop a respiratory infection, flu-like illness, or other symptoms of acute illness while on the job should immediately inform their supervisor and leave work, noting which persons, equipment, and locations they were in contact with. HCP should consult with their own medical providers and follow City and County of San Francisco procedures for when it is safe to return to work following an illness that included symptoms of COVID-19 (see <https://sfdhr.org/covid-19>).
- HCP should also follow everyday preventive actions to avoid becoming ill, and should instruct and encourage clients to do the same, including:
 - Follow social distancing recommendations to avoid large gatherings and to stay home except when performing essential services (see www.sfdph.org/dph/alerts/coronavirus-healthorders.asp).
 - Wear a facemask or face covering when interacting with others outside the home and especially in places where many people are present.



- Wash hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% ethanol. Always wash hands with soap and water if your hands are visibly dirty.
- Avoid touching eyes, nose, and mouth with unwashed hands.
- Do not share personal household items such as dishes, drinking glasses, eating utensils, or bedding.
- Clean all “high-touch” surfaces every day, including counters, phones, remote controls, doorknobs, bathroom fixtures, toilets, keyboards, and bedside tables. Use soap and water or another detergent if the area is dirty. Then use a household disinfectant, being sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Some recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product. Information on cleaning product safety and approved cleaning products can be found in the [COVID-19: Cleaning and Disinfectant Safety & Approved Disinfectants](#) guidance document.
- Get a flu shot every year to protect against influenza, which has symptoms like COVID-19.

Protecting HCP

- If it is not essential to enter the home to provide the service, conduct the visit by telephone or intercom, or from an outdoor location such as a doorstep area.
- Before entering the home, HCP should call ahead, use an intercom, or remain outdoors while they ask about acute illness or COVID-19 diagnosis in the home.
 - Ask about acute (newly developed) fever, cough, difficulty breathing, fatigue, muscle aches, sore throat, headache, vomiting, or diarrhea in any member of the household.
 - Ask about confirmed diagnosis of COVID-19 in any member of the household.
- If any member of the household potentially has COVID-19, don PPE as though the client has COVID-19. If a household member may have COVID-19, but the client is not suspected to have COVID-19 (e.g., the client has recovered from COVID-19), try to isolate the client from the cohabiter who may have COVID-19 during the visit. If this is not possible, don appropriate PPE based on proximity to the cohabiter.
- When entering any home, even a home with no ill persons, practice and model social distancing behaviors. For example:
 - Wave hello rather than shake hands.
 - Client should be masked during the visit if possible and wash their hands (or use hand sanitizer) before the visit begins
 - Avoid touching surfaces in the home that have not been cleaned and sanitized.
 - To the greatest extent possible, keep a distance of at least 6 feet between the HCP and others in the home.



- If possible, have household members other than the client move temporarily to another room or another area of the home while conducting the visit with the client.
- Conduct the visit in a well-ventilated space (e.g. open windows), if possible.
- Any non-disposable supplies brought into the home should be cleaned and disinfected using disinfectant agents that meet EPA Emerging Viral Pathogens (EVP) criteria for COVID-19¹ for cleaning face shields or goggles (examples: PDI Sani-Cloth AF3 Germicidal Disposable Wipe, Diversey Oxyvir-1 Hydrogen Peroxide Wipes, or Clorox Healthcare Hydrogen Peroxide wipes).
- Designate specific HCP who will assess clients with suspected or confirmed COVID-19, when possible, and ensure staff are trained on the procedures, controls, and use of PPE, including instructions for donning, doffing, and any reuse or extended use of PPE², including N95 respirators. When PPE supplies are critical, special care should be taken to ensure N95 respirators are prioritized for those activities and conditions where there is greater risk³ to the HCP, such as during aerosol generating procedures⁴ on clients with suspected or confirmed COVID-19, or where there is care to clients with other infections for which respiratory protection is strongly indicated (e.g. tuberculosis, measles, varicella).



PPE for Home Care HCP Working with Asymptomatic, Suspected or Confirmed Covid-19 Clients

I: When all of these conditions are met:

- HCP and client are both masked –and–
- HCP is strictly interacting with an asymptomatic client who is **not** suspected or confirmed COVID-19 positive –and–
- There is no cohabitation with suspected or confirmed COVID-19 positive.

Preferred PPE

- Facemask with reuse and extended use practices in place.⁵ Discard if any discard criteria is met.¹⁰
- Gown⁶ if the client’s non-COVID-19 medical issue indicates a gown is required for client care.
- Gloves if the client’s non-COVID-19 medical issue indicates gloves are required for client care.

Alternatives when supplies or resources are critical or unavailable

- Facemask with reuse and extended use practices in place.⁵ Discard if any discard criteria is met.¹⁰
- Lab coat or other Gown Alternative⁸ if required for client care due to the client’s non-COVID-19 medical issue.
- Gloves if the client’s non-COVID-19 medical issue indicates gloves are required for client care.

II: When all of these conditions are met:

- HCP interaction with client can be maintained at > 6 Feet –and–
- Client may or may not be masked –and–
- Client or cohabiter has suspected or confirmed COVID-19.

Preferred PPE

- Fit-tested N95 with extended use practices in place.⁵ Discard N95 if extended use practices cannot be adhered to or if N95 meets any other discard criteria.¹⁰
- Lab coat or other Gown Alternative.⁸
- Face shield or goggles with reuse and extended use practices in place.⁵
- Gloves only if there is contact with potentially contaminated surface or item during interaction with client.

Alternatives when supplies or resources are critical or unavailable

- Facemask with reuse and extended use practices in place.⁵ Discard if any discard criteria is met.¹⁰
- If client is masked, eye protection is not required. If client is unmasked, Eye Protection Alternatives⁹ with reuse and extended use practices in place.⁴
- Lab coat or other Gown Alternative.⁸
- Gloves are not required if HCP is not in direct contact with client, client’s belongings, or any objects in client’s immediate area.



III: When all of these conditions are met:

- HCP is interacting with client, including direct care, within 6 feet from a client –and–
- Client is masked for the entire encounter –and–
- Client or cohabiter has suspected or confirmed COVID-19.

Preferred PPE

- Fit-tested N95 with extended use practices in place.⁵ Discard N95 if extended use practices cannot be adhered to or if N95 meets any other discard criteria.¹⁰
- Gown⁶ or Gown Alternatives⁸ if gown supply is limited.
- Face shield or goggles with reuse and extended use practices in place.⁵
- Gloves.
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Alternatives when supplies or resources are critical or unavailable

- Facemask or N95 which has not been fit-tested (N95 which has not been fit-tested can be used as substitutes for facemasks⁷) with reuse and extended use practices in place.⁴ Discard if any discard criteria is met.¹⁰
- Goggles or Eye Protection Alternatives⁹ with reuse and extended use practices in place.⁵
- Gown Alternatives.⁸
- Gloves.

IV: When all of these conditions are met:

- HCP is interacting with client, including direct care, within 6 feet from a client –and–
- Client is not wearing a mask or mask needs to be removed for any period of time during the encounter –and–
- Client or cohabiter has suspected or confirmed COVID-19

• -OR-

• This single condition is met:

- HCP is performing or present for a high risk activity³ with a client.

Preferred PPE

- Fit-tested N95 for HCP performing high risk activity³ with extended use practices in place.⁵ Discard N95 if extended use practices cannot be adhered to or if N95 meets any other discard criteria.¹⁰
- ⊖ Fit tested N95 for all other activities with extended use practices in place.⁵ Discard if any discard criteria is met.¹⁰

Alternatives when supplies or resources are critical or unavailable

- Fit-tested N95 used only for aerosol-generating procedures⁴ with extended use practices in place.⁵ Discard N95 if extended use practices cannot be adhered to or if N95 meets any other discard criteria.¹⁰



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| <ul style="list-style-type: none">○ Gown⁶ for high risk activities.³ Gown Alternatives⁸ for other activities when gown supply is limited.○ Face shield or goggles with reuse and extended use practices in place⁵ for HCP performing high risk activities;³ Eye Protection Alternatives⁹ with reuse and extended use practices in place⁵ for all others.○ Gloves. | <ul style="list-style-type: none">○ Facemask used for non-aerosol-generating procedures (N95 which has not been fit-tested can be used as substitutes for facemasks⁷) with extended use practices in place.⁵○ Gown Alternatives.⁸○ Eye Protection Alternatives⁹ with reuse and extended use practices in place.⁵ Face shield or goggles should be prioritized for high risk activities.³○ Gloves.○ Minimize number of staff present during high risk activities and substitute lower risk activities whenever possible |
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Footnotes

¹Disinfectants for Use Against SARS-CoV-2:

- EPA “N” List: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>,
- Center for Biocide Chemistries “Novel Coronavirus (COVID-19)—Fighting Product List”: <https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>, or
- Product manufacturer’s statement that product meets EPA Emerging Viral Pathogen criteria for COVID-19

²Instructions for Personal Protective Equipment (PPE) Use and Re-Use by CCSF and Contractor Home Health Care Personnel (HCP) Caring for Clients with Suspected or Confirmed, including Asymptomatic, COVID-19 (May 2, 2020)

³High risk activities include those in which splashes and sprays are anticipated, including aerosol-generating procedures⁴ and client care activities with prolonged face-to-face or close contact such as dressing, bathing/showering, transferring, providing hygiene, and changing linens, changing briefs or assisting with toileting, device care or use, or wound care.

⁴ Aerosol generating procedures include cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction and nasopharyngeal swab collection that may induce coughing.

⁵PPE reuse and extended use is per your facility policy and during times of PPE scarcity. Please see “Discard Criteria for PPE” below for when PPE should be discarded in settings of reuse and extended use. Adherence to proper hand hygiene is essential when redonning an N95 respirator, facemask, eye protection or gowns. For additional information go to: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

Extended use refers to the practice of wearing the same N95 respirator, facemask, eye protection, or gown for repeated close contact encounters with several clients, without removing the protective equipment between client encounters. Extended use may be implemented when multiple patients/clients are infected with the same respiratory pathogen and patients/clients are placed together in dedicated rooms

Reuse refers to the practice of repeated use of an N95 respirator, facemask, or eye protection by the same person over a period of time for



multiple encounters with clients and removing it ('doffing') after each encounter. The respirator, facemask, or eye protection is stored in between encounters to be put on again ('donned') prior to the next encounter with a patient/client

⁶An isolation gown that is made of a spun synthetic material and is resistant to fluids. These are most often disposable gowns unless cotton laundered gowns are being used.

⁷An N95 respirator for which the wearer has not been fit-tested are considered to be substitutes for facemasks.

⁸Gown Alternatives include re-usable cloth isolation gowns, cloth gown, lab coats, or shop coats and will depend on availability at each facility.

Prioritize gowns for the following activities:

- During care activities where splashes and sprays are anticipated, and during other aerosol generating procedures
- During high-contact patient/client care activities that provide opportunities for transfer of pathogens to the hands and clothing of providers, such as: Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care.

⁹Eye Protection Alternatives in descending order of preference are ANSI safety glasses and then healthcare "eye shields"

¹⁰Discard Criteria for PPE in Settings of Reuse and Extended Use

PPE	Discard criteria
N95 or facemasks	<ul style="list-style-type: none"> • Dirty or visibly soiled • Comes in contact with blood or bodily fluids • Is hard to breathe through • If the straps appear overly stretched, torn or if face-piece becomes damaged • Worn in care area of client with additional infectious diagnosis that is transmitted by contact (e.g. C difficile)
Gown or gown alternative ⁸	<ul style="list-style-type: none"> • Dirty or visibly soiled • Comes in contact with blood or bodily fluids • Physically damaged, including broken ties and fasteners • Worn in care area of client with additional infectious diagnosis that is transmitted by contact (e.g. C difficile) • Consider discarding after high risk activities depending on supply availability
Face shield, goggles, or Eye Protection Alternative ⁸	<ul style="list-style-type: none"> • Can no longer fasten securely to the provider • Visibility obscured and reprocessing does not restore visibility

Additional Information

Centers for Medicare & Medicaid Services Guidance for Home Health Agencies <https://www.cms.gov/files/document/qso-20-18-hha.pdf>

Centers for Disease Control and Prevention Guidance on Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>