

An Important Update from the Infection Prevention Team

COVID-19 Personal Protective Equipment Guidelines as of 4/20/20

Use this evidence-based framework to do what BAYADA clinicians do best: apply clinical judgment—collaborating with your operational and clinical teams—to problem-solve and continue to put the needs of our clients first. Our clinicians are empowered to apply these guidelines to your unique client situations, settings, and client/caregiver scenarios.

Hand and Respiratory Hygiene/Cough Etiquette

- Cover your cough (using your elbow is a good technique)
- Avoid people who are sick
- Clean your hands often using soap and water or an alcohol-based hand sanitizer
- Keep your hands away from your face

Standard Precautions

Use Standard Precautions, for care of all clients to protect both you and the client. Key practices include performing **hand hygiene** using alcohol-based waterless hand gel or soap and water; **wearing gloves** when in contact with blood, body fluids, secretions, excretions, broken skin, and mucous membranes, or any contaminated items with those substances; **wearing other personal protective equipment (PPE)** such as, gowns, aprons, masks, and goggles to protect skin, eyes, and clothing during procedures that generate splashes or sprays of blood or body fluids.

Droplet Precautions

These precautions are used when larger droplets are released into the air and land on surfaces and items that consequently become contaminated. Droplet precautions are used with clients sick with influenza, respiratory syncytial virus (RSV), adenovirus, pertussis, mumps, rubella, and other upper respiratory infections where secretions are not contained. Droplet precautions include wearing a **surgical mask** within **three feet** of the client; **wearing gloves** when in contact with any secretions or items contaminated with secretions; and adhering to **excellent hand hygiene practices**.

Airborne Precautions

You use Airborne Precautions when tiny droplets are released into the air and stay suspended in the air for a long time, making it easy for another person to inhale them. These precautions are used with clients with tuberculosis, measles, chickenpox, smallpox, and severe acute respiratory syndrome (SARS), and at this time, positive COVID-19 clients. These precautions include wearing a surgical N95 respirator, gloves, gowns, goggles, and other PPE as needed/required for specific infectious organisms when caring for positive COVID-19 clients.

Masks and Related PPE, based on client presentation

For all clients who are not infected or have resolved COVID-19	Use non-PPE comfort mask (cloth face covering)
For clients with COVID-19 exposure or awaiting test results with <i>no symptoms</i>	Use surgical mask, eye protection (goggles or face shield) for aerosol-generating procedures, and contact protection (gown and gloves)
For COVID-19 positive clients, or those with <i>symptoms</i> awaiting test results	Use N95 mask, eye protection (goggles or face shield) and contact protection (gown and gloves)
When providing care in the home where a household member with <i>no symptoms</i> has a COVID-19 exposure or is awaiting test results	Use surgical mask
When providing care in the home where a household member is COVID-19 positive or <i>has symptoms</i> and is awaiting test results	Use surgical mask and contact protection (gown and gloves)

NOTE: Based on supply/demand and evidence about this virus, this chart may be modified.

Congregate Living (CL) Settings

When providing care in a CL setting, use your clinical judgment along with the above framework to think through the best use of PPE based on the client's specific scenario, unique setting (physical layout of community/campus), state or facility guidelines (isolation protocols or community-specific PPE requirements), and the degree of transparency in the facility relationship (ie, how confident are you that the community is sharing when a resident or caregiver has been exposed).

Client Screening Measures

Use your assessment questions to guide your understanding of client risk particularly around international travel, community exposure, or household in contact with someone who has the disease.