

California Department of Public Health, Healthcare-Associated Infections Program  
 COVID-19 PPE, Resident Placement/Movement, and Staffing Considerations by Resident Category

Recommendation	COVID Positive Residents (Isolation Area)	Symptomatic, Suspected COVID, Awaiting Test Results	Asymptomatic COVID Exposed Residents (Exposed)	Residents with No Known Exposure (including newly admitted and readmitted), or COVID Recovered
N95 respirator *	Yes	Yes	No	No**
Facemask *	No; N95 respirator required	No; N95 respirator required	Yes, for source control	Yes, for source control
Eye Protection *	Yes	Yes	No	No**
Gowns	Yes – Extended use <sup>‡</sup> NOT permitted.  – Maintain clean areas on unit where gowns are not worn such as nurses' station.	Yes – Extended use <sup>‡</sup> NOT permitted.	No, unless otherwise indicated per Enhanced Standard Precautions	No, unless otherwise indicated per Enhanced Standard Precautions

Recommendation	COVID Positive Residents (Isolation Area)	Symptomatic, Suspected COVID, Awaiting Test Results	Asymptomatic COVID Exposed Residents (Exposed)	Residents with No Known Exposure (including newly admitted and readmitted), or COVID Recovered
Gloves with hand hygiene before donning and after doffing gloves	Yes, upon room entry and between residents (if multi-occupancy room)	Yes, upon room entry and between residents (if multi-occupancy room)	As indicated per Enhanced Standard precautions	As indicated per Enhanced Standard precautions
Resident placement and movement considerations	Follow CDC guidance on discontinuation of isolation; recovered residents can be moved directly back to their original room.	<p>While awaiting test results, leave in current room with as much space as possible between beds and curtains drawn. Do not move to Observation area.</p> <p>Do not move to COVID isolation area until test results confirm COVID-19 positive.</p>	<p>Leave in current room. Do not move.</p> <p>Exposed residents must wear source control while outside their rooms but do not need to be quarantined or cared for by HCP using the PPE recommended for the care of a resident with COVID-19.</p>	Leave on current unit.
Staffing considerations	<p>Dedicated HCP/staff, separate restroom and breakroom <b>not required</b>; ensure HCP understand need to change gloves and gowns, and perform hand hygiene between residents.</p> <p>Consider grouping care activities such that HCP care for all residents in the isolation area before caring for other residents.</p>	Ensure HCP understand need to change gloves and gowns (if used) and perform hand hygiene between residents.	Dedicated HCP/staffing not required; ensure HCP understand need to change gloves and gowns (if used) and perform hand hygiene between residents.	Dedicated HCP/staffing not required; ensure HCP understand need to change gloves and gowns (if used) and perform hand hygiene between residents.

\* Cal/OSHA removed the *Cal/OSHA Interim Guidance on COVID-19 for Health Care Facilities: Severe Respirator Supply Shortages* that allowed certain strategies to extend supplies of respirators during severe shortages. Pursuant to title 8 sections 5144 and 5199, healthcare facilities are to use respirators in full accordance with their manufacturers' instructions and their NIOSH approval. If there is no shortage, increased feasibility and practicality may be considered in decisions to implement extended use of N95 respirators for HCP who are sequentially caring for a large volume of patients with suspected or confirmed SARS-CoV-2, including those cohorted in a SARS-CoV-2 isolation area. When practicing extended use of N95 respirators over the course of a shift in an isolation area, the respirator should be discarded after being removed for a break and at the end of the shift. If removed for a meal break, for example, the respirator should be discarded and a new respirator put on after the break. Otherwise, extended use may be implemented for facemasks or N95 respirators **when used for source control**; when used for source control, facemasks or N95 respirators may be used until they become soiled, damaged, or hard to breathe through and should be immediately discarded after removal.

\*\* CDC no longer routinely recommends HCP wear eye protection for all direct patient/resident care, and N95 or higher level respirator while caring for residents undergoing aerosol generating procedures, based on the level of community transmission. Eye protection and N95 respirators for aerosol generating procedures can be considered during periods of high community transmission or during a COVID-19 outbreak. Eye protection should always be worn per Standard precautions when performing tasks that could generate splashes or sprays of blood, body fluids, secretions and excretions.

‡ Extended use and reuse of gowns can transmit MDRO and should be avoided whenever possible (i.e., these are crisis strategies). Extended use of gowns refers to the practice of wearing the same the same gown by the same HCP when interacting with more than one resident known to be infected with the same infectious disease when these residents are housed in the same location, only if residents do not have other diagnoses transmitted by contact (e.g., *C. difficile*, *C. auris*). If the gown becomes visibly soiled, it must be removed and discarded. When extended use of gowns is practiced, e.g., on a dedicated COVID-19 isolation area, gowns should **not** be worn in clean areas, e.g., nurses' station, clean supply room, breakrooms, etc.

#### Resources:

- [Summary of Strategies to Optimize Use of PPE in Presence of Shortages](#)
- [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)