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TO: ALR Executive Directors
RE: PPE Practices in ALRs --- COVID-19
DATE: April 16, 2020

The outbreak of COVID-19 presents unique challenges for Assisted Living Residences (ALRs) given the nature of services provided and the particular needs of Residents. In response to emerging cases of COVID-19 in Assisted Living Residences (ALRs) in Massachusetts, the Executive Office of Elder Affairs has collaborated with the Department of Public Health in sharing these suggested practices rooted in principles of infection control in accordance with guidelines issued by Centers for Disease Control (CDC), the Massachusetts Department of Public Health (DPH), and local Boards of Health to reduce virus transmission. Please refer to the links below for CDC guidance, which includes the following:

Safe Personal Protective Equipment (PPE) Use and Conservation

PPE use by staff can reduce transmission of the virus from Residents to staff and the use of face masks may help decrease transmission from staff to Residents. To the extent possible, all staff should wear face masks. Staff providing care to any Resident with undiagnosed respiratory illness, including suspected or confirmed cases of COVID-19 should wear gloves, gown, face mask and eye protection, if available.

Regarding aerosol-generating activities, such as assisting with or administering nebulizer treatments to a Resident if ordered by their physician/authorized provider:

- Avoid if possible—contact Resident's authorized prescriber to determine if a switch to inhalers is possible;
- Use a properly fitted N95 respirator, gown, gloves and eye protection in a closed room if you must be present to assist with or administer.

If you anticipate a PPE supply shortage within five days and are unable to source the material(s) through your normal supply chain, you may request PPE by following the steps as indicated at the DPH website:

<https://www.mass.gov/info-details/guidance-for-requesting-personal-protective-equipment-ppe>

In light of PPE shortages, the CDC has issued optimization strategies for situations in which PPE supplies are stressed, running low, or absent to help extend available supplies for the most critical needs. Such strategies should only be employed during such shortages brought about by the COVID-19 State of Emergency and include, but are not limited to, the following:

- Prioritize use of gowns for:
 - High contact care activities, including bathing/hygiene care, toileting care, and transfers;
 - Activities with high risk of exposure to fluids or splashing.
- Attempt to limit the use of PPE for individual Resident care by designating dedicated staff to provide care only for those Residents tested positive or suspected positive.
- Consider extended use of PPE as appropriate and in accordance with CDC guidelines and replace PPE if damaged or soiled.
- Attempt to decrease unnecessary removal of PPE:
 - If possible, staff providing direct Resident care should remain in the Resident's Unit during the entire episode of care, limiting the need to repeatedly don and doff PPE
 - If possible, designate separate staff member(s) on each shift who can serve as a "runner(s)" if direct-care staff needs additional items or supplies outside of a Resident's Unit during an episode of care
 - Consider utilizing direct care staff for meal tray deliveries rather than using dining servers
 - Try to time the provision of direct care provision with other necessary in-Unit tasks, such as removing Resident trash and laundry or putting away medications recently delivered by the pharmacy or family.

Isolating COVID-19 Positive Residents

Reach out to your Local Board of Health for specific guidance on a case-by-case basis.

Sanitizing/Disinfecting

There are many hidden sources for virus transmission. If possible, commonly used and shared items, such as walkie-talkies, pagers, Resident-wearable pendants, in-Unit emergency pull cords, laundry hampers used to transport soiled Resident linen and clothing, and meal trays should be cleaned with an EPA-registered disinfectant (see link below). Items and other high-contact surfaces should be disinfected as often as possible, preferably after use.

To the extent possible, items such as blood pressure cuffs, thermometers, stethoscopes, shared scales, and other items that are typically brought from one Unit to another should be organized to ensure that equipment is separated for use with Residents who are positive or suspected to be positive for COVID-19. If possible, minimize the need to carry medication administration and other documents in a common binder throughout the building and consider eliminating the use of waist-belt or bag worn by staff to carry daily supplies to avoid incidental contact/transmission.

Training

Staff should be aware of the proper procedures for donning and doffing PPE to maintain a safe barrier against transmission as well as to prevent incidental virus transmission during the process of equipment removal. If possible, try to identify staff members that have been trained in proper PPE usage to:

- Track inventory of current PPE supplies
- Advise all staff who enter the Unit of a Resident who is positive or suspected to be positive for COVID-19 to properly don PPE
- Seek to ensure that all staff who exit the Unit of a Resident who is positive or suspected to be positive for COVID-19 properly doffs PPE and disposes of it correctly
- Monitor staff adherence to established PPE use when responding to urgent/emergency calls from Residents

Please refer to the CDC websites listed below for additional guidance and infection control measures.

Interim Guidance for Healthcare Facilities:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html>

Personal Protective Equipment (PPE) Strategy (gloves, eye protection, gowns, facemasks):

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

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Gowns:

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

Cleaning:

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

Approved disinfectants:

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>