

Dear Members of the Long-Term Care Community:

Thank you for all of your efforts in caring for some of Utah's most high-risk patients during the COVID-19 pandemic. Long-term care settings are in an unprecedented situation, needing to rapidly stand up infection prevention and control and respiratory prevention programs in the face of dire shortages in personal protective equipment and a virus largely spread by asymptomatic health care workers. **We are writing with a sense of urgency to communicate appropriate use guidelines for personal protective equipment (PPE) and to express concerns regarding the risks of inadvertent exposure of health care workers to COVID-19 performing aerosol generating procedures (AGPs) in the absence of a properly fitted respirator.** When caring for COVID-19 patients, please exercise the following guidelines for the use of PPE (adapted from materials provided by University of Utah Health):

COVID-19 PPE Use Guide

	Eye Protection 	Gown 	Gloves 	Procedural/ Surgical Mask 	Respirator: PAPR/CAPR/N95 
<b>Direct patient care provider</b> (MD, PA/NP, RN, HCA, RT, MA, Radiology, Phlebotomy, etc.) That does <b>NOT</b> involve an <u>A</u> erosol- <u>G</u> enerating <u>P</u> rocedure (AGP). See below for AGP.	✓✓✓	✓	✓✓	✓✓✓	
<b>Anyone performing an AGP*, or entering room with continuous AGP**, or within 45 minutes of an AGP</b> <ul style="list-style-type: none"> <li>45 minutes following AGP in clinical areas other than Operating Room</li> <li>14 minutes following AGP in Operating Room</li> </ul>	✓✓✓	✓✓	✓✓	✓	✓✓
<b>Anyone collecting a nasopharyngeal (NP) sample</b> 45 minute air exchange time NOT required	✓✓✓	✓✓✓	✓✓✓		✓✓✓
<b>EVS in patient room</b> Not to enter Red or Yellow rooms for 45 minutes after an AGP performed	✓✓✓	✓	✓✓✓	✓✓✓	
<b>Caregivers in other patient facing areas</b> (Greeter, Screener, HUC, registration, security, etc.)	✓✓✓			✓✓✓	
<b>Transporter</b> Inside patient room. Not to enter Red or Yellow rooms for 45 minutes after an AGP performed	✓✓✓	✓	✓✓	✓✓✓	
<b>Transporter</b> Outside patient room	✓✓✓			✓✓✓	
<b>Anyone processing POC Rapid Flu/Strep test</b> 45 minute air exchange time NOT required	✓✓✓		✓✓✓	✓	✓✓

\*Aerosol Generating Procedure (AGP) includes but not limited to: Aerosolizing nebulizer, intubation, open suctioning, bronchoscopy, sputum induction, and extubation  
 \*\*Continuous AGP includes but not limited to: non-invasive ventilation such as BiPAP or CPAP, large volume nebulizer (LVN), tracheostomy patients with humidification, and high flow nasal cannula use  
 Note: If a procedure that produces limited aerosols (i.e. OP or NP swab collection), a PAPR/N95 should be donned but a HEPA filter is not required.

Key:

- ✓ = Patient tested **positive** for COVID-19
- ✓ = Patient test for COVID-19 is **pending**
- ✓ = Patient tested **negative** for COVID-19; continue to utilize standard precautions

In addition, please use the following additional precautions:

1. In the absence of appropriate fit testing, a respirator is **NO** more protective than a standard procedural or surgical mask. Do **NOT** perform AGPs on a COVID-19 positive patient unless the health care worker is fully protected with a gown, gloves, eye protection, and a properly fitted N95 or higher-level respirator in accordance with [OSHA's Respiratory Protection Standards](#).
  - AGPs include oropharyngeal or nasopharyngeal swab collection, open suctioning, sputum induction, invasive and non-invasive ventilation (e.g., BiPAP, CPAP), nebulizer administration, intubation, extubation, tracheostomy with humidification, and high-flow nasal cannula.
  - **The use of N95 or higher-level respirators for AGPs are only recommended for health care workers who have been medically cleared, trained, and fit tested, in the context of a facility's respiratory protection program.** Use of an N95 or higher-level respirator outside of these conditions should only be assumed to provide protection to the level of a standard procedural or surgical mask. "One Size Fits All" respirators are **NOT** passing fit testing on multiple attempts and should not be presumed to protect health care workers performing AGPs.



2. Should a patient require an AGP and a facility is unable provide the necessary PPE outlined above, arrange for transfer to a facility that is able to adhere to the infection prevention and control recommendations as outlined in the CDC's [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#).
  - For patients with symptoms concerning for COVID-19, please email [hai@utah.gov](mailto:hai@utah.gov) for access to mobile testing options.
  - For patients receiving nebulizer treatments, substituting a metered dose inhaler for the nebulized medication eliminates the aerosolization risk and the patient is appropriate for continued care with a standard procedural or surgical mask if all other required PPE is available.

We recognize many long-term care settings have **NOT** fit tested their health care workers. Many received N95 respirators from the Strategic National Stockpile without guidance on the need for fit testing to insure respirator level protection for AGPs. This guidance is intended as a stop gap measure to protect health care workers and reduce the risk of spread of COVID-19 in long-term care settings. Additional resources, including hands-on education in fit testing and PPE donning and doffing, are being compiled. The Utah Occupational Safety and Health Division has a [Consultation Service](#) that provides penalty-free assistance where employers can seek assistance in establishing an OSHA-compliant Respiratory Protection Program. There are also [occupational health sites that can provide appointments for fit testing](#) across the state. We look forward to the opportunity to support the long-term care community in their efforts to protect patients and health care workers.