

## **NEW CDC Guidance on Use of Masks, Gowns, and Eye Protection to Conserve Supplies**

CDC issued today [new guidance](#) on the use of masks, gowns and face shields including suggestions on what to do if in crises shortages (which most all of you are in) and when your supplies are exhausted (see below for summary).

As all of you are coming to realize first-hand, the country does not have enough masks and gowns to meet the needs of health care providers, particularly if this pandemic persists for the weeks that experts predict. In order to significantly conserve masks and gowns, nursing homes and assisted living communities need to implement significant conservation steps right now by reviewing the crises capacity strategies in the new guidance issued today by CDC. We strongly urge you to start today in order to extend availability of your remaining PPE until such time as production and supply improves or we can obtain masks and gowns from other health care sectors and manufacturing.

To help long term care providers take such actions, the Centers for Disease Control & Prevention's (CDC) new guidance will be helpful. These recommendations continue to protect from droplet exposure (which is how COVID-19 and most other respiratory viruses are spread). We believe these recommendations help preserve PPE supply given the dire shortage.

We understand that many of you are very close to running out of PPE and that any supplies you receive from your state or federal stockpile need to bridge the time until more masks and gowns become available. Therefore, **we urge you to adopt these new guidelines from CDC as soon as possible** and for some, that may mean coming up with more creative ways to use or make your own PPE.

Highlights from the new CDC guidance on PPE use are below.

### **MASK SUMMARY**

- **Implement extended use of facemasks** which allows the wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.
- **Restrict facemasks to use by HCP, rather than patients for source control.** Have patients with symptoms of respiratory infection use tissues or other barriers to cover their mouth and nose.

- **Implement limited re-use of facemasks**, which is the practice of using the same facemask by one HCP for multiple encounters with different patients but removing it after each encounter. Discarded if soiled, damaged, or hard to breathe through.
- **Prioritize facemasks for selected activities**, such as:
  - For provision of essential surgeries and procedures
  - During care activities where splashes and sprays are anticipated
  - During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable
  - For performing aerosol generating procedures, if respirators

## GOWNS SUMMARY

- **Shift gown use towards cloth isolation gowns**
- **Consider the use of coveralls**
- **Extended use of isolation gowns** (disposable or cloth), such that the same gown is worn by the same HCP when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). This can be considered only if there are no additional co-infectious diagnoses transmitted by contact (such as *Clostridium difficile*) among patients. If the gown becomes visibly soiled, it must be removed and discarded as per usual practices.
- **Re-use of cloth isolation gowns among multiple patients in a patient cohort area** without laundering in between.
- **Prioritization of gowns** for the following activities:
  - During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures
  - During the high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care
  - **When No Gowns Are Available consider** pieces of clothing as a last resort, preferably with long sleeves and closures (snaps, buttons) that can be fastened and secured, particularly for care of COVID-19 patients as single use. Other options include:
    - Disposable laboratory coats
    - Reusable (washable) patient gowns
    - Reusable (washable) laboratory coats
    - Disposable aprons
    - Combinations of pieces of clothing can be considered for activities that may involve body fluids and when there are no gowns available:
      - Long sleeve aprons in combination with long sleeve patient gowns or laboratory coats
      - Open back gowns with long sleeve patient gowns or laboratory coats
      - Sleeve covers in combination with aprons and long sleeve patient gowns or laboratory coats

Reusable patient gowns and lab coats can be safely laundered according to routine procedures

## **EYE PROTECTION SUMMARY**

- **Implement extended use of eye protection** is the practice of wearing the same eye protection dedicated to one HCP for repeated close contact encounters with several different patients, without removing eye protection between patient encounters including for disposable and reusable devices.
  - Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through.
  - If HCP touches or adjusts their eye protection they must immediately perform hand hygiene.
- **Prioritize eye protection for selected activities** such as: During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures or prolonged face-to-face or close contact with a potentially infectious patient is unavoidable
- **Consider using safety glasses (e.g., trauma glasses) that have extensions to cover the side of the eyes**
- **Designate convalescent HCP for provision of care to known or suspected COVID-19 patients**
- **Selected options for Reprocessing and clean Eye Protection are provided.**

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## **CMS National Conference Call Today at 4:30 pm EST**

**(This call will be recorded.)**

The Centers for Medicare and Medicaid Services (CMS) will host a call on COVID-19 on Wednesday, March 18 for nursing home organizations. CMS leadership will discuss 1135 waivers and the agency's latest telehealth guidance. There will be audience Q&A, and the call will be recorded if you are unable to join. The call-in information is as follows:

**Wednesday, March 18**  
**4:30 – 5:00 PM EST**  
**888-455-1397 Access Code: 5854574**

This call will be recorded.

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## **CMS Issues Guidance Expanding Telehealth**

Yesterday, [CMS expanded telehealth for Medicare](#). Medicare will temporarily pay clinicians to provide telehealth services for beneficiaries for a wider range of services. CMS Under the new waiver, Medicare can pay for office, hospital, and other telehealth visits. For the duration of the COVID-19 Public health Emergency, Medicare will make payment for professional services to beneficiaries in all areas of the country in all settings.

If you do not currently have telehealth arrangements, you may want to explore such arrangements, but it also may not be technically possible and necessary

depending on your facility, physician coverage, or other circumstances.

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## CMS Waives 3-Day Stay for Admission and for SNF Long-Stay Residents

On March 14, [CMS issued a nationwide waiver of the 3-Day Stay requirement](#). This waiver means that SNF care will be covered by Medicare without a 3-day inpatient hospital stay required. CMS has told us that this applies to all Medicare beneficiaries during this national emergency, regardless of diagnoses or relationship to the coronavirus, however, CMS has not provided written specifics on this.

[AHCA has created this FAQ to help address your questions.](#)

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## Additional Waivers Available

CMS has also authorized certain Medicaid flexibilities; their [FAQ on this is available here](#).

On March 17, CMS released the first Medicaid Section 1135 to the State of Florida. The waiver focuses exclusively on Medicaid and has no direct impacts on Medicare. [AHCA/NCAL has created an overview of this waiver](#).

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We cannot thank you and your staff enough for the dedication and diligence in doing all that you can for the residents in your centers and communities. We will continue to do all that we can to support you during this pandemic.

Please email [COVID19@ahca.org](mailto:COVID19@ahca.org) for additional questions, and visit [www.ahcancal.org/coronavirus](http://www.ahcancal.org/coronavirus) for additional information and resources.

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