

MODULE 2. PERSONAL PROTECTIVE EQUIPMENT (PPE)

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TERMINOLOGY/DEFINITIONS

- **CDC** = Centers for Disease Control and Prevention; **FDA** = Food and Drug Administration;
NIOSH = National Institute for Occupational Safety and Health
- **COHORTING**: The practice of grouping patients infected or colonized with or potentially exposed to the same infectious agent together to confine their care to one area and prevent contact with susceptible patients. In the BOP, this may refer to housing inmates of similar infection status together rather than in single cells.
 - **INCUBATION PERIOD**: The stage of subclinical disease that extends from the time of exposure to the onset of disease symptoms.
 - **MEDICAL ISOLATION**: Confining individuals with suspected (displaying symptoms) or confirmed (based on a positive point-of-care (POC) or commercial laboratory test) COVID-19 infection, either to single rooms or by **COHORTING** them with other viral infection patients.
 - **QUARANTINE**: In the context of COVID-19, refers to separating (in an individual room or **COHORTING** in a unit) asymptomatic persons who may have been exposed to the virus to **(1)** observe them for symptoms and signs of the illness during the **INCUBATION PERIOD** and **(2)** keep them apart from other incarcerated individuals.
 - The BOP utilizes **THREE CATEGORIES OF QUARANTINE**: Exposure, intake, and release/transfer.
 - All BOP COVID-19 quarantine categories utilize a test in/test out strategy.

CLOTH FACE COVERINGS, SURGICAL MASKS, AND RESPIRATORS

- **CLOTH FACE COVERINGS**: Cloth face coverings serve as “source control” for the persons wearing them. They primarily protect others rather than the wearer by limiting dispersion of infectious respiratory droplets into the environment. “My mask protects you. Your mask protects me.” Although they may offer some protection to the wearer, unlike FDA-approved surgical masks or N95 respirators, they

are **NOT considered to be PPE**. (The CDC indicates that surgical masks and N95 respirators are critical supplies that must continue to be reserved for healthcare workers and other medical first responders.) Refer to **MODULE 1** for guidance on cloth face coverings.

- **SURGICAL MASKS:** This term refers to disposable facemasks that are FDA-APPROVED as PPE. Surgical masks come in various shapes and types (e.g., flat with nose bridge and ties, duck billed, flat and pleated, and pre-molded with elastic bands).
 - ➔ Surgical masks may sometimes be referred to as “facemasks.” However, **“FACEMASKS” that are not FDA-approved for medical use are NOT considered to be PPE**. Individuals working under conditions that require PPE should **NOT** use a cloth face covering or a facemask that is not FDA-approved.
- **RESPIRATORS:** This term refers to N95 or higher filtering, face-piece respirators that are CERTIFIED BY CDC/NIOSH as PPE.

STRATEGIES TO OPTIMIZE THE SUPPLY OF PPE

OPTIMIZATION STRATEGIES offer a continuum of options when PPE supplies are stressed, running low, or absent. The terms **EXTENDED USE** and **RE-USE** apply to PPE that are normally “one-time use” items (i.e., N95 respirators, surgical masks, and gowns).

- **EXTENDED USE OF PPE may be utilized during periods when shortages are anticipated.** Extended use of PPE is the practice of wearing the same PPE for repeated close contact encounters with several different patients, **WITHOUT removing the PPE between patient encounters**.
 - **RE-USE OF PPE may be utilized when supply cannot meet demand.** Re-use of PPE is the practice of using the same PPE by one healthcare provider (**HCP**) for multiple encounters with different patients, but **removing it after each encounter**. As it is unknown what the potential contribution of contact transmission is for COVID-19, care should be taken to ensure that HCPs do not touch outer surfaces of the PPE during care, and that PPE removal and replacement be done in a careful and deliberate manner. (See [Donning and Doffing](#) below.)
- ➔ A quick reference summary for CDC strategies to optimize personal protective equipment supplies is available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html>

RECOMMENDED LEVELS OF PPE

Recommended PPE for incarcerated/detained individuals and staff in a BOP facility will vary based on the type of contact with inmates, the type of procedure being performed, the type of separation (**QUARANTINE** vs. **MEDICAL ISOLATION**), the type of room utilized (single cell with solid doors and walls, open cells with bars, room without anteroom, or barracks-style space), and PPE availability.

This MODULE covers each type of recommended PPE, including appropriate use, supply optimization, and guidance in the event of a shortage.

- ➔ [Table 1](#) summarizes the appropriate use of each type of PPE.
- ➔ [Table 2](#) summarizes length of use, re-use, disposal, and storage of PPE.

TABLE 1. RECOMMENDED USE OF PPE

INDIVIDUAL WEARING PPE	N95 RESPIRATOR	SURGICAL MASK	EYE PROTECTION	GLOVES	GOWN/ COVERALLS
INMATES					
Inmates housed in QUARANTINE	Wear cloth face covering for source control, especially if housed as a cohort, when staff enter, when moving around unit to phones, computer, etc.				
Inmates housed in MEDICAL ISOLATION	Wear cloth face covering for source control, especially if housed as a cohort, when staff enter, when moving around unit to phones, computer, etc.				
Orderlies housed within and performing cleaning in MEDICAL ISOLATION and quarantine areas	Additional PPE may be needed based on disinfectant product label.			X	X
Orderlies NOT housed within or performing cleaning in MEDICAL ISOLATION and quarantine areas	Additional PPE may be needed based on product label; N95 if cleaning/ disinfecting area within 24 hrs of inmate occupying space.			X	X
Laundry and food service workers handling items from MEDICAL ISOLATION or QUARANTINE				X	X
STAFF	N95 RESPIRATOR	SURGICAL MASK	EYE PROTECTION	GLOVES	GOWN/ COVERALLS
Staff providing ROUTINE HEALTH SERVICES to inmates (COVID not suspected)		X ¹	X ¹	X ¹	X ¹
Staff performing STAFF SCREENING and temperature checks		X	X	X	
Staff performing non-contact TEMPERATURE CHECKS in QUARANTINE		X	X	X	
Staff having DIRECT CONTACT (including medical care, escort or transport) with inmates in QUARANTINE		X	X	X	X
Staff working in a QUARANTINE unit that is an open dorm, barracks, or unit with barred cells	X ²		X	X	X
Medical staff providing care to inmates in MEDICAL ISOLATION , or other correctional staff entering their rooms or opening food trap doors	X ²		X	X	X
Staff in contact with medical isolation inmates during transport or within same compartment space.	X ²		X	X	X
Staff present during AEROSOL-GENERATING PROCEDURES or NASAL SWABBING , regardless of whether or not COVID-19 is suspected	X		X	X	X
Staff handling laundry or food service items from MEDICAL ISOLATION or QUARANTINE				X	X
Staff cleaning a COVID case area	Additional PPE may be needed based on product label; N95 if cleaning/ disinfecting area within 24 hrs of inmate occupying space.			X	X
¹ Wear gloves for patient care (with gloves changed and hand hygiene performed between patients). An FDA-approved surgical mask is routinely recommended. Gowns and eye protection (face shields or goggles) should be worn if direct or very close contact with ill inmates (e.g., temperature checks) or splashes or spray is anticipated. ² A NIOSH-approved N95 is preferred. Based on local and regional situational analysis of PPE supplies, FDA-approved surgical masks may be an acceptable alternative when the supply chain of respirators cannot meet the demand. Consult with your regional EOC prior to the use of facemasks in lieu of N95 respirators.					

TABLE 2 summarizes recommendations on PPE, including length of use, re-use, disinfection, disposal, and storage. More detailed information follows in the sections below.

→ See previous discussion of [optimization strategies](#) (*EXTENDED USE* and *RE-USE*).

TABLE 2. LENGTH OF USE, RE-USE, DISPOSAL, AND STORAGE OF PPE

PPE	LENGTH OF USE	RE-USE/ DISINFECTION	DISPOSAL	STORAGE FOR PPE TO BE REUSED
FACE SHIELD	Multiple times	YES/YES	Regular trash	Specified place for re-used PPE or paper bag with ID
GLOVES	One-time use only	NO	Regular trash	—
GOGGLES	Multiple times	YES/YES	Regular trash	Specified place for PPE after cleaning and disinfection
GOWN	One-time use only	NO	Regular trash	—
GOWN <i>SHORTAGE – CRISIS STRATEGY*</i>	Multiple times	YES/NO	Regular trash	Hang in designated spot outside of doffing area with ID
SURGICAL MASK for general use	<i>EXTENDED USE</i> for shift; discard if soiled or damaged	NO	Regular trash	—
SURGICAL MASK for staff screening	<i>EXTENDED USE</i> for shift	NO	Regular trash	—
SURGICAL MASK for quarantine	<i>EXTENDED USE</i> for shift, doff upon exit	NO	Regular trash	—
N95 RESPIRATOR for isolation	One-time use only, doff upon exit	NO	Regular trash	—
N95 RESPIRATOR for Isolation <i>SHORTAGE – CRISIS STRATEGY*</i>	Doff upon exit; store for use up to 5x or until soiled or difficult to breathe through	YES/NO	Regular trash	Paper bag with ID
<p>* See CDC strategies for optimizing PPE during shortages: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html </p>				

DONNING AND DOFFING

Staff who are wearing PPE—including masks and gloves—should be trained on its use.

- ➔ CDC instructions, including posters and video training on donning and doffing (removing) PPE, are available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
- ➔ See PPE donning and doffing skill tests in the Appendices that can be used for verification of the above training.
- It is strongly emphasized that **HAND HYGIENE** (using soap and water or an alcohol-based hand sanitizer) be performed **BEFORE AND AFTER donning and doffing any PPE item**. This includes touching or adjusting the respirator if needed for comfort or to maintain fit.
- **GLOVES:** If a task requires gloves, hand hygiene should be performed prior to donning gloves—before touching the patient or the patient environment—and again immediately after removing the gloves.
- **EYE PROTECTION:** HCP should leave patient care area if they need to remove their eye protection. See protocol for removing and reprocessing [eye protection](#) below.
- **UTILITY BELTS:** If utility belts are worn over PPE, they are removed and belt and items on belt cleaned and disinfected as appropriate.
- There should be an area for donning and doffing PPE at the entrance and exit from **QUARANTINE** and **MEDICAL ISOLATION** areas. It can be a designated taped area to stand in, or a makeshift anteroom created with barrier materials.
 - Under no circumstances should PPE worn in the medical isolation or quarantine areas be worn to other areas of the institution. **PPE must be removed in doffing area at exit.**
- Donning and doffing areas should include **POSTERS** demonstrating correct PPE donning and doffing procedures
- **The donning and doffing areas should NOT include:**
 - Microwaves
 - Food
 - Utensils used for drinking or eating
 - Coffee/water dispensers
- **The doffing area should include:**
 - An alcohol-based hand hygiene product or a sink with soap and water
 - A receptacle for reusable items (face shields or goggles)
 - A large waste bin with a clear trash bag
 - Cleaner/disinfectant
 - An area to hang or bag recycled items for reuse *if there is a critical shortage only* (i.e., a command strip hanger for reuse of gowns, with ID written on gown, or paper bags with IDs for N95s)
 - Create a system to clean and disinfect the equipment to be re-used (i.e., the person that used the equipment sprays and wipes it off—per manufacturer's wet time—and then places it in donning area for reuse).

N95 RESPIRATORS

- ➔ Only **NIOSH-approved N95 respirators** should be utilized, whenever possible, to lessen the chance of counterfeit N95 respirator use. Verification of NIOSH approval can be found at:
<https://wwwn.cdc.gov/niosh-cel/>
- ➔ More information regarding identification of counterfeit N95 respirators can be found at:
<https://www.cdc.gov/niosh/npptl/usernotices/counterfeitResp.html>

APPROPRIATE USE OF N95 RESPIRATORS

- N95 respirators should be used:
 - For all **AEROSOL-GENERATING PROCEDURES** (whether or not COVID-19 is suspected), e.g., nebulizer, high flow oxygen, CPR, nasopharyngeal swabbing for flu or COVID-19, etc.
 - When entering **MEDICAL ISOLATION ROOMS OR AREAS WITH SYMPTOMATIC CONFIRMED OR SUSPECT COVID-19 INMATES**.
 - Consider use of N95 respirators in **QUARANTINE** open dorm, barrack, and open-bar units if any positive cases have occurred (i.e., in exposed quarantine unit)
- N95 respirators must be used in the context of a **FIT-TESTING** program. Fit testing is specific to the brand/size of respirator to be used.
 - N95 respirators should NOT be worn with facial hair that interferes with the respirator seal. Images of appropriate facial hairstyles can be found at:
<https://www.cdc.gov/niosh/npptl/pdfs/FacialHairWmask11282017-508.pdf>
 - Refer to the local institution compliance officer for any/all items related to N95 fit testing
 - Information regarding annual fit-testing requirements during the pandemic response can be found at:
<https://www.osha.gov/memos/2020-04-08/expanded-temporary-enforcement-guidance-respiratory-protection-fit-testing-n95>

ISSUES ARISING OUT OF MANDATORY N95 FIT TESTING AND WEAR

OSHA regulations require that any tight-fitting respirator such as an N95 is to be worn with no more than one day's growth of hair where the seal of the respirator meets the face. Employers are required to enforce this shaving requirement not only during the fit testing process, but also during use of PPE where indicated.

As such, there are four scenarios that would need to be addressed to meet OSHA requirements:

- A.** Individuals who request accommodations under the religious exemption.
- B.** Individuals who clear the medical portion of the questionnaire (i.e., they have no medical conditions preventing them from wearing the respirator), but refuse to meet the grooming standards required by the respirator for fit testing.
- C.** Individuals who clear the medical portion, and meet the grooming standards required by the respirator for fit testing on the day of the fit test, but do not maintain a state of readiness and report to work with facial hair that will interfere with the seal of the tight-fitting respirator such as an N95.
- D.** Individuals who do not clear the medical portion of this process and/or cannot be fit tested due to medical/physical reasons.

Formal notice must be provided to all employees with law enforcement officer (LEO) designation

that, when reporting to an institution for work, they are expected to comply with OSHA regulations as it relates to facial hair. The use of a tight-fitting respirator such as an N95 can be required at any time during the work day based on the hazard that is present.

- **For those cases where an individual fits into the (A) scenario**, requests will be considered on a case-by-case basis. Forward requests for religious accommodations to the Employment Law Branch. Staff will not be required to complete fit testing until their accommodation request is resolved.
- **For those cases where individual fits into the (B) scenario**, the supervisor should provide a direct order to the employee to report to fit testing appropriately shaved. If the individual fails to follow orders, and continues to refuse to meet the grooming standards, the individual should be referred to OIA for misconduct. The employee may request annual leave or LWOP until such time that they comply with the shaving requirement or at the conclusion of this public health emergency. If they refuse to request leave, the supervisor must enforce annual leave after consultation with the local Human Resources office.
- **For those cases where individual fits into the (C) scenario**, the Lieutenant/supervisor will evaluate all individuals as they report for their shift. If an individual fails to meet the appropriate grooming for respirator use, they should be directed to shave. If the individual fails to follow orders, the individual should be referred to OIA for misconduct. The employee may request annual leave or LWOP until such time that they comply with the shaving requirement or until the conclusion of this public health emergency. If they refuse to request leave, the supervisor must enforce annual leave, after consultation with the local Human Resources office.
- **For those cases where an individual fits into the (D) scenario**, either the local Health Services Department (Clinical Director) or the Safety Department will alert the Human Resource Manager or designee with the name of the individual that is unable to be fit-tested. This information is then forwarded to Occupational Safety & Health through email (BOP-HSD/Occupational Health) for review of a Temporary Job Modification (TJM) for the duration of the COVID-19 event. During the review, the individual is placed on Weather & Safety leave.
 - All TJMs will conform to the medical restrictions that are being posed by the individual's inability to wear a respirator, but would not have to conform to the individual's regular schedule, shift, or duties.
 - When a TJM is offered to the individual, they have the option to either accept or decline the TJM.
 - If the TJM is declined, these individuals will no longer qualify for Weather & Safety leave and would need to make an appropriate request for leave.
 - If there is no TJM available for the individual's medical restrictions, the employee would be placed on Weather & Safety leave.

SUPPLY OPTIMIZATION FOR N95 RESPIRATORS

The CDC and NIOSH recommend the following strategies for optimizing supplies of disposable N95 respirators.

➔ See the CDC and NIOSH recommendations at:

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

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

- Use alternatives to N95s (other classes of filtering facepiece respirators)
- Use of N95 respirators beyond stated expiration date.

- Extended use of N95 for repeated close contact encounters.
- Limited re-use of N95 for multiple contact encounters
- Use of a cleanable face shield (preferred) or a surgical mask over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible, to reduce surface contamination of the respirator.
- Hanging of used respirators in a designated storage area or keeping them in a clean, breathable container such as a paper bag between uses.
 - To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified.
 - Storage containers should be disposed of or cleaned regularly.
- Discarding respirators in any of the following conditions:
 - After it has been used five separate times.
 - When visibly soiled.
 - When difficult to breathe through.
 - Following use during aerosol-generating procedures such as bronchoscopy or sputum collection.
 - Contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients, or if damaged.
- **Donning procedures for previously used N95 respirators:** Use a new pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.

GUIDANCE IN THE EVENT OF AN N95 SHORTAGE

In the event of a shortage, N95 respirators should be reserved for **CONFIRMED COVID-19** inmates and for use when an inmate is undergoing an **AEROSOL-GENERATING PROCEDURE**, including testing for COVID-19.

➔ *Surgical masks are an acceptable alternative when the supply chain of N95 respirators cannot meet the demand.*

SURGICAL MASKS

APPROPRIATE USE OF SURGICAL MASKS

- Surgical masks should be worn by **ALL HEALTH CARE WORKERS** as both PPE and source control (protection of patients and co-workers).
- Surgical masks should be worn by **ALL OTHER STAFF** when performing enhanced screenings, screening inmates coming into the institution, during R&D encounters, when escorting asymptomatic persons to quarantine, when entering the **QUARANTINE** environment for temperatures or care, and when less than 6 feet from inmates in **QUARANTINE**. *
- ★ ***Wearing of surgical masks applies to ALL TYPES OF QUARANTINE: Intake, exposed, and pre-release/transfer.***
- Surgical masks should be worn if an **INMATE WORKER FROM GENERAL POPULATION** is utilized as an orderly in quarantine or isolation. Alternatively, a fit-tested N95 may be worn.

SUPPLY OPTIMIZATION FOR SURGICAL MASKS

Prioritize surgical masks for selected activities such as:

- **ESSENTIAL PROCEDURES** when splashes and sprays are anticipated with suspected or confirmed COVID-19 case or when bloodborne pathogen exposure is anticipated.
- 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 are no longer available.

The CDC recommends the following strategies for optimizing the supply of surgical masks.

- ➔ See the CDC's recommendations at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html>
- Use surgical masks beyond stated expiration date. If there is no expiration date on the facemask label or packaging, facilities should contact the manufacturer to determine if the facemask can be used. The user should visually inspect the product prior to use and, if there are concerns (such as degraded materials or visible tears), discard the product.
- Implement limited re-use of surgical masks.
 - Surgical masks with elastic ear hooks may be more suitable for re-use. Facemasks that fasten via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.
 - When removed, surgical masks should be carefully folded so that the outer surface is held inward and against itself to reduce the user's contact with the outer surface during storage. Store the folded mask between uses in a clean, paper bag, or breathable container.
 - The surgical mask should be removed and discarded if soiled, damaged, or hard to breathe through.

GUIDANCE IN THE EVENT OF A SHORTAGE OF SURGICAL MASKS

- Exclude staff at increased risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients.
- Instead of a surgical mask, use a face shield that covers the entire front (extending to the chin or below) and sides of the face.
- Use of cloth face coverings are not considered PPE, since their capability to protect HCP is unknown. **CAUTION** should be exercised when considering this option. Cloth face coverings should ideally be used in combination with a face shield that covers the entire front (extending to the chin or below) and sides of the face

GOWNS

APPROPRIATE USE OF GOWNS AND COVERALLS

- Gowns are used when in direct contact with inmates in **QUARANTINE** and **MEDICAL ISOLATION**, for performing care or activities where splashes and sprays are anticipated, and during use of aerosol-generating procedures, including swabbing inmates for COVID testing.

- If custody staff need to wear a duty belt over their protective gown or coverall (for access to equipment), ensure that the duty belt and gear are disinfected after close contact with the individual. Clean and disinfect duty belt and gear prior to re-use, using an EPA list N cleaning spray or wipe, according to the product label.
- Current CDC guidelines do not require use of gowns that conform to any particular standards. Gowns and coveralls that conform to international standards, including EN 13795 and EN14126, could be reserved for activities that may involve moderate to high amounts of body fluids.

SUPPLY OPTIMIZATION OF GOWNS

→ CDC contingency strategies for optimizing supplies of gowns may be found at:

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

- **Gowns should be prioritized for the following:** Aerosol-generating procedures; patient care activities where splashes and sprays are anticipated; and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of staff (i.e., dressing, bathing/showering, transferring, provision of hygiene, changing linens, assistance with toileting, device care or use, and wound care).
- **Cloth gowns that can be rewashed are preferred over reusing disposable gowns.** Disposable gowns are not typically amendable to being doffed and re-used because the ties and fasteners typically break during doffing.
- **If a disposable gown must be used more than once during a shift:**
 - Wipe off any obvious contamination on the front of the gown while wearing new gloves.
 - Remove gloves, perform hand hygiene, and don new gloves. Then, remove gown:
 - Release the ties at neck and waist, then grasp the gown at the inside shoulder area, and pull the gown down and away from your body.
 - Once the gown is off your shoulders, pull one arm at a time from the sleeves of the gown so that the gown arms are bunched at your wrists. Pull gown away from body and off.
 - Hang gown up on designated hanger with inside facing out.
 - Re-don the gown with clean gloves on, only touching the inside of gown. Remove gloves, perform hand hygiene, and apply new gloves. Have someone secure back of gown with ties or tape.
 - Dispose of gown at the end of the shift.

GUIDANCE IN THE EVENT OF A SHORTAGE OF GOWNS AND COVERALLS

In situations where gowns are severely limited or not available, the following pieces of clothing can be considered as a last resort for care of COVID-19 patients, as **SINGLE USE**:

- Disposable laboratory coats
- Reusable (washable) patient gowns
- Reusable (washable) laboratory coats
- Disposable aprons
- Combinations of clothing can be considered for activities that may involve body fluids when there are no gowns available, for example:
 - 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

GLOVES

- Wear gloves when in direct contact with inmates, when transporting inmates, during food delivery or tray removal, upon entry to quarantine or medical isolation of COVID-19 suspected or confirmed cases—and when providing medical care of inmates, in general.
 - **Gloves are not a substitute for hand hygiene.** Change gloves and perform hand hygiene during patient care if gloves become damaged or become visibly soiled with blood or body fluids following a task; when moving from work on a soiled body site to a clean body site on the same patient; or if another clinical indication for hand hygiene occurs.
- ➔ *Never wear the same pair of gloves in the care of more than one patient.*

EYE PROTECTION

- Eye protection is defined as goggles or a disposable face shield that fully covers the front and sides of the face to protect the membranes of the eyes.
- Eye protection does **NOT** include personal eyeglasses.

APPROPRIATE USES OF EYE PROTECTION

Eye protection is used in a range of situations:

- When in direct contact with inmates for routine health services
- For performing care or procedures where splashes and sprays are anticipated
- When performing temperature checks
- When screening inmates coming into the institution
- During R&D encounters
- While in **QUARANTINE** and **MEDICAL ISOLATION** units that are open, barracks-style, or cells with bars[★]
- When entering the room or opening the trap door of **QUARANTINED** or **MEDICAL ISOLATION** rooms[★]
- When escorting asymptomatic persons to **QUARANTINE**[★]

★ *Wearing of eye protection applies to ALL TYPES OF QUARANTINE (intake, exposed, and pre-release/transfer), as well as MEDICAL ISOLATION.*

SUPPLY OPTIMIZATION OF EYE PROTECTION

- **EXTENDED USE** of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with multiple patients, without removing eye protection between patient encounters. **Extended use of eye protection can be applied to disposable and reusable devices.**
- If a disposable face shield is cleaned and disinfected (“reprocessed”), it should be dedicated to one staff member and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on. Refer to [Donning and Doffing](#) section for protocol for removing and reprocessing eye protection.
 - Eye protection should be discarded if damaged (e.g., face shield can no longer fasten securely to the provider, or if visibility is obscured and reprocessing does not restore visibility).
 - Staff should take care not to touch their eye protection. If they touch or adjust their eye protection, they must immediately perform hand hygiene.

GUIDANCE IN THE EVENT OF A SHORTAGE OF EYE PROTECTION

Shift eye protection supplies from disposable to re-usable devices (i.e., goggles and reusable face shields). Ensure cleaning and disinfection between users if goggles or reusable face shields are used.

SUPPLY CHAIN MANAGEMENT

- Inventory current supplies of PPE.
- While Central and Regional Offices work to procure PPE in large quantities for disbursement, institutions should continue local efforts to procure all levels of PPE that meet applicable standards, working with local vendors to establish supply chains. If institutions cannot establish supply chains locally, notification should be made to the respective Regional EOC/Command Center by submitting the ICS 215 form.
- If Regional EOCs/Command Centers are unable to fulfill PPE requests, the regional EOC should notify the Central Office EOC. Regional EOC's/Command Centers should immediately request supplies from other Regional EOC's while awaiting further instruction from the Central Office EOC.

Facilities should implement the following to preserve PPE supplies including:

- Exclude non-essential staff from entering isolation or quarantine areas.
- Minimize the number of individuals who need to use respiratory protection by limiting persons in direct contact with suspected or confirmed COVID-19 cases.
- Reduce face-to-face encounters with inmates being screened at entry points, at R&D encounters, and at sick calls and triage.