

Contingency Standards of Care for COVID-19

PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR CONGREGATE CARE SETTINGS*

What to wear if you are a:	Facemask (medical-grade facemask, PPE)	N95 respirator	Cloth mask (used for source control, not PPE)	Eye protection	Gown	Gloves	Hand hygiene	Comments
Resident negative for COVID-19			X				X	Wear mask when out of room or within 6 feet of other residents or HCP, if able.
Resident positive or suspected of having COVID-19	X						X	Stay in room as much as possible. Wear mask if need to leave room or when within 6 feet of others, if possible. If shortages, facemasks should be prioritized for HCP and then for residents with COVID-19 (as supply allows).
HCP with face-to-face contact with COVID negative residents	X			X			X	Plus Standard Precautions and any other posted Transmission-based Precautions. Implement extended use universal facemask and eye protection.
HCP with face-to-face contact with new admissions, readmissions or residents exposed to COVID positive person	X	If supplies allow		X	X	X	X	Full PPE for 14 days following new admission, readmission, or exposure to COVID positive person. Gowns may be prioritized for high-contact care activities or activities where splashes and sprays are anticipated as outlined in CDC crisis standards of care.
HCP with face-to-face contact with suspected or confirmed COVID positive residents	X	If supplies allow Required For AGP		X	X	X	X	Plus Standard Precautions and any other posted Transmission-based Precautions. Implement extended use universal facemask and eye protection.
Non-HCP with no face-to-face contact with residents: kitchen, EVS, office staff	X						X	Plus Standard Precautions. Facemasks are preferred for all staff. If shortages, facemasks should be prioritized for staff with face-to-face resident contact; others should use cloth source-control mask. Cloth source-control masks acceptable for non-HCP not within 6 feet of any resident or coworker for >15 minutes, cumulative, per shift.
Non-HCP with periodic face-to-face contact with residents: kitchen, EVS, office staff	X			X			X	Plus Standard Precautions. If entering resident care area, don facemask and eye protection for that period of time.
Visitor to non-COVID-19 resident	If supplies allow		If facemask is not available				X	
Visitor to COVID-19 positive resident	X			X	X	X	X	Avoid being present during AGPs

ALL PERSONS SHOULD PRACTICE SOCIAL DISTANCING OF 6 FEET OR GREATER WHENEVER POSSIBLE.

*HCPs who enter the care environment of a resident with suspected or confirmed SARS-CoV-2 infection should adhere to [Standard Precautions](#) (see [Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings \(https://www.cdc.gov/hicpac/recommendations/core-practices.html\)](#)) and use a NIOSH-approved N95 or N95 equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection.

Definitions:

AGP: aerosol-generating procedure. See [Aerosol-Generating Procedures and Patients with Suspected or Confirmed COVID-19 \(PDF\): https://www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf](#).

Cloth face covering: textile (cloth) covers that are intended for source control. **They are not personal protective equipment (PPE) and it is uncertain whether cloth face coverings protect the wearer.**

Extended use: wearing the same eye protection and facemask (or N95 respirator) for repeated close-contact encounters with several different residents, without removing between resident encounters.

Facemask: facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

HCP: health care provider.

Reuse: practice of using the same PPE by one HCP for multiple encounters with different residents but removing it after each encounter.

Standard Precautions: wearing PPE as appropriate for contact with blood or body fluids.

*Congregate care settings include long-term care, assisted living, and other non-acute care facilities.

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