

Frequently Asked Questions: Personal Protective Equipment during the COVID-19 Pandemic

What are the requirements applicable to the use of personal protective equipment (PPE) during the COVID-19 pandemic?

The nursing standard of care in Texas requires nurses to ensure a safe environment for their patients at all times. 22 Tex. Admin. Code §217.11(1)(B). This includes implementing measures to prevent exposure to infectious pathogens and communicable conditions. 22 Tex. Admin. Code §217.11(1)(O). The appropriate use of PPE during the COVID-19 pandemic falls within these requirements.

The COVID-19 pandemic is fluid and rapidly evolving. All nurses should become familiar with the current prevailing standards related to the use of PPE and make decisions based upon evidence and research from reputable sources, such as Centers for Disease Control and Prevention (CDC) and the Texas Department of State Health Services (DSHS). Nurses should also be familiar with clinical guidelines, policies, and procedures established by their employers specifically related to the use of PPE during the COVID-19 pandemic.

While these, and other resources, will contain more specific recommendations relating to the use of PPE in a variety of situations and settings, in general, a mask should be worn by both the patient and the nurse when within a 6-foot distance of one another. When available, facemasks are generally preferred over cloth face coverings for nurses, as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance. Further, for any medical procedure or surgery involving the mucous membranes, including the respiratory tract, with a high risk of aerosol transmission, the minimum safety equipment should include N95 masks or an equivalent protection from aerosolized particles and face shields.

Certain practice settings, such as home health settings, may dictate unique standards related to the use of PPE. Situations may also arise when deviation from the current standards are necessary. Nurses should utilize good clinical judgment and decision making when providing care in such situations. Documentation should include the clinical judgment utilized by the nurse. Regardless of the practice setting or situation, however, nurses must ensure patient safety at all times. Nurses may not refuse a patient care assignment if the organization is following current recommended CDC or DSHS guidelines.

If the Board receives a complaint regarding the inappropriate use of PPE by a nurse, the Board will investigate the complaint in light of the prevailing standard of care. Given the practical complications associated with each practice setting, the Board will consider the nurse's actions based upon individualized factors, such as the availability of PPE to the nurse and patient, the

standards or guidelines applicable to the setting; the risk to patient safety; and the measures taken by the nurse to protect the patient.

Additional FAQs relevant to PPE requirements during the COVID-19 pandemic with specific guidance resources:

- **I am a nurse (APRN, RN, or LVN) working in a clinic. What personal-protective equipment should I wear when interacting with my patients in the clinic?**

Patients and visitors should, ideally, be wearing their own cloth face covering upon arrival to the facility. If not, they should be offered a facemask or cloth face covering as supplies allow, which should be worn while they are in the facility (if tolerated). They should also be instructed that if they must touch or adjust their cloth face covering they should perform hand hygiene immediately before and after. Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance. Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others (e.g., HCP, visitors) enter the room. Screening for symptoms and appropriate triage, evaluation, and isolation of individuals who report symptoms should still occur.

- As part of source control efforts, health care personnel (HCP) should wear a facemask at all times while they are in the healthcare facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. For additional guidance from the CDC, please review: [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings.](#)
- For [outpatient and ambulatory care settings](#), the CDC recommends:
 - Place visual alerts such as signs and posters at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette (Coronavirus Factsheets).
 - Ensure supplies are available such as tissues, hand soap, waste receptacles, and alcohol-based hand sanitizer in readily accessible areas.
 - Ensure facemasks are available at triage for patients with respiratory symptoms. Create an area to physically separate patients with respiratory symptoms. Ideally patients would be at least 6 feet apart in waiting areas. If facility lacks a waiting area, then designated areas or waiting lines should be created by partitioning or signage.
 - To reduce crowding in waiting rooms, consider asking patients waiting to be seen to remain outside (e.g., stay in their vehicles, if applicable) until they are called into the facility for their appointment or set up triage booths to screen patients safely.

- Additionally, because each facility in this type of setting may experience a different patient influx during this time, the CDC also provides guidance to [Optimize the Supply of PPE and Equipment](#).
 - There may be situations in which a patient cannot wear a mask when coming to the patient care setting. When such situations arise, each nurse should carefully evaluate the situation at hand using his/her clinical judgment and determine how best to proceed. Documentation should reflect the nurse's clinical decision making when providing care in such situations.
- **I am a nurse working in home health care, or provide services to patients in their homes, and visit more than one patient in a given day. What PPE should I wear when interacting with patients in their homes?**
 - For the provision of nursing services in the patient's home, because often these patients may be at higher risk for more severe disease from COVID-19, nurses should educate patients on measures to prevent COVID-19, including frequent hand hygiene, respiratory hygiene, cough etiquette, the importance of cloth face coverings for universal source control and social distancing.
 - Additionally, if providing nursing care to a COVID-19 positive patient the CDC offers the following guidance: [Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 \(COVID-19\)](#)
 - Should you be exposed to a positive COVID-19 patient and have concerns about your care for other patients in your home health nursing services, the CDC offers the following: [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#).
 - Additionally, because each facility in this type of setting may experience a different patient influx during this time, the CDC also provides guidance to [Optimize the Supply of PPE and Equipment](#).
 - According to DSHS, hospitals and healthcare professionals should follow their normal process of trying to locate emergency medical supplies, personal protective equipment (PPE), and other healthcare resources with their regular vendors and exhaust all possible options. These options may include contacting any sister facilities for coordination, reaching out to local partners or stakeholders, looking at any possible reallocations within the Public Health Region, Healthcare Coalition, Regional Advisory Council regions, or other medical supply agencies, given established priority groups. If hospitals and healthcare professionals cannot obtain any PPE from their vendor(s) and have exhausted all alternative options, they should send their official requests to their local office of emergency management via the [State of Texas Assistance Request \(STAR\) process](#). Please ensure you provide all relevant details for your request, to include type of item, POC information, and delivery address.
 - There may be situations in which a home health patient cannot or will not wear a mask when receiving care in their home. When such situations arise, each nurse should carefully evaluate the situation at hand using his/her clinical judgment and determine how best to

proceed. Documentation should reflect the nurse's clinical decision making when providing care in such situations.

- **I practice nursing in an acute care setting. What PPE should I utilize, especially when performing an aerosol generating procedure?**
 - The CDC states that there is neither expert consensus, nor sufficient supporting data, to create a definitive and comprehensive list of aerosol generating procedures for healthcare settings. However, commonly performed medical procedures that are often considered to generate aerosol, or that create uncontrolled respiratory secretions, include:
 - open suctioning of airways
 - sputum induction
 - cardiopulmonary resuscitation
 - endotracheal intubation and extubation
 - non-invasive ventilation (e.g., BiPAP, CPAP)
 - bronchoscopy
 - manual ventilation
 - The performance of, or assistance with, aerosol generating procedures requires additional precautions when patients have been diagnosed with or are suspected of having contagious respiratory conditions such as COVID-19. Such procedures involve an increased risk of contamination and possible infection of the health care personnel involved in the procedures as well as an increased risk to patients and other individuals with whom those personnel may come in contact. Therefore, when such procedures are performed, extreme caution is advised. This includes:
 - limiting the number of personnel in the room to only those individuals required for the performance of the procedures and;
 - wearing appropriate personal protective equipment to include N95 or higher level respirators, eye protection, gloves, and a gown as appropriate for the procedure performed.
 - If shortages exist, N95 or higher level respirators should be prioritized for procedures involving higher risk techniques (e.g., that generate potentially infectious aerosols) or that involve anatomic regions where viral loads might be higher (e.g., nose and throat, oropharynx, respiratory tract).
 - According to DSHS, hospitals and healthcare professionals should follow their normal process of trying to locate emergency medical supplies, personal protective equipment (PPE), and other healthcare resources with their regular vendors and exhaust all possible options. These options may include contacting any sister facilities for coordination, reaching out to local partners or stakeholders, looking at any possible reallocations within the Public Health Region, Healthcare Coalition, Regional Advisory Council regions, or other medical supply agencies, given established priority groups. If hospitals and healthcare professionals cannot obtain any PPE from their vendor(s) and have exhausted all alternative options, they should send their official requests to their local office of emergency management via the State

of Texas Assistance Request (STAR) process. Please ensure you provide all relevant details for your request, to include type of item, POC information, and delivery address.

- If possible, such procedures should take place in an airborne infection isolation room.
 - In all cases, a procedure room must be cleaned and disinfected as quickly as possible once the procedure is complete.
- We recommend review of the CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. The CDC also has Healthcare Infection Prevention and Control FAQs for COVID-19 that provide further information related to the performance of aerosol generating procedures. The Board encourages all nurses who perform or assist in the performance of aerosol generating procedures to continue to monitor guidelines from organizations such as the CDC related for the most up to date information.