WHEN SHOULD I WEAR WHAT?

**DO NOT ROUTINELY WEAR A FACE MASK OR GLOVES IF YOU ARE ASYMPTOMATIC**

Wear a facemask when you come into “close contact” (less than 6 feet) with a symptomatic person. Wear gloves if you are touching surfaces that the sick person may touch.

Give one facemask to a person with symptoms experiencing COVID-19.

If you are a healthcare worker or caregiver, who will come into “close contact” with a symptomatic person to perform a necessary physical exam or provide caregiving (usually in isolation or quarantine), wear these PPE:

- Facemask (respiratory droplets)
- Gloves (contaminated surfaces)
- Gown (protect clothes)
- Eye protection (respiratory droplets)
- N95 (only if performing aerosolization procedures, like intubation, or cleaning procedures)

**Other types of service providers, like cleaning staff or drivers, who have high-risk exposures with symptomatic people, like cleaning isolation areas or laundry, or driving in a small confined area, may wear the above PPE.

COVID-19 AND Personal Protective Equipment (PPE)

To respond to the COVID-19 outbreak in people experiencing homelessness (PEH), our homeless service sector has started to fill new roles to deliver care while staying safe. Personal Protective Equipment is vital to this task. But it is also a scarce resource. It is critical that our homeless service partners develop practices to conserve this resource while knowing what situations call for the use PPE and which don’t.

Gowns, Gloves, Eye Protection, Facemask

- Healthcare workers performing medical assessments (nurses and providers)
- Caregivers delivering meals, medications, and care (case managers, IHSS, care attendants)
- Janitorial staff
- Drivers

N95 masks should be used sparingly outside of hospitals. Re-use of N95 is strongly advised.

- People with symptoms of COVID-19
- Street outreach teams or other service provider when speaking to a symptomatic person.

March 21, 2020
HOW CAN I CONSERVE PERSONAL PROTECTIVE EQUIPMENT (PPE)?

Limit the number of people, interventions, and length of time that your team interacts with a person who may have COVID-19. Examples:

- Street outreach teams only assign one team member to engage symptomatic PEH per day
- Interim Housing or ERC Facilities deliver meals, medications, and any cleaning interventions in isolation areas at the same time.
- Assign one staff person to perform COVID-19 related tasks at facility

FACEMASKS

- **Extended Use or Reuse**: Wear same facemask without removing it for repeated close-contacts with different clients or re-use facemask for many encounters while removing it in between if the mask has elastic ear hooks.
- **Storage**: Remove gloves. Never touch the outer surface of the facemask after use. Facemasks should be folded carefully inward against itself and stored in plastic bag between uses.
- **Discard**: When soiled, damaged, or hard to breathe through.
- **Alternatives**: Consider giving tissues or bandana to symptomatic person instead.

GOWNS

- **Extended Use**: Wear the same isolation gown when interacting with same patient or group of patients housed in the same area.
- **Discard**: When soiled.
- **Alternatives**: Consider using washable cloth isolation gowns or coveralls instead. If supplies are critically low, consider washable lab coat or patient gown or disposable apron.

EYE PROTECTION

- **Extended Use or Reuse**: Use re-usable face shields or goggles or wear same eye protection for repeated close contacts with different clients without removal.
- **Cleaning**: Wear gloves. Carefully clean the inside, then outside of the faceshield with cleaner. Disinfect the outside of the faceshield. Remove residue with water or alcohol. Dry fully before next use.
- **Discard**: When visibly soiled or difficult to see through.
- **Alternates**: Safety glasses.

RESOURCES:

- Sequence of Putting On/Taking Off PPE: https://www.cdc.gov/HAI/pdfs/ppe/ppeposter1322.pdf
  https://www.youtube.com/watch?v=syh5UnC6G2k
