

CARE FOR OUR SENIORS ACT

CLINICAL: ENHANCE THE QUALITY OF CARE Minimum Personal Protective Equipment Supply

Background

Personal protective equipment (PPE), including face masks, gowns, and gloves, were hard to come by during the COVID-19 pandemic and came at a high cost. Worldwide supply chain issues combined with soaring demand among every industry and individual left many nursing home providers scrambling to acquire and afford this precious equipment. Nursing home providers desperately searched for legitimate vendors who often limited the size of their orders and charged exorbitant prices.

An adequate supply of PPE improves infection control outcomes and has the potential to reduce mortality rates associated with infection outbreaks. Sufficient PPE allows health care providers to continue operations and admissions. Continuity of care is especially critical for frail residents in nursing homes.

While we need a public and private partnership to ensure steady access to PPE in the face of future pandemics, as well as a commitment by public health officials to prioritize nursing homes and other long term care facilities for this equipment, nursing homes can also help to be better prepared in the future. Legislation has been introduced at the federal and state levels to require nursing homes and other long term care facilities to establish crisis plans and to maintain at least a 30-day supply of PPE to respond to an outbreak. For everyday use in resident care and protecting residents and staff due to any rapidly emerging infectious diseases, proper PPE needs to be readily accessible, affordable, and available.

Proposed Solution

Require each nursing home to have a minimum 30-day supply of personal protective equipment (PPE) for average conventional use.

Nursing homes can also employ conservation strategies, if needed, to extend use of PPE. This needs to be supported by ongoing federal and state stockpiles of PPE that is in acceptable condition for health care use.

This 30-day minimum supply includes:

- All PPE items (gloves, gowns, goggles/face shields, facemasks, N-95 masks)
- Alcohol-based hand rubs and disinfecting supplies
- Backup/reserve supply not in current circulation (but rotated out per expiration dates, etc.)

Storage of the stockpile should be determined by the nursing home, if onsite or offsite. Location should be readily accessible and secure. If storage is offsite, located in geographic area that would allow for 24 hours or less delivery to the facility.

Steps to Implement

- The federal government must prioritize nursing homes for allocation of PPE.
- Allow adequate timeline to secure necessary PPE for initial minimum supply.
- Offer waivers to facilities when supply is not available outside of facility control, such as notifying state or federal agency when PPE supply is below 30 days and not able to replenish.

Steps to Implement (cont.)

- Federal and state governments provide credible PPE wholesale supplier registries that are made available to the public. Providers need access in order to meet any PPE stockpile requirement.
- Through registries, federal and state agencies monitor for price gouging of required PPE and disinfecting supplies.
- Maintain national and state stockpiles for additional support and established direct pathway for nursing home providers to request and receive timely supplies.

Funded By: Federal and state governments in the following phases:

- Initial supply through the U.S. Department of Health and Human Services' Provider Relief Fund
- Ongoing supply maintenance would be funded in a combination of Health Resources & Services Administration or Centers for Disease Control and Prevention grants and Enhanced Federal Medical Assistance Percentage