

Checklist for Healthcare Facilities: Summarized CDC Strategies for Optimizing Supply of Personal Protective Equipment (PPE)

Facemasks

Contingency Capacity¹:

These resources may be used temporarily when demands exceed resources

- Selectively cancel elective and non-urgent procedures/appointments for which facemask is typically used
- Remove facemask for visitors in public areas
- Implement extended use of facemasks: wearing the same facemask for repeated encounters with several different patients without removing the facemask between patient encounters.
 - Discard if soiled, damaged or hard to breathe through
 - Do not touch. If touched, immediately perform hand hygiene
 - Leave patient care area to remove the facemasks
- Restrict facemasks to use by HCP, rather than patients for source control

Crisis Capacity²:

Strategies that are not commensurate with U.S standards of care.

- Cancel all elective and non-urgent procedures/appointments for which facemask is typically used
- Use facemasks beyond the manufacturer-designed shelf life
 - If no date available, contact manufacturer. Visually inspect product prior to use
- Limited re-use of facemasks (same facemask by one HCP, multiple encounters, removing it after each encounter)
 - Take care not to touch the outer surfaces of mask and conduct removal/replacement with care
 - Discard if soiled, damaged, or hard to breathe through
 - Not all facemasks can be re-used. Facemasks that fasten via ties may tear when removed
 - Removal: Leave patient care area. Fold carefully so outer surface is held inward and against itself
 - Store in a clean sealable paper bag or breathable container
- Prioritize facemasks for select activities, for example
 - Essential surgeries/procedures, care activities with splashes and sprays, activities
 - Where prolonged close contact with a potentially infectious patient is unavoidable
 - Performing aerosol generating procedures if respirators are no longer available

No Facemasks Available

- Exclude HCP at higher risk for severe illness from contact with known or suspected cases
- Designate convalescent HCP (clinically recovered) for provision of care to known or suspected patients
- Consider use of expedient patient isolation rooms for risk reduction³
- Consider use of ventilated headboards⁴
 - HCP use of homemade masks as last resort. Masks should ideally be used in combination with a face shield (see below)
- Use a faceshield that covers the entire front and sides of face

See back for notes

Notes

1. **Contingency capacity:** measures may change daily standard practices but may not have any significant impact on the care delivered to the patient or the safety of healthcare personnel (HCP). These practices may be used temporarily when facemask demands exceed resources.
2. **Crisis capacity:** strategies that are not commensurate with U.S. standards of care. These measures, or a combination of these measures, may need to be considered during periods of expected or known facemask shortages.

Contingency and crisis strategies are based upon these assumptions:

- a) Facilities understand their facemask inventory and supply chain
 - b) Facilities understand their facemask utilization rate
 - c) Facilities are in communication with local healthcare coalitions, federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) regarding identification of additional supplies.
 - d) Facilities have already implemented other engineering and administrative control measures including:
 - Reducing the number of patients going to the hospital or outpatient settings
 - Excluding HCP not essential for patient care from entering their care area
 - Reducing face-to-face HCP encounters with patients
 - Excluding visitors to patients with confirmed or suspected COVID-19
 - Cohorting patients and HCP
 - Maximizing use of telemedicine
 - e) Facilities have provided HCP with required education and training, including having them demonstrate competency with donning and doffing, with any PPE ensemble that is used to perform job responsibilities, such as provision of patient care
3. Portable fan devices with high-efficiency particulate air (HEPA) filtration that are carefully placed can increase the effective air changes per hour of clean air to the patient room, reducing risk to individuals entering the room without respiratory protection. NIOSH has developed guidance for using portable HEPA filtration systems to create expedient patient isolation rooms. The expedient patient isolation room approach involves establishing a high-ventilation-rate, negative pressure, inner isolation zone that sits within a “clean” larger ventilated zone.
 4. NIOSH has developed the ventilated headboard that draws exhaled air from a patient in bed into a HEPA filter, decreasing risk of HCP exposure to patient-generated aerosol. This technology consists of lightweight, sturdy, and adjustable aluminum framing with a retractable plastic canopy. The ventilated headboard can be deployed in combination with HEPA fan/filter units to provide surge isolation capacity within a variety of environments, from traditional patient rooms to triage stations, and emergency medical shelters.