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

Washington State Hospital Association

Isolation Gowns

Conventional Capacity[1]:

Use gown alternatives that offer equivalent or higher protection[2] ☐

Contingency Capacity[3]: May be used temporality when demands exceed resources

- Selectively cancel and non-urgent procedures/appointments for which gown is typically used ☐
- Use isolation gowns beyond the manufacturer-designed shelf life ☐
  - If no date available, contact manufacturer
  - Visually inspect product prior to use
- Shift use toward cloth gowns[4] ☐
- Consider the use of coveralls[5] ☐
- Use of gowns or coveralls[6] conforming to international standards[7] ☐

Crisis Capacity[8]: Strategies that are not commensurate with U.S standards of care.

Cancel all elective and non-urgent procedures/appointments for which gowns are typically used ☐

- Extended use of gowns (remove if visibly soiled) ☐
  - Same gown for same HCP for patients with the same infectious disease in same location
  - Consider only if there are no additional co-infectious diagnoses transmitted by contact
- Re-use of cloth gowns among multiple patients in cohort area (remove if visibly soiled.)[9] ☐
  - HCP risk is lower if gown is only used as part of standard precautions
  - HCP risk unclear for COVID-19 patients where single HCP caring for multiple patients with one gown or among multiple HCP sharing one gown
- Prioritization of gowns ☐
  - During activities where splashes and sprays are anticipated which typically include aerosol generated procures
  - During high contact patient-care activities that provide opportunities for transfer of pathogens: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care
  - Prioritize surgical gowns for surgical or other sterile procedures
  - May consider suspending use of gowns for endemic multidrug resist organisms

No Gowns Available

- Use the following as single use. These are not considered PPE and their capability to protect HCP is unknown. ☐
  Prefer options with long sleeves and closures that can be fastened/secured
  - Disposable lab coats
  - Reusable patient gowns
  - Reusable lab coats
  - Disposable aprons
  - Combinations:
    1) long sleeve aprons with long sleeve patient gowns or lab coats
    2) Open back gowns with long sleeve patient gowns or lab coats
    3) Sleeve covers with aprons or long sleeve patient gowns or lab coats

See back for notes

Notes

1. **Conventional Capacity:** measures consist of providing patient care without any change in daily contemporary practices. This set of measures, consisting of engineering, administrative, and PPE controls should already be implemented in general infection prevention and control plans in healthcare settings.
2. Several fluid-resistant and impermeable protective clothing options are available in the marketplace for HCP. These include isolation gowns and surgical gowns. When selecting the most appropriate protective clothing, employers should consider all of the available information on recommended protective clothing, including the potential limitations. Nonsterile, disposable patient isolation gowns, which are used for routine patient care in healthcare settings, are appropriate for use by HCP when caring for patients with suspected or confirmed COVID-19. In times of gown shortages, surgical gowns should be prioritized for surgical and other sterile procedures. Current U.S. guidelines do not require use of gowns that conform to any standards. (https://www.cdc.gov/niosh/npptl/topics/protectiveclothing/)
3. **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 isolation gown demands exceed resources.
4. Washable gowns are typically made of polyester or polyester-cotton fabrics which can be safely laundered according to routine procedures. HCP should not touch outer surface during care. Laundry operations and personnel may need to be augmented. Systems are established to inspect and maintain gowns. (https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html#g6)
5. Coveralls typically provide 360-degree protection because they are designed to cover the whole body, including the back and lower legs, and sometimes the head and feet as well. While the material and seam barrier properties are essential for defining the protective level, the coverage provided by the material used in the garment design, as well as certain features including closures, will greatly affect the protective level. HCP unfamiliar with the use of coveralls must be trained and practiced in their use, prior to using during patient care.(https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html)
6. https://www.cdc.gov/niosh/npptl/topics/protectiveclothing/
7. https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=1999
8. **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 isolation gown shortages.
9. The goal of this strategy is to minimize exposures to HCP and not necessarily prevent transmission between patients.

Contingency and crisis strategies are based upon these assumptions:

a) Facilities understand their isolation gown inventory and supply chain
b) Facilities understand their isolation gown 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