**Personal Protective Equipment Use Crosswalk: CDC and WADOH**

|  | **Centers for Disease Control and Prevention** | | **Washington State Department of Health** | |
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| **Terminology of the same levels of conservation** | **Contingency Capacity** | **Crisis Capacity** | **Conservation Strategies** | **Extreme Strategies** |
| **N-95 Respirator:**  DOH allows limited reuse and reprocessing in contingency and CDC in crisis. | Just in time fit testing and training. Suspend annual fit testing.  Limit use during training  Use alternatives to N95s.  Prioritize use by activity type.  Consider face shield over mask.  Use commercial made masks  Extended use: 8-12 hours. Don’t wear for multiple shifts or reuse after extended use.  Discard if contaminated, after aerosol generating procedure or following close contact of patient co-infected with infectious disease.  Use expired masks for low-risk situations. | Limited reuse.  Decontamination is mentioned, but with caution.  Limit reuse to no more than 5 per device.  Use beyond shelf life.  Use respirators that have not been evaluated by NIOSH | Limit use during training  Use alternatives to N95s.  Prioritize use by activity type.  Consider face shield over mask.  Extended use 8 hours  Discard if contaminated, after aerosol generating procedure or following close contact of patient co-infected with infectious disease.  Limited reuse and reprocessing.  Reuse up to 5 times.  Decontamination can be considered.  Suggest 5 respirators per HCP and rotate | Non-fit tested and industrial. |
| **PAPR/CAPR Hoods**  Guidelines are similar | Clean/disinfection based on manufacturer’s recommendation. Clean between HCP users. |  | For HCP only.  Use until broken.  Share between HCPs. Reprocessing may be integrated into reuse policy. | Non-commercial made |
| **Surgical Masks**  Guidelines are similar | Extended use of commercially made masks  Remove masks for visitors in public areas.  Face mask use by providers not patients | Reuse, but no decontamination  Non-commercial masks (if no facemasks available)  If no masks available, exclude HCP at high risk, designate convalescent HCP to care for CV-19 patients, use a face shield, use expedient patient isolation rooms, ventilated headboards. | Extended use of commercially made masks – up to 1 shift. | Reuse, but no decontamination  Non-commercial masks |
| **Eye Protection**  DOH suggests reuse in crisis, not contingency. CDC implies reuse is okay in contingency with appropriate disinfection. | Extended use.  Shift from disposable to reusable.  If reprocessed, use by only one HCP | Use beyond shelf life.  Prioritize for select activities. | Extended use.  Shift from disposable to reusable | Reuse |
| **Gowns**  DOH allows extended use/reuse in contingency and CDC only in crisis | Shift to cloth washable.  Use coveralls.  Use beyond shelf life for training.  Use international gowns and coveralls. | Use with multiple patients.  Use after soiled.  Use non-standard products.  Prioritize use for splash/spray/aerosol or high contact.  Use gown alternatives only when no gowns available.  Reuse of disposable gowns not recommended. | Shift to cloth washable.  Use coveralls.  Extended use for patients with same disease or reuse on same patient by same HCP – up to one shift or until soiled. | Use with multiple patients.  Use after soiled.  Use non-standard products. |
| **Administrative/Environmental Controls**  Guidelines are Similar | Patient isolation, physical barriers, ventilation  Cancel/limit non-urgent procedures  Limit patient contact and visitors  Cohort patients and HCP  Screen patients  In PPE crisis designate convalescent HCP for care  In PPE crisis, exclude HCP at high risk from care for CV-19 patients  Decrease length of stay for medically stable CV-19 patients. | | Patient isolation, physical barriers, ventilation  Cancel/limit non-urgent procedures  Limit patient contact and visitors  Cohort patients and HCP  Screen patients  Use respiratory clinics  Prioritize medical grade masks for clinical areas when universal masking | |

**Definitions:**

Extended use refers to the practice of wearing the same PPE for repeated close contact encounters with several patients, without removing the PPE between patient encounters.

Reuse refers to the practice of using the same PPE for multiple encounters with patients but removing it (‘doffing’) after each encounter. The respirator is stored in between encounters to be put on again (‘donned’) prior to the next encounter with a patient. N95 respirator reuse is often referred to as “limited reuse.”

**References:**

1. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
2. <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/ConservationStrat-PPE.pdf>
3. <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PPE-Reuse.pdf>