

Updated Crisis Capacity Strategies for PPE

N95 Respirators continue to be in high demand and low supply, and likely will be more weeks to come. To help reduce the burden on healthcare providers during the coronavirus pandemic, the CMS has implemented CDC guidance by stating that facemasks, which protect the wearer from splashes and sprays, are an acceptable temporary alternative to respirators, which filter the air, for most medical services until demand for respirators lessens.

Additionally, the FDA approved a CDC request for an emergency use authorization (EUA) to allow healthcare workers to use certain industrial respirators during the COVID-19 outbreak in healthcare settings, and CMS is alerting state surveyors that they are not required – on a temporary basis – to validate the date of a facility’s last annual test of the fit of N95 masks worn by workers in Medicare and Medicaid-certified facilities in order to minimize discarded masks associated with such testing. See the following link regarding healthcare supply of personal protective equipment www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe-index.html

Strategies include:

- Canceling all elective and non-urgent procedures and appointments for which a facemask is typically used by a health care provider;
- Using facemasks beyond the manufacturer-designated shelf life during patient care activities;
- Implementing limited re-use of facemasks (see link for full description); and
- Prioritizing facemasks for selected activities.

When no facemasks are available, options include:

- Excluding healthcare providers at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients.
- Designating convalescent HCP for provision of care to known or suspected COVID-19 patients.
- Using a face shield that covers the entire front (that extends to the chin or below) and sides of the face with no facemask; and
- Using homemade masks.

“In settings where facemasks are not available, [healthcare providers] might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.”