

All healthcare facilities need to implement the following PPE conservation strategies to the greatest extent possible at this time:

Engineering Controls (put barrier between hazard and the healthcare provider)

- ✓ Isolate patients in an airborne infection isolation room or private room with door closed.
- ✓ Use physical barriers such as plastic windows at reception, curtains between patients, etc.
- ✓ Properly maintain ventilation systems to provide air movement from clean to contaminated flow.

Administrative Controls (work practices that reduce or prevent hazardous exposures)

- ✓ Cancel all non-urgent surgeries, procedures and appointments for which PPE is used.
- ✓ Exclude all staff not directly involved in patient care from the patient's room (e.g., dietary, housekeeping employees).
- ✓ Reduce face-to-face HCP encounters with patients (e.g., bundling activities, video monitoring).
- ✓ Allow one asymptomatic essential caregiver to assist with the care of a patient with confirmed or suspected COVID-19, but exclude all other visitors.
- ✓ Cohort patients: Group together patients who are confirmed to have COVID-19.
- ✓ Cohort HCP: Assign designated teams of HCP to provide care for all patients with suspected or confirmed COVID-19.
- ✓ Screen patients for acute respiratory illness either by phone or telehealth prior to non-urgent care or elective visits to reduce patients visits.
- ✓ Use telemedicine to screen and manage patients to reduce patient visits.
- ✓ Schedule respiratory clinics to minimize PPE use.
- ✓ Continue to use simple face masks for source control in waiting rooms.

Personal Protective Equipment

- ✓ Follow **PPE Conservation Strategies** (yellow) on page 2 of this document if resources allow. Facilities using extreme strategies will be prioritized for PPE allocation.
- ✓ Reserve N95 respirators for confirmed/suspected COVID patients in ICUs and those requiring aerosol generating procedures per [DOH Infection Control Guidance](#).
- ✓ Use alternatives to N95 respirators where feasible (e.g., other disposable filtering face piece respirators, elastomeric respirators with appropriate filters or cartridges, PAPR).
- ✓ Limit respirators during training: Determine which HCPs need to be in a respiratory protection program; limited re-use of respirators by individual HCP for training & fit testing.
- ✓ Shift eye protection from disposable to re-usable devices (i.e., goggles, reusable faceshields)
- ✓ Shift gown use towards cloth isolation gowns; consider use of coveralls.

| | | N-95 Respirator | PAPR/CAPR hoods | Surgical Masks | Facility-designed masks | Bandana, homemade masks | Gowns |
|--|-----------------|--|-----------------------------------|--|--|---|---|
| Standard Recommended Use of PPE | Device | Fit-tested | Commercial Made | Commercial Made | N/A | N/A | Commercial Made |
| | Duration | Change per encounter | Change per Encounter | Change per Encounter | N/A | N/A | Change per Encounter |
| PPE Conservation Strategies | Device | Fit-tested | Commercial Made | Commercial Made | N/A | N/A | Commercial Made |
| | Duration | For 8 hours or until visibly soiled or other criteria met* | Until broken, shared between HCWs | Extended use or until visibly soiled/damaged | N/A | N/A | Reuse on the same patient by the same HCW or until visibly soiled |
| Extreme Strategies | Device | Fit-tested, non-fit tested, or industrial | Non-commercial Made | Commercial Made | Facility-designed, not NIOSH-approved, masks | Bandana, homemade masks (not facility-designed) | Commercial Made/Home made |
| | Duration | Till seal integrity lost | Until broken | Reuse | Any | Any | Use for multiple patients or when visibly soiled or use of non-standard products (ponchos, patient gowns, etc.) |

*Discard N95 respirators following use during aerosol generating procedures; Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients; Discard N95 respirators following close contact with, or exit from, the care area of any patient co-infected with an infectious disease requiring contact precautions.