

## Conservation of Personal Protective Equipment

### June 8, 2020

During the initial wave of the COVID-19 pandemic, our state experienced severe shortages of personal protective equipment (PPE). While there continue to be shortages of PPE, they are not consistent for all healthcare facilities. Healthcare facilities and EMS should utilize the [Centers for Disease Control and Prevention Strategies to Optimize PPE](#). **DOH recommends that these organizations implement the below engineering and administrative measures to the greatest extent possible. DOH also recommends that each organization convene a multidisciplinary team to monitor current and future PPE supply-demand and develop its most appropriate PPE usage strategy using the CDC guidelines. Organizations should aim to practice CDC's conventional PPE usage if possible.**

#### ***Engineering Controls to reduce exposure of healthcare providers and reduce PPE needs:***

- ❖ 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.
- ❖ Maintain ventilation systems to provide air movement from clean to contaminated.
- ❖ *For EMS:*
  - Utilize EMT/EMS scout position on EMS responses to reduce PPE needs
  - Isolate patient compartment from cab of aid car/ambulance
  - BVMs should be equipped with HEPA filters.
  - Maintain vehicle ventilation systems to provide air flow from clean to contaminated.
  - Open outside air vents in driver and patient areas; turn ventilation fans to the highest setting.

#### ***Administrative Controls to reduce or prevent exposure of HCPs and reduce PPE needs:***

- ❖ Schedule surgeries and procedures in hospitals, ambulatory surgery centers, and dental practices with consideration for current and future PPE supplies.
- ❖ Limit personnel contacting COVID-19 patients to those who are essential for direct care.
- ❖ Reduce face-to-face HCP encounters with patients in hospitals and long term care facilities (LTCFs) by bundling activities while in a room; use video monitoring or other equipment to monitor patients.
- ❖ Minimize the number of caregivers assisting a confirmed or suspected COVID-19 hospital patient; encourage them to provide their own PPE. Minimize other visitors.
- ❖ Cohort patients who are confirmed to have COVID-19.
- ❖ Cohort HCP: Designate teams of HCP for all patients with suspected or confirmed COVID-19.
- ❖ Screen patients for respiratory illness by (phone or face-to-face) before they enter a facility.
- ❖ Consider testing non-COVID patients using PCR tests prior to elective aerosol generating procedures in order to reduce the demand for N95 respirators.
- ❖ Use nurse advice lines and telemedicine when PPE supplies are extremely limited to:
  - Manage patients remotely and reduce clinic visits
  - Provide health care services to residents of LTCFs
- ❖ Schedule respiratory clinics to minimize PPE use.