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PURPOSE

This document provides specific operational considerations that healthcare settings and healthcare authorities can review in the context of global supply shortages of personal protective equipment (PPE), to help with decision making in order to provide needed surge capacity during the COVID-19 response.

OBJECTIVE


To Standardize COVID-19 Strategies for Optimizing the Supply of PPE that includes potential strategies that may be considered in non-US contexts.

GENERAL CONSIDERATIONS




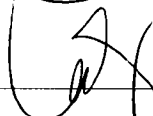
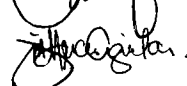

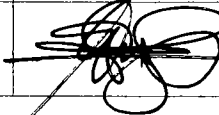
1. CDC does not recommend or endorse any strategies for personal protective equipment (PPE) use that differ from standard infection prevention and control (IPC) practice.


EQUIPMENT NEEDED

- Medical Masks
- Gowns
- Face shield
- Respirators

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PPE-SPECIFIC STRATEGIES:


A.MEDICAL MASKS

Medical masks (also known as surgical masks or medical facemasks): Medical masks reduce the transfer of saliva and respiratory droplets to others and help block blood and other potentially infectious materials from the skin, mouth, or nose of the wearer. Medical masks may or may not have some level of fluid-resistance and do not seal tightly to the wearer's face. They have multiple layers of different nonwoven fabric materials, which are fused together. They are available in different thicknesses and with different ability to protect from contact with splashes and droplets. They are designed for single-use and will deteriorate with prolonged use, exposure to moisture and exposure to standard levels of disinfection such as chemicals, heat, and radiation. EU MDD Directive 93/42/EEC Category III or equivalent, EN 14683 Type II, IIR, ASTM F2100 minimum Level 1 or equivalent are indicated for use for direct clinical care of patients with COVID-19.

1) LIMITED SUPPLIES

- Extended use: Extending use of medical masks for one HCW to use on multiple patients with COVID-19 (multiple single-rooms when seen in succession or cohort of patients) during a single shift.

This strategy is not consistent with standard practice and therefore not recommended, but if adopted:


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- If the mask becomes moist, damaged, visibly soiled, or difficult to breathe through it should be removed using appropriate technique and disposed following local protocols.
- If the mask is removed for any other reason such as taking a break or completing a shift, it should be disposed of following local protocols.
- The potential number of hours of extended use would be dependent on local and individual factors such as humidity and shift length. In practice, this would likely be a **maximum of six (6) hours**.
- This emergency strategy (extended use) should be prioritized over reuse or any other approaches.

Reuse: Reprocessing and reusing medical masks for one HCW to use on multiple patients with COVID-19 for a limited time-period (multiple shifts).

This strategy is not consistent with standard practice and therefore not recommended, but if adopted:

- It would be important to establish standardized methods and protocols for ensuring the effectiveness of the process and that the integrity of the medical mask is maintained after reprocessing.
- It would be important to closely inspect the mask prior to each reuse, given that the number of times a medical mask could potentially be reprocessed is unknown, and it is expected that the masks would quickly deteriorate. Some medical masks may not be able to be reused such as those that fasten to the provider via ties (and may not be able to be undone without tearing).
- If the mask becomes damaged, soiled or difficult to breathe through, it should be removed from circulation and disposed following local protocols.

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Note: The effectiveness of reprocessing methods to inactivate coronavirus (or other enveloped virus) on a medical mask and on preserving the integrity of the mask has not been established to date.

Note: Many potential reprocessing methods are resource-intensive and may not be feasible in many low- and middle-income countries nor at a facility-level (Darnell et al, 2004; Feldmann et al, 2019).


Note: See respirator section below for additional data on potential reprocessing methods for respirators.

2) NO MEDICAL MASKS AVAILABLE

Potential alternatives: Using 1) a face shield only or 2) a combination of a non-medical, approved fabric mask and face shield.

This strategy is not consistent with standard practice and therefore not recommended, but if adopted:

- It would be important to take into consideration the limited ability of face shields to fully protect against droplets and the lack of evidence on effectiveness of non-medical fabric masks against respiratory viruses (Institute of Medicine, 2006).
- Efforts should be made to obtain standardized masks made of fabrics that are approved by national or sub-national authorities and offer some level of filtration as well as a hydrophobic outer layer to allow some level of fluid resistance.

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- Given the uncertain effect of reprocessing on the integrity of a non-medical fabric mask, the masks should be removed using appropriate technique for disposal following local protocols whenever needed such as when they become moist, visibly soiled, or damaged and upon exiting the isolation area per standard practice.


Note: Non-medical fabric masks are not considered PPE and their ability to protect HCWs is currently unknown; some studies suggest that it may lead to a false sense of protection and even increase influenza-like illness relative to wearing a medical mask (MacIntyre et al, 2015). Caution should be exercised when considering this option.

B. GOWNS

Gowns: Non-sterile, long-sleeved hospital gowns (isolation gowns or surgical gowns) are indicated for use for direct care of patients with COVID-19. These are available in both disposable and reusable options. Disposable gowns are generally made of a spun bound synthetic material. Reusable (washable) gowns are typically made of cotton or cotton-blend fabrics; gowns made of these fabrics can be safely laundered and reused if they are in good condition.

1) Limited Supplies

Extended use: Extending the use of gowns (disposable or reusable options) for one HCW to use on multiple patients with COVID-19 (multiple single-rooms when seen in succession or cohort of patients) during a single shift.

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This strategy is not consistent with standard practice and therefore not recommended, but if adopted:

- If it becomes visibly soiled, the gown must be removed using appropriate technique for reprocessing (See reprocessing guidance below) or disposal following local protocols (followed by appropriate donning of a new gown).
- If it is removed for any other reason such as taking a break or completing a shift, the gown should be sent for reprocessing or disposed of following local protocols


Note: this emergency strategy (extended use) should be prioritized over the use of alternatives.

2) No Gowns Available

Potential alternatives:

- 2.1 Disposable aprons
- 2.2 Disposable laboratory coats
- 2.3 Reusable (washable) patient gowns, reusable (washable) laboratory coats
- 2.4 Combinations of clothing such as sleeve covers in combination with aprons and long sleeve patient gowns or laboratory coats

This strategy is not consistent with standard practice and therefore not recommended, but if adopted:


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- The selection of potential alternatives should take into consideration the availability of these alternatives and their attributes, such as impermeability and user comfort, and whether enough are available to allow frequent replacement.
- The alternatives should be removed using appropriate technique for either reprocessing or disposal following local protocols whenever needed such as when they become (e.g., when moist, visibly soiled, or damaged) and upon exiting the isolation area following standard practice.

C. EYE PROTECTION

- **Goggles:** Goggles provide barrier protection for the eyes. They should fit tightly over and around the eyes or personal prescription lenses, be indirectly vented (to prevent penetration of splashes or sprays) and have an anti-fog coating to help maintain clarity of vision. The lens is made of plastic, commonly polycarbonate, and there is an adjustable elastic strap to allow snug fit around the eyes. Goggles used for healthcare applications are typically reusable.
- **Face shields:** Provide barrier protection to the facial area and related mucous membranes (eyes, nose, lips) and are considered an alternative to goggles. Face shields are not meant to function as primary respiratory protection and should be used concurrently with a medical mask (for droplet precautions) or a respirator (for airborne precautions) if aerosol-generating procedure is performed. They should cover the forehead, extend below the chin, and wrap around the side of the face. Face shields are available in both disposable and reusable options.

1) Limited Supplies

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Extended use: Extending the use of goggles or face shields (disposable or reusable) for one HCW to use on multiple patients with COVID-19 (multiple single-rooms when seen in succession or cohort of patients) during a single shift.

This strategy is not consistent with standard practice and therefore not recommended, but if adopted:


- If eye protection becomes visibly soiled, it should be removed using appropriate technique and sent for reprocessing or disposal following local protocols (followed by appropriate donning of a new set of eye protection) before moving to another patient.
- If eye protection is removed for any other reason such as taking a break or completing a shift, it should be sent for reprocessing or disposed following local protocols.

Reuse:

- Reprocessing and reusing disposable face shields for one HCW to use on multiple patients with COVID-19 for a limited time-period (multiple shifts).
- This strategy is not consistent with best practices and therefore not recommended, but if adopted:
- A face shield should be dedicated to one HCW.
- They should be immediately reprocessed when they are visibly soiled, whenever they are removed such as when leaving the isolation area, and at least daily (after every shift) prior to putting them back on (See reprocessing guidance below).


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- After reprocessing, a face shield should be stored in a transparent plastic container and labeled with the HCW name to prevent accidental sharing between HCW.
- Note: The number of times a disposable face shield could potentially be reprocessed is unknown; therefore, face shields should be closely examined prior to each reuse to ensure the integrity of the foam pad, elastic strap, and clarity of the visor.
- Dedicating a supply of reusable goggles or face shields to an isolation area (with one or more patients with COVID-19 in single-rooms or a cohort of patients) for multiple HCWs to use throughout one shift.
- This strategy is not consistent with standard practice and therefore not recommended, but if adopted:
Items should be reprocessed after each use and stored at the entry to the isolation area, in a dedicated area equipped for reprocessing adjacent to the isolation area (dirty and clean storage area) (See reprocessing guidance below).


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REPROCESSING GUIDANCE OF SELECTED PPE

Type of equipment	Reprocessing steps	Disinfectant Product Options	Considerations / Additional Guidance
Disposable face shield	<ol style="list-style-type: none"> Carefully wipe the inside and then the outside of the visor using a clean cloth saturated with neutral detergent solution, rinse if needed. Carefully wipe the outside of the visor using a clean cloth or wipe saturated with hospital 	<p>Chlorine-based disinfectant (0.1% chlorine solution) recommended over alcohol, as alcohol may damage and discolor plastic and deteriorate glues over time; note that it may also remove anti-glare and anti-fogging properties of the face shield.</p> <p>See guidance on how to prepare 0.1% chlorine</p>	<p>The emphasis of reprocessing should be on the outside of the visor.</p> <p>Carefully avoid the foam cushion and elastic strap as they may not be tolerant to disinfectants.</p> <p>Note: If reprocessing disposable face shields on a time-limited basis, they should be dedicated to one HCW.</p>


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	<p>disinfectant solution; be sure it remains wet for the required contact time.</p> <p>3. Wipe the outside of visor with clean water to remove residue.</p> <p>4. Fully dry (air dry or use clean absorbent towels).</p>	solution.	
Reusable goggles or face shield	1. Immerse in or wipe with neutral detergent and warm water solution, use mechanical action to remove any visible soiling, then quickly rinse	Manufacturers should be consulted for their guidance and experience in disinfecting their respective products.	Chlorine-based disinfectant (0.1% chlorine solution) recommended over alcohol as alcohol may damage and discolor plastic and deteriorate glues over time; note that it may also remove anti-glare and anti-fogging properties

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	<p>with clean water; rinse if needed.</p> <p>2. Immerse in or wipe with hospital disinfectant solution for the required contact time.</p> <p>3. Rinse with clean water (sink if available or by immersing in a bucket of clean water) to remove any residue.</p> <p>4. Fully dry (air dry or use clean absorbent towels).</p>		<p>of the eye protection.</p> <p>Note: Solutions must be regularly replaced as they will quickly become contaminated.</p> <p>See guidance on how to prepare 0.1% chlorine solution.</p>
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2) No Goggles or Face Shields Available

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Potential alternatives: Using safety glasses such as trauma glasses

This strategy is not consistent with standard practice and therefore not recommended, but if adopted: The selection of potential alternatives should include those that have extensions to cover the side of the eyes.

D. RESPIRATORS

Respirators: Provide protection against inhalation of very small infectious airborne particulates using a filtering face piece respirator (FFR). N95, FFP2, P2 or equivalent standard particulate respirators are indicated for use in patients with COVID-19.


1) Limited Supplies

Extended use: Extending use of FFRs for one HCW to use on multiple COVID-19 patients (multiple single-rooms when seen in succession or cohort of patients) during a single shift.

This strategy is not consistent with standard practice and therefore not recommended, but if adopted:

Reuse: *Reprocessing and reusing FFRs for one HCW to use for a limited time-period (multiple shifts).*


- This strategy is not consistent with standard practice and therefore not recommended, but if adopted:


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- Consult the published summary of the research on potential methods for this strategy (COVID-19 Decontamination and Reuse of Filtering Facepiece Respirators | CDC)
- If the respirator becomes damaged, soiled or difficult to breathe through, it should be removed from circulation and disposed following local protocols.

Note: At present, there are no CDC and/or NIOSH-approved methods for FFR decontamination prior to reuse.

Note: Many of the most promising methods are resource-intensive and may not be feasible in many low- and middle-income countries.

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PROCEDURE ON HOW TO MAKE MILD CHLORINE SOLUTION

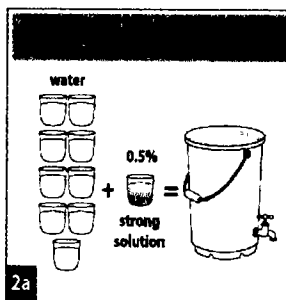
How to Make Mild (0.05%) Chlorine Solution

Use mild (0.05%) chlorine solution to wash ungloved hands.

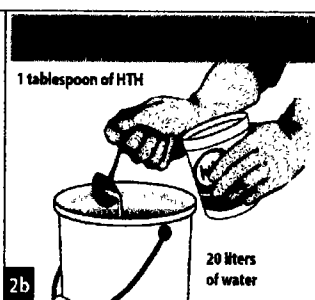
Make new mild (0.05%) chlorine solution every day. Throw away any leftover solution from the day before.



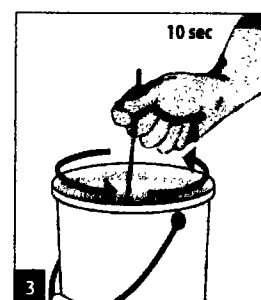
1 Make sure you are wearing **extended PPE**.



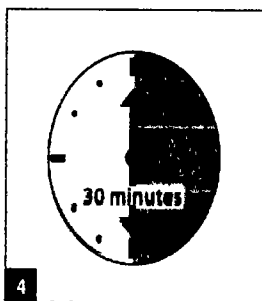
2a Pour 9 parts water and 1 part strong (0.5%) solution into a bucket. Repeat until full.



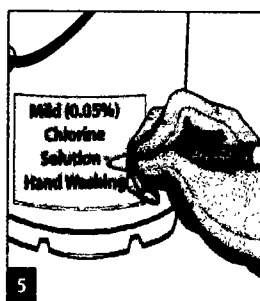
2b Add one tablespoon of HTH (70%) to 20 Liters of water in a bucket.



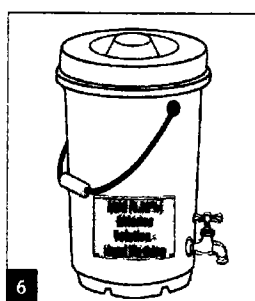
3 Stir well for 10 seconds, or until the HTH has dissolved



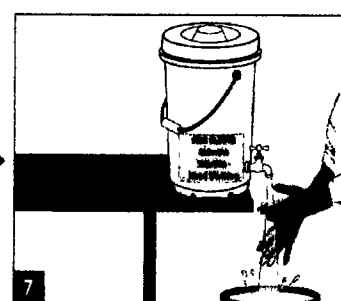
4 Wait 30 minutes before use.



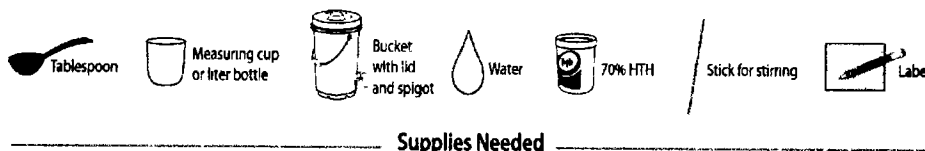
5 Label bucket "Mild (0.05%) Chlorine Solution - Hand Washing."




6 Cover bucket with lid.



7 Place at hand washing stations.



WARNING
Do NOT drink chlorine water.
Do NOT put chlorine water in mouth or eyes

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PROCEDURE ON HOW TO MAKE 0.1% CHLORINE SOLUTION

How to Make 0.1% (1,000ppm) Chlorine Solution

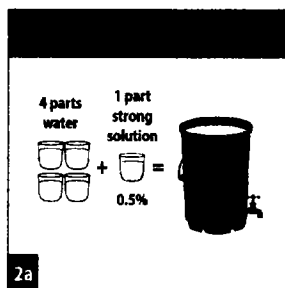
Use 0.1% (1,000ppm) chlorine solution to disinfect frequently touched surfaces and items.

Make new 0.1% chlorine solution every day. Throw away any leftover solution from the day before.

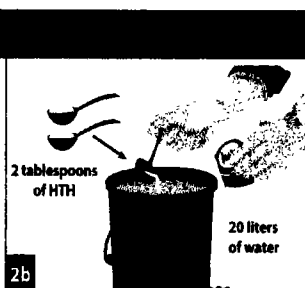
Proceed with **only one** of the following: **2a** or **2b** or **2c**



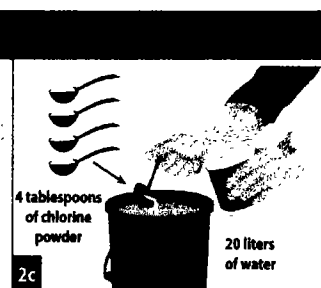
1
Make sure to wear required PPE.



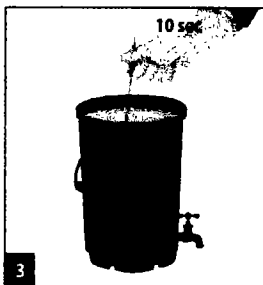
2a
Pour 4 parts water and 1 part strong (0.5%) solution into a bucket.



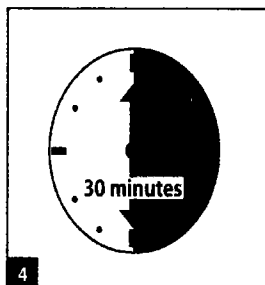
2b
Add TWO tablespoons (30g) of high-test hypochlorite (HTH) (70%) to 20 liters of water in a bucket.



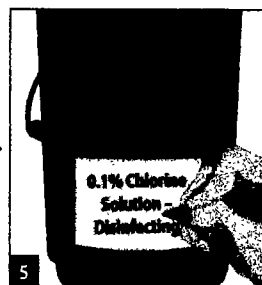
2c
Add FOUR tablespoons (60g) of chlorine powder (35%) to 20 liters of water in a bucket.



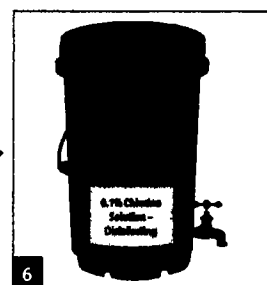
3
Stir well for 10 seconds, or until chlorine powder/granules have dissolved.



4
Wait 30 minutes before use.



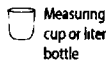
5
Label bucket "0.1% Chlorine Solution - Disinfecting."



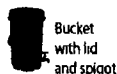
6
Cover bucket with lid. Do not store in direct sunlight.



Tablespoon



Measuring cup or liter bottle



Bucket with lid and spigot

Water



Strong (0.5%) chlorine solution OR 70% HTH OR 35% chlorine powder

Stick for stirring



Label

Supplies Needed




Do NOT mix chlorine solution with other cleaning products.

WARNING



Do NOT put chlorine solution in mouth or eyes.

 B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100	Document Code:	DPOTMH-TQD-QA-SOP008
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REFERENCE

CDC., (May 5, 2020). Operational considerations for personal protective equipment in the context of global supply shortages for coronavirus disease 2019 (COVID-19) Pandemic: non-US Healthcare Settings. Retrieved: June 7, 2020