Guidance on Use of Personal Protective Equipment (PPE) for Healthcare Personnel Caring for COVID-19 Patients
April 14, 2020

The health and safety of our healthcare providers in Alaska is a major concern. The purpose of this alert is to provide guidance on the use of Personal Protective Equipment (PPE) for healthcare personnel (HCP) caring for suspected or confirmed COVID-19 patients in healthcare settings.*

Infection Prevention Strategies and PPE supplies

- Healthcare facilities should work with their Infection Prevention and Control teams on how to best utilize the personal protective equipment (PPE) they have available; to determine the optimal infection control practices for their facility; and to provide appropriate risk assessment, PPE supplies, and training per their facility’s Exposure Control Plan.
- Health care professionals should be knowledgeable about the PPE available in their workplace and how to effectively use PPE in conjunction with their facilities infection control practices.
- Facilities should offer training on the appropriate sequence for safely donning and doffing PPE.
- For PPE supply needs not met by the facility’s usual supply chain mechanisms, healthcare facilities in Alaska should submit a resource request to their local emergency management organization.
- CDC has guidance on further strategies to optimize the supply of PPE and equipment [here](http://www.cdc.gov).

General Guidance

- CDC is still recommending that HCP who are in close contact with a patient with known or suspected COVID-19 adhere to standard and transmission-based precautions, including wearing a respirator (N-95, PAPR, or equivalent), gown, gloves, and eye protection.
- When the supply chain of respirators cannot meet the demand, CDC guidance indicates that the following modifications may be considered:
  - Medical masks are an acceptable alternative when the supply of respirators cannot meet the demand (this also applies to the collection of diagnostic respiratory specimens such as nasopharyngeal swabs).
  - Respirators should be reserved for situations where respiratory protection is most important, such as performance of aerosol-generating procedures on suspected or confirmed COVID-19 patients.
    - Aerosol-generating procedures include, but are not limited to, procedures such as endotracheal intubation/extubation, bag mask ventilation, bronchoscopy, positive pressure ventilation, sputum induction, airway suctioning, cardiopulmonary resuscitation, tracheostomy care, and administration of aerosolizing or nebulizing medications.
  - Gowns should be prioritized for use in aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
- If hospitalization is not medically necessary, home care is preferable if the individual’s situation allows.

Updates

- Given increasing concern for asymptomatic transmission of COVID-19, some healthcare facilities are choosing to employ additional infection prevention measures, such as having all healthcare personnel use medical masks and/or other PPE (eye protection, gloves) at all times. Decisions to implement such strategies should be made at the individual facility level, taking into account such factors as local prevalence of COVID-19 and adequacy of PPE supplies.
• CDC has recently issued guidance [https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html) that individuals should wear cloth face coverings in public settings where other social distancing measures are difficult to maintain. Decisions to implement such strategies should be made at the individual facility level, taking into account such factors as local prevalence of COVID-19 and adequacy of PPE supplies.

*This guidance applies to HCPs in healthcare settings only. CDC defines HCPs as all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.

Resources

• CDC guidance for infection control

• CDC guidance for optimizing the supply of PPE

• CDC use of PPE when caring for patients with confirmed or suspected COVID-19