Considerations for Personal Protective Equipment in the Context of Acute Supply Shortages for Coronavirus Disease 2019 (COVID-19) Pandemic

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This document is based on the current evidence base, CDC and WHO documents. CDC strategies for US-healthcare settings on COVID-19: Strategies for Optimizing the Supply of PPE | CDC and provides additional considerations for global healthcare settings. WHO's guidance on the Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19) which defines clear strategies to optimize the availability of PPE: 1) use PPE appropriately, 2) minimize PPE need, and 3) coordinate PPE supply chain.

Purpose and scope of this document:

This document aims to set out options for preserving personal protective equipment (PPE) use. The considerations are there to ensure that health and care workers are appropriately protected from COVID-19, where items of PPE are in short supply and should be considered as temporary measures until the global supply chain is adequate to meet the UK's needs.

These are last resort alternatives but given the current in-country stock and the reduced ability to resupply, we are suggesting that these are implemented until confirmation of adequate re-supply is in place.

These take into account the following key principles that should already be in place for all health and care delivery:

- 1. Only urgent or emergency face to face contacts in the health and social care setting
- 2. Minimised visitors to individuals who are in health and care settings
- 3. For those that require health and care in the home setting that these individuals have minimal face to face contact with other individuals
- 4. Where possible health and care workers should see the same individuals while they are working
- 5. Where an individual has a multi-drug resistant or other key pathogen that standard infection prevention control precautions should apply to prevent cross transmission to other individuals

Key Principles

- Sessional use: by one health or care worker during one shift in the clinical area. Clinical
 areas should include all ward areas. Leaving a ward area to continue to care or transfer a
 patient, the same PPE can be worn. PPE should only be changed when taking a break.
- Reuse: using the same item again, with appropriate precautions, by the same or another health or care worker
- Reprocessing procedures for each PPE item
- Alternatives to standard PPE: recommended where there is a crisis or short supply