



# Health Alert Network Message 20-20: Updated Personal Protective Equipment (PPE) Guidance

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**Revision Dates (list all revision dates):**

## **Updated: Personal Protective Equipment (PPE) Recommendations and Guidance for PPE extension during crisis for Healthcare Personnel.**

Based on the current COVID-19 situation and availability of personal protective equipment (PPE), CDC now has guidance for healthcare settings when there is a limited supply of PPE to optimize the use of eye protection, isolation gowns, facemasks and N95 respirators. The steps to follow for PPE crisis management are detailed at [Strategies for Optimizing the Supply of PPE](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.

Three general strata have been used to describe surge capacity and can be used to prioritize measures to conserve supplies along the continuum of care.

- [Conventional capacity](#): measures consist of providing patient care without any change in daily contemporary practices. This set of measures, consisting of engineering, administrative, and personal protective equipment (PPE) controls should already be implemented in general infection prevention and control plans in healthcare settings.
- [Contingency capacity](#): measures may change daily standard practices but may not have any significant impact on the care delivered to the patient or the safety of healthcare personnel (HCP). These practices may be used temporarily during periods of expected shortages.
- [Crisis capacity](#): strategies that are not commensurate with U.S. standards of care. These measures, or a combination of these measures, may need to be considered during periods protection shortages.

These crisis strategies are based upon these assumptions:

1. Facilities understand their PPE inventory and supply chain
2. Facilities understand their PPE utilization rate
3. Facilities are in communication with local healthcare coalitions, federal, state, and local public health partners regarding identification of additional supplies
4. Facilities have already implemented other [engineering and administrative control measures](#) including:

- Reducing the number of patients going to the hospital or outpatient settings
  - Excluding HCP not essential for patient care from entering their care area
  - Reducing face-to-face HCP encounters with patients
  - Excluding visitors to patients with confirmed or suspected COVID-19
  - Cohorting patients and HCP
  - Maximizing use of telemedicine
5. Facilities have provided HCP with required education and training, including having them demonstrate competency with donning and doffing, with any PPE ensemble that is used to perform job responsibilities, such as provision of patient care

These considerations are intended for use by federal, state, and local public health officials; leaders in occupational health services and infection prevention and control programs; and other leaders in healthcare settings who are responsible for developing and implementing policies and procedures for preventing pathogen transmission in healthcare settings.

A summary of the steps to follow for crisis management for PPE are detailed at [Strategies for Optimizing the Supply of PPE](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.

As more is learned about COVID-19 and as the needs of the response or availability of PPE within U.S. healthcare facilities changes, this guidance will be updated.