
NEW MEXICO HEALTH ALERT NETWORK (HAN) ADVISORY

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) PROVIDES GUIDANCE TO OPTIMIZE USE OF N95 RESPIRATORS AND AIRBORNE ISOLATION ROOMS

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CDC has provided a series of strategies or options to optimize supplies of disposable N95 filtering facepiece respirators (commonly called N95 respirators) in healthcare settings when there is limited supply. Controlling exposures to occupational hazards is a fundamental way to protect personnel. Exposures to transmissible respiratory pathogens can be reduced through engineering and administrative controls and personal protective equipment (PPE).

Background

Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel (HCP) and visitors at the facility. Early identification and implementation of source control (mask the patient) should be emphasized. Initial reports suggest person-to-person transmission most commonly happens during close exposure to a person infected with COVID-19, primarily via respiratory droplets produced when the infected person coughs or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. The contribution of small respirable particles, sometimes called aerosols or droplet nuclei, to close proximity transmission is currently uncertain. However, airborne transmission from person-to-person over long distances is unlikely.

Major distributors in the United States have reported shortages of PPE, specifically N95 respirators, facemasks, and gowns. Healthcare facilities are responsible for protecting their HCP from exposure to pathogens, including by providing appropriate PPE.

In times of shortages, alternatives to N95s should be considered, including other classes of filtering facepiece respirators (FFRs), elastomeric half-mask and full facepiece air purifying respirators, and powered air purifying respirators (PAPRs) where feasible. Special care should be taken to ensure that respirators are reserved for situations where respiratory protection is most important, such as performance of aerosol-generating procedures on suspected or confirmed COVID-19 patients or provision of care to patients with other infections for which respiratory protection is strongly indicated (e.g., tuberculosis, measles, varicella).

EPIDEMIOLOGY AND RESPONSE

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The anticipated timeline for return to routine levels of PPE is not yet known. Information about [strategies to optimize the current supply of N95 respirators](#), including the use of devices that provide higher levels of respiratory protection (e.g., PAPRs) when N95s are in limited supply and a [companion checklist](#) to help healthcare facilities prioritize the implementation of the strategies, is available.

Summary of Changes to the Guidance

Updated PPE recommendations for care of patients with confirmed or suspected COVID-19

- Based on local and regional analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand.
- During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, (e.g. intubation, manual ventilation, bronchoscopy, collection of respiratory specimens) which would pose the highest exposure risk to HCP
- When the supply chain is restored, facilities should return to use of respirators for patients with known or suspected COVID-19.
- Eye protection, gown and gloves continue to be recommended.
 - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes or sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include:
 - dressing
 - bathing/showering
 - transferring
 - providing hygiene
 - changing linens
 - changing briefs or assisting with toileting
 - device care or use
 - wound care

Updated Guidance on patient placement and prioritization of Airborne Infection Isolation Rooms (AIIR)

- Consider designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients and options for extended use of respirators, facemasks, and eye protection on such units.
- Patients with known or suspected COVID-19 should ideally be cared for in a single person room with the door closed. AIIRs should be reserved for patients undergoing aerosol generating procedures.

Additional interim guidance for infection prevention and control can be found at <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html>