

## New Mexico Medical Advisory Team (MAT) Assessment

**Workgroup Name:** Clinical Care PPE Subgroup

**Date:** 4/3/2020

### Question or task for assessment or Protocol name/description

What Directives could the Governor give to hospitals on how should PPE be prioritized under maximum conservation?

### DIRECTIVE

To continuously provide protection to health care workers during the COVID-19 crisis and a known shortage in supplies for Personal Protection Equipment (PPE), we recommend the Governor issue the following directive:

Hospitals should develop policies and procedures directing health care professionals (HCP) to prioritize PPE for those in direct care of COVID-19 positive patients and Patients Under Investigation (PUIs), focusing reusable PPE on high utilizes, and cohorting COVID-19 confirmed patients to the maximum extent possible for conservation of PPE.

### Recommendations

- All staff not caring for COVID-19 positive or PUIs should use minimum necessary PPE and safe alternatives when practicable, such as surgical masks and cloth gowns.
- Issue reusable PPE items to units or individuals with training on batch processing or self-disinfection, respectively.
- Disposable PPE items should be maximally extended and reused (in combination, as appropriate).
- For PUIs, when doffing PPE between patients, extend use of N95 respirators/surgical masks and face shields/goggles by only changing gown and gloves.
- For COVID-19 confirmed patients with no other identified infections, only gloves must be changed between patients.
- Prioritize reusable N95 (or greater) respirators for aerosol generating procedures.
- Prioritize PAPRs for ENT procedures.
- Reserve PAPRs only for staff who cannot be satisfactorily fitted with half-face respirators or staff with medical or religious exemptions from half-face respirator wear. Male providers with facial hair should be required to shave it off unless exempted.
- Prioritize reusable face shields for high volume or cohorted COVID-19 confirmed patient care team members.
- Prioritize PPE to hospitals with highest absolute count of COVID-19 confirmed patients and PUIs.
- Require all hospitals to implement reprocessing of disposable PPE or coordinate with an existing program at a nearby hospital.
- All hospitals must monitor PPE burn-rates daily.
- All hospitals must ensure processes are in place to deter and prevent diversion or theft of PPE supplies.

### Analysis, including triggers and thresholds if applicable

#### Concepts that are essential to a prioritizing PPE in hospitals

- At current levels of SARS-CoV-2 community transmission, PUIs are more likely to have a respiratory infection other than COVID-19. As such, only respiratory and eye protective PPE may be used between different PUIs. PPE items that come into direct contact with the patient or furnishings must be changed between patients to prevent cross-contamination with different infections.

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- COVID-19 confirmed patients with no other identified infection are at no risk of cross-contamination of respiratory pathogens, necessitating change of only gloves between patients thus conserving isolation gowns.
- If non-sterile examination gloves were no longer available, sterile surgical gloves may be worn. Alternatively, non-sterile examination gloves may be disinfected by washing (while wearing) with soap and water or alcohol-based hand sanitizer.
- Direct distribution of PPE items from centralized stores increases accountability for PPE consumption and decreases opportunities for diversion or theft.
- Aggressive communication is necessary to address staff concerns about sufficient workforce protection from the COVID-19 pandemic.
- Hospital units should identify reorder timelines based on unit specific burn-rate and ensure availability of all required PPE items at all times in sufficient volume to meet slightly greater than predicted need.

### Red flags, major concerns and recommendation sunset

- Unexplainable excessive unit-specific burn-rates.
- Workforce perceptions of preference for those receiving new disposable items instead of recycled; reusable items instead of disposable, etc.
- Failure to monitor unit-specific burn-rate or apply burn-rate for predicting reorder intervals.
- Unpredicted surge may require reconfiguration of units for cohorting which will impact prioritization, burn-rate, and supply levels.
- Prioritization of PPE should continue until supply of disposable PPE items returns to nominal levels without predicted near term shortages.

### Gaps in knowledge or science related to topic

- High fidelity real-time tracking of PPE consumption (calculations are based on frequency and volume of reorder without clear delineation of patient type or individual patient PPE requirements).
- Timing of pandemic Surge that will drive consumption of PPE and necessitate prioritization.

### Level of consensus within workgroup

Total	Moderate	Limited
X		

### Contributors

- PPE Subgroup:
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### References or resources for further information

CDC Interim Infection Prevention and Control Recommendations:  
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>