



Oklahoma State Department of Health  
Creating a State of Health

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To: Administrators for Adult Day Care, Assisted Living, Residential Care, Nursing Facilities and Veteran Centers

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Subject: **Strategies for Optimizing the Supply of Personal Protective Equipment (PPE)**

**Purpose:** The following summarizes key strategies from the latest CDC guidance on [Strategies for Optimizing the Supply of PPE](#) in healthcare settings. Review the guidance for a full discussion of the strategies. **These strategies are tiered based on the following and are based on discussed assumptions in each category of equipment:**

- **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 or temporary 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 of known shortages.

**We strongly urge you to immediately implement significant conservation steps by reviewing the surge capacity strategies in this new guidance.** Surge capacity refers to the ability to manage a sudden, unexpected increase in patient volume that would otherwise severely challenge or exceed the present capacity of a facility and is a useful framework to approach a decreased supply of PPE during the COVID-19 response. **The following represents bullet points that are discussed in detail in the CDC guidance.**

### EYE PROTECTION

#### Contingency Capacity Strategies

- Selectively cancel elective and non-urgent procedures and appointments for which eye protection is typically used by HCP.
- Shift eye protection supplies from disposable to re-usable devices (i.e., goggles and reusable face shields).
- Implement extended use of eye protection (Please see the extended discussion).

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### Crisis Capacity Strategies

- Cancel all elective and non-urgent procedures and appointments for which eye protection is typically used by HCP.
- Use eye protection devices beyond the manufacturer-designated shelf life during patient care activities.
- Prioritize eye protection for selected activities
- Consider using safety glasses (e.g., trauma glasses) that have extensions to cover the side of the eyes.
- Exclude HCP at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients.
- Designate convalescent HCP for provision of care to known or suspected COVID-19 patients.

### FACEMASKS

#### Contingency Capacity Strategies ([See discussion](#))

- Selectively cancel elective and non-urgent procedures and appointments for which a facemask is typically used by HCP.
- Remove facemasks for visitors in public areas.
- Implement extended use of facemasks.
- Restrict facemasks to use by HCP, rather than patients for source control.

#### Crisis Capacity Strategies ([See discussion](#))

- Cancel all elective and non-urgent procedures and appointments for which a facemask is typically used by HCP.
- Use facemasks beyond the manufacturer-designated shelf life during patient care activities.
- Implement limited re-use of facemasks.
- Prioritize facemasks for selected activities ([See discussion](#))
- When No Facemasks Are Available ([See the extended discussion](#))

### N95 RESPIRATORS (This guidance was updated)

#### Contingency Capacity Strategies ([See discussion](#))

- Decrease length of hospital stay for medically stable patients with COVID-19
- Use of N95 respirators beyond the manufacturer-designated shelf life for training and fit testing
- Extended use of N95 respirators (See [CDC guidance](#))
- Limited re-us of N95 respirators for tuberculosis (See [CDC guidance](#))

#### Crisis Capacity Strategies ([See discussion](#))

- Use of N95 respirators beyond the manufacturer-designated shelf life with seal check
- Use of respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators

- Limited re-use of N95 respirators for COVID-19 patients
- Use of additional respirators beyond the manufacturer-designated shelf life for healthcare delivery
- Prioritize the use of N95 respirators and facemasks by activity type
- When No Respirators are Left (See [extended discussion](#))

## ISOLATION GOWNS

### Contingency Capacity Strategies

- Selectively cancel elective and non-urgent procedures and appointments for which a gown is typically used by HCP.
- Shift gown use towards cloth isolation gowns
- Consider the use of coveralls
- Use of expired gowns beyond the manufacturer-designated shelf life for training.
- Use gowns or coveralls conforming to international standards.

### Crisis Capacity Strategies

- Cancel all elective and non-urgent procedures and appointments for which a gown is typically used by HCP.
- Extended use of isolation gowns
- Re-use of cloth isolation gowns
- Prioritize gowns for use
- When no gowns are available

Please review the [complete information](#) on strategies and the assumptions for their implementation in managing PPE when supply is limited or not available.