Personal Protective Equipment

**Conserving PPE in the Emergency Department**

### GetPPE

**Reduce Demand**
- Consolidate expertise
  - Could aerosolizing procedures be performed by specialized, smaller teams?
    - Intubation team
    - Resuscitation team
- Cohort providers
  - Could providers be co-located?
    - Pop-up drive through treatment tents
    - COVID-19 positive unit

**Reduce access needs**
- Could equipment/materials be moved outside rooms?
  - IV pump on extended tubing
  - EKG taped to inside door window

**Shrink teams**
- Could tasks be performed by fewer people?
  - Provider manages IV pump
  - X-ray set up by provider already in room

**Standardize**
- Could isolation precautions be consistently applied?
  - Consistent communication on policies across job families
  - All clinical encountered scenarios treated similarly

### Limited reuse

- Could PPE serve multiple encounters?
  - If not contaminated, store mask in paper bag for later use

### Advocate

- Could government and industry respond?
  - #GetMePPE
  - #WeNeedPPE

### Secure

- Could supply chain be enhanced?
  - Centralize supply management

### Alternatives

- Could other equipment substitute?
  - Face shields for eye protection
  - P100 for N95 masks, but consider need for fit testing

### Clean + sanitize

- Could PPE be recycled?
  - Clean eye protection
  - Washable gowns
  - Used N95 masks collected for later sanitizing

### Extend use

- Could PPE be worn continuously?
  - If appropriate and not contaminated, keep mask on for next encounter but limit use period to 8-12 hours max

### Reach out

- Could your community donate?
  - Local businesses
  - Households

### Create

- Could alternatives be designed?
  - 3D printing for face shields
  - Distilleries to make hand sanitizer

Please consult the CDC website for additional excellent and timely information on optimizing PPE supplies: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html