Infection Prevention and Control Manual
Interim Policy for Optimizing the Supply of N95 Respirators- COVID-19 Pandemic

Optimizing the Supply of N95 Respirators during COVID-19 - Pandemic

Purpose

To provide strategies or options for the facility to optimize supplies of N95 Respirators when the facility is experiencing limited supply.

“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. While there are no commonly accepted measurements or triggers to distinguish surge capacity from daily patient care capacity, surge capacity is a useful framework to approach a decreased supply of N95 respirators during the COVID-19 response. Three general strata have been used to describe surge capacity and can be used to prioritize measures to conserve N95 respirator supplies along the continuum of care.¹

- **Conventional capacity**: measures consist of providing patient care without any change in daily contemporary practices. This set of measures, consisting of engineering, administrative, and PPE controls should already be implemented in general infection prevention and control plans in healthcare settings.
- **Contingency capacity**: measures may change daily contemporary practices but may not have any significant impact on the care delivered to the patient or the safety of the HCP. These practices may be used temporarily when demands exceed resources.
- **Crisis capacity**: alternate strategies that are not commensurate with contemporary U.S. standards of care. These measures, or a combination of these measures, may need to be considered during periods of expected or known N95 respirator shortages.

Decisions to implement measures in contingency capacity and then crisis capacity should be based on:

- Consideration of all conventional capacity strategies first.
- The availability of N95 respirators and other types of respiratory protection.
- Consultation with entities that include some combination of: local healthcare coalitions, federal, state, or local public health officials, appropriate state agencies that are managing the overall emergency response related to COVID-19, and state crisis standards of care committees. Even when state/local coalitions or public health authorities can shift resources between health care facilities, these strategies may still be necessary”¹

**Decontamination and Reuse of Filtering Facepiece Respirators – Disposable**

- Reusing disposable filtering facepiece respirators (FFRs) has been suggested as a contingency capacity strategy to conserve available supplies for healthcare environments during a pandemic. Strategies for FFR extended use and reuse (without decontamination of the respirator) are currently available from CDC’s National Institute for Occupational Safety and Health (NIOSH).
- Decontamination and subsequent reuse of FFRs should only be practiced as a **crisis capacity** strategy.
- CDC and NIOSH do not recommend that FFRs be decontaminated and then reused as standard care. This practice would be inconsistent with their approved use, but it is understood in times of crisis, this option may need to be considered when FFR shortages exist.
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Recommendations


Reference: