Kentucky Public Health
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Strategies for Optimizing the Supply of Personal Protective Equipment (PPE)

Purpose: This document offers a series of strategies or options to optimize supplies of PPE in healthcare settings when there is limited supply. It does not address other aspects of pandemic planning; for those, healthcare facilities can refer to COVID-19 preparedness plans.

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 PPE during the COVID-19 response. Three general strata have been used to describe surge capacity and can be used to prioritize measures to conserve PPE supplies along the continuum of care.

- **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 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 PPE 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 PPE shortages.

The following contingency and crisis strategies are based upon these assumptions:

1. Facilities understand their PPE inventory and supply chain
2. Facilities understand their PPE utilization rate
3. Facilities are in communication with local healthcare coalitions, federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) regarding identification of additional supplies.
4. Facilities have already implemented other engineering and administrative control measures including:
    - Reducing the number of patients going to the hospital or outpatient settings
    - Excluding HCP not essential for patient care from entering their care area
    - Reducing face-to-face HCP encounters with patients
    - Excluding visitors to patients with confirmed or suspected COVID-19
    - Cohorting patients and HCP
    - Maximizing use of telemedicine
5. Facilities have provided HCP with required education and training, including having them demonstrate competency with donning and doffing, with any PPE ensemble that is used to perform job responsibilities, such as provision of patient care.

Strategies for Optimizing the Supply of Eye Protection

Strategies for Optimizing the Supply of Isolation Gowns

Strategies for Optimizing the Supply of Face Masks

Strategies for Optimizing the Supply of N95 Respirators

Additional information can be obtained at **www.KYCOVID19.KY.GOV**