FEMA FACT SHEET

Coronavirus (COVID-19) Pandemic:
Addressing PPE Needs in Non-Healthcare Setting

This guidance summarizes how organizations should consider and manage their personal protective equipment (PPE) needs while ensuring the protection of workers during the coronavirus (COVID-19) pandemic response.

Objective

The COVID-19 National Strategy for Addressing Personal Protective Equipment (PPE) Shortage seeks to ensure protection against COVID-19 for healthcare workers, first responders, and patients by implementing three pillars of practice: reduce, reuse and repurpose. Industries that use similar PPE (e.g., N95 respirators) as part of their normal duties will be challenged in obtaining PPE while available supply is prioritized for healthcare workers and first responders. Industries whose essential critical infrastructure workers need PPE to perform their duties should continue working with suppliers to acquire needed PPE, but should expect shortages to continue. All industries should immediately implement strategies to preserve existing supplies of PPE and find alternative work methods to address shortfalls.

Preservation Strategies for Non-Healthcare Settings

A critical component in implementing PPE preservation strategies is determining the appropriate level of PPE for use. Non-healthcare industries should carefully consider whether PPE is required by law or regulation as part of their routine duties, or whether it is needed for mitigating employee exposure to COVID-19.

If PPE **is** required by law or regulation as part of routine duties performed by essential critical infrastructure workers:

- Extend use times of undamaged, non-visibly soiled PPE, and implement expanded facility-based PPE reuse policies and procedures.
- Adapt and implement Centers for Disease Control and Prevention (CDC) strategies for healthcare to optimize the supply of PPE and equipment, and best practices to sustain PPE supplies.
- Implement decontamination and reuse strategies of filtering facepiece respirators as contingency and crisis capacity measures.
- Understand and track PPE requirements and burn rates. Utilize CDC's PPE burn rate calculator if you lack an existing means to do so.

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- Use alternative types or sources of PPE to support necessary operations. Use National Institute for Occupational Safety and Health (NIOSH)-approved respiratory protection that was not previously approved by the Food and Drug Administration (FDA). Monitor FDA and Occupational Safety and Health Administration (OSHA) websites for updates and announcements on relaxed enforcement and Emergency Use Authorizations.
- Consult guidance from CDC's NIOSH on strategies to conserve, extend and respond to shortages in the supply of filtering facepiece respirators (FFRs) used in non-healthcare worksites, such as manufacturing and construction.

If PPE **is not** required by law or regulation as part of routine duties performed by essential critical infrastructure workers:

- Implement exposure-reduction measures, such as barrier controls (e.g., Plexiglass barriers, improved ventilation systems) and safe-work practices, such as adjusting business operations to increase physical space between employees. Consult CDC's Interim Guidance for Businesses and Employers to Plan and Respond to COVID-19 for further considerations to reduce overall risk of exposure in the workplace.
- Do not attempt to acquire medical or industrial use PPE for such employees. Such PPE is likely unavailable and is required for other higher priority critical infrastructure functions. Surgical masks or N95 respirators are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.
- Instead, follow CDC guidance on use of simple cloth face coverings. CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., control rooms, production floors), especially in areas of significant community-based transmission.
- Commercially manufactured cloth face coverings may also be in short supply; demand has increased as Americans heed the U.S. government's recent recommendation for their use as a complementary measure to the President's Coronavirus Guidelines for America, 30 Days to Slow the Spread. If commercially sourced cloth face coverings are not available, they can be fashioned from common materials at low cost. Follow CDC's guidance on how to make and use of cloth face coverings.

All industries should follow U.S. government guidance to help the most critical workers quickly return to work after potential exposure to someone with COVID-19, provided those workers are symptom-free.

Acquiring PPE During Shortages

If after minimizing the need for PPE through strategies described above, PPE is still required by essential critical infrastructure workers to perform their duties, organizations should:

1. Continue working with normal and alternate private sector suppliers to obtain PPE. It may be necessary to identify multiple options for suppliers and prioritize near-term versus long-term needs.
2. If suppliers are unable to provide for your needs, and the PPE is urgently required, submit a request for assistance to your local or state emergency management agencies. If local emergency management is unable to address the PPE shortfall, they can relay it to the state. If the state is unable to address it, they can submit a request for support to their FEMA Regional Response Coordination Center.

Any requests to local, state or federal agencies for urgent resupply of PPE for essential critical infrastructure workers should accurately describe:

- Specific types, quantities (include 30, 60 and 90-day demand), and locations where PPE is needed;
- Estimated time until shortage impacts operations based on PPE burn rate; and,
- Consequence of the shortage and duration of its impact.

Key Questions Before Making Requests

Do you employ essential critical infrastructure workers?	If not, you do not need PPE currently. Non-essential workers should be following stay-at-home orders and practicing social distancing, making use of telework options, etc.
Have you implemented all possible PPE use reduction strategies?	If not, consult CDC and other guidance to reduce or eliminate the need for PPE through other engineering solutions or modifications to business practices.
If PPE is still needed, is it required by law or regulation?	If not, use cloth face coverings. PPE should be reserved for workers that must have it in order to perform their essential duties.
Have you sought regulatory relief or approved alternatives?	If not, contact the regulator requiring PPE use. Consult FDA, NIOSH and OSHA notices for EUAs, regulatory relaxations and alternatives to address PPE need.
Is the PPE needed considered "scarce or threatened medical supplies"*?	If not, this need should be addressed through normal market of suppliers; FEMA is only involved in managing inventories of PPE used in healthcare settings. *See "Memorandum on Allocating Certain Scarce or Threatened Health and Medical Resources to Domestic Use" PPE subject to this policy includes: N95 respirators and a variety of other filtering respirators; air-purifying respirators; surgical masks; and surgical gloves.
Have you properly defined the need?	If not, apply above guidance to accurately describe your PPE need. These details are necessary for government agencies to consider.
Submit a request for assistance.	Submit a request for assistance to your local or state emergency management agency. Continue to pursue PPE though the normal market of suppliers as not all requests for government assistance will be met.