

# Infection Prevention and Control Manual

## Interim Policy for Optimizing the Supply of Isolation Gowns - COVID-19 Pandemic

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### Optimizing the Supply of Isolation Gowns during COVID-19 - Pandemic

#### Policy

It is the policy of this facility to optimize the use of isolation gowns consistent with current CDC guidance.

#### Purpose

To provide strategies or options for the facility to optimize supplies of isolation gowns 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 widely 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 isolation gowns during the COVID-19 response. Three general strata have been used to describe surge capacity and can be used to prioritize measures to conserve isolation gown 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 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 isolation gown shortages.
- **Crisis capacity:** strategies that are not commensurate with standard U.S. standards of care. These measures, or a combination of these measures, may need to be considered during periods of known isolation gown shortages.

The following contingency and crisis strategies are based upon these assumptions

- Facilities understand their current isolation gown inventory and supply chain
- Facilities understand their isolation gown utilization rate
- 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
- 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 directly involved in patient care
  - 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

This resource was developed utilizing information from CDC and CMS.

Providers are reminded to review state and local specific information for any variance to national guidance

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- 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”<sup>1</sup>

### Protocol for Optimizing the Supply of Isolation Gowns:

Complete a review of current and future needs for PPE’s. Utilize a process to determine PPE Burn Rate.

- [PPE Burn Rate Calculator](#) – This is a sample spreadsheet-based model that provides information for healthcare facilities to plan and optimize the use of PPE for response to coronavirus disease 2019 (COVID-19).

### Conventional Capacity

Use isolation gown alternatives that can offer equivalent or higher protection (fluid-resistant and impermeable).

- Surgical gowns should be prioritized for sterile procedures during shortages.
- Fluid-resistant and impermeable protective isolation gowns
- Nonsterile, disposable patient isolation gowns are appropriate when caring for residents with suspected or confirmed COVID-19

### Contingency Capacity

- Shift gown use to cloth isolation gowns if possible (reusable, washable gowns made of polyester or polyester cotton fabrics)
  - Identify need for augmented laundry facilities and personnel
  - Routinely inspect and maintain integrity of reusable cloth isolation gowns and replace when necessary
  - HCP should not touch the outer surface of the gown during resident care
- Coveralls: As an alternative to cloth gowns, consider the use of coveralls.
  - Train employees in use
  - See requirements: NFPA 1999: <https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=1999>
- Use gowns expired beyond the manufacturer-designated shelf life
  - Inspect gown for integrity for use
  - Contact manufacturer if no date is available on gown or packaging
- Gowns or coveralls that conform to international standards can be considered

### Crisis Capacity

- Facility can consider extended use of isolation gowns:
  - Extended use:
    - Same gown is worn by same employee when caring for more than one resident **known to be infected with same infection in same location** unless a resident has a co-infectious diagnosis transmitted by contact (i.e. c. diff)
      - “If extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for

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different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections (e.g., *Clostridioides difficile*)<sup>3</sup>

- If gown is visibly soiled, remove and discard or launder
- Re-use of isolation gowns:
  - Disposable gowns will not be re-used
  - Cloth isolation gowns can be considered for re-use
    - As part of standard precautions unless visibly soiled
    - Single employee use of the gown caring for multiple residents with same infectious disease
    - Minimize exposures. Have gowns that are visibly soiled removed and laundered
- Gowns should be prioritized:
  - Use gowns for care activities in which splashes, and sprays are anticipated, such as aerosol generating procedures
  - Gowns should be used for high-contact resident care activities such as providing hygiene, changing bed linens, incontinent care or toileting, device care and wound care
  - “Surgical gowns should be prioritized for surgical and other sterile procedures. Facilities may consider suspending use of gowns for endemic multidrug resistant organisms (e.g., MRSA, VRE, ESBL-producing organisms).”<sup>2</sup>

### When There are No Gowns Are Available

- As a last result (These cannot be considered as Personal Protective Equipment-preferably with long sleeves and is able to be fastened and secured):
  - Disposable laboratory coats
  - Reusable and washable resident gowns
  - Reusable and washable laboratory coats
  - Disposable aprons
  - Clothing combinations
    - Long sleeve aprons with long sleeve resident gowns or lab coats
    - Open back gowns with long sleeve resident gowns or lab coats
    - Sleeve covers in combination with aprons and long sleeve resident gowns or lab coats
  - Launder according to facility policy
  - Inspect gown alternatives for integrity and replace as needed.

### Reference

<sup>1,2</sup> Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Strategies for Optimizing the Supply of Isolation Gowns. March 17, 2019: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html>

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<sup>3</sup>Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Preparing for COVID-19 in Nursing Homes. Updated June 25, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Centers for Medicare & Medicaid Services. COVID-19 Long Term Care Facility Guidance. April 2, 2020. <https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>