

Flowchart to Determine if an N95 FFR Crisis Capacity Strategy is Needed

Evaluate Adequacy of Current N95 FFR Inventory and Supply Chain

- Is your current N95 FFR inventory and supply chain equal to or greater than your PPE needs?
- Are there N95 FFRs available from local healthcare coalitions and federal, state and local public health partners (i.e., public health emergency preparedness and response staff) that can cover your PPE needs based on your burn rate and ability to procure more PPE when needed?
- Use the Personal Protective Equipment (PPE) Burn Rate Calculator to help you plan and optimize the use of PPE during the response to coronavirus disease 2019 (COVID-19).

Evaluate Availability of Other Respirators in Your Inventory

- Are there NIOSH-approved respirators that meet or exceed the level of protection of N95 FFRs available in your inventory or from the supply chain to cover your PPE needs?
- Are there NIOSH-approved respirators available from local healthcare coalitions and federal, state and local public health partners (i.e., public health emergency preparedness and response staff) that can cover your PPE needs?
- Other devices that can be used include N99, N100, P95, P99, P100, R95 R99 and R100 FFRs, elastomeric respirators and powered air-purifying respirators (PAPRs).
- The use of these devices is included in the conventional capacity strategies to conserve the supply of N95 FFRs.

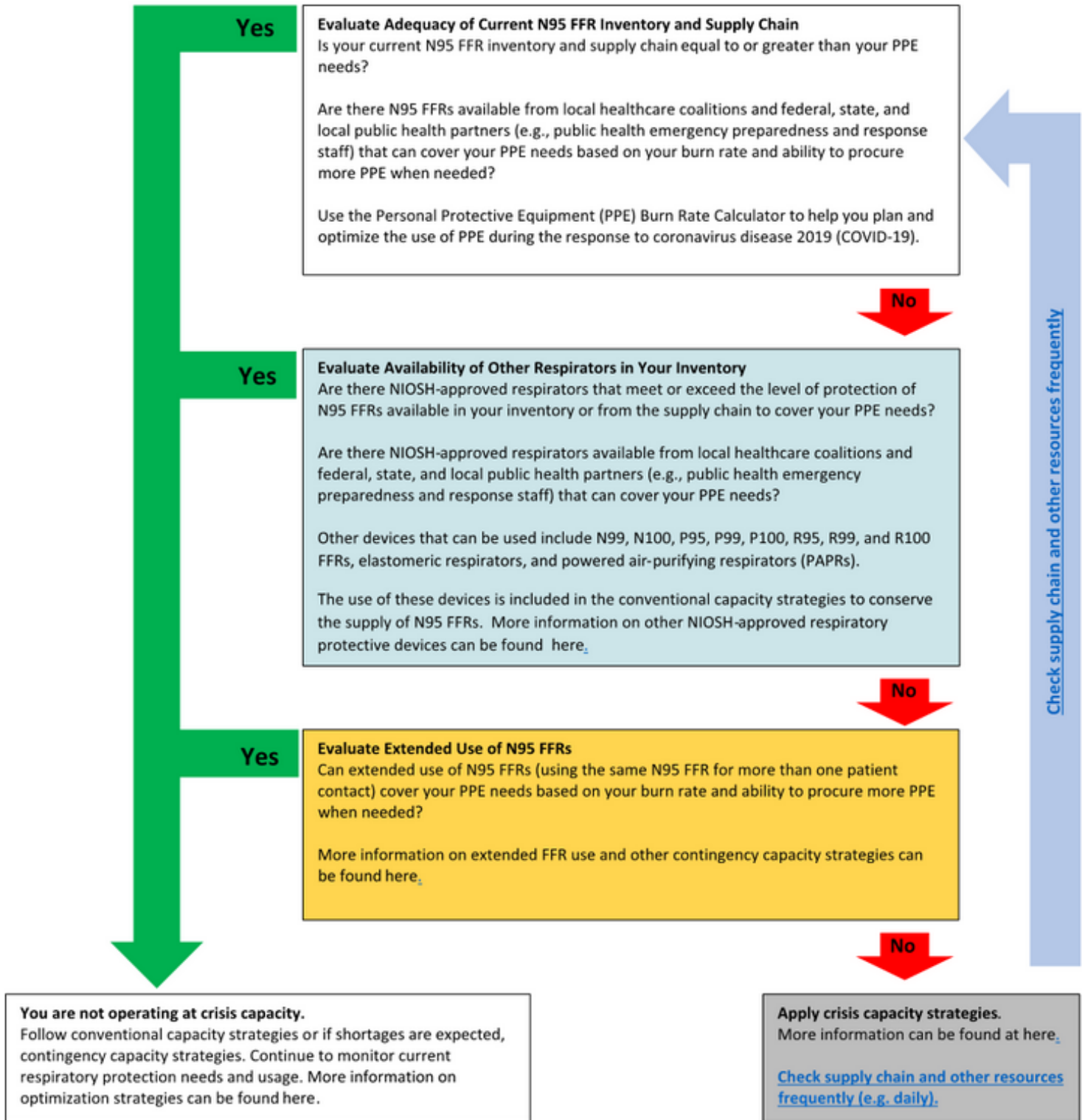
Evaluate Extended Use of N95 FFRs

- Can extended use of N95 FFRs (using the same N95 FFR for more than one patient contact) cover your PPE needs based on your burn rate and ability to procure more PPE when needed?
- **If Yes to Any Scenario** – You are not operating at crisis capacity. Follow conventional capacity strategies or if shortages are expected, contingency capacity strategies. Continue to monitor current respiratory protection needs and usage.
- **If No to any scenario** – Apply crisis capacity strategies. Check supply chain and other resources frequently (i.e., daily).

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This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

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<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>

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