

## Issue Brief

# Personal Protective Equipment (PPE) Shortages: Considerations for Donation Management and Homemade Equipment

March 25, 2020 (Updated as of 9 p.m. ET)

### OVERVIEW

On March 17, CDC issued [guidance](#) for optimizing the supply of personal protective equipment (PPE) in response to shortages connected to the COVID-19 pandemic. CDC's guidance indicates homemade masks should only be used as a last resort and in combination with a face shield. To address these shortages, state and territorial health agencies have implemented donation management procedures and provided guidance for the use of homemade masks. Below are policy examples and resources state and territorial health leaders can consult as they craft strategies in their own jurisdictions.

### STATE AND TERRITORIAL POLICY ACTIONS

Health agencies are actively seeking PPE donations and issuing guidance regarding homemade masks:

- **Connecticut** [activated](#) a framework for PPE donations through the state's 2-1-1 system.
- The **Tennessee** Department of Military [established](#) a donation management system.
- **Texas** [unveiled](#) an online portal allowing people to provide leads on PPE and make donations.
- **Rhode Island** and **Utah** have developed forms for cataloguing prospective PPE donations.
- **New York state** is [requesting](#) that all PPE providers sell non-essential PPE products to the state.
- **Illinois** is [accepting](#) unopened PPE donations for first responders.
- **Washington state** healthcare workers [launched](#) a PPE donation portal.
- Several hospitals are [requesting](#) donations of unused surgical and N95 masks.
- **Arizona**, **Kansas**, **Michigan**, and **Vermont** have issued statements acknowledging their commitment to [CDC's updated guidance](#) regarding homemade PPE.

### CONSIDERATIONS

State and territorial health agencies may adopt the following strategies to mitigate PPE shortages:

- Implement [measures](#) preserving PPE and ask healthcare facilities to employ PPE prioritization plans, such as those in **Massachusetts** or **Washington state**.
- [Instruct](#) facilities to postpone elective surgery or encourage them to use telehealth practices.
- [Prohibit](#) distribution of PPE without health department knowledge.
- Ask facilities to review PPE inventory frequently and evaluate supply chain and PPE [burn rates](#). Consider that burn rates may be under- or overreported.
- If appropriate, engage non-profit organizations to facilitate donations.
- Encourage businesses and institutions to [develop](#), [manufacture](#), or [donate](#) PPE.
- Examine the feasibility of redirecting PPE from over-the-counter outlets, dentist offices, or veterinary offices to clinical care providers involved in the response.
- Remind facilities to review and follow PPE manufacturing guidance, keeping in mind that all respirators and masks should be [NIOSH-approved](#).

- Consider liability concerns should healthcare personnel using homemade PPE become exposed to COVID-19. Work with state public health lawyers to verify legal parameters.
- Communicate the need for PPE and discourage waste, hoarding, and price-gouging.

## RESOURCES

- [Strategies to optimize facemasks and guidance about homemade facemasks](#). CDC. March 2020.
- [A cluster randomized trial of cloth masks compared with medical masks in healthcare workers](#). BMJ. MacIntyre, et. al. 2015.
- [Testing the efficacy of homemade masks: Would they protect in an influenza pandemic?](#) Disaster Med and PH Prep. Davies, et. al. 2013.
- [Conserving supply of personal protective equipment--A call for ideas](#). JAMA. Bauchner, et.al. March 2020.
- Homemade PPE Instructions: Models and examples are available from [Emerging Infectious Diseases](#), [Ballad](#), and [UC Davis Health](#).

For feedback or follow-up questions, please email [preparedness@astho.org](mailto:preparedness@astho.org).