

# EXECUTIVE SUMMARY: What Health Care Employers Should Know About Protective Clothing, from CDC and FDA Guidance Memos

## CHAPMAN LAW GROUP

If you wear any type of garment that's labeled as fluid-resistant, are you fully protected from blood, body fluids and other potentially infectious materials? Not necessarily. Protective clothing could have various critical fabric and/or clothing properties.

The same thing with masks. Unlike respirators, surgical masks don't seal tightly to the wearer's face, so they don't provide a reliable level of protection from airborne particles — like germs.

The CDC has [guidance here](#), which covers protective clothing and their barrier types, fabric properties and design effectiveness.

But what good is this when a potential supply/demand crisis could be looming?

The demand for personal protective equipment — surgical masks, surgical and isolation gowns, goggles, surgical suits — could outpace the supply available to health care facilities.

The FDA knows this, and they're working with surgical mask and gown manufacturers to get a better handle on the supply chain and avoid widespread shortages.

The FDA has [recommendations here](#) on what you can do based on the stock you have on hand at your health practice.

### **1. If you have an adequate supply level:**

A. For surgical masks, follow CDC and HICPAC standard guidelines.

B. For gowns, use:

1. gowns with Level 1 and 2 barrier protection for non-surgical matters or matters with a low risk of contamination;
2. gowns with Level 3 and 4 barrier protection for surgery and invasive procedures that have a medium to high risk of contamination; and
3. non-surgical isolation gowns for routine care of patients suspected to be infected with COVID-19.

### **2. If you have a limited supply level:**

A. Consider wearing the same surgical mask, preferably an extended-use mask

B. If there's a gown shortage, prioritize based on activity and whether you're more likely to be exposed to germs via direct contact such as:

1. suctioning and respiratory procedures;
2. care activities where sprays and splashes are expected; and
3. high-contact patient care where you're most likely to transfer germs to your hands or clothing, like wound care, assisting a patient with bathroom duties, and providing hygiene.

**3. If you're at a crisis level:**

A. Extend single-use gowns usage by wearing them to treat patients with the same infectious disease diagnosis, and who are maintained in a confined area; replace the gown if it gets contaminated.

B. Use FDA-cleared, unexpired surgical masks for matters when you and/or your patient need to be protected from exposure to blood and body fluids; and reuse masks when doing activities that have a low transmission risk, like dispensing meds.

**IMPORTANT:** In this time of reduced supply, be cautious — counterfeit masks and gowns can make their way into the market.

If you have potential or actual supply issues, the FDA has an email set up; write to [deviceshortages@fda.hhs.gov](mailto:deviceshortages@fda.hhs.gov).

And if you have questions or concerns over following proper protocol as the Coronavirus situation continues, we at Chapman Law Group urge you to contact us. Our health care law attorneys have been watching the COVID-19 developments carefully, and we are here to help you maintain compliance while keeping you and your practice safe. Contact us today so we may assist you during this crucial time in health care.