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COVID-19 and Personal Protection Equipment (PPE)

COMMITTEE ON ENERGY & COMMERCE

What is personal protective equipment (PPE)?

- PPE encompasses a broad category of items including gloves, gowns, and masks that are designed to protect the wearer from injury or the spread of infection or illness.
- There are two types of PPE masks: [N95 respirators and surgical masks](#). [N95 respirators are tighter fitting and thicker than surgical masks](#). [While surgical masks can block only large-particle droplets, N95 respirators filter out 95 percent of all airborne particles when used correctly](#).
- The Centers for Disease Control and Prevention (CDC) [recommends](#) that masks only be used by people with infectious respiratory illness and health care workers and first responders who treat or otherwise come in contact with people with infectious respiratory illness.

Why are there PPE shortages?

- Reportedly, the hospital shortages of PPE stem not only from global supplies being depleted after the prolonged COVID-19 outbreak in China, but also because of a surge in purchasing of masks and other PPE by non-health care professionals here and abroad.
- This shortage could endanger availability of PPE for hospitals and health systems and weaken the coronavirus response in the United States.

What is the supply status of other medical devices and components?

- In the most acute cases, COVID-19 causes severe respiratory distress and possibly even respiratory failure. Ventilators are often needed to help breathe for the patients while their lungs heal.
- The surge in hospitalizations due to severe respiratory distress caused by COVID-19 has increased demand for these devices. As COVID-19 continues to spread in the coming weeks, this demand is projected to dramatically increase.
- Additionally, while access to diagnostic testing continues to expand, there is a shortage in some communities of certain components necessary to conduct such tests (which are also medical devices), such as reagents necessary for testing solutions and the sterile swabs necessary to collect specimens. There is also a concern that shortages could emerge where they do not currently exist.

What has been done at the federal level to address these shortages?

- To address the shortages of masks, [the Food and Drug Administration \(FDA\) has worked with CDC](#) to allow health care workers and first responders to use similar respirator masks approved by the National Institute for Occupational Safety and Health (NIOSH) — not currently regulated by the

FDA, and typically used in construction and manufacturing — during the COVID-19 outbreak.

- In response to potential shortages, CDC has issued [Interim Infection and Prevention Control Recommendations](#), indicating that “alternatives to N95s should be considered.” These include other classes of filtering facepiece respirators (FFRs), elastomeric half-mask and full facepiece air purifying respirators, and powered air purifying respirators (PAPRs) where feasible.
- The federal government’s [Strategic National Stockpile \(SNS\)](#) of medical supplies includes 12 million medical-grade N95 masks and 30 million surgical masks — only about one percent of the 3.5 billion that the Department of Health and Human Services (HHS) estimates the country will need if the pandemic lasts at least a year.
- HHS [announced](#) last week that the federal government had put in a guaranteed order for 500 million N95 masks over the next 12-18 months, a move it said would encourage manufacturers “to immediately increase production of N95s for use by health care professionals.”
- The Pentagon has [announced](#) that they will be providing 5 million masks from Department of Defense stockpiles, to the SNS, with the first one million being made available to HHS immediately, and up to 2,000 deployable ventilators. [There are approximately 160,000 ventilators currently in U.S. hospitals and approximately 12,600 in the SNS.](#)
- For diagnostic tests, FDA has provided information to health care providers on where test components, such as swabs, can be substituted with alternative products. This information can be found [here](#). For individuals who have questions about shortages, or would like to report shortages of testing supplies, FDA has established a 24-hour toll-free line: 1-888-INFO-FDA, choose option *.
- Through an [executive order](#), the Administration has also invoked the [Defense Production Act \(DPA\)](#), which confers broad presidential authorities to mobilize domestic industry in service of the national defense, defined in statute as various military activities and “[homeland security, stockpiling, space, and any directly related activity](#)” including emergency preparedness activities under the Stafford Act, which has been used for public health emergencies.
- This executive order delegated this authority to [HHS Secretary Azar](#) to order production and distribution of health care supplies if necessary and as needed. Secretary Azar, however, has yet to order production.

What can you tell your local health care providers and first responders when they ask about shortages?

- Local providers and responders should first be directed to your state health department. Some state health departments keep their own stockpiles of PPE and other devices for emergency purposes.
- If your state health department does not have additional PPE or other devices available for distribution, state governments are able to request federal assistance from the [Strategic National Stockpile](#). To request items, state officials should send a single request to: HHS.SOC@HHS.gov.
- HHS has reported to staff that all 50 states have requested some form of PPE from the SNS. Shipments have either been completed or are in process.