



April 2, 2020

Cal/OSHA Interim Guidance on COVID-19 for Health Care Facilities: Severe Respirator Supply Shortages

Note: This Interim Guidance is Subject to Change as the Situation Evolves

Summary

This guidance is intended to help healthcare and other employers covered by Cal/OSHA's Aerosol Transmissible Diseases (ATD) Standard (title 8 [section 5199](#)). The guide provides assistance with respirator requirements for covered employers who care for suspected or confirmed COVID-19 patients. Covered employers must also take appropriate measures to acquire respirators, maximize respirator supplies, and reduce the need for respirator use.

Surgical Masks Must be Provided When Respirators are not Available

In non-emergency conditions, covered employers must provide and ensure use of NIOSH certified respirators to all employees occupationally exposed to novel pathogens such as SARS- CoV-2.

However, for the current COVID-19 crisis, covered employers must provide surgical masks when the respirator supply is insufficient for anticipated surges or when efforts to optimize the efficient use of respirators does not resolve the respirator shortage. Surgical masks can only be used for lower hazard tasks involving patient contact.

Employees must be protected by NIOSH certified powered air-purifying respirators (PAPRs) during high hazard tasks and aerosol generating procedures. N95 respirators may be used when PAPRs are unavailable due to a surge.

When using surgical masks instead of respirators, the employer must certify that:

- Full compliance with the ATD Standard would exhaust respirator supplies needed to address surge or anticipated surge, despite reasonable efforts to obtain additional respirators and maximize existing respirator supplies as described below.
- The employer complies with all recommendations in the Centers for Disease Control and Prevention (CDC) guidelines: [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)

Required Employee Protection when Respirators Are Not Available

Although it may not be possible to provide respirators in accordance with Cal/OSHA standards during severe shortages, all other provisions of Section 5199 remain in full effect, including but not limited to:

1. Ensuring source control procedures are in effect whenever employees are not using a respirator, including masking of suspected and confirmed COVID-19 patients unless not possible for medical reasons.
2. Work practices that minimize the number of employees exposed to infectious aerosols.
3. Ensuring surgical masks are not used for high hazard (aerosol-generating) procedures or nasopharyngeal and oropharyngeal swab specimens.
4. Using the strategies below to maximize respirator supplies.
5. Contacting the local emergency management agency to access stockpiled respirators from local, state and federal sources.
6. Training employees on additional precautions to use when respirators are not available to care for suspected and confirmed COVID-19 patients, and when surgical masks are not an appropriate substitute. Informing employees and their representatives that the changes are per CDC guidance which are in effect until respirator stockpiles can be restored, and keeping them updated on status changes.
7. Complying with the ATD Standard, including respirator requirements, once respirator supply chains are restored.

Strategies for Conserving Existing Respirator Supplies

Covered employers should use the following strategies to maximize their respirator supply.

- **Use non-disposable respirators instead of filtering facepiece respirators**
Elastomeric half-mask, full-facepiece and powered air-purifying respirators (PAPRs) can be disinfected and re-used multiple times.
- **Use filtering facepiece respirators for extended periods**
Health care employees may be able to keep the same respirator on during encounters with several patients without removing the respirator between patient encounters. Employers must ensure that the respirators are kept clean, sanitary, and in good working order at all times.
- **Develop policies for employees to reuse (redon) a filtering facepiece respirator**
Generally filtering facepiece respirators should not be reused, particularly for diseases such as COVID-19 for which contact precautions are recommended. Facilities should develop procedures for safe reuse of filtering facepiece respirators, which include removal (doffing), safe storage, inspection and donning. Employers may adopt methods for sanitization between uses, so long as they effectively destroy pathogens, do not compromise the respirator functionality and effectiveness, are shown to not off-

gas during use, and comply with [CDC's latest recommendations](#). Employees must be trained in the employer's procedures.

- **Use industrial filtering facepiece respirators in health care**

On March 2, 2020, the U.S. Food and Drug Administration (FDA) issued an [Emergency Use Authorization](#) (EUA) allowing the use of certain industrial N95 respirators in health care settings.

- **Use filtering facepiece respirators after their expiration date**

NIOSH has approved use of certain expired filtering facepiece respirators under specific conditions. See [Release of Stockpile N95 Filtering Facepiece Respirators Beyond the Manufacturer-Designated Shelf Life: Consideration for the COVID-19 Response](#)

- **Use filtering facepiece respirators certified to a foreign standard**

On March 24, 2020, the FDA issued a [Non-NIOSH Approved Respirator Emergency Use Authorization](#) allowing use of non-NIOSH-approved respirators in healthcare that have been approved in other countries. Respirators not currently on this list may be submitted to the FDA for EUA. The [CDC](#) recognizes several standards as equivalent to the NIOSH N95 certification.

- **Allow employees to wear their own PPE if it complies with Cal/OSHA requirements**

Title 8 CCR Section 3380 permits employee-provided PPE as long as the employer ensures the PPE complies with Cal/OSHA standards and is properly maintained. Employers should not prohibit employee-provided PPE in compliance with Cal/OSHA standards when the employer is unable to provide it. Disciplining an employee for choosing to bring compliant PPE to work could subject the employer to claims of retaliation claims under Sections 1102.5 and 6310 through 6312 of the Labor Code.

Additional Resources

- Centers for Disease Control and Prevention. [Strategies for Optimizing the Supply of N95 Respirators: Crisis/Alternate Strategies](#)
- Centers for Disease Control and Prevention. [Decontamination and Reuse of Filtering Facepiece Respirators using Contingency and Crisis Capacity Strategies](#)
- National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention. [Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings](#)
- National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention. [Release of Stockpile N95 Filtering Facepiece Respirators Beyond the Manufacturer-Designated Shelf Life: Consideration for the COVID-19 Response](#)

- Cal/OSHA. Aerosol Transmissible Diseases Standard, [title 8 section 5199](#)
- U.S. Food and Drug Administration. [Letter to Manufacturers of Imported, Non-NIOSH- Approved Disposable Filtering Facepiece Respirators](#)
- U.S. Food and Drug Administration. [Non-NIOSH Approved Respirator EUA FAQ](#)
- U.S. Food and Drug Administration news release. [Coronavirus \(COVID-19\) Update: FDA and CDC take action to increase access to respirators, including N95s, for health care personnel](#)