



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

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Summary

This guidance is for healthcare and other employers covered by Cal/OSHA's Aerosol Transmissible Diseases (ATD) Standard ([title 8 section 5199](#)). It discusses respirator requirements for covered employers who care for suspected or confirmed COVID-19 patients when there are severe respirator shortages. This guidance replaces previous guidance of June 12, 2020, regarding respirator use during severe respirator supply shortages. While supply chains for obtaining respirators are not fully restored, the supply of respirators for hospitals and other employers involved in patient care has improved to a point that prioritization of respirators for high hazard procedures and some other optimization strategies are not currently necessary. This guidance also contains new optimization strategies to reduce the use and destruction of respirators during the fit testing process. This guidance is subject to change as circumstances evolve.

WARNING: Respirators must always be immediately available to health care workers who may be called upon to perform emergency aerosol generating procedures on suspected or confirmed COVID-19 patients.

Engineering and Work Practice Controls

Regardless of respirator availability, employers must comply with all other provisions of Section 5199 at all times, including but not limited to:

- Engineering controls to minimize the number of employees exposed to suspected and confirmed COVID-19 patients and infectious aerosols. This includes using barrier enclosures that cover a patient's head and upper body that are [authorized by the U.S. Food and Drug Administration](#).
- Ensuring source control procedures are used whenever employees are not using a respirator, including the masking of suspected and confirmed COVID-19 patients unless not possible for medical reasons.
- Implementing work practices that minimize the number of employees exposed to suspected and confirmed COVID-19 patients and infectious aerosols.
- Providing and ensuring all employees exposed to aerosol generating procedures use powered air-purifying respirators or another respirator which provides equivalent or greater protection. If PAPRs are unavailable and cannot be obtained, an N95 respirator is the minimum protection that should be used and more protective respirators should be used if available, such as elastomeric half-mask or full-face respirators, which are more likely to seal well to the face and achieve a better fit factor.
- Training employees on additional precautions and changes to the ATD Plan when respirators cannot be obtained, or when there are changes to procedures such as respirator reuse or extended use.
- Informing employees and their representatives that the changes are only in effect until respirator supplies can be restored, and keeping them updated on status changes.

NIOSH Certified Respirator Requirements

In situations where there is no critical shortage, covered employers must provide and ensure the use of NIOSH certified particulate respirators by all employees occupationally exposed to novel pathogens such as SARS-CoV-2, the virus that causes COVID-19.

Acceptable Optimization Strategies to Extend Respirator Use

While there are still respirator shortages in some sectors, California health care providers are no longer experiencing an extreme respirator shortage. Manufacturers are increasing respirator production. Many manufacturers and distributors make respirators available to employers through allocation protocols. In addition, state and local governments are procuring respirators to support health care facilities.

All employers should continue efforts to obtain a sufficient supply of NIOSH certified respirators through private supply chains. Non-NIOSH certified respirators must not be used where respirators are required to address the risk of occupational exposure to COVID-19.

The following methods may still be used to extend supplies of N95 respirators. A mixture of the respiratory protection methods may be used, provided higher-level protections are implemented first. Surgical masks cannot be used where a respirator is required.

1.0 Use reusable NIOSH certified respirators instead of disposable filtering facepiece respirators

Elastomeric half-mask, full-facepiece respirators, and powered air-purifying respirators (PAPRs) equipped with particulate filters can be disinfected and reused multiple times. Although there is no evidence documenting contamination of the sterile field from the use of a respirator with exhalation valve, employees can use a face shield with a drape as source control when using an elastomeric respirator in the sterile field if the face shield or drape do not interfere with the respirator. There may be other public health regulations regarding respirators with exhalation valves that may apply, which Cal/OSHA does not enforce.

2.0 Use NIOSH certified industrial filtering facepiece respirators

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.

3.0 Allow employees to wear their own respirator if it complies with Cal/OSHA requirements

Title 8 section 3380 permits employee-provided personal protective equipment (PPE) as long as the employer ensures the PPE complies with Cal/OSHA standards and is properly maintained. Employers cannot prohibit employee-provided PPE in compliance with Cal/OSHA standards when the employer fails to provide it. Disciplinary actions against employees who wear their own PPE may subject the employer to retaliation claims under Labor Code sections 1102.5 and 6310 through 6312.

4.0 Use Fit Testing Methods that Maximize Respirator Supplies and Fit Testing Efficiency

Initial respirator fit testing is required before an employee uses a respirator, or when an employee changes to a different model, make, or size of respirator. There are no changes to these requirements.

Annual respirator fit testing is also required. To reduce usage of respirators and prioritize fit testing equipment and supplies for fit testing of new models, Cal/OSHA will allow a 90-day delay for meeting annual fit testing requirements provided there are no changes an employee's physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

Employers can use qualitative fit testing in accordance with [title 8 section 5144 Appendix A](#) to help conserve respirator supplies. Qualitative fit testing does not damage the respirator so that the

respirator used during the test can be used on the job by the employee who was tested.

Employers may also use modified quantitative fit testing methods in accordance with federal standards contained in [title 29 Code of Federal Regulations section 1910.134 Appendix A](#). These modified methods allow for faster quantitative fit testing.

5.0 Use certain expired NIOSH certified filtering facepiece respirators

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

6.0 Use methods to extend the use of existing stocks of filtering facepiece respirators

6.1 Extended use of respirators

Extended use occurs when health care employees use the same respirator 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.

Extended use is practiced when multiple patients are infected with the same respiratory pathogen and patients are placed together in dedicated areas (cohorting). When patients are cohorted together:

- The maximum recommended respirator extended use period is 8–12 hours.
- Respirators should be removed and carefully stored in a clean paper bag before activities such as meals, restroom breaks, and other breaks and then re-donned and worn through the remainder of the shift. The respirator must be discarded if at any time it becomes contaminated or does not fit or function correctly.

6.2 Store disinfected filtering facepiece respirators in case of future shortages

Used filtering facepiece respirators may continue to be disinfected but should not be reused at this time. They may be retained for use in the event of a future respirator shortage. For employers that continue to disinfect for future shortages, ethylene oxide cannot be used. The [FDA's emergency use authorizations for disinfecting respirators approved procedures](#) are located on their website at: <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/decontamination-systems-personal-protective-equipment-euas>.

Additional Resources (for reference and information; not all guidance from other resources is consistent with Ca/OSHA requirements):

- 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. [Respiratory Protection During Outbreaks: Respirators versus Surgical Masks](#)
- 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](#)

- National Personal Protective Technology Laboratory, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention. **Assessment Of Filter Penetration Performance For Non-NIOSH Approved Respirators**
- Cal/OSHA. Aerosol Transmissible Diseases Standard, **title 8 section 5199**
- U.S. Food and Drug Administration. **Protective Barrier Enclosures**
 - **Fact Sheet for Healthcare Providers**
 - **Fact Sheet for Patients**