Type of Control	Conventional Capacity Strategies	Contingency Capacity Strategies – impending PPE shortages	Crisis /Alternative Strategies – severe PPE shortages

Administrative	• Limit number of patients going to hospital or out patient setting
	• Consider visitor exclusions
	• Screening procedures to control infection at its source
	• Cohorting patients and healthcare workers
	• Just in Time fit testing
	• Restrict healthcare workers from entering the rooms of cases if they not involved in direct care.
	  ○ Consider bundling activities to minimize the number of times a room is entered (e.g., check vital signs during medication administration or have food delivered by healthcare workers while they are performing other care)
	• Ensure PPE use is rationalized and appropriate PPE should be used based on the risk of exposure (e.g., type of activity) and the transmission dynamics of the pathogen (e.g., contact, droplet or aerosol).
		• Decrease length of hospital stay for medically stable patients, including those infected with the agent of concern.
		  ○ If patients cannot be discharged to home for social rather than medical reasons, public health officials might need to identify alternative non-hospital housing where those patients can convalesce.
		• Consider using telemedicine to evaluate suspected cases
			• Exclude HCP at higher risk for severe illness the infectious agent of concern, from contact with known or suspected cases
			  ○ older age, those with chronic medical conditions, or those who may be pregnant
			• Designate convalescent HCP for provision of care to known or suspected cases
			  ○ Clinically recovered (may have protective immunity)

Engineering Controls	• Isolation in Airborne Infection Isolation Rooms • Use of physical barrier (i.e. Plexiglas) at areas where patients first present • Properly maintain ventilation systems	•	• Increase fresh air to closer to 100%

Personal Protective Equipment and Respiratory Equipment	• Proper use of respiratory protection by HCP requires a comprehensive respiratory protection program (including medical clearance, training, and fit testing)
	• Use of alternative respirators
	  ○ filtering facepiece respirators
		• Use of N95 respirators beyond the manufacturer-designated shelf life for training and fit testing
		• Might not perform to requirement, best to use for fit testing and training
		• Extended use of N95 respirators
		  ○ Wear same N95 for repeated
			• Use of respirators beyond the manufacturer-designated shelf life for healthcare delivery
			  ○ HCP to perform seal check prior to use
			  ○ Not applicable for

	(e.g. P-100) ○ PAPRs	close contact with several patients without removing • Limited re-use of N95 respirators for tuberculosis ○ Up to 5 times (if no manufacturer guidance), store in breathable paper bag, not to be shared amongst HCP	surgical settings • Use of respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators • Limited re-use of N95 respirators for patients infected with agent of concern • Use of additional respirators beyond the manufacturer-designated shelf life for healthcare delivery ○ Up to 5 times (if no manufacturer guidance), store in breathable paper bag, not to be shared amongst HCP • Prioritize the use of N95 respirators and facemasks by activity type ○ Refer to table 2 for mask based on activity • HCP use of non-NIOSH approved masks or homemade masks ○ Absolute last resort, caution must be exercised