



Personal Protective Equipment: Suggestions for Alternative Strategies for Behavioral Health Providers

Currently, there is limited availability of Personal Protective Equipment (PPE) across the health care system, and behavioral health care providers are being impacted. Anecdotal evidence shows alternative strategies for PPE can be used to protect health care professionals from exposure to COVID-19.

BHSB consulted local health experts and the Baltimore City Health Department to identify highlights from the CDC PPE and Equipment guidance for alternative strategies. The CDC's COVID-19 response guidance is rapidly changing, therefore, BHSB recommends checking back to their [PPE and Equipment webpage](#) for updates. *These alternatives are not well-tested/researched practices and should be interpreted as suggestions for last resort.*

Face Masks: Consider extended use or reuse of the face mask.

Extended use means wearing the same mask for several encounters with multiple consumers, without removing the mask between encounters.

Reuse means using the same mask for multiple encounters with consumers but removing it after each encounter and storing it in clean salable paper bag or breathable container between uses.

Homemade masks can provide protection and reduce HCP exposure to COVID-19. The CDC recommends a cotton cloth, such as a t-shirt, bandana, or scarf, to cover the mouth. The cloth mask should be sanitized daily by washing or boiling in water.¹ Use caution when considering this option since its capability to protect health care professionals (HCP) is unknown.

Eye Protection: Safety glasses or goggles with extensions to cover the side of the eyes can offer protection. Wipe inside, then outside with neutral detergent solution or cleaner wiped, then wipe outside with disinfectant solution, then wipe outside with clean water or alcohol, and air dry. Wear gloves while cleaning and perform hand hygiene when completed.²

¹Centers for Disease Control, *Strategies for Optimizing the Supply of N95 Respirators: Crisis/Alternate Strategies*, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html>

²Centers for Disease Control, *Strategies for Optimizing the Supply of Eye Protection*, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>

Protective Clothing: Long-sleeved disposable lab coats or aprons, or reusable long-sleeved lab coats or aprons can offer some protection to behavioral health care staff when surgical gowns are not available. Reusable clothing should be laundered in hot water every day.³ It is important to note, these options are not considered PPE, since their capability to protect HCP is unknown.

N95 Respirators: N-95 masks are technically respirators and as such must be fit tested, and an employer must have a Respiratory Exposure Control Plan that includes fit testing. Respirators are to be conserved by only using them for aerosol-generating procedures (*which behavioral health providers are not likely doing*). Even collecting a swab specimen through the nose to the back of the throat that makes people expel respiratory droplets in the process (i.e. conducting a test for COVID-19) does not require an N-95, only respiratory droplet and contact precautions (such as masks and eye protection).

³ Centers for Disease Control, *Strategies for Optimizing the Supply of Isolation Gowns*, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html>