



STRATEGIES TO OPTIMIZE PERSONAL PROTECTIVE EQUIPMENT – GOWNS

These practices can be temporarily used or considered during periods when there is suspected or known shortage of isolation gowns.



SHIFT GOWN USE TOWARDS CLOTH ISOLATION GOWNS

Gowns made of polyester or polyester-cotton fabrics can be safely laundered according to routine procedures and reused

Care should be taken to ensure that staff do not touch outer surfaces of the gown during care

Systems are established to routinely inspect, maintain and replace reusable gowns when needed (e.g., when they are thin or ripped)

CONSIDER USE OF COVERALLS

Coveralls typically provide 360-degree protection because they are designed to cover the whole body

Staff unfamiliar with the use of coveralls must be trained and practiced in their use, prior to using during resident care

EXTENDED USE OF ISOLATION GOWNS

The same gown is worn by the same staff member when interacting with more than one patient known to be infected with the SAME infectious disease when these patients are housed in the same location (i.e., COVID-19 residents residing in an isolation cohort)

This CANNOT be considered if residents also have other infectious diagnoses transmitted by the contact among residents (such as *Clostridioides difficile*)

If the gown becomes visibly soiled, it must be removed and discarded

RE-USE OF CLOTH ISOLATION GOWNS

Disposable gowns are not typically amenable to being doffed and re-used because the ties and fasteners typically break during doffing

The goal of this strategy is to minimize exposures to staff and not necessarily to prevent transmission between patients

Any gown that becomes visibly soiled during care should be removed and laundered

Reference: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html>



FREQUENTLY ASKED QUESTIONS?

Q. What is the difference between a gown and coveralls

R. *Gowns are easier to put on and, in particular, to take off. They are generally more familiar to healthcare workers and hence more likely to be used and removed correctly. These factors also facilitate training in their correct use. Coveralls typically provide 360-degree protection because they are designed to cover the whole body, including the back and lower legs, and sometimes the head and feet as well. Surgical/isolation gowns do not provide continuous whole-body protection (e.g., they have possible openings in the back, and typically provide coverage to the mid-calf only). The level of heat stress generated due to the added layer of clothing is also expected to be less for gowns when compared to coveralls due to several factors, such as the openings in the design of gowns and total area covered by the fabric.*

Q. What do we do if we don't have any gowns?

R. *In situation of severely limited or no available isolation gowns, the following pieces of clothing can be considered as a last resort for care of COVID-19 patients as single use. However, none of these options can be considered PPE, since their capability to protect HCP is unknown.*

Preferable features include long sleeves and closures (snaps, buttons) that can be fastened and secured:

- *Disposable laboratory coats*
- *Reusable (washable) patient gowns*
- *Reusable (washable) laboratory coats*
- *Disposable aprons*

Combinations of clothing: Combinations of pieces of clothing can be considered for activities that may involve body fluids and when there are no gowns available:

- *Long sleeve aprons in combination with long sleeve patient gowns or laboratory coats*
- *Open back gowns with long sleeve patient gowns or laboratory coats*
- *Sleeve covers in combination with aprons and long sleeve patient gowns or lab coats*

Facilities should also provide training about how to don (put on) and doff (take off) all PPE including gowns.

<https://www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf>