**New Mexico Medical Advisory Team (MAT) Assessment**

**MAT Workgroup Name:** Clinical Care  
**Date:** May 27, 2020

<table>
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<th>Question or request:</th>
<th>What approaches should be taken by the State of New Mexico as well as individual healthcare facilities (hospitals, medical clinics, long term care facilities, etc.) across the state to ensure a continued adequate supply of Personal Protective Equipment (PPE) until a SARS-CoV-2 vaccine or treatment becomes widely available?</th>
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<td><strong>Background/Introduction:</strong></td>
<td>PPE utilization has increased from 30x-50x prior utilization levels because of the SARS-CoV-2 pandemic coming to the United States. It is not feasible to expect that production of PPE supplies could be increased 50-fold in the same timeframe to keep up with this demand, which has created not only nationwide but global shortages of PPE. In order to address these shortages, states and healthcare facilities/providers must consider:</td>
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| - **PPE Conservation Strategies** – including extended use, reprocessing and reuse (addressed in prior PPE Subgroup recommendations)  
- **PPE Supply Maximization Strategies** – including both state-level and individual organization-level |

Contingency modes of current operations should not be normalized as conventional operations. The current supply chain challenges are likely to continue throughout 2020 until an effective and approved treatment and/or vaccine for SARS-CoV-2 can be identified. Contingency mode is expected to persist until significant changes in supply chains can move us back to a conventional approach.

| Recommendation/s in bullet form: | Two factors determine the availability of PPE:  
1. Rate of PPE utilization  
2. Rate of PPE replenishment |

The following recommendations are grouped around strategies to decrease PPE consumption and increase PPE supply.

**Strategies to Decrease PPE Consumption**

**State of New Mexico**

1. Stay-at-Home Public Health Orders  
2. Statewide Testing strategy and anticipation of possible bottlenecks in test kits, supplies, manpower, etc.  
3. Robust contact tracing program  
4. COVID-19 cohorting healthcare facilities to limit the number of people and places where PPE needs to be deployed  
   a. Support the identification of COVID cohorting healthcare facilities of varied types (e.g. skilled nursing facilities, acute rehabilitation hospitals) as part of contingency and crisis standards of care

**Healthcare Providers and Facilities**

1. Enact environmental and administrative controls such as social distancing, limiting of visitors, physical barriers (droplet and contact), telehealth (as practicable), etc.  
2. Practice PPE conservation, including extended use, reprocessing and reuse as appropriate, in addition to using the most appropriate PPE (especially masks/respirators) for different settings and activities  
3. Developing external (to the facility) ancillary care locations to increase compliance with social distancing in smaller clinical spaces and waiting areas  
   a. Optimize external waiting for facility ancillary services (e.g. consider limiting face-to-face time to the limited necessary time)  
   b. Develop long-term plans for adjunctive ambulatory care facilities, such as a separate structure on-site, to decongest clinics  
4. Increase provider-patient physical distancing through innovative telemedicine approaches in both the ambulatory and inpatient setting
5. Universal masking of staff and patients/visitors

Businesses and Private Individuals - reducing transmission in the workforce translates to reduced patient-load in healthcare and preservation of PPE supply for the healthcare settings
1. Stay at Home/Work from Home unless absolutely necessary – especially those who are particularly vulnerable such as the elderly and individuals with underlying health conditions
2. Limit the number of occupants within a business at any given time and enforce social distancing as practicable
3. Partition workspaces with clear plastic or walls (temporary office module walls) to promote social distancing and reduce close contact
4. Emphasize hand hygiene to reduce infection; limit hand shaking and physical contact
5. Screening staff for entry with temperature and symptom review
   a. For business models that require close extended personal contact, consider also screening customers
6. Universal masking of employees with cloth or homemade masks and non-medical respirators while in the workplace, except when eating or drinking
7. Universal masking of private individuals with cloth or homemade masks and non-medical respirators while in public, except when eating, drinking or exercising

Strategies to Increase PPE Supply
National – Supported via State of New Mexico Congressional Delegation
1. **Subsidize PPE production.** Similar to current national agricultural subsidies, PPE subsidies could be offered to ensure access to affordable PPE made in the United States, thus reducing reliance on foreign supply chain sources and contributing to economic growth domestically.
2. **Centrally versus Regionally Coordinated PPE Production and Distribution.** Regional or central producing and distribution of PPE could provide healthcare organizations PPE at or below cost, which is an approach being used internationally.
3. **Support teams of scientists and engineers to study reputable PPE producing manufacturers and develop innovative approaches.** Increase efficiency and reduce overall cost of domestically produced PPE. Internationally, this approach has increased production of surgical masks by a factor of 10.

State of New Mexico
1. **Maximally leverage the existing supply chain.** As feasible, bulk purchase and store PPE above current utilization levels with a primary focus on reusable N-95 (or greater) respirators, disposable N95 respirators, procedural/surgical masks, face shields/goggles, gloves, gowns, etc. for future COVID-19 pandemic peaks.
2. **Tax incentives or subsidies for manufacturing companies in New Mexico to produce/continue producing PPE.**
3. **Contract with major manufacturing companies to produce increased PPE when manufacturing capacity allows (e.g. between pandemic surges/peaks).** For maximal effectiveness, it would be prudent to partner in this endeavor with multiple states to ensure bulk purchase economies of scale. It should be noted that some companies may not be capable of increasing production beyond current levels during this short timeframe.
4. **Support teams of scientists and engineers to study reputable PPE producing manufacturers and develop innovative approaches.** Increase efficiency and reduce overall cost of locally produced PPE, which is a particular challenge with many local PPE producers.

Businesses and Private Individuals
1. **Continue development of innovations such as 3D printing.** While these may not yet be economically viable, continued development with a focus on increased efficiency and reduced cost will create domestic production that may be crucial for future times of crisis-level PPE, as well and long term domestic supply chain development.
2. **Create and patent new manufacturing processes for PPE.**
**Assessment:**
Based on current modeling, the PPE Subgroup is anticipating that the fall and winter, as SARS-CoV-2 mingles with seasonal influenza, will again stress our state’s healthcare system (perhaps in excess of the current period) in caring for an increased number of patients. Therefore, the Subgroup seeks to provide direction on actions that can ensure a sufficient supply of PPE for this inevitable increase in patients while the nation awaits an effective and approved treatment and/or vaccine.

**Red flags and concerns:**
Developing or scaling up manufacturing requires substantial up-front investment and commitment from the state to ensure its independent ability to meet the needs of its healthcare systems and providers. Sourcing of finished product from established supply chains may not prove sufficient; indeed, sourcing textiles and raw materials may also prove challenging. Creation of both textile manufacturing and assembly of finished products will create jobs and economic growth, but requires balancing with the capricious nature of the current pandemic and rate of scientific progress to identify treatments and a vaccine.

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**Resources/Reference:**
New Mexico COVID-Safe Practices