

FACT SHEET FOR PATIENTS

Emergency Use of the Airborne Isolation Hood

April 13, 2021

**Coronavirus
Disease 2019
(COVID-19)**

You are being given this Fact Sheet because you will be placed in an Airborne Isolation Hood.

The Airborne Isolation Hood is intended to be used by healthcare providers (HCPs) as an extra layer of barrier protection in addition to personal protective equipment (PPE) to prevent HCP exposure to pathogenic biological airborne particulates by providing temporary isolation of patients with suspected or confirmed diagnosis of coronavirus disease 2019 (COVID-19) when performing certain medical procedures, such as placing a breathing tube in your trachea to support your breathing and providing breathing treatments, or during patient transport within a hospital setting during the COVID-19 pandemic.

This Fact Sheet contains information to help you understand the risks and benefits of using the Airborne Isolation Hood for preventing the spread of COVID-19. After reading this Fact Sheet, if you have questions or would like to discuss the information provided further, please talk to your healthcare provider.

For up to date information on COVID-19, please visit the Center for Disease Control and Prevention (CDC) Coronavirus Disease 2019 (COVID-19) Webpage:

<https://www.cdc.gov/COVID19>

What is the COVID-19?

COVID-19 is caused by the SARS-CoV-2 virus. The virus can cause mild to severe respiratory illness and has spread globally, including the United States. The current information available to characterize the spectrum of clinical illness associated with COVID-19 suggests that symptoms include cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, headache, sore throat or new loss of taste or smell.

What is the Airborne Isolation Hood?

The Airborne Isolation Hood is a clear, rigid chamber made of transparent plastic that covers your

head and upper body and then filters respiratory particles from the chamber using negative airflow. The hood has ports allowing HCP's to have access to you while you remain isolated. The Airborne Isolation Hood provides a negative pressure environment around you using vacuum and oxygen to help protect the HCP from pathogenic biological airborne particulates.

The Airborne Isolation Hood is limited to use in a hospital setting, including for patient transport for temporary transfer with direct admission within the hospital in the presence of a registered nurse or physician.

You have the option to refuse this device. If you choose to decline use of this device, you should discuss any alternative options or questions/ concerns with your healthcare provider.

How does the Airborne Isolation Hood work?

An exhaust blower is connected to the Airborne Isolation Hood to create negative pressure and air flow. You will always receive supplemental oxygen while you are in the Airborne Isolation Hood device. Negative pressure inside the enclosure should help keep pathogenic biological airborne particulates from sneezes, coughs, and talking inside the enclosure. This should reduce the risk to HCP of becoming infected.

What are the known and potential benefits and risks with the Airborne Isolation Hood?

Known and Potential Benefits

- May prevent or minimize risk of HCP exposure to pathogenic biological airborne particulates.
- May aid as an extra layer of protection in addition to PPE.
- May allow a potentially safer method to perform standard, non-invasive respiratory treatments by containing and evacuating pathogenic biological airborne particulates.

How can I learn more? The most up-to-date information on COVID-19 is available at the CDC General Webpage: <https://www.cdc.gov/COVID19>. In addition, please also contact your healthcare provider with any questions/concerns.

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Known and Potential Risks

- Device malfunction may lead to oxygen deprivation of the patient and patient injury.
- Failure of the device may also increase the risk of possible contamination of HCP, or increased risk of release of pathogenic biological airborne particulates to the local environment and possible contamination of people in the surrounding area.
- Allergic reaction to materials.
- Failure of the device to work properly may lead to inadequate oxygen levels in the bloodstream for the patient causing a condition known as hypoxia or elevated carbon dioxide levels in the blood stream in a condition known as hypercarbia.
- Delayed emergency removal of the device may also result in harm to you
- Failure of the blower system will cause negative pressure to be lost and the efficacy of the hood will be reduced to that of a simple plastic barrier.
- Strain to healthcare workers during placement or removal of hood – similar to other heavy equipment. Hospital protocols for lifting heavy equipment should be followed.
- The hood corners and arm insertion portals can tear or compromise PPE making the health care worker more susceptible to contamination
- The addition of the enclosure to established PPE may increase the cognitive load on the health care worker leading to an increased incidence of medical error while establishing an airway.

Is the Airborne Isolation Hood FDA-approved or cleared?

No, the Airborne Isolation Hood is not U.S. Food & Drug Administration (FDA)-approved or cleared. The FDA has authorized this use of the Airborne Isolation Hood through an emergency access mechanism called an Emergency Use Authorization (EUA).

What is an EUA?

The United States FDA has made the Airborne Isolation Hood available under an emergency access mechanism

called an EUA. The EUA is supported by the Secretary of Health and Human Service (HHS) declaration that circumstances exist to justify the emergency use of medical devices during the COVID-19 pandemic.

The Airborne Isolation Hood under this EUA, has not undergone the same type of review as an FDA-approved or cleared device. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, available alternatives. In addition, the FDA decision is based on the totality of scientific evidence available showing that it is reasonable to believe that the product meets certain criteria for safety, performance, and labeling and may be effective for use by HCPs as an extra layer of barrier protection in addition to PPE to prevent HCP exposure to pathogenic biological airborne particulates by providing isolation of hospitalized patients with suspected or confirmed diagnosis of COVID-19, or at the time of definitive airway management, when performing airway-related medical procedures, or during certain transport of such patients during the COVID-19 pandemic.

The EUA for the Airborne Isolation Hood is in effect for the duration of the COVID-19 declaration justifying emergency use of the product, unless the declaration is terminated or authorization is revoked (after which the products may no longer be used).

What are the approved alternatives?

There are no approved available alternative devices. FDA has issued EUAs for similar products that can be found at: <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.

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