



To: CAHAN San Diego Participants

Date: April 1, 2020

From: Epidemiology and Immunizations Services Branch, Public Health Services

Health Advisory Update #8: Coronavirus Disease 2019 (COVID-19) - Personal Protective Equipment Guidance

Key Messages

Preserve Critical Supplies and Resources

- County of San Diego Public Health Services (PHS) is asking **all health care providers and facilities to implement measures to preserve personal protective equipment (PPE) and other critical supplies**. National and local PPE shortages are being reported in addition to constraints on laboratory tests and related resources. This health update highlights Centers for Disease Control and Prevention (CDC) [contingency and crisis strategies of optimizing the supply of PPE](#) that should be followed to preserve supplies.
- **Facemasks are no longer required for the remainder of the 2019-2020 influenza season for unvaccinated healthcare personnel as of March 31st, 2020.**
- **To preserve PPE, only refer patients to hospital emergency departments (EDs) when there is a clinical indication to do so.** Patients with mild illness suggestive of COVID-19 who could otherwise be managed outside of an ED should not be sent to EDs for the sole purpose of specimen collection. See prior testing guidance from [CAHAN #7](#).
- PHS recognizes the challenges that healthcare settings are facing with limited supplies of PPE, as well as, discrepancies in guidance from the World Health Organization (WHO), CDC, and Cal/OSHA. **These PHS recommendations are made in the setting of limited PPE currently and to preserve PPE for highest risk settings and procedures and are subject to change as PPE changes. These are recommendations and must be adapted for use in each specific healthcare facility based on need.**

Situation

The rate of new COVID-19 cases in San Diego County continues to increase (see [here](#) for local data updated daily). The community needs to collectively prepare for a surge of newly infected patients including those who are critically ill. Lessons learned from the experiences of other countries and states affected by COVID-19 indicate a need to prepare for surges of ill patients and to try to avert severe shortages of medical supplies, staffing, hospital beds, ICU level beds, and ventilators.

Major distributors have reported shortages of PPE supplies, including eye protection, gloves, gowns, N95 respirators, and face masks. Locally, the stockpile of emergency PPE supplies, managed by the Medical Operations Center (MOC) within the County's Emergency Operations Center, is limited to N95 respirators, masks, gloves, gowns, and face shields. While limited supplies are expected shortly, it is possible that the current and incoming supply may not be sufficient to meet the growing demand. When

these supplies are received, they will be distributed on a priority basis (see **Medical Operations Center** below for more information). The CDC separates PPE supply strategies into three strata; conventional capacity, contingency capacity, and crisis alternate strategies. PHS believes that regionwide most, if not all, facilities are at the point of needing to implement crisis alternate strategies for PPE but this may vary by facility. Thus, in order to preserve regional and statewide supplies of PPE, please [calculate your PPE burn rate and follow CDC contingency and crisis strategies as they apply to your facilities now](#) for each type of PPE respectively.

PPE demand is also intricately linked to testing. Testing will depend on testing capabilities of inhouse and outside laboratory services. Nasopharyngeal swabs and viral transport media may be in limited supply, as well as laboratory capacity. Priorities for testing should be given to admitted patients, as well as ambulatory patients in whom test results will assist in medical treatment decision making, regardless of living situation or healthcare worker status.

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- Per WHO [Scientific Brief](#) and [Interim Guidance](#), health care workers should wear a medical mask when entering a room where patients with suspected or confirmed COVID-19 are admitted; Use a particulate respirator at least as protective as a US National Institute for Occupational Safety and Health-certified N95, European Union standard FFP2, or equivalent, when performing aerosol-generating procedures, such as tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy.
- Per CDC [guidance](#), N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure. For guidance on extended use of respirators, refer to [strategies to optimize PPE supply](#). When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Those that do not currently have a respiratory protection program, but care for patients with pathogens for which a respirator is recommended, should implement a respiratory protection program.
- Per Cal/OSHA [guidance](#), employers covered under the Aerosol Transmission Disease standard must provide surgical masks when the respirator supply is insufficient for anticipated surges or when efforts to optimize the efficient use of respirators does not resolve the respirator shortage. Surgical masks can only be used for lower hazard tasks involving patient contact.

Actions Requested

1. Reduce Nonessential Testing for COVID-19

- To preserve PPE, do NOT test symptomatic patients that can be managed at home or asymptomatic individuals, even if they may have been exposed. See prior testing guidance from [CAHAN #7](#).

2. **Discontinue Non-essential Appointments, Procedures, and Clinics**

- Cancel non-essential medical and dental appointments that require PPE. Expand telephone or virtual health visits for all patients who do not require in-person evaluation, including those with mild respiratory symptoms.
 - As per the [American Academy of Pediatrics](#), pediatricians may choose to conduct well visits and immunizations for newborns and infants and should weigh the risks and benefits of visits with older children.
- Discontinue elective surgical procedures to protect the constrained supply of PPE and to free additional beds and staff to care for COVID-19 patients.
- Close elective ambulatory clinics and consider repurposing staff and supplies to support and manage surge plans.

3. **Follow CDC Contingency and Crisis Strategies for Optimizing PPE**

All facilities should immediately implement the [CDC contingency and/or crisis capacity strategies as relevant to its current and anticipated supplies](#). Use the [CDC's PPE burn rate calculator](#) and these strategies to preserve PPE supplies and ensure that patients and staff are familiar with the contingency preservation strategies for when the PPE supplies are constrained countywide. Considerations for PPE include:

- **Eye protection**
 - Shift eye protection supplies as much as possible from disposable to re-usable devices (i.e., goggles and reusable face shields, which can be cleaned).
 - Implement extended use of eye protection.
 - See [Contingency and Crisis Capacity Strategies for Eye Protection](#) for more details.
- **Isolation gowns**
 - Shift gown use towards cloth isolation gowns.
 - Consider use of coveralls.
 - Consider use of expired gowns beyond the manufacturer-designated shelf life for training.
 - Use gowns or coveralls conforming to international standards.
 - See [Contingency and Crisis Capacity Strategies for Isolation Gowns](#) for more details.
 - If gowns are in short supply, they should be prioritized for procedures that are likely to generate respiratory aerosols
- **Facemasks**
 - Facemasks are no longer required for the remainder of the 2019-2020 influenza season for unvaccinated healthcare personnel as of March 31st, 2020.
 - Remove facemasks from public areas and place in a secure and monitored site to provide to symptomatic patients upon check in at entry points.
 - Implement extended use of facemasks.
 - See [Contingency and Crisis Capacity Strategies for Facemasks](#) for more details.
- **N95 respirators**
 - Follow the Public Health Guidance issued on [March 19, 2020](#) and [CDC contingency and crisis capacity strategies for N95 Respirators](#) which includes the use of N95 respirators beyond the manufacturer-designated shelf life for training and fit testing, extended use of N95 respirators, and reuse of N95 respirators.
 - Facemasks are an acceptable alternative to respirators in the setting of shortages.
 - N95 respirators should be used for procedures that generate a high concentration of respiratory aerosols.

Medical Operations Center (MOC) and Emergency Supplies of PPE

The MOC is aware that all healthcare sectors are in need of PPE. The MOC continues to request PPE supplies from the State and Federal Government. When these supplies are received, they will be distributed on a priority basis focusing on hospitals, EMS provider agency, clinics, and long-term care facilities who are treating COVID-19 positive cases.

Additional Resources

- [County of San Diego COVID-19 Health Professionals Page](#)
- [California Department of Public Health COVID-19 Page](#)
- [Cal/OSHA Interim Guidance on COVID-19 for Health Care Facilities: Severe Respirator Supply Shortage](#)
- [CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)
- [CDC Strategies of Optimizing the Supply of PPE](#)
- [CDC PPE Burn Rate Calculator](#)
- [CDC Resources for Healthcare Facilities during COVID-19](#)
- [CDC Healthcare Infection Prevention and Control FAQs for COVID-19](#)
- [CMS Guidance for Infection Control and Prevention of Coronavirus Disease 2019 \(COVID-19\) in nursing homes \(REVISED\)](#)
- [American Academy of Pediatrics COVID-19 Clinical Guidance Q&A \(Immunizations\)](#)
- [WHO COVID-19 Scientific Brief](#)
- [WHO Infection Prevention and Control Interim Guidance](#)

Enroll in the [Medical Reserve Corps](#) and the [California Health Corps](#) to be notified about volunteer opportunities.

General public inquiries about COVID-19 should be directed to [2-1-1 San Diego](#) or to the [County COVID-19 website](#).

Thank you for your participation.

CAHAN San Diego

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