



San Joaquin County Emergency Medical Services Agency



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EMS Policy Memorandum No. 2020-10 (Revised v.3)

DATE: July 8, 2020

TO: All Prehospital Care Providers

FROM: Katherine Shafer, M.D., EMS Medical Director

SUBJ.: Coronavirus (COVID-19) Personal Protective Equipment (PPE)

The purpose of this memorandum is to provide direction on implementing Governor Newsom's Executive Order N-27-20 for maintaining an adequate healthcare workforce. This memorandum is effective through the duration of the public health emergency, unless superseded or rescinded earlier. This memorandum supersedes those parts of Policy Memorandum No. 2020-10 addressing the use of PPE by prehospital care personnel.

Based on my medical judgment and considering the current rise in hospitalizations and the increase in community transmission of COVID-19, I am directing prehospital care service providers to implement the following actions:

Required PPE:

1. All personnel providing direct patient care shall don gloves, eye protection, facemask (N-95/P100 respirator¹ or surgical mask) and gown² for all patient contacts regardless of chief complaint.
2. All personnel when performing or assisting with aerosol-generating procedures (nebulizers, intubation, I-gel placement, ventilation and CPAP) shall don gloves, eye protection, N-95/P100 respirator, and gown.
3. All personnel providing direct patient care shall don gloves, eye protection, and N-95/P100 respirator and gown when caring for: 1) a patient with a positive lab result for COVID-19 that has not been asymptomatic for a minimum of 14 days; 2) a patient with symptoms of an acute respiratory illness; 3) a patient under investigation for COVID-19; 4) a resident of a long term care facility; and 5) a resident of a congregant housing facility.

¹ N-95 respirator is preferred use PPE for Healthcare Personnel in San Joaquin County which is experiencing a moderate to significant community transmission; <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>.

² Based on the scene environment use alternative safety clothing for isolation that is capable of being disinfected/disposed.

Discussion: Protecting healthcare workers is paramount for ensuring the resiliency of the healthcare system to meet patient demand during the current public health crisis. Community transmission or unknown contact of COVID-19 is the predominate form of COVID-19 transmission in San Joaquin County. Currently, the majority of skilled nursing facilities, hospitals, and correctional facilities are being monitored by Public Health for COVID-19 outbreaks among staff and patients. These past several weeks have served to reinforce my original understanding of literature, case reports, CDC and CDPH guidance that COVID-19 has a significant amount of asymptomatic, minimally symptomatic or atypical patient presentations.

This disease has a real impact on the elderly, patients with comorbidities, and healthcare workers including prehospital care personnel. We are also experiencing a significant rise in hospitalizations among patients in lower age groups such 30's, 40's and 50's. An aggressive approach to PPE use is necessary to protect patients, first responders, prehospital care personnel and hospital personnel.

Strategies for Optimizing the Supply of PPE:

The CDC has published "Strategies for Optimizing the Supply of PPE" which can be accessed at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.

Three general strata have been used to describe surge capacity and can be used to prioritize measures to conserve N95/P100 respirator supplies along the continuum of care.

- Conventional capacity: measures consist of providing patient care without any change in daily contemporary practices. This set of measures, consisting of engineering, administrative, and PPE controls should already be implemented in general infection prevention and control plans in healthcare settings.
- Contingency capacity: measures may change daily contemporary practices but may not have any significant impact on the care delivered to the patient or the safety of the HCP. These practices may be used temporarily when demands exceed resources.
- Crisis capacity: alternate strategies that are not commensurate with contemporary U.S. standards of care. These measures, or a combination of these measures, may need to be considered during periods of expected or known N95 respirator shortages.

I am directing prehospital care providers to prepare plans for implementing the CDC's recommendations for contingency and crisis capacity strategies for PPE. Please refer to the CDC website for guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.

Resource Requesting:

SJCEMSA coordinates all medical and health mutual aid resource requests within San Joaquin County. The California Department of Public Health (CDPH) has a mutual-aid supply

of N-95 respirators and other PPE to help supplement the normal PPE supply chain. The EMS DOC Logistics Branch is available to assist with resource ordering Monday through Friday from 0830-1600 by contacting 209-468-6818 or by email with subject "Resource Request" to: emsdutyofficer@sjgov.org.

Detailed information on how to request resources is available here:

- <https://www.sjgov.org/ems/PDF/HowtoRequestMedHealthPPEinWebEOCQRG.pdf>
- https://www.sjgov.org/ems/videos/How_to_Request_MH_MA_PPE.mp4

If you have any questions regarding this memorandum, you may direct questions to me through Jeff Costa, RN, Critical Care Coordinator jcosta@sjgov.org or (209) 468-6818.