

## OR-ACEP Policy Positions and COVID-19 Emergency Response

### INCREASING ACCESS TO PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR FRONTLINE HEALTH CARE WORKERS

Emergency physicians are on the front lines of caring for people affected with COVID-19, often at great risk to themselves and their families. As the state medical society representing emergency medicine, OR-ACEP strongly advocates for measures to keep patients and health care workers safe, especially as community transmission spreads.

Emergency physicians and health systems currently face severe shortages of personal protective equipment (PPE) like N95 masks or equivalent, gowns and eye wear that will leave many health professionals like them unprotected or insufficiently protected in the midst of this outbreak.

OR-ACEP is grateful to Gov. Kate Brown, Sen. Ron Wyden, Sen. Jeff Merkley and the rest of the Oregon congressional delegation for their work to fill the gap with every resource available including from the Strategic National Stockpile and donated supplies. They also are working to expedite FDA approval so Oregon producers can manufacture PPE that is so urgently needed as cases multiply across Oregon, the nation and the globe.

We can't afford for emergency physicians and other frontline providers — including police, fire and EMTs — to get sick because of shortages, or worse, to spread the disease to their patients. For that reason, the chapter supports the following PPE policies to protect the safety of Oregonians and the Oregon health care workforce that is critical to addressing the pandemic.

#### **In line with ACEP recommendations:**

##### **Use of mask for an entire shift/conditions for higher level of PPE**

Identifying patients who may have COVID-19 is very challenging, and many patients who present to the ED primarily with other complaints end up also having symptoms concerning for COVID-19. Therefore, OR-ACEP has and will continue to support the use of surgical masks with proper eyewear and other protective equipment for all providers regardless of patient complaint. Processes and procedures that create higher risk, such as close contact and aerosolizing procedures, require full PPE, including N95s.

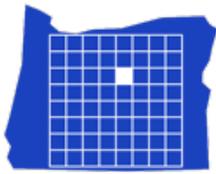
In accordance with CDC recommendations, OR-ACEP believes that health care personnel in the emergency department (ED) and emergency medical services (EMS) should wear a face mask or surgical mask during their entire shift if they are providing patient care, unless the mask becomes soiled and needs replacement. In order to preserve PPE, until the current shortages are reduced, health care personnel in the ED and EMS should wear the same mask for the entire shift.

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### **Use of donated or self-purchased PPE**

The critical shortage of PPE has led the CDC to recommend we reuse masks, face shields, and gowns in ways that were never intended, and which have not been proven as safe. In the current climate, however, this is often our only option. Given the risk that inadequate PPE poses to our providers and their patients, many emergency health care providers have taken to buying their own PPE or utilizing donations from other industries. It is unconscionable that providers should have to use substandard safety equipment such as used masks when safe alternatives exist for them. OR-ACEP urges hospitals and other health care facilities to allow physicians to use their donated or self-purchased PPE. Furthermore, liability protections for front-line health care providers and PPE equipment not covered by the existing law should be expedited by Executive Order.

- **Prioritize availability of personal protective equipment for emergency workers and other frontline personnel responding to the outbreak.**
- **Ensure the production of medications and supplies relevant to COVID-19 is prioritized and that they are distributed directly to needed sites of care.**
- **Increase transparency of the supply chain for these products to better identify and proactively address potential shortages.**

### **In addition, OR-ACEP recommends the following PPE policies:**

#### **Transparency of PPE inventory at the hospital level/best practices**

OR-ACEP recommends using systems based on the OHSU dashboard model, available for all providers to know the status of PPE in the system and at their hospital. Providers have a right and a duty to know the status of their hospitals' PPE stores.

#### **Coordination of PPE inventory among hospitals**

Shared resources will give all frontline providers an opportunity to better protect themselves and their patients. One person should not be in a better safety position because they work at one hospital system vs. another. We are all in this together.

#### **Whistleblower protections**

Physicians and other providers should not and cannot be punished when advocating for workplace safety in this high-risk environment, even when such advocacy is in conflict with hospital policy.

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