

TO ALL SMS MEMBERS/ CHIEF DIRECTORATES / DIRECTORATES / REGIONAL / DISTRICT OFFICES, SUB-STRUCTURES / ALL FACILITY MANAGERS / EMS DISTRICT OFFICES/EMS MANAGERS AND SUPERVISORS/ EMS TRAINERS AND OHS COORDINATORS/ EMS STATIONS AND STAFF

Dear EMS team

CIRCULAR H52/2020: EMS STAFF PROTECTION

We are facing an unprecedented global health crisis. The response to COVID19 pandemic demands of us all, both as South Africans and public servants, to heed our president's call for courage, leadership and collective action. In particular, the character, commitment and values of you, our frontline responder, has been placed in sharp focus with EMS providers across the globe playing a leading role in the response to this pandemic.

But such displays of leadership are visible only because the stakes are high and the choices difficult, demanding of you a clear sense of purpose and a strong belief in duty. Be assured that the importance of your leadership and courage (and of all our frontline staff) will be crucial if we are to ensure the health of our communities during this crisis. It is in recognition of this and of the difficult choices you make each day, that I release this special circular on EMS staff protection.

Keeping you (and all our health care workers) safe is of fundamental concern to me and my executive team and there has already been great efforts made to do so. I am thus proud to say that our PPE (Personal Protective Equipment) stocks are stable and our supply chain secured. While the road ahead is long and the path uncertain, I have every confidence that all staff will be protected during this pandemic. But such protection is dependent on the responsible actions of everyone. It is only with the safe, considerate and responsible use of PPE by each and every health worker that we can ensure that we keep ourselves and our families safe during this difficult time. This circular will greatly further our efforts to do so for our EMS practitioners and I urge you to study it carefully.

Lastly, I have been greatly moved by the daily accounts of courage, determination and leadership demonstrated by our staff on the frontline. Your efforts have not gone unnoticed and I remain incredibly proud of the work you do to help us realise our constitutional promise.

I salute you all and offer you these words of encouragement.

*"I learned that courage was not the absence of fear, but the triumph over it.
The brave man is not he who does not feel afraid, but he who conquers that fear."*

Nelson Mandela

Stay safe!

Yours sincerely

A handwritten signature in black ink, appearing to read 'wec', enclosed within a circular scribble.

DR K CLOETE

HEAD: WESTERN CAPE GOVERNMENT HEALTH

DATE: 14 APRIL 2020

PROVINCIAL GUIDELINES FOR PPE WITHIN THE EMERGENCY MEDICAL SERVICES DURING CORONAVIRUS DISEASE 2019 (COVID-19) OUTBREAK

WESTERN CAPE GOVERNMENT:HEALTH

PURPOSE AND SCOPE OF DOCUMENT

This document provides recommendations for the **use of personal protective equipment (PPE) in the provision of patient care** within the western Cape Emergency Medical Services. This will ensure that we protect our staff and patients against exposure to the coronavirus (SARS-CoV-2). **Each situation has a different risk of exposure**, so the recommendations are designed to ensure that the most appropriate and effective PPE is used in each case. The **guidelines apply to all clinical and non-clinical staff** who may be in contact with suspected or confirmed COVID-19 cases. This document should be read in conjunction with the recommendations for all health workers as contained in the general circular **H35/2020**.

CORONAVIRUS TRANSMISSION

The SARS-CoV-2 virus (known as the coronavirus) is spread by respiratory **droplets**. The virus can be transmitted from infected people by cough and sneeze droplets, by **physical contact** such as **shaking hands**, and by **touching a surface contaminated by the virus** (i.e. a surface coughed or sneezed on). The virus is spread mainly by infected patients with symptoms. The most common symptoms are fever, cough and shortness of breath.

GENERAL MEASURES TO PROTECT AGAINST INFECTION

- **These general measures to prevent infection should always be followed. PPE is then used in addition, when required.**
 - Transmission can be greatly reduced by an increased frequency of hand hygiene using the “WHO 5 Moments for Hand Hygiene”.
 - Cough and sneeze into a flexed elbow, or into a tissue (then place it in a bin and wash your hands).
 - Wash hands with soap and water for 20 seconds, or use alcohol-based hand sanitiser after patient contact and after contact with frequently touched surfaces (e.g. keyboards, screens, phones, door handles, work surfaces).
 - Avoid touching your eyes, nose and mouth with unwashed hands
 - Avoid handshakes or physical contact – greet people in other ways
 - Keep a safe distance from other people (at least 1 metre) whenever possible (social-distancing).
 - Frequently touched surfaces and equipment in clinical areas should be cleaned and disinfected twice daily.

PERSONAL PROTECTIVE EQUIPMENT

It is of paramount importance that staff practice good general hand washing and hygiene procedures in addition to wearing the appropriate PPE.

- PPE is based on a risk assessment of each situation and is **ONLY NEEDED** if you are in direct contact with or caring for a confirmed or suspected COVID-19 patient.
- In order to ensure sufficient availability of PPE, do not use PPE (e.g. N95 respirators) unnecessarily. It is advised that staff follow the PPE guidelines as outlined in this document.
- Personal eyeglasses are not considered adequate eye protection. (Medical goggles and disposable face shields are recommended.)
- Low-risk PPE is recommended when no aerosolizing procedures are anticipated and/or the patient presents clinically stable.
- High-risk PPE is recommended for when aerosolizing procedures are anticipated and/or the patient presents clinically unstable. (Aerosol-generating procedures include, but are not limited to: Bag-valve-mask (BVM) ventilation, oropharyngeal suctioning, intubation, nebulizer management, and cardiopulmonary resuscitation (CPR).)
- If HCWs are **performing aerosol-generating procedures** on several COVID-19 patients sequentially, they may use the same N95 respirator and eye protection for the session; **they must however change apron and gloves between patients.**

Do not use PPE (e.g. masks) when you don't need to. PPE stocks will then be preserved to ensure the safety of everyone.

APPROACH TO PATIENT CARE

- Management strategies should focus on providing supportive care.
- Only perform interventions if absolutely required AND immediate interventions are likely to change patient outcomes (e.g. fluid resuscitation for patients presenting with hypovolemic shock)
- Invasive procedures (e.g vascular access) should not be attempted in transit.
- Unwitnessed OHCA: The Resuscitation Council of Southern Africa (RCSA) recommends against starting conventional CPR.
- Witnessed OHCA: the RCSA recommends that resuscitative efforts should only be attempted in cases where an easily reversible cause (i.e. H's and T's) can be identified and rectified.
- Nebulization using nebulizer masks should not be performed in the prehospital environment. Should the patient have access to a metered dose inhaler (MDI), and MDI spacers are available, the patient can be guided on performing self-nebulization.

EMERGENCY MEDICAL SERVICES (EMS)

SETTING	TARGET PERSONNEL	ACTIVITY	MINIMUM PPE STANDARDS
Ambulance/ transfer vehicle	Clinical Staff	Care for and transport of suspected COVID-19 patients to a referral health care facility.	Surgical mask Apron Non-sterile Gloves (x2) Eye protection (goggles or visor)
	Clinical Staff	Intubation, suctioning or BVM ventilation of suspected COVID-19 patients. (Aerosol-generating procedures*) (Please note that nebulization of any patient is prohibited , only MDI and spacers are to be used)	N95 Respirator Apron Non-sterile Gloves (x2) Eye protection (goggles or visor)
	HealthNET Crew (Planned Patient transport)	Transport of HealthNET clients to attend essential outpatient clinics (e.g. dialysis, Imaging etc)	Surgical mask (HealthNET Passengers encouraged to use cloth masks)
	Driver (pilot duties only)	No direct patient contact and only involved in driving duties of COVID-19 patients. Driver's compartment is sealed from the clinical area.	Spatial distance of at least 1 metre No PPE required (surgical mask optional)
	Driver (pilot duties only)	No direct patient contact and only involved in driving duties of COVID-19 patients. Driver's compartment is not sealed from the clinical area.	Surgical mask
	Driver (Pilot and loading duties)	Assists with loading of suspected COVID-19 patient but provides no clinical care.	Surgical mask Apron Non-sterile Gloves
	Suspected COVID-19 patient	Transport to the referral health care facility	Surgical mask
	Cleaners	Cleaning the vacated vehicle after transport of suspected COVID-19 patients to the referral healthcare facility	Surgical mask Apron Rubber utility cleaning gloves Closed work shoes

GUIDELINES FOR SURGICAL MASK USE FOR COVID-19

- At any time if surgical masks are touched by unwashed hands, get wet, are soiled, or are removed from the face, they will become contaminated and will no longer provide effective protection. They should then be discarded.
- Masks that are not wet, were not touched by unwashed hands and were not removed from the face, can be worn for up to 8 hours.
- COVID-19 patients when inside a dedicated COVID-19 ward, where staff are wearing PPE, do not need to wear masks.
- COVID-19 patients when outside a dedicated COVID-19 ward must always wear a surgical mask. The mask can be used for up to 8 hours.

Perform hand hygiene immediately after completing the PPE removal process (note that not all PPE would be removed, depending on reuse requirements).

FOR HOW LONG CAN PPE BE USED?

TYPE OF PPE	CLINICAL HCW	NON-CLINICAL HCW	SYMPTOMATIC PATIENTS
Gloves	Change after each clinical contact	End of work session	N/A
Surgical Face Masks	Mask can be used up to the end of a shift if it remains dry and has not been removed from the face.	Mask can be used up to the end of a shift if it remains dry and has not been removed from the face.	When in contact with others
N95 respirator	As long as integrity is maintained and it is safely stored, it can be reused for up to 1 week.	N/A	N/A
Aprons	Change after each clinical contact	After each work session (in absence of clinical contact)	N/A
Face shields/ visors	Clean and disinfect before reuse	N/A	N/A
Goggles	Clean and disinfect before reuse	Cleaners may use same goggles for each work session. Clean and disinfect before reuse	N/A

VIDEO DEMONSTRATION OF DONNING AND DOFFING OF PPE

A demonstration video for safely putting on and taking off PPE (donning and doffing of PPE) is available at:

https://player.vimeo.com/external/400607941.hd.mp4?s=af075e8c9647a23114424834c1e73f866a73e5f7&profile_id=174

GENERAL GUIDES ON DECONTAMINATION:

Face Shields	<ul style="list-style-type: none"> • Goggles and face shields can be decontaminated by wiping with Clinell wipes.
Face Masks	<ul style="list-style-type: none"> • Normal face masks are not reusable and should be discarded at the end of a shift. • Care should be taken when doffing (removing the mask) so as not to touch the outside surface
N95 Respirators	<p>Please note that owing to a global shortage of N95 respirators, reuse is strongly encouraged and is preferable to having no respirator. Note that obviously damaged and visibly contaminated respirators cannot be reused.</p> <ul style="list-style-type: none"> • Do NOT attempt to disinfect the N95 respirator as that destroys its integrity • As the outside surface of the N95 respirator will become heavily contaminated with the virus during aerosol-producing procedures, HCWs should take great care not to touch the outside surface and must perform careful hand hygiene after removing it. • For reuse, carefully remove the N95 respirator using a clean paper towel and store the respirator in a clean paper bag. Do not crush or crumple. It can be reused for up to 1 week.
Uniforms / theatre Gowns	<ul style="list-style-type: none"> • Remove your work clothes at the workplace and place in a plastic bag. Clean with warm wash at home. • Alternatively, remove work clothes immediately when you get home and place them in a washing basket. • Wash your hands after removal of clothes.
Linen/washables	<ul style="list-style-type: none"> • Place linen and washables into a yellow plastic bag and close the bag. • Mark the bag with “INFECTED LINEN” and place at the designated linen area.
Driver’s compartment	<ul style="list-style-type: none"> • Especially clean steering wheel, gear stick, radio surfaces, electronic devices and the inside door panel.
Patient compartment	<p>Common chemicals used to decontaminate surfaces and equipment includes Clinell products, Biocide or chlorine solutions (diluted to a 5%).</p> <ul style="list-style-type: none"> • It is advisable that a suitable area be identified, setup and clearly marked as a decontamination area • Never use a high-pressure jet spray inside the confined space of the ambulance. • Clean stretcher, mattresses, and all other equipment/areas surrounding the areas (roof, floors, rails, side walls, and doors). • After cleaning the vehicle, leave the doors open for adequate ventilation. • Ensure to thoroughly clean your hands with soap and water after completing decontamination procedures.