



BEHAVIORAL HEALTH IMPACTS OF COVID-19 Accessing Personal Protective Equipment (PPE)

# Today's Objectives

• Clarify the behavioral health provider, local response and state roles in procuring PPE

• Share the State of Washington allocation for distribution

• Share tips for navigating the local process

• Provide local and state contacts to lend support as needed

## **Provider Role**

• Establish a relationship with your Local Health Jurisdiction (LHJ)

Implement recommended guidance in your setting with staff and patients

• Assess the types and amount of PPE you need

• Procure PPE through your supply chains

 Request PPE through the local response if you cannot find enough PPE through your own vendors

# \*PPE Tip from the DOH Healthcare Acquired Infections Team

- Both surgical masks and face shield (or goggles) are recommended for staff to be worn at all times.
- While the CDC does recommend masks/shield for patient contact, we are seeing so much <u>staff-to-staff transmission</u> that we encourage <u>universal use\*</u> of masks **and face** shields all day for all contact.
- The masks get wet after a few hours, especially when talking a lot. At that time the surgical mask needs to be discarded and a new one substituted. The face shields or goggles can be wiped down with a disinfectant at the end of the shift, placed into a paper bag with the employee's name, and saved for the next shift.
- The advantage of using a face shield over googles is that it protects your mask as well as your eyes from direct contact.

# \*PPE Tip from the DOH Healthcare Acquired Infections Team, continued

 For care of patients with suspected or confirmed COVID, staff should wear <u>fit tested</u> <u>N-95</u> masks and face shields (or goggles). LNI wants the N-95 to be discarded after 5 doffings or at the end of the shift, as they feel they no longer hold a seal at that point.

\*in CDC terminology: 'extended use of face masks' means they are worn continuously for care of multiple patients and discarded when wet or soiled.

Respirators can be used 'extended use and limited re-use' – put back on after breaks but discarded at the end of the shift.

## State Role: Acquisition

The availability of PPE, even for the State of Washington, fluctuates.

- The state is the wholesale source to the local response and can also have trouble sourcing PPE
- Availability is strongly influenced by disease activity, demand, and allocation
- The State has an allocation formula based on public health considerations
- Allocation can also be determined locally based on local needs

# State Role: Allocation

PPE, as a limited resource, is **prioritized at a state level**:

- <u>Tier 1 Confirmed Cases</u>: Long-term care facilities, hospitals with most cases, EMS and first responders transporting, healthcare workers supporting in long-term care
- <u>Tier 2:</u> Healthcare facilities *with confirmed,* congregate locations *with confirmed,* other EMS, quarantine/isolation facilities ran by DOH
- <u>Tier 3:</u> Quarantine/isolation facilities ran by other jurisdictions, skilled nursing and other healthcare facilities, outpatient facilities
- <u>Tier 4:</u> Homeless shelter and other congregate locations, families of confirmed cases who are at home

### Local Emergency Response Role: Distribution

State supplies of PPE are distributed from state to local response teams

 Supplies are distributed from the state to local public health/emergency management

 Local response teams may have their own processes for requesting PPE.

Distribution is managed and prioritized locally

#### What to do?

#### **Broad idea:**

Always first attempt normal purchasing channels, then submit a request if unsuccessful

- **1.** Start with your normal ordering processes on the open market
  - It is recommended you do not cancel your order and stay in queue
  - Check frequently, availability can change daily
- 2. If you are unable to secure through normal ordering processes, contact your local health jurisdiction and make a PPE request
  - If you are unsuccessful in identifying the right process or contact:
    - Reference *Local/Regional Emergency Response Coordinator List* and make contact to identify the best method to make this request locally
  - NOTE: Local teams may ask for additional information or clarification
    - Be specific, but avoid limiting ways to fill your request unnecessarily Washington State Department of Health | 9

#### Key Things to Know – Availability & Tips

- <u>Government is a backstop</u>: not a first stop and subject to availability of PPE as well
- Your local health officer is your guide for infection control and may have suggestions/best practices for efficient and safe use of PPE.
- $\circ$  Some PPE is more available than others, this will likely change over time  $\rightarrow$  check in!
- Be as specific as you need, but not *unnecessarily* specific!

#### Questions?

Trevor Covington, M.S., C.E.M. Mental & Behavioral Health Response Coordinator Division of Emergency Preparedness & Response Washington State Department of Health trevor.covington@doh.wa.gov