



**Interim Framework for PPE Use by City and County of San Francisco (CCSF)
Environmental Services (EVS) Employees, and EVS Contractors
(Custodians), Working in Facility Cleaning Areas Where Suspected or
Confirmed COVID-19 Patients and Clients Are Currently Treated, Housed,
or Temporarily Relocated
Given Current PPE Shortages**

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The City and County of San Francisco is sharing this Interim Framework for PPE in an effort to promote the general welfare, health, and safety; employee health and safety; and effective client and patient care and services during the COVID-19 pandemic, given current PPE shortages. Anyone reviewing this Interim Framework for PPE must understand the following:

- Data, knowledge, and recommendations concerning the safe use of PPE are evolving rapidly. CCSF developed this Interim Framework based on its inventory of PPE and the client and patient care and services being provided as of June 16, 2020. This Framework is based specifically on the data, knowledge and recommendations concerning the safe use of PPE and supply chain prognosis as of June 16, 2020, and is subject to change without notice.
- Care and service providers should consult CDC guidelines for the current selection, alternatives, and safe use of PPE. This Framework may not strictly comply with all guidelines for PPE but was developed to address the COVID-19 Pandemic Emergency and the resulting PPE shortages.

Care and service providers should consult with their Health & Safety, Infection Control, and Risk Management Staff before deciding to use any of the information or processes in this Interim Framework for PPE. Any decision to use all or part of this Interim Framework for PPE rests solely with that provider. In making this Interim Framework for PPE publicly available, CCSF is not assuming or imposing on CCSF, or its officers or employees, any obligation for which it may be liable to any person who claims that this Interim Framework proximately caused injury.

AUDIENCE: CCSF and Contractor Environmental Services (EVS) providers working in facilities where suspected or confirmed COVID-19 patients and clients are treated, housed, or temporarily relocated. This list includes:

- Hospital Outpatient Clinics
- Non-Hospital Clinical Settings (DPH Primary Care & Behavioral Health Services)
- Shelter-in-Place (SIP) Hotels
- Isolation and Quarantine (I/Q) Hotels
- Post-COVID-19 Sites
- Shelters or Navigation Centers for persons experiencing homelessness (PEH)
- Single Resident Occupancy (SROs) Facilities
- Jails
- Alternate Care Sites (ACS): site where injured or sick patients and clients can continue care for chronic conditions in non-traditional environments. These ACS may include locations that need to be converted (e.g., schools, hotels, mobile field hospitals).



For the purposes of this guidance, individuals suspected to have COVID-19 are those who have symptoms consistent with COVID-19 which include: fever ($\geq 38^{\circ}\text{C}$ or 100.4°F), cough, sore throat, new shortness of breath, or rhinorrhea (runny nose), headache, muscle aches, fatigue, new loss of smell or taste, nausea, vomiting, or diarrhea. Individuals may have one or more of these symptoms. See the CDC guidelines for a list of symptoms associated with COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

PURPOSE: To create a framework for personal protective equipment (PPE) recommendations for CCSF and contractor EVS employees working in the sites listed above that takes into account (1) the risk of SARS-CoV-2 transmission during different activities and (2) the availability of PPE supplies and resources.

BACKGROUND: Novel coronavirus disease, or COVID-19, is a new respiratory disease that spreads from person to person. Most people who get the infection have mild symptoms or no symptoms at all. Some develop severe illness requiring hospitalization, especially people who are older and/or have chronic medical conditions like heart disease, lung disease, diabetes, kidney disease and weakened immune systems.

EVS employees may be assigned to medical, dental, mental health, residential facilities and jails. Asymptomatic or symptomatic patients and clients with COVID-19 can be present in any of these settings. For this reason, CCSF and other described facilities will enact appropriate administrative and environmental controls as well as use of personal protective equipment (PPE) by staff to minimize transmission to all staff, patients and clients.

In addition, San Francisco’s [Health Order No. C19-12b requires face coverings](#) by workers and members of the public, including when they are obtaining services at healthcare operations, including hospitals, clinics, COVID-19 testing locations, and mental health providers.

PPE

Table 1 below outlines recommended PPE for use when cleaning facilities that treat or house asymptomatic, suspected or confirmed COVID-19 patients and clients.

As shown in Section I of Table 1, for EVS working at facilities that treat or house asymptomatic patients and clients that are **not** suspected or confirmed COVID-19 positive, less stringent PPE recommendations may be used:

- EVS employees are masked at all times during their shift.
- EVS employees wear gloves and shop coat if the patient’s non-COVID-19 medical issue indicates such PPE are required for cleaning and disinfection of their location.
- EVS employees wash hands with soap and water for 20 seconds or with an alcohol-based hand sanitizer after removing or replacing gloves or after direct contact with patient without gloves.
- If patient is later identified as suspected or confirmed COVID-19, follow the PPE criteria in Table 1.

Use of PPE is only one method of protecting EVS and patients and clients from transmission. Facilities should first and foremost optimize administrative and environmental controls to minimize disease transmission.



Risk Reduction Methods

Do not work when sick

EVS employees and contractors with fever or other symptoms associated with COVID-19 infection should not work while ill. Employees who are ill should be advised of sick leave policies that allow employee to stay home when sick. EVS employees and contractors who develop any COVID symptoms or fever while on the job should immediately inform their supervisor and leave work, noting which persons, equipment, and locations they were in contact with. EVS employees and contractors should consult with their own medical providers and follow CCSF procedures for when it is safe to return to work following an illness that included symptoms of COVID-19. <https://sfdhr.org/covid-19>

Practice Social Distancing

Maintain a distance of at least 6 feet or use a physical barrier, when possible, between the EVS employees, contractors, patients and clients to reduce exposure.

Perform work whenever possible when patients and clients are not present.

Educate, Comply and Train

Comply with visual alerts (e.g. signs and posters at entrances and in strategic places) providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.

Ensure that employees know that PPE and supplies such as masks, hand soap, waste receptacles, and alcohol-based hand sanitizer are available and where to access them.

EVS employees should be notified of designated rooms or areas for suspected or confirmed COVID-19 patients and clients. EVS employees and EVS contractors should be briefed on the setup at every facility they cover.

Ensure EVS employees and contractors understand that they will be performing frequent and routine cleaning of high touch services and that facility areas where suspect or confirmed COVID-19 patients and clients are seen or housed will receive more extensive cleaning and disinfection as needed.

EVS employees and contractors will be instructed to monitor COVID-19 patient room logs posted on doors where patients and clients are treated or housed. The log includes time that the patient left and when it is safe to enter the area for cleaning.

Custodians should also follow everyday preventive actions to avoid becoming ill including:

- Follow [social distancing recommendations](#) to avoid gatherings with anyone outside their household and to stay home except when performing essential.
- Wear a facemask or face covering when interacting with others outside the home and especially in places where many people are present.
- Wash hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Always wash hands with soap and water if your hands are visibly dirty.
- Avoid touching eyes, nose, and mouth with unwashed hands.
- Do not share personal household items such as dishes, drinking glasses, eating utensils, or bedding.



Table 1: Personal Protective Equipment (PPE) for EVS Staff Working with Asymptomatic, Suspected or Confirmed COVID-19 Patients and Clients in CCSF & Private Facility Settings (Medical, Dental, Mental health, Jails, Hotels, SROs, and Other Residential facilities)

I: General Cleaning of Shared Spaces	
<p style="text-align: center;">Preferred PPE</p> <ul style="list-style-type: none"> ○ Facemask with reuse and extended use practices in place¹. Discard if any discard criteria are met (see Table 2). ○ Standard Issue Custodial Uniform ○ Gloves 	<p style="text-align: center;">Alternatives when supplies or resources are critical or unavailable</p> <p style="text-align: center;">NA</p>
II: Entering Vacant Room After Required Wait Period Post COVID-19 Client Exit (Wait period will vary depending on type of ventilation and air exchange rate. In absence of specific guidance from Health & Safety and/or Infection Control, use CDPH-specified 60 minutes).	
<p style="text-align: center;">Preferred PPE</p> <ul style="list-style-type: none"> ○ Facemask with reuse and extended use practices in place¹. Discard if any discard criteria is met (see Table 2). ○ Face shield or goggles with reuse and extended use practices in place¹ ○ Shop Coat or Gown². ○ Gloves 	<p style="text-align: center;">Alternatives when supplies or resources are critical or unavailable</p> <ul style="list-style-type: none"> ○ Facemask and goggles or eye protection alternatives⁵ with reuse and extended use practices in place¹ ○ Gown alternative⁴ ○ Gloves
III: Entering Vacant Room Previously Occupied by a COVID-19 Client Without a Wait Period	
<p style="text-align: center;">Preferred PPE</p> <ul style="list-style-type: none"> ○ Fit-tested N95 with reuse and extended use practices in place³. Discard N95 if extended use practices cannot be adhered to or if N95 meets any other discard criteria (see Table 2). ○ Face shield or goggles with reuse and extended use practices in place¹. ○ Shop Coat or gown alternative⁴ ○ Gloves 	<p style="text-align: center;">Alternatives when supplies or resources are critical or unavailable</p> <ul style="list-style-type: none"> ○ Facemask or N95 which has not been fit-tested (N95 which has not been fit-tested can be used as substitutes for facemasks³) with reuse and extended use practices in place¹. Discard if any discard criteria is met (see Table 2). ○ Gown alternatives⁴ ○ Goggles or Eye Protection Alternatives⁵ with reuse and extended use practices in place¹ ○ Gloves
IV: Entering Room with Suspected or Confirmed COVID-19 Client or Patient Present	
<p style="text-align: center;">Preferred PPE</p> <ul style="list-style-type: none"> ○ Fit-tested N95 with reuse and extended use practices in place¹. Discard N95 if extended use practices cannot be adhered to or if N95 meets any other discard criteria (see Table 2). ○ Face shield or goggles with reuse and extended use practices in place¹ ○ Gown² or coverall. ○ Gloves 	<p style="text-align: center;">Alternatives when supplies or resources are critical or unavailable</p> <ul style="list-style-type: none"> ○ Facemask or N95 which has not been fit-tested (N95 which has not been fit-tested can be used as substitutes for facemasks³) with reuse and extended use practices in place¹. Discard if any discard criteria is met (see Table 2) . ○ Gown or gown alternative⁴ ○ Eye Protection Alternatives⁵ with reuse and extended use practices in place¹ ○ Gloves



Table 1 Footnotes:

¹ PPE reuse and extended use is per your facility policy and during times of PPE scarcity. See Table 2: “Discard Criteria for PPE” for when PPE should be discarded in settings of reuse and extended use. Adherence to proper hand hygiene is essential when redonning an N95 respirator, facemask, eye protection or gowns. For additional information go to: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

- **Extended use** refers to the practice of wearing the same N95 respirator, facemask, eye protection, or gown when cleaning multiple rooms, without removing the protective equipment between rooms.
- **Reuse** refers to the practice of repeated use of an N95 respirator, facemask, or eye protection by the same person over a period of time (‘doffing’) after each use. The respirator, facemask, or eye protection is stored in between uses to be put on again (‘donned’).

² Gowns are disposable isolation gowns that are typically made of a spun synthetic material and are resistant to fluids. Prioritize gowns for the following activities:

- During care activities where splashes and sprays are anticipated, and during other aerosol generating procedures
- During high-contact patient/client care activities that provide opportunities for transfer of pathogens to the hands and clothing of providers, such as: Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care.

³ An N95 respirator for which the wearer has not been fit-tested is considered to be substitutes for facemasks.

⁴ Gown Alternatives include re-usable cloth isolation gowns, cloth gown, lab coats, or shop coats and will depend on availability at each facility.

⁵ Eye Protection Alternatives in descending order of preference are ANSI safety glasses and then healthcare “eye shields.”



Table 2: Discard Criteria for PPE in Settings of Reuse and Extended Use

PPE	Discard criteria
N95 or facemasks	Dirty or visibly soiled Comes in contact with blood or bodily fluids Is hard to breathe through If the straps appear overly stretched, torn or if face-piece becomes damaged Worn in care area of patient with additional infectious diagnosis that is transmitted by contact (e.g. <i>C. difficile</i>) If the inside of the respirator is inadvertently touched by a dirty glove or hand
Shop Coat, Gown Alternative, or Standard Uniform	Dirty or visibly soiled Comes in contact with blood or bodily fluids Physically damaged, including broken ties and fasteners Worn in care area of patient with additional infectious diagnosis that is transmitted by contact (e.g. <i>C. difficile</i>) Consider discarding after high risk activities depending on supply availability
Face shield, goggles ANSI safety glasses or healthcare “eye shields”	Can no longer fasten securely to the provider Visibility obscured and reprocessing does not restore visibility
Nitrile Gloves	Discard after each use