



**Interim Framework for PPE Use by City and County of San Francisco (CCSF) Inspectors and Contractors
Conducting Field Site Visits
Given Current PPE Shortages
June 10, 2020**

CCSF is sharing this interim framework in an effort to promote the general welfare and health and safety of employees, clients and patients during the COVID-19 pandemic and current personal protective equipment (PPE) shortages. Anyone reviewing this interim framework must understand the following:

Data, knowledge, and recommendations concerning the safe use of PPE is evolving rapidly. CCSF developed this interim framework based on its inventory of PPE and the client services being provided as of June 10, 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 10, 2020, and is subject to change without notice.

Employers should consult the Centers for Disease Control (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.

Employers should consult with their Health & Safety, Infection Control, and Risk Management staff before deciding to use any of the information or processes in this framework. Any decision to use all or part of this framework rests solely with that provider. In making this interim framework 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 Inspectors including Public Health Inspectors, Building Inspectors, and Fire Department Inspectors conducting site visits where a variety of clients, residents, or others including those suspected or confirmed as being infected with COVID-19 may be located. These sites include:

- Commercial, industrial, institutional and residential sites
- Construction sites
- Businesses that Use or Store Hazardous Materials
- Food Facilities (grocery stores, farmers markets, restaurants, food banks)
- Shelter-in-Place (SIP) Hotels
- Isolation and Quarantine (I/Q) Hotels
- Shelters or Navigation Centers for persons experiencing homelessness (PEH)
- Single Resident Occupancy (SROs) Facilities

Purpose:

To create a framework for personal protective equipment (PPE) recommendations for CCSF and Contractor Inspector employees working in the sites listed above that takes into account the risk of SARS-CoV-2 transmission during different activities and 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. SARS-CoV-2 is the virus that causes COVID-19 disease. 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.

CCSF and contractor inspectors may conduct field site visits and inspections deemed essential to protect public health in a variety of residential, commercial, institutional and industrial settings. These environments could be settings where asymptomatic or symptomatic clients, residents or others with COVID-19 can be present.

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), chills, cough, sore throat, shortness of breath or difficulty breathing, congestion or runny nose, headache, muscle or body 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>

In addition, San Francisco's Health Order No. C19-12b requires face coverings to be worn under most circumstances when people are outside of their places of residence. This includes inspectors when conducting field site visits. (<https://www.sfdph.org/dph/alerts/coronavirus-healthorders.asp>).

Guidance:

This guidance provides a framework of PPE recommendations that takes into account 1) the risk of SARS-CoV-2 transmission during different activities and 2) the supply and resources for PPE which may be limited. See the tables below for recommended PPE for use when conducting field visits or inspections at locations with asymptomatic, suspected or confirmed COVID-19 clients, residents or others. As described in Table 1, in circumstances where there are no known COVID-19 cases:

- Wear face mask or face covering at all times during visit.
- Use the PPE normally used during a site visit or inspection, such as gloves, goggles, face shields and respiratory protection for site specific hazards and tasks.
- Wash hands with soap and water for 20 seconds routinely at each site and after touching any potentially contaminated surfaces and at beginning, during, and end of an inspection. If handwashing facilities are not available use alcohol-based hand sanitizer and wash your hands at the earliest opportunity.

PPE guidance for other circumstances is outlined in Table 2, below.

Use of PPE is only one method of protecting inspectors, clients and residents from transmission. Inspectors should first and foremost optimize administrative and environmental controls to minimize disease transmission.

COVID-19 Exposure Risk Reduction Methods for All Site Visits: CCSF and Contractor Inspectors

- Employees with fever or respiratory illness should not work while ill. Employees who are ill should be advised of sick leave policies that allow employee to stay home when sick. Employees who develop a respiratory infection, flu-like illness, or other symptoms of acute illness while on the job should immediately inform their supervisor and leave work, noting which persons, equipment, and locations they were in contact with. Employees 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>



- Prior to conducting any field visit, employees should contact the facility to discuss the need for the inspection and field visit. Ask the facility to limit the number of people at the field visit, if possible. Ask them to call and cancel the appointment if any of the clients, residents or others who may be present during the inspection are feeling ill, especially if they are having any symptoms associated with COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>. Assure them you will do the same.
- Consider if a face-to-face visit is necessary. If there is an alternate way to conduct inspections besides a site visit, employees should explore that option. It could involve a phone interview, sending documents for inspectors to review, or a video chat tour of the facility. It may be possible to gather the information by asking for pictures of facilities or logbooks.
- Inspectors should follow any COVID -19 safety plans the facility, field site or business has established especially any requirements for visitors to the workplace.
- Wear a face covering during the entire visit. See specific PPE guidance for which type of face covering is recommended.
- During the field visit continue to practice physical distancing, including:
 - Maintain a minimum of six feet of distance between yourself and others when feasible.
 - No handshakes.
 - Avoid sharing equipment such as pens, clipboards, tools, and other frequently used items. If items must be shared clean and/or sanitize them between uses.
 - Limit the number of people in attendance to only essential staff.
 - Enter small areas alone, such as rooms, walk-in freezers or other small closed-in areas, and discuss any findings in open areas.
 - Wash or sanitize your hands upon arrival and departure; and after touching frequently touched surfaces such as door handles.
 - Avoid touching your face with unwashed hands especially your eyes, nose, or mouth.
 - Cough and sneeze into your elbow or a tissue. Throw away the tissue immediately after use and wash hands.
 - Avoid unnecessarily touching surfaces.
- Employees should know how to access PPE and supplies such as masks, hand soap, waste receptacles, and alcohol-based hand sanitizer.
- Any non-disposable supplies, equipment or PPE used in the field should be cleaned and disinfected using disinfectant agents that meet EPA Emerging Viral Pathogens (EVP) criteria for COVID-19¹.

¹ Disinfectants for Use Against SARS-CoV-2:

- EPA “N” List: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>,
- Center for Biocide Chemistries “Novel Coronavirus (COVID-19)—Fighting Product List”: <https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>, or
- Product manufacturer’s statement that product meets EPA Emerging Viral Pathogen criteria for COVID-19



Table 1. Personal Protective Equipment for Inspectors Conducting Site Visits in Locations with Asymptomatic Clients, Residents or Others that are not Suspected or Confirmed COVID-19 Positive
<ul style="list-style-type: none"> ○ Wear face mask or face covering at all times during visit. ○ Use the PPE normally used during a site visit or inspection, such as gloves, goggles, face shields and respiratory protection for site specific hazards and tasks.

Table 2. Personal Protective Equipment (PPE) for Inspectors Conducting Site Visits in Locations where Suspected or Confirmed COVID-19 Clients, Residents or Others Present*	
I: Site Visits and Inspections Where Client, Resident or Others are Masked and 6' Distancing can be Maintained	
<p style="text-align: center;">Preferred PPE</p> <ul style="list-style-type: none"> ○ Facemask² with reuse and extended use practices in place³. Discard if any discard criteria is met (Table 3). ○ Gloves as needed 	<p style="text-align: center;">Alternatives when supplies or resources are critical or unavailable</p> <ul style="list-style-type: none"> ○ NA
II: Site Visits and Inspections Where Client, Resident or Others May or May Not Be Masked and 6' Distancing can be Maintained	
<p style="text-align: center;">Preferred PPE</p> <ul style="list-style-type: none"> ○ Facemask² with reuse and extended use practices in place³. Discard if any discard criteria is met (Table 3). ○ Face shield or goggles with reuse and extended use practices in place² ○ Protective clothing⁴ ○ Gloves 	<p style="text-align: center;">Alternatives when supplies or resources are critical or unavailable</p> <ul style="list-style-type: none"> ○ Facemask² and goggles or eye protection alternatives⁵ with reuse and extended use practices in place³. ○ Protective clothing⁴ ○ Gloves

*Includes locations where quarantined clients present

²Facemasks are PPE and are often referred to as surgical masks or isolation masks. An N95 respirator for which the wearer has not been fit-tested are considered to be substitutes for facemasks.

³PPE reuse and extended use is per your facility policy and during times of PPE scarcity. Please see Table 3 = for guidance about when PPE should be discarded in settings of reuse and extended use. Adherence to proper hand hygiene is essential when redonning a facemask, eye protection or other PPE. 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 facemask or eye protection for repeated close contact encounters with clients, without removing the protective equipment between client encounters.
- Reuse refers to the practice of repeated use of a facemask or eye protection by the same person over a period of time for multiple encounters with clients and removing it ('doffing') after each encounter. The facemask or eye protection is stored in between encounters to be put on again ('donned') prior to the next encounter with a client

⁴ Includes re-usable cloth isolation gowns, cloth gown, lab coats, standard uniform or shop coats and will depend on availability at each facility.

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



Table 3. Discard Criteria for PPE in Settings of Reuse and Extended Use

PPE	Discard criteria
N95 or facemasks	<ul style="list-style-type: none"> • 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. C difficile) • If the inside of the respirator is inadvertently touched by a dirty glove or hand
Shop Coat, Gown Alternative, or Standard Uniform	<ul style="list-style-type: none"> • 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. C difficile) • Consider discarding after high risk activities depending on supply availability
Face shield, goggles, or Eye Protection Alternative ⁵	<ul style="list-style-type: none"> • Can no longer fasten securely to the provider • Visibility obscured and reprocessing does not restore visibility
Nitrile Gloves	<ul style="list-style-type: none"> • Discard after each use