



## **Position Regarding Personal Protective Equipment (PPE) for Those Working in the Emergency Department**

Emergency Medicine physicians, advanced practice providers, nurses, and staff are on the front lines of care for the individuals infected with COVID-19 and often evaluate and treat these patients prior to the availability of any diagnostic testing results. The Society for Academic Emergency Medicine (SAEM) deeply sympathizes, not only with our physicians, learners, and staff on the front lines, but also with our patients, their families, and our communities. We have all been affected by this pandemic.

Our role as academic emergency physicians in this crisis is unique, and our advocacy for our colleagues and patients is paramount. In the face of the COVID-19 pandemic, SAEM holds the following position regarding personal protective equipment (PPE) for those working in emergency departments:

PPE is needed by healthcare personnel to protect themselves, their patients, their families, their colleagues, and others when providing clinical care. Because of the rapidly changing nature of this pandemic and the novelty of this virus, there is understandable uncertainty and anxiety surrounding the nuanced recommendations to protect healthcare personnel. The Centers for Disease Control and Prevention (CDC) recommends that Emergency Medicine staff “who enter the room of a patient with known or suspected COVID-19 should adhere to standard precautions and use a respirator or facemask, gown, gloves, and eye protection.”

The SARS-CoV-2 virus is transmitted primarily via close person to person contact generally through droplets generated by a sneeze or cough. Facemasks, gowns, gloves, and eye protection, when worn properly, lessen the transmissibility of these droplets. However, aerosolizing procedures, such as the use of nebulizers, intubation or BiPAP/CPAP, generate airborne particles that may transmit the virus. Therefore, during aerosol-generating procedures, respirator masks (N-95, PAPRs, etc.) should be worn, following the CDC guidance that “respirator masks should be prioritized for situations where respiratory protection is most important.”

Amidst the COVID-19 pandemic, PPE shortages pose tremendous challenges and threats to the U.S. healthcare system. Healthcare facilities are having difficulty accessing the essential PPE they need in the face of substantially higher than normal demand. Nevertheless, despite these circumstances, all members of the healthcare workforce should expect equal access to adequate PPE to maintain alignment and unity among members of their clinical teams, in addition to the

maintenance of their health and safety. Meeting this expectation will require healthcare facilities and healthcare personnel to implement adaptive and conservative practices tailored to local resource constraints. Practices may include altering ventilation systems, building physical barriers, equipping patients with PPE, adopting re-usable PPE for reprocessing, and extending use beyond a single patient contact, among others. Adoption of any of these alternative options should be based on the best available evidence and needs of the providers and facilities.

In this rapidly changing environment, supply lines will fluctuate and new data will become available that collectively will guide our best practices and recommendations. We must remain adaptive in this crisis while steadfast in our commitment as we work together to protect each other, our patients, our families, and communities. We also must hold each other accountable in our endeavor to ensure adequate and the necessary access to PPE. SAEM strongly supports adequate protections for the health and safety of Emergency Medicine physicians, advanced practice providers, nurses, and staff.