Oregon Chapter
American College of
Emergency Physicians

Statement for the Record
Senate Health Care Committee
June 1, 2020
COVID-19 impacts on Emergency Physicians

Chair Monnes Anderson and members of the committee, my name is Dr. Chris Strear and I'm the President-elect of the Oregon Chapter of the American College of Emergency Physicians. Thank you for inviting me to talk about the impact of COVID-19 on emergency physicians. The single most critical issue for our members during the pandemic is the shortage of personal protective equipment, or PPE. We are deeply worried about the safety of our patients, our families, and ourselves as we have had to reuse PPE in a manner for which it was never intended, during a pandemic that has hit us like nothing before in our careers.

The CDC outlines a tiered surge capacity strategy for PPE use under conventional capacity, contingency capacity, and crisis capacity. Conventional capacity refers to PPE use under "business as usual" conditions, our old PPE practice. Contingency capacity refers to use under conditions that may be different from usual, but do not put health or safety at significant risk. This is the condition under which we should be operating when hospitals resume elective cases. Crisis capacity refers to use that is known to not meet usual standards of care, but must be used because there are no other options and the need is dire. We have been operating under PPE crisis capacity strategies since the beginning of the pandemic.

This leads to our first major concern surrounding PPE. Providers across the state have had dramatically different access to PPE depending on the hospital in which they work. Some providers have reasonable access to PPE and are practicing comfortably within that middle capacity tier, while others are scrambling every day for protection, still operating under crisis capacity conditions. Yet in both cases, the hospitals are attesting that they sufficient PPE to restart elective cases. Unfortunately, in both the CDC guidelines and Oregon's own guidelines, there exists contradictions and inconsistencies regarding how we should use PPE to be compliant with a particular tier. These contradictions can result in tremendous discrepancies between what is acceptable PPE practice from one hospital to the next. And in fact, this is what we are seeing. The good news is that these inconsistencies are now being addressed. Dr. Hargunani and the OHA recently spearheaded a taskforce comprised of multiple health care provider and administrative stakeholders to address these inconsistencies and to come up with concrete and consistent standards for what PPE practice defines which tiered strategy. This is a crucial step toward standardizing safety across the state's hospitals.

Our second concern, however, seems much more daunting. Anyone who has been on I-5 recently and seen the traffic return to our roads has to wonder if there will be a large resurgence of Covid cases as the counties reopen. Even if we are successful in containing Covid for now, we must be prepared for a surge in the late fall or early winter that could overlap with influenza and potentially dwarf the impact we have already seen. At the same time, we are being told that PPE supply chains are not opening up. So what does that mean for our future?

In order to resume elective procedures, the hospitals must attest that they meet certain key prerequisites. Specifically, in Oregon, hospitals must attest to having sufficient PPE that they can operate at what is being called Tier 2 of the contingency-level capacity. I won't get into the details of what this means, but I can tell you that as of now, all hospitals in the state are attesting that they meet Tier 2 criteria.

In order to say you're at Tier 2 and resume elective cases, according to both the CDC and state guidelines, hospitals must be able to accurately report their current stocks of PPE, days on hand, and utilization rates. Now on the one hand, every hospital has attested to having adequate PPE based on current stocks, burn rate, and supply chain adequacy. At the same time, however, the hospitals admit that they are having a hard time predicting these data. If it's that hard to predict the numbers, how can you attest that the numbers are sufficient? And after 2 ½ months into the pandemic, OHA is telling us that the PPE data – the numbers being reported to HOSCAP – are not useful for this purpose in the current format. So this is our concern: on the one hand we providers are being assured that there are sufficient PPE supplies to restart elective cases at every hospital while still having enough to keep us protected, while at the same time the numbers to determine adequacy are complicated and unpredictable, and the actual numbers being reported so far aren't helpful.

So here's where we are:

OR-ACEP surveyed members about the PPE situation in their ERs, and as elective surgeries begin and reopening is anticipated, here's what we heard back:

Only 23.6 percent feel they are as safe as they reasonably can be during their shift
Only 18.9 percent said they feel safe returning home after a shift if they live with others
Only 15.8 percent are able to wear PPE they supply themselves, despite this strategy being Oregon's Plan A for PPE supplies, and a recommendation of the CDC

And in our members' own words, we heard stories such as the following:

"I have taken roughly a 50 percent pay cuts and I'm working more to try to accommodate the lost income. I have not received a single new mask from the hospital and we have no clear trajectory when PPE will be available. I'm re-using several masks that my family sent me and have now used them each at least 5-times, using one per shift and then re-

using for several days. I feel like I can't speak up about this for fear of retribution by the hospital."

We all understand the importance to both our patients and our hospitals of restarting elective surgeries. Some providers have to reuse masks for up to a week at a time, and we have even heard of physicians sterilizing their N95s in a crock pot. And on a personal note, I haven't seen my children since March to avoid infecting them. Some of my colleagues are living away from home to keep their families safe. When I speak today about the severe rationing that frontline providers in the ED are experiencing, I am speaking for over 500 emergency physicians as well as countless ICU providers, hospitalists, nurses, and techs who make up the frontline. And none of us thinks we'll be able to return to conventional PPE practices any time soon, if ever. However, there remains a tremendous disconnect between what we are being told, and what we are living every day.

We want to continue working proactively and collaboratively with our healthcare partners moving forward to establish a truly meaningful standard that can be measured and enforced. We appreciate the Governor's Office and the Oregon Health Authority for convening a work group to develop guidance on the use of personal protective equipment by health care personnel in resource-constrained settings. But now, more than ever, we need additional steps:

- Consistency in standards from one hospital to another. We are advocating for coordination of PPE amongst hospitals throughout the state – shared resources so all frontline providers have an equal opportunity to better protect themselves, their families, and their patients. One person should not be in a better safety position because they work at one hospital system or another.
- A rational formula applied to all hospitals to determine in a standardized and meaningful way where they stand in terms of PPE supply.
- Transparent reporting of this information.
- A mechanism for accountability to and enforcement of these standards.

And there needs to be a sense of urgency in this: the more our society starts to reopen, the greater the risk of a new surge – one potentially worse than what we have already seen – and every day we delay amplifies that risk.

Thank you so much for the opportunity to voice our concerns about front line healthcare worker safety, along with our suggestion for a way to move forward that is fair, equitable and representative of the people impacted most by having access to appropriate PPE.