



## **Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19**

Infection Prevention and Control practice supported by appropriate use of PPE is important to minimise risk to patients of healthcare associated COVID-19. These measures are equally important in controlling exposure to occupational infections for healthcare workers (HCWs).

Traditionally, a hierarchy of controls has been used. The hierarchy ranks controls according to their reliability and effectiveness and includes engineering controls, administrative controls, and ends with personal protective equipment (PPE). In the context of risk of respiratory infection PPE adds an extra layer of protection in the context of scrupulous attention to hand hygiene, respiratory hygiene and cough etiquette and environmental hygiene.

### **Minimizing exposure risk**

#### Actions for Healthcare workers

- Implement Standard Precautions for infection prevention and control with all patients at all times
- Maintain a physical distance of at least 1 metre (3 feet) but ideally 2 from individuals with respiratory symptoms (where possible)
- Clean your hands regularly as per WHO 5 moments
- Avoid touching your face
- Promote respiratory hygiene and cough etiquette which involves covering mouth and nose with a tissue when coughing and sneezing or coughing into the crook of an elbow, discarding used tissue into a waste bin and cleaning hands

#### Actions for the healthcare facility

- Post visual alerts including signs, posters at the entrance to the facility and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide patients and HCWs with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette.
  - Instructions should include how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste bins, and how and when to perform hand hygiene.
- Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR), tissues, and hands free waste bins for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.

- Use physical barriers (e.g., glass or plastic windows) at reception areas, registration desks, pharmacy windows to limit close contact between staff and potentially infectious patients

### Personal protective equipment while important is the last line of defense

- This guidance applies to all healthcare settings including primary, secondary, tertiary care and ambulance service.
- The requirement for PPE is based on the anticipated activities that are likely to be required.
- The unnecessary use of PPE will deplete stocks and increases the risk that essential PPE will not be available for you and your colleagues when needed. This guidance DOES NOT RECOMMEND use of surgical facemasks in situations other than for contact with patients with droplet transmitted infection including COVID-19.

<b>1.0</b>	<b>Non clinical areas such as administrative areas, medical records, staff restaurant and any other area where tasks do not involve contact with COVID -19 patients</b>	
1.1	All Activities	<b>NO PPE REQUIRED</b>
<b>2.0</b>	<b>Receptions Areas</b>	
2.1	Administrative activities in reception areas where staff are separated by at least one metre from a case of suspected/confirmed COVID 19 infection	<b>NO PPE REQUIRED</b> but steps for minimising chance for exposure should be implemented
<b>3.0</b>	<b>Patient transit areas for example corridors, elevators, stairwells, escalators, waiting areas</b>	
3.1	Transfer of patients through public areas	Those physically transferring the patient should wear appropriate PPE as per section 5.0 For others <b>NO PPE REQUIRED</b>
3.2	All other activities e.g. providing security, moving equipment etc.	<b>NO PPE REQUIRED</b>

4.0	<b>Pathology/Laboratory Areas</b>	
4.1	All activities	PPE as per <a href="#">guidance</a>
5.0	<b>Clinical Areas</b>	
5.1	Providing Care	
5.1.1	<p>Patients with respiratory symptoms/suspected/confirmed COVID-19 who require an <b>aerosol generating procedure*</b></p> <p><b>Note:</b> • In situations where staff are in the room with a patient and there is a significant risk that an unplanned aerosol generating procedure may need to be performed urgently for example accidental extubation it may be appropriate to wear an FFP2 mask while in the room</p>	<ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Disposable Single Use Nitrile Gloves</li> <li>• Long sleeved disposable gown</li> <li>• FFP2 respirator mask</li> <li>• Eye Protection</li> </ul>
5.1.2	<p>Patients with respiratory symptoms/suspected/confirmed COVID-19 who do not require an aerosol generating procedure but <b>do require high contact patient care activities that provide increased risk for transfer of virus and other pathogens to the hands and clothing</b> of healthcare workers including (but not limited to)</p> <ul style="list-style-type: none"> <li>• Close contact for physical examination /physiotherapy</li> <li>• Changing incontinence wear</li> <li>• Assisting with toileting</li> <li>• Device Care or Use</li> <li>• Wound Care</li> <li>• Providing personal hygiene</li> <li>• Bathing/showering</li> <li>• Transferring a patient</li> <li>• Care activities where splashes/sprays are anticipated</li> </ul>	<ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Disposable Single Use Nitrile Gloves</li> <li>• Long sleeved disposable gown</li> <li>• Surgical facemask</li> <li>• Eye Protection*</li> </ul> <p>*Eye protection is recommended as part of standard infection control precautions when there is a risk of blood, body fluids, excretions or secretions splashing into the eyes.</p> <p>Individual risk assessment must be carried out before providing care. This assessment will need to include</p> <ul style="list-style-type: none"> <li>• Whether patients with possible COVID-19 are coughing.</li> </ul>

		<ul style="list-style-type: none"> <li>The task you are about to perform</li> </ul>
5.1.3	<p>Patients with respiratory symptoms/suspected/confirmed COVID-19 where the tasks being performed are unlikely to provide opportunities for the transfer of virus/other pathogens to the hands and clothing. Low contact activities for example</p> <ul style="list-style-type: none"> <li>Initial Clinical Assessments</li> <li>Taking a respiratory swab</li> <li>Recording temperature</li> <li>Checking Urinary Drainage Bag</li> <li>Inserting a peripheral IV cannula</li> <li>Administering IV fluids</li> <li>Helping to feed a patient</li> </ul>	<ul style="list-style-type: none"> <li>Hand Hygiene</li> <li>Disposable Single Use Nitrile Gloves</li> <li>Disposable Plastic Apron</li> <li>Surgical facemask</li> <li>Eye Protection*</li> </ul> <p>*Eye protection is required to be worn as part of standard infection control precautions when there is a risk of blood, body fluids, excretions or secretions splashing into the eyes.</p> <p>Individual risk assessment must be carried out before providing care.</p> <p>This assessment will need to include</p> <ul style="list-style-type: none"> <li>Whether patients with possible COVID-19 are coughing.</li> <li>The task you are about to perform</li> </ul>
<b>5.2</b>	<b>Cleaning</b>	
5.2.1	Cleaning where patient is present	<ul style="list-style-type: none"> <li>Hand Hygiene</li> <li>Disposable Plastic Apron</li> <li>Surgical Facemask</li> <li>Household or Disposable Single use Nitrile Gloves</li> </ul>

5.2.2	<p>Cleaning when patient is not present for example after the patient has been discharged, or the procedure is complete. Ensure adequate time has been left before cleaning as per guidelines.</p>	<ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Disposable Plastic Apron</li> <li>• Gloves Household or Disposable Single use Nitrile Gloves</li> </ul>
<p><b>6.0 Internal transfer of patients with suspected or confirmed COVID-19 infection</b></p>		
6.1	<p>Accompanying a patient between areas within the same facility e.g. when moving a patient from a ward to radiology / theatre, GP waiting area to assessment room.</p>	<p>Hand Hygiene</p> <p>If patient is walking and a distance of at least 1m can be maintained – the patient should wear a surgical face mask ^ but <b>NO PPE REQUIRED</b> for staff accompanying the patient</p> <p>If staff accompanying patient and within 1m then as in section 5.0</p> <ul style="list-style-type: none"> <li>• ^Surgical facemask not available, cover mouth with a tissue if coughing</li> </ul>
<p><b>7.0 External transfer for example between home and dialysis unit, inter hospital transfer, hospital to LTCF</b></p>		
7.1	<p>Accompanying a patient but able to maintain a physical distance of at least 1m and no direct contact is anticipated</p>	<p>Hand Hygiene</p> <p>If a physical distance of at least 1m and contact is unlikely– the patient should be asked to wear a surgical face mask if tolerated* but <b>NO PPE REQUIRED</b> for staff accompanying the patient</p>

7.2	Accompanying a patient within a 1m distance and likely to have direct contact	Hand Hygiene PPE as per section 5.0
8.0	<b>Involved only in driving a patient not loading or unloading from transport vehicle</b>	
8.1	No direct contact with patient and no separation between driver and the patient compartments	Hand Hygiene  Patient to wear a Surgical Face Mask if tolerated, if not driver to wear a Surgical Face Mask
8.2	No direct contact with patient and the drivers compartment is separated from the patient	Hand Hygiene Maintain a physical distance of at least 1m <b>NO PPE REQUIRED</b>
9.0	<b>Individuals who may be accompanying the patient e.g close family members</b>	
9.1	<ul style="list-style-type: none"> <li>• Visiting should be restricted</li> <li>• If visitors are permitted they should be instructed how to correctly perform hand hygiene and supervised in donning/doffing PPE</li> <li>• Note that sensitivity to patient and visitor needs is required in the application of this recommendation for example with children and in end of life situations. Visitors should be informed of the risks but it must be accepted that in some situations people may not prioritise</li> </ul>	<ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Disposable Plastic Apron</li> <li>• Disposable Single Use Nitrile Gloves</li> <li>• Surgical Face Mask</li> </ul>

	their own protection over their assessment of the needs of a loved one.	
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### Types of PPE

- **Disposable plastic aprons:** are recommended to protect staff uniform and clothes from contamination when providing direct patient care and when carrying out environmental and equipment decontamination.
- **Fluid resistant gowns:** are recommended when there is a risk of extensive splashing of blood and or other body fluids and a disposable plastic apron does not provide adequate cover to protect HCWs uniform or clothing.
- If non- fluid resistant gowns are used and there is a risk of splashing with blood or other body fluids a disposable plastic apron should be worn underneath.
- **Eye protection/Face visor:** should be worn when there is a risk of contamination to the eyes from splashing of blood, body fluids, excretions or secretions (including respiratory secretions)
  - Surgical mask with integrated visor
  - Full face shield or visor
  - Goggles / safety spectacles
- **Surgical Face Masks**
  - Surgical Face Masks (Fluid Resistant Type 11R)

### Tips when wearing a surgical face mask

- Must cover the nose and mouth of the wearer
- Must not be allowed to dangle around the HCWs neck after or between each use
- Must not be touched once in place
- Must be changed when wet or torn
- Must be worn once and then discarded as health care risk waste (as referred to as clinical waste)

### **Theatre caps/hoods and shoe covers**

There is no evidence that contamination of hair is a significant route of transmission for COVID-19 infection. Head covers are not required and are not recommended. HCWs with long hair should keep their hair tied up and off their face when working in clinical settings. Theatre shoe covers are not recommended

### **Decontamination of eye/face protection for example goggles where there is a shortage of equipment**

In situations where there is a shortage of disposable eye protection **AND** the activity being undertaken involves a high risk of splash or spray to the eyes, HCWs may reuse goggles/safety spectacles.

Where reuse of eye protection is being considered

- Ensure there is no obvious signs of damage – Discard if signs of damage
- Ensure there are no cloth elements - items with cloth elements cannot be effectively decontaminated
- Check they are visibly clean before attempting to decontaminate – Discard if visibly soiled with blood/body fluids including respiratory secretions as heavily soiled items cannot be effectively decontaminated.
- The item should then be carefully decontaminated using a disinfectant wipe.

The risk of reusing Eye protection should be balanced against the risk to the user of a risk of splash or spray to the eyes.

Where practical to do so, decontamination of goggles should be centralized in a facility which normally reprocesses items may add additional margin of safety

### **Wearing PPE on a Cohort Ward/Unit**

Surgical face masks do not need to be changed when moving between patients in a cohort area/ ward however the mask should be changed when wet and removed when leaving the cohort area for example going to break.

- Surgical face masks should not be reused once removed e.g. when going to answer the telephone
- Eye protection where used does not need to be changed in between patients on a cohort ward but should be removed when leaving the cohort area
- Gloves should be changed between patients and changed as appropriate when completing different tasks on the same patient
- Plastic aprons & gowns should be changed between patients