

COVID-19: Tips on using personal protective equipment for healthcare workers

The rapidly-spreading global pandemic of COVID-19 disease, caused by the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), is a **key issue** for infection prevention and control.

Among the many outbreak control strategies introduced, the use of personal protective equipment (PPE) for healthcare workers caring for suspected or confirmed COVID-19 cases, is a key administrative infection prevention and control measure for staff and patient safety.



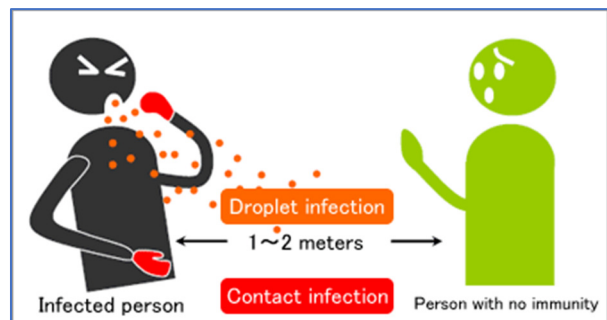
Although PPE is commonly used, it is important that healthcare workers know how to use this equipment **optimally and safely**. In Australia and New Zealand, there are national and state guidelines for PPE use and many resources available online.

PPE for COVID-19 is not new and many healthcare workers are familiar with the individual items. However general anxiety around COVID-19 has meant many staff require refresher **training** to feel competent in using the PPE safely.

Top tips for safe and optimal PPE use

1. Understand the transmission routes of the virus

- COVID-19 is primarily spread through direct contact with droplets from an infected person's cough or sneeze, or indirect contact by touching objects or surfaces that have been contaminated with cough or sneeze droplets from an infected person and then touching the face, especially mouth, nose or eyes. Therefore the primary routes of transmission are **Droplet and Contact**.
- **Airborne** transmission of COVID-19 is not common unless an aerosol-generating procedure is undertaken e.g. intubation, high-flow oxygen. Note: taking respiratory swabs is NOT considered an aerosol-generating procedure.



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2. Know what PPE is required

For droplet and contact precautions use the following PPE:

- Disposable impervious or semi-impervious gown
- Disposable gloves
- Protective eye wear
- Surgical mask



If an aerosol-generating procedure is performed, then use a N95/P2 mask and ensure it is fit-checked prior to entering the patient area.

3. Know how to put on (don) and take off (doff) your PPE correctly

Staff must be trained and competent in the skills for donning and doffing PPE correctly. It can be helpful to train with practical demonstration and allow users to practice themselves. Incorporating visual aids such as posters, videos or virtual reality can also be beneficial.

Healthcare workers should continue to follow their organisation's order for donning and doffing as the order can vary slightly from facility to facility.


Below are a some points to remember:

- Always tie gown at back – not at front.
- Pull gloves up over gown cuff.
- Position mask correctly on face – always fit check the seal of a P2 mask if using one.
- Incorporate hand hygiene into doffing process – **always** after gloves are removed and **always** before removing facial protection.
- Avoid touching contaminated parts of the PPE during use and while doffing e.g. front of gown, outside of gloves, front of mask and eye/face protection.
- Always discard disposable PPE after use – do not put mask in pocket, let it hang around neck, or share with others.
- Clean re-usable goggles or eyewear after use.
- Remove mask last to protect the face.


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Below is a Poster example showing the correct removal of PPE with surgical mask
(courtesy SCHN, Australia)

REMOVING PPE




REMOVE GLOVES




PERFORM HAND HYGIENE



REMOVE GOWN



REMOVE PROTECTIVE
EYE WEAR OR FACE SHIELD



REMOVE MASK



PERFORM HAND HYGIENE

WHERE IS THE BEST LOCATION TO REMOVE YOUR PPE?

It is usually best to remove your PPE at the doorway or in an anteroom after being in a room with a patient.

For airborne precautions masks and protective eyewear must be removed outside the room.

We welcome your feedback or questions on the content of our blogs as well as suggestion for topics that you would be interested in receiving blog's on in the future. Please click the link to get in touch/ share your thoughts with us.

Contact us

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Suite 403,
44 Hampden Rd
Artarmon NSW 2064

T: 1300 667 199, www.reynardhealth.com.au
(61) 2 8075 2199 ABN 52 132 676 816
F: (61) 2 8207 3133