

ISSUE 12: IN-SERVICE BRIEF

Part 2 - COVID-19 Protection for Healthcare Workers

IMPACT OF INCREASED PPE DEMAND

With the declaration of the COVID-19 pandemic the entire world, not only healthcare workers, immediately increased their demand for PPE. Even governments across the globe who stockpiled for pandemics still found themselves short, due to poor planning and an inability to foresee the scale of PPE needed for what was coming ahead from the SARS-CoV-2 Virus.



HEALTHCARE PEAK BODY PPE COMMENTARY

To ensure that PPE is available to the HCWs most at risk of COVID-19, implementing PPE preservation strategies have played a critical role in deciding the appropriate level of PPE for use in non-healthcare industries. WHO,¹ CDC,² Federal Emergency Management Agency (FEMA)³ and Occupational Safety and Health Administration (OSHA)⁴ have specific guidance on the use of PPE as part of routine duties performed by non-healthcare essential workers. Other global agencies in Europe and Australia have followed suit. Such examples include N95 or equivalent respirator to be worn only by high priority HCWs and that simple cloth covering may be adequate in the general community where social distancing measures cannot be maintained.



HEIGHTENING PROTECTION WITH AVAILABILITY OF APPROPRIATE PPE

The WHO published health worker rights for employers and managers in health facilities as related to PPE:⁵

- Ensure that all necessary preventive and protective measures are taken to minimize occupational safety and health risks;
- Provide information, instruction and training on occupational safety and health, including refresher training on infection prevention and control (IPC) and donning and doffing PPE;
- Provide adequate PPE supplies (masks, gloves, goggles, gowns, hand sanitizer, soap and water, cleaning supplies) in sufficient quantity to healthcare or other staff caring for suspected or confirmed patients; and
- Understand and track PPE requirements and stock levels. Look at and manage usage accordingly.

REFERENCES

The full list of references which include Centers for Disease Control and Prevention, Federal Emergency Management Agency, Occupational Safety and Health Administration and World Health Organization can be found within InTouch Issue 12: Part 2 - COVID-19 Protection and Treatment

Please Note: Given the novelty of this coronavirus, recommendations from the source references are interim and advisory in nature and are based on current knowledge of the situation. Always ensure compliance with your local public health authorities regulations regarding the COVID-19 pandemic.

➔ Please read InTouch Issue 12: Part 2 – COVID-19 Protection and Treatment for more information on this topic.

For more information on infection prevention and control of COVID-19, please visit: www.ansell.com/us/en/the-new-coronavirus or submit queries to ansellcares@ansell.com

IMPORTANT TIPS FOR PPE USE

- PPE must be worn correctly and remain in place for the duration of care.
- Perform hand hygiene before donning and after removing gloves.
- Always extend the glove cuff over the gown cuff to fully cover the wrist and limit exposure.
- If a respirator is not available, use a combination of a surgical mask and a full-face shield.
- PPE should not be adjusted (i.e. retying gowns, adjusting mask, etc.) during patient care.
- Remove and discard all disposable PPE into a sealed trash receptacle (disposable respirators/masks, eye protection, gown, glove, etc.).
- Unsoiled PPE can be discarded into general waste. Visibly soiled PPE must be disposed of as clinical/ infectious waste.
- Clean and disinfect reusable eye protection according to manufacturer's instructions prior to re-use.

DONNING	DOFFING
1. Hand Hygiene	1. Gloves
2. Gown/Protective Clothing	2. Gown/Protective Clothing
3. Mask/Respirator	3. Exit Patient Area
4. Eye Protection	4. Hand Hygiene
5. Hand Hygiene	5. Face Shield/Eye Protection
6. Gloves	6. Mask/Respirator and Discard
	7. Hand Hygiene

