

Guidelines for the use of personal protective equipment for frontline health care workers

7 APRIL 2020

During this extraordinary and unprecedented time of a COVID-19 pandemic we need a whole of country and health system approach to protect New Zealanders in order to contain and eradicate COVID-19.

This guideline outlines the Ministry of Health's position on the use of personal protective equipment (PPE) for health care workers, including who should wear it and when. It will be reviewed regularly as the situation evolves.

The health and wellbeing of front-line health care workers is important.

The Ministry acknowledges that health care workers are a higher risk population due to the nature of their interactions with patients/clients who are unwell and may potentially have COVID-19.

Keeping our front-line health care workers safe is a priority for the Government, the Ministry of Health and employers. Health and safety concerns expressed by health care workers, patients, families, and the unions are shared by us all. Health care workers need to be safe, and they also need to feel safe.

It is important that standard precautions are used during the provision of health care services.

Standard precautions are a set of infection prevention and control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin and mucous membranes.

Standard precautions should be used for all patient care activities. They're based on a risk assessment and make use of common-sense practices and personal protective equipment use that protect healthcare workers from infection and prevent the spread of infection from patient to patient.

In the context of COVID-19 it is even more important that we reinforce adherence to standard precautions as this will protect frontline health care workers regardless of whether they need to wear PPE when providing care.

Standard precautions include:

1. hand hygiene
2. use of personal protective equipment (eg, gloves, masks, eyewear)
3. respiratory hygiene / cough etiquette
4. patient placement
5. safe handling of needles and other sharps
6. safe injection practices (ie, aseptic technique for parenteral medications)
7. sterile instruments and devices
8. safe handling of linen and laundry
9. clean and disinfected environmental surfaces.

Using PPE

The provision of PPE (including face masks) is one strategy within a hierarchy of effective infection prevention and control measures that are fundamental to keeping our health care workers safe.

The use of PPE can reduce the spread of infection when used correctly and in the appropriate context.

Incorrect use of PPE may cause more harm than good and may contribute to an increased spread of disease. If PPE is not used properly health care workers can put themselves, clients/patients, their colleagues, family/whānau and community at greater risk. For example, wearing the same pair of gloves for long periods of time may lead to transfer of infectious material from one surface to another. Similarly, wearing a mask for long periods may lead to contamination of the wearer's face if they rub their nose or eyes after their hand has touched the mask.

It is important that health care workers know how to put on (don) and take off (doff) PPE (including masks) – more information on donning/doffing PPE can be found in the document PPE: how to put it on and remove it safely at www.health.govt.nz/pep-health

The Ministry has published advice on the level of PPE that is needed by health care workers in different contexts. This advice has been based on the best available evidence, is in line with the World Health Organization guidelines, and will be reviewed regularly as the pandemic evolves.

Not every health care worker needs to wear a facemask or PPE for every interaction they have with a patient or client – this includes both health care workers who are working in hospitals and those working in the community.

Supply and distribution of PPE

The ability to move stocks of PPE across New Zealand is being undertaken in a coordinated way to ensure that the supply chain keeps moving. Appropriate use of PPE based on evidence and best practice will ensure supplies are available to those who need it for the duration of the pandemic.

The Ministry has ordered additional face masks, gloves, safety glasses and face shields. These new stocks will be for our health care workers immediate use and they will also be used to allow us to maintain our stocks and ensure an uninterrupted supply. The use of this PPE is designed to complement infection prevention and control measures and support our health workers in the front line to be safe, feel safe and practice safe.

The increase in both supply and distribution of PPE to the health sector does not mean that all health workers should wear a mask all the time with every patient or client interaction. Safe, wise and effective use of this valuable resource underpinned by the Ministry of Health guidelines is important to ensure there is an ongoing supply.

We cannot afford to waste or misuse a valuable resource, which will put another valuable resource (ie, people) at risk.

Frequently asked questions

When should a health care worker wear PPE?

The documents on the following page outline when health care workers should wear PPE and what type of PPE they should wear: www.health.govt.nz/ppe-health

What is physical distancing?

The evidence suggests that COVID-19 is spread via respiratory droplets from contact transmission. Respiratory droplets tend to only travel for 1 metre during sneezing and coughing. Avoiding being face to face with someone for at least 15 minutes will reduce this mode of transmission. We are asking people to keep at least 2 metres distance from others as a precautionary approach.

If you can't maintain physical distancing because you need close contact to provide care then you should apply standard precautions, refer to our guidance to identify your PPE needs, and consider other risk management strategies in the context of the risk assessment (see below).

When should a patient/client wear a mask?

Patients/clients who are unwell with respiratory symptoms should be given a surgical/medical mask to wear if they are able to.

How long can a mask be worn?

Masks can be worn until they are damp and at the most for 4 hours. They should be removed prior to eating and drinking or if they become soiled.

Should I use a surgical/medical mask or a N95/P2 mask?

A surgical/medical mask is sufficient for most purposes.

N95 / P2 masks should only be used by health care workers undertaking aerosol generating procedures (AGP). AGP are a set of interventions involving the upper and lower respiratory tract that may result in the generation of droplet nuclei containing infectious respiratory secretions. AGP include tracheal intubation, non-invasive ventilation, tracheostomy, cardiopulmonary resuscitation, nebulisers, manual ventilation before intubation, bronchoscopy (and BAL), sputum induction, suctioning (except with in line ventilator attachment) and administration of high flow nasal oxygen

What about community health care workers who visit a lot of clients in one day – should they wear a mask for every visit?

Prior to, or at the start of the visit, the health care worker should ask after the wellbeing of the client to determine if PPE may be required during the provision of care. They should also ask if the client has had contact with any proven or suspected COVID-19 cases. In the situation where the client has respiratory tract symptoms they can be provided with masks and asked to put one on when the health care worker visits. For clients who are not able to tolerate a mask, the health care worker should undertake a risk assessment on the need and level of PPE required.

In some situations, where the client is vulnerable, then the client may wear a mask during the health care workers visit. This should be assessed on a case-by-case basis.

What should I consider in my risk assessment for PPE use – what should I wear, when and how?

Prior to, or at the start of the visit, the health care worker should identify risk factors to determine if PPE may be required during the provision of care. The health care worker can ask the following questions.

- a. Has the client become unwell with respiratory symptoms since the health care worker's last visit?
- b. Has the client been in contact with others in the last two weeks who have been unwell?
- c. Has the client been in any contact with people who are unwell with respiratory symptoms/fever or who have undergone testing for COVID-19?

In the situation where the client has said yes to any of the above questions, they can be provided with masks and asked to put one on when the health care worker visits. For clients who are not able to tolerate a mask, the health care worker should undertake a risk assessment on the need and level of PPE required.

How do I dispose of my PPE/masks in the community?

PPE should be disposed of in a separate bag, sealed and then into general rubbish. You can place your used mask, gown and gloves in a plastic bag and put it in with the waste for disposal. You will need to talk to your manager about how best to do this in your work place.

Can I reuse my PPE?

No – masks, disposable aprons and gloves should not be reused by health care workers.

In some situations, it may be appropriate for the client to reuse a mask (until it is damp), if they have interactions with multiple health care workers.

Reusable goggles or visors, if worn, may be reprocessed according to manufacturers' guidance.

Can people transmit COVID-19 if they have no symptoms?

Virus can be detected in respiratory secretions before individuals have any symptoms or who may only have very mild symptoms. However, dispersal of the respiratory secretions requires coughing and sneezing and in the absence of these, the risk of transmission of infection to others will be very low. In these instances, good hand hygiene and physical distancing will reduce the risk of infection.

More information

Ministry of Health PPE information: www.health.govt.nz/ppe

Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19): interim guidance, 19 March 2020: apps.who.int/iris/handle/10665/331498