COVID 19
Personal Protective Equipment









Respiratory protection Disposable pleated paper masks



When to wear masks:

Individuals with symptoms suggestive of COVID 19 must always wear a medical mask

Health care workers without symptoms:

- For transmission-based (contact, airborne or droplet) precautions if local policy requires this.
- When in the same room if within 1 metre as a person with suspected or confirmed COVID 19
- When cleaning an area where a suspected or confirmed COVID 19 client or colleague was

Mask management

Appropriate use and disposal are essential for medical masks to prevent transmission.

Correct use of medical masks

- Place the mask carefully so that it covers the mouth, nose, and chin.
- Tie it securely to minimize gaps between the face and the mask.
- Do not touch the mask while wearing it.
- Remove the mask using the correct technique:
 - Do not touch the front of the mask
 - Untie it from behind.
- After removing a mask or accidentally touching your mask, clean hands correctly
- Replace masks with a new, clean, dry mask as soon as they become damp.
- Never re-use single-use masks.
- All used/discarded masks must be disposed of correctly and immediately.
- Hand hygiene should be performed immediately after disposing a mask.
- If you use something to clean your face after removing a mask (like disposable tissues), immediately dispose of them after use and perform hand hygiene.

Refer to this video for the correct use of disposable paper masks: https://www.youtube.com/watch?v=jWnTCZWYOBw

Respiratory Protection N95 or FFP2 mask (Particulate Respirator)







A quality particulate respirator (N95/KN95/FFP2) is recommended for all close client contact (LARC insertion/removal, TL/Vasectomy, surgical SAC/PAC, injections) where distancing is not possible

Good quality particulate respirators filter out very small particles.

Important:

- Filtration is effective only if sealed to contour of face (fit testing required)
- Adjust the metal nose clip and tighten the straps to achieve a firm and comfortable fit.
- If you cannot achieve a proper fit, position the straps crosswise. However, this minor modification could imply a deviation from manufacturer recommendations.

Refer to this video for the correct use of KN95 disposable masks : https://www.youtube.com/watch?v=zoxpvDVo_NI_

Face Shields and Eye Protector Goggles





A face shield or goggles **combined with a disposable mask** adds to providers' and clients' protection. Use these to reduce the risk of splashing of droplets or secretions.

They minimize droplet spread from the wearer to others

They minimize the risk of droplets reaching the wearer's face

Good hand hygiene (before putting it on, if you touch it while wearing, after removal) is critical **IMPORTANT:** Face shields and goggles must be cleaned before wearing. Perform hand hygiene after cleaning AND before wearing them.

Please note:

- Regular corrective spectacles are not considered adequate eye protection
- Shields/goggles must fit the user's face and have to be compatible with the mask/respirator
- The fitting of different types of respirators/masks/shields/goggles will vary for each user
- A fitting test must be carried out to find the best match of PPE to each user

Gloves

When to wear:

- Disposable gloves must be worn for procedures involving DIRECT client contact
 - o Pelvic and vaginal examination
 - MVA, STP procedures
 - o LARC procedures
 - Injections
- Disposable gloves must also be worn when
 - Handling containers soiled with blood or body fluids
 - Handling/cleaning instruments
 - Cleaning spills of bodily fluids
- Assess the risk of having direct contact with blood or body fluid before any procedure
- Wear gloves if there ANY risk
- When indicated, put gloves on immediately before commencing procedure
- Remove gloves and perform hand hygiene immediately after each procedure
- Virus (and other pathogens) are transferred between patients, surfaces and your own mucous membranes on your gloved hands

Putting gloves on

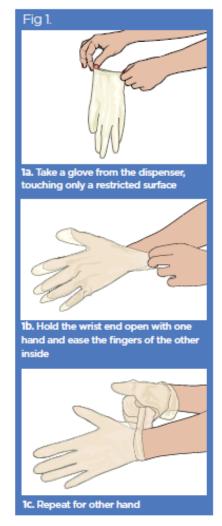
- 1. Perform hand hygiene.
- **2.** Take a glove from the dispenser or package, touching a restricted surface at the wrist end (Fig 1a).
- **3.** Holding the wrist end open with one hand, ease the fingers of the other hand inside.
- **4.** Gently pull the wrist end of the glove while easing the hand into the glove, taking care not to overstretch the material (Fig 1b).
- **5.** Taking a second glove with the bare hand, turn the external surface of this glove onto the gloved fingers at its opening.

Ease the glove onto the hand **(Fig 1c)**. This avoids touching the skin with the gloved hand.

Once gloved, hands should not touch anything that is not defined by indications and conditions for glove use.

Viruses can stay on the surface of the gloves for long periods.

DO NOT touch your face with a gloved hand



Removing gloves

To avoid contaminating the hands or environment, gloves must be removed carefully as soon as the intervention is complete

If a disposable apron/gown is also used, gloves should be removed first

- 1. Pinch one glove at the wrist without touching the skin of the forearm and peel away from the hand (Fig 2a), turning the glove inside out.
- 2. Hold the removed glove in the gloved hand.
- 3. Hook the index and middle finger of the bare hand inside the remaining glove, taking care not to touch the outside of the glove (Fig 2b).
- 4. Pull off the glove, turning it inside out with the first glove inside (Fig 2c).
- 5. Dispose of the gloves in a clinical waste bin or, if contaminated with blood or bodily fluids, into a hazardous waste bin.
- 6. Perform hand hygiene.



Body Protection – Aprons

Aprons protect the wearer from droplets as well as from body fluids.

They are recommended for procedures/situations where there is a risk of clothing becoming soiled with visible or invisible aerosols/droplets.

Cleaning staff should wear aprons for cleaning areas/spaces occupied by suspected or confirmed COVID 19 clients or colleagues

If non-fluid resistant gowns are used a plastic apron should be worn underneath.

Disposable aprons must be changed between clients and immediately after completion of task.

Take care when removing to not touch the soiled part of the apron Remove if contaminated or on leaving the patient and decontaminate hands

Putting an apron on

- 1. Perform hand hygiene.
- 2. Remove an apron from the roll or dispenser.
- 3. Open it outwards ensuring the inner surface faces the patient to prevent any contamination on its outer surface contacting with the client.
- 4. Place the neck loop over your head (Fig 3).
- 5. Position the apron to cover as much of the front of your body as possible.
- 6. Fix the apron in place by tying the waist straps behind your back.

Removing an apron

- 1. If disposable gloves are being used, they must be removed first (Loveday et al, 2014).
- 2. Break the neck loop and waist straps.
- 3. Roll the apron downwards from your chest so the contaminated outer surface is folded inwards.
- 4. Avoid touching the outer surface of the apron with your hands (Fig 4).
- 5. Dispose of the apron in a hazardous waste bin.
- 6. Perform hand hygiene.





Body Protection – Long sleeve water-resistant gown

- There are different types of long-sleeve gowns.
- Sterile gowns are mandatory for invasive procedures such as
- C-sections, TL and Vasectomy.
- This guidance is limited to reusable water-resistant gowns

Water resistant gowns provide more cover than aprons.

They should be worn when

- A plastic apron provides inadequate cover
- If plastic aprons are not available to you

If the reusable long-sleeved gown is not water- resistant, wear a plastic apron underneath.

When using a gown with back closure, a second operator should assist with closing the back (Figure 5).



Figure 5. Closing the back of the gown (by an assistant)



Figure 4. Donning of a long-sleeved gown

References:

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