Use of PPE

Current WHO guidance for HCW caring for suspected or confirmed 2019-nCoV acute respiratory disease patients recommends the use of contact and droplet precautions, in addition to standard precautions which should always be used by all HCW for all patients. In terms of PPE, contact and droplet precautions include wearing disposable gloves to protect hands, and clean, non-sterile, long-sleeve gown to protect clothes from contamination, medical masks to protect nose and mouth, and eye protection (e.g., goggles, face shield), before entering the room where suspected or confirmed 2019-nCoV acute respiratory disease patients are admitted. Respirators (e.g. N95) are only required for aerosol generating procedures.

Health care workers collecting NP and OP swab specimens from suspected or confirmed COVID-19 patients should be well-trained on the procedure and should wear a clean, non-sterile, long-sleeve gown, a medical mask, eye protection (i.e., googles or face shield), and gloves. Procedure should be conducted in a separate/isolation room, and during NP specimen collection health care workers should request the patients to cover their mouth with a medical mask or tissue. Although collection of NP and OP swabs have the potential to induce fits of coughing from the patient undergoing the procedure, there is no currently available evidence that cough generated via NP/OP specimen collection leads to increased risk of COVID-19 transmission via aerosols.

WHO developed its rapid guidance based on the consensus of international experts who considered the currently available evidence on the modes of transmission of 2019-nCoV. This evidence demonstrates viral transmission by droplets and contact with contaminated surfaces of equipment; it does not support routine airborne transmission. Airborne transmission may happen, as has been shown with other viral respiratory diseases, during aerosol-generating procedures (e.g., tracheal intubation, bronchoscopy), thus WHO recommends airborne precautions for these procedures.

Respirators (e.g., N95, FFP2 or equivalent standard) have been used for an extended time during previous public health emergencies involving acute respiratory illness when PPE was in short supply (3). This refers to wearing the same respirator while caring for multiple patients who have the same diagnosis without removing it, and evidence indicates that respirators maintain their protection when used for extended periods. However, using one respirator for longer than 4 hours can lead to discomfort and should be avoided (4−6).

See attached CDC instructions on how to properly use a respirator. OSHA compliance is required with N95 use in healthcare settings.

References:

<https://www.cdc.gov/niosh/docs/2010-133/pdfs/2010-133.pdf>

<https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf>

<https://www.who.int/news-room/q-a-detail/q-a-on-infection-prevention-and-control-for-health-care-workers-caring-for-patients-with-suspected-or-confirmed-2019-ncov>