

# Coronavirus / COVID-19 Brief

## IPC and PPE explained

28.4.2020 (Interim Guidance)

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worldwide

ENDING  
EXTREME POVERTY  
WHATEVER  
IT TAKES

Coronavirus disease (COVID-19) is an *infectious disease* caused by a recently discovered coronavirus identified at the end of 2019. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment.

The best way to prevent and slow down COVID-19 virus spreading is be well informed about the disease it causes, how it spreads and how to prevent transmission by practising effective *infection, prevention and control*. Everyone can support to help interrupt transmission of this virus.

### What is Infection Prevention and Control (IPC)

IPC is a practical, evidence-based approach, which prevents people, patients, health workers and support staff from being harmed and infected by many avoidable infections including COVID-19.

WHO guidance on IPC strategies to prevent or limit COVID-19 transmission in health care settings and in all health facilities include:

- 1) Ensuring screening, triage, early recognition, and source control;
- 2) Applying standard precautions for all patients including hand and respiratory hygiene, and appropriate **Personal Protective Equipment (PPE)** for frontline health workers according to a risk assessment;
- 3) Safe waste management, and environmental cleaning; and
- 4) Implementing additional droplet and airborne precautions whenever applicable, i.e. until a person is asymptomatic.

*Hand hygiene practice* is one of the most important IPC measures.

The **4 DO's for Coronavirus / COVID-19 Prevention** supporting IPC are:

1. Regular Hand Washing (with soap and water, thoroughly for at least 20 secs).
2. Avoid touching eyes, nose and mouth with unwashed hands.
3. Respiratory Hygiene (cough / sneeze into a tissue, or your elbow / sleeve, and dispose the used tissue immediately in the nearest waste bin. Wash your hands as soon as you can after.
4. Social / Physical Distancing (keep at least 1-2 meter / 3-6 feet between yourself and others during this outbreak; Stop handshaking, hugging and social kissing).

**Safe waste management and disposal** is also a very important IPC measure, in the home and in health care facilities. Health care waste in health facility settings should be treated as infectious clinical waste Category B (UN3291) [25] (ECDC) and handled in accordance with healthcare facility policies and local regulations as directed by the Ministry of Health (MoH) and WHO in-country.

This can be a neglected area in poorest countries however, and advocacy for investment and inclusion for provision of safe waste disposal systems in health programme budgets is essential.

## IPC during health care when Coronavirus (COVID-19) is suspected

WHO guidance is that to achieve the highest level of effectiveness in response to the COVID-19 outbreak an IPC strategy with a dedicated and trained team, or at least an IPC focal point should be in place. This requires support from the national MoH and facility senior management in all facilities designated for screening, triage, isolation, treatment and / or referral of COVID-19 suspected cases.

**Screening:** A basic assessment of wellness or illness of a person in a screening area before the service user enters the health facility.

**Triage:** Is the process of quickly examining a sick or injured person, so that most serious are treated firstly or referred for care. Clinical triage is a system for assessing all people with suspected signs and symptoms of COVID-19 – fever, cough or / and difficulty breathing.

**\*Know your in-country MoH-WHO COVID-19 ‘suspect case’ definition.**

**Isolation:** A separate waiting area in a health facility where a COVID-19 suspect case is treated, or referred onwards as appropriate.

**Referral:** To a designated COVID-19 treatment centre or hospital. Plan for a safe referral pathway in advance of an outbreak.

**\*Know the referral procedure including the infection prevention and control IPC Standard Operating Procedures (SoPs) to be followed in agreement with the MoH and the District Health Management Team / District Medical Officer.**

## Personal Protective Equipment (PPE) and IPC

Basic measures of IPC and standard precautions implemented by health care workers caring for people with suspected COVID-19, alongside the important hand, respiratory hygiene and social / physical distancing practices where it is possible, can include using appropriate PPE according to risk assessment and following approved training of the MoH / WHO in-country. In the context of COVID-19, recommended PPE by WHO can include gloves, plastic aprons, masks, goggles/face shields, gowns, head covering and rubber boots / overshoes. Different levels of risk and potential COVID-19 exposure require different layers of PPE, following MoH protocols in-country.

\*In view of the global PPE shortage currently, the WHO recommends ensuring rational and appropriate use of PPE where it is necessary (6 April 2020).

### What WHO does and does NOT recommend:

1. **Gloves** should be worn when providing direct care for a COVID-19 suspect or confirmed case and then removed, followed by hand hygiene between COVID-19 patients. Using the same gloves for a cohort of COVID-19 cases (extended use) must not be done.
2. **The reuse of** masks, gowns, or eye protection without appropriate decontamination / sterilization is strongly discouraged.
3. **The use of** cotton cloth masks as an alternative to medical masks or respirators is NOT considered appropriate for the protection of health care workers.

\*To guide priority setting for PPE, refer to annexed infographics on 1) recommended PPE for Health Facilities by Target and Setting and 2) recommended PPE for Ambulance or Transfer Vehicle by Target and Activities (Interim Guidance, WHO, 6 April 2020).

\*Refer to annexed ECDC Infographic: Using face Masks in the Community (14 April 2020):

*\*The use of medical facemasks by healthcare workers must be given priority over the use in the*

community.

*\*The use of face masks in the community should be considered only as a **complementary measure and not as a replacement for established preventive measures**, for example physical distancing, respiratory etiquette, meticulous hand hygiene and avoiding touching the face, nose, eyes and mouth.*

*\*Proper use of face masks is key for their effectiveness and safety.*

## PPE – the current situation globally and Concern’s position

- Concern cannot promise procurement and provision of these items currently due to global shortages and disruption in supply chains.
- There are restrictions to accessing a list of critical PPE items and advocacy for frontline health worker protection is warranted.
- The **WHO** and the **Health Clusters** are coordinating procurement, requirements and allocations of PPE at country level.
- PPE items may possibly be purchased locally or externally, but some markets are not functioning due to the COVID-19 ‘lockdown’ currently, and quality standards as per MoH protocols must be guaranteed, especially for frontline health worker protection.

## Key Resources:

- WASH in Health Care Facilities <https://www.washinhcf.org/>
- Water, Sanitation and Hygiene in Health Care Facilities: Practical Steps to achieve universal access (WHO 2019) <https://bit.ly/2RYPESG>
- COVID-19: WASH and Infection Prevention and Control in Health Care Facilities (UNICEF 2020) <https://uni.cf/3eGDsjn>
- Infection Prevention and Control for COVID-19 in Healthcare settings - first update (ECDC 12 Mar 2020) <https://bit.ly/2VxwnKB>
- Infection Prevention and Control during Health Care when novel coronavirus (nCoV) infection is suspected (WHO Interim Guidance 19.3.20) <https://bit.ly/2UQvjky>
- Rational use of Personal Protective Equipment for Coronavirus disease (COVID-19) and considerations during severe shortages (WHO, 6 April 2020) <https://bit.ly/2yoySWa>
- ECDC Infographic (14 April 2020): Using face Masks in the Community <https://bit.ly/2KibXii>
- ECDC Using face masks in the community Reducing COVID-19 transmission from potentially asymptomatic or pre-symptomatic people through the use of face masks (8 April 2020) <https://bit.ly/3aBwglz>
- WHO Country & Technical Guidance - Coronavirus disease (COVID-19) <https://bit.ly/3bHEOIA>

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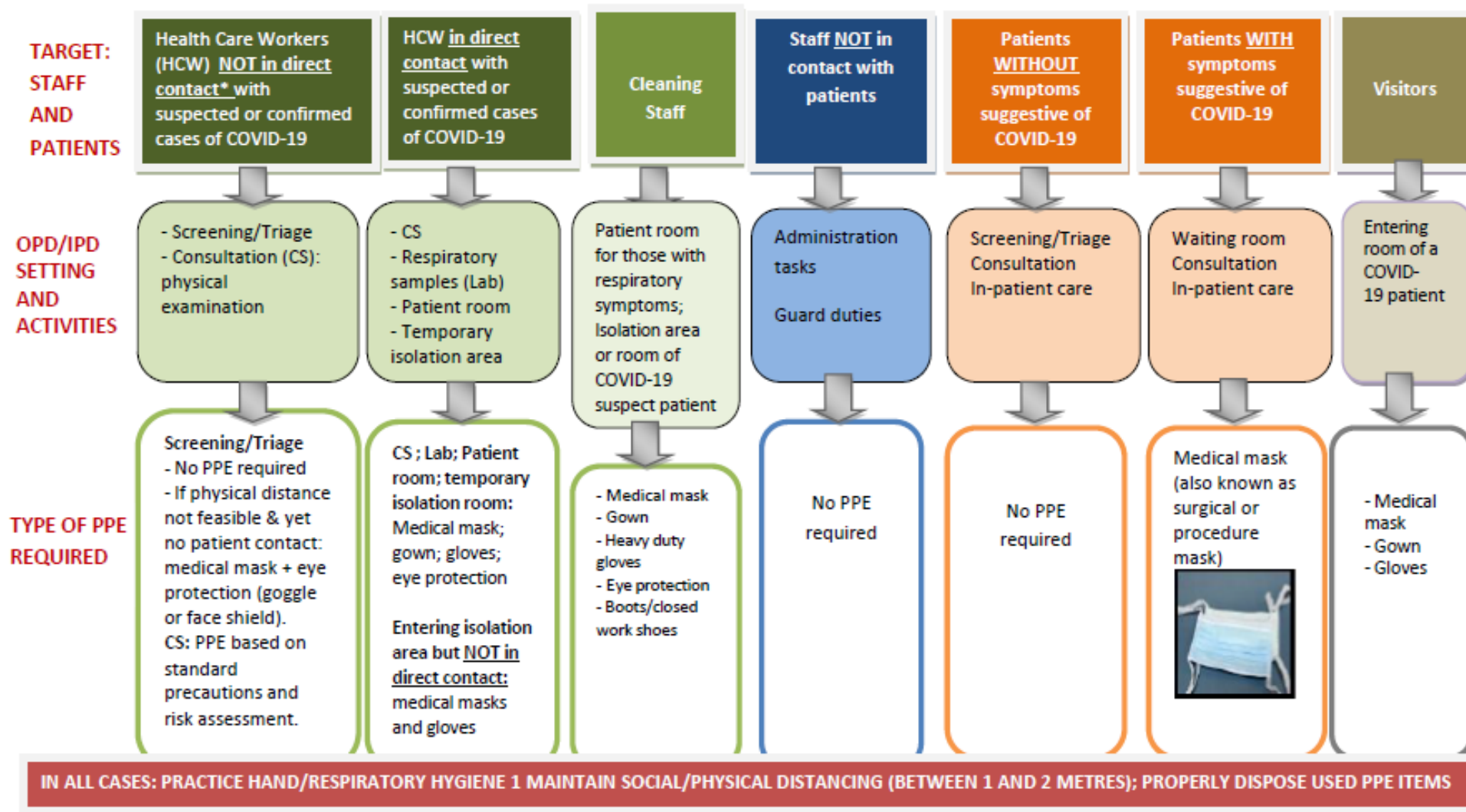
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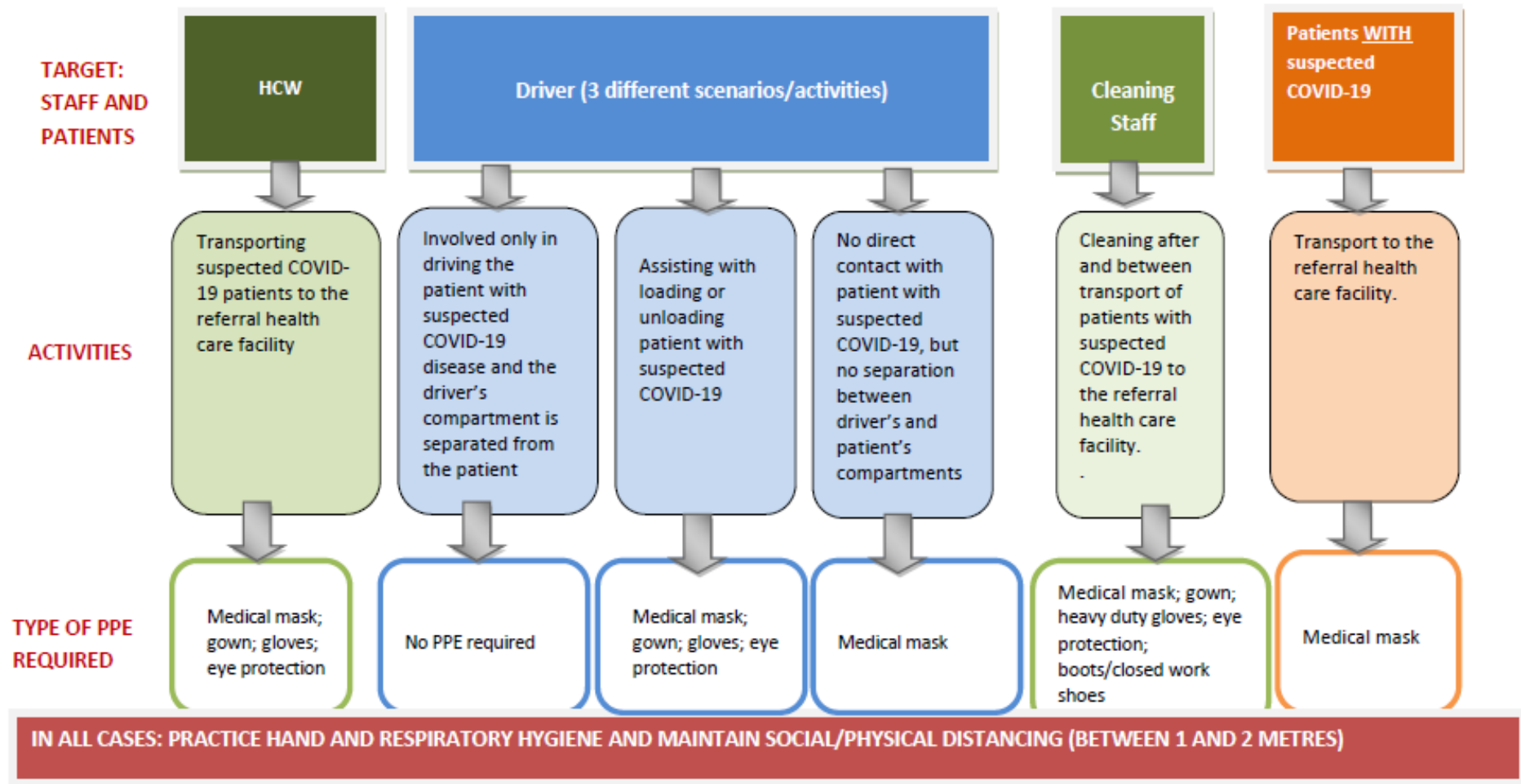
## RECOMMENDED PPE FOR HEALTH FACILITIES BY TARGET AND SETTING - WHO<sup>1</sup>



<sup>1</sup>Source :WHO (2020). Rational use of PPE during COVID-19 and considerations during severe shortages, Interim guidance 6 April 2020

\*: NOT in direct contact category includes the use of no-touch thermometers and limited observation and questioning, all while maintaining a spatial distance of at least 1 m.

## RECOMMENDED PPE FOR AMBULANCE OR TRANSFER VEHICLE BY TARGET AND ACTIVITIES - WHO<sup>2</sup>




<sup>2</sup>Source :WHO (2020). Rational use of PPE during COVID-19 and considerations during severe shortages, Interim guidance 6 April 2020




The use of face masks in public may reduce the spread of infection in the community by minimising the release of respiratory droplets from infected people.






**A medical face mask (also known as surgical or procedure mask) creates a barrier between hospital staff and patients by covering the mouth, nose and chin. It is used by healthcare workers to prevent large respiratory droplets and splashes from reaching the mouth and nose of the wearer. It also reduces and/or controls the spread of large respiratory droplets from the person wearing it.**



**Non-medical face masks (or 'community' masks) include various forms of self-made or commercial masks and face covers made of cloth, other textiles or other materials (e.g. paper). They are not standardised and not intended for use in healthcare settings or by healthcare professionals.**



**A respirator or a filtering face piece is designed to protect the wearer from exposure to airborne contaminants and is classified as personal protective equipment. Filtering face pieces are mainly used by healthcare workers, especially during aerosol-generating procedures. Valved respirators are not appropriate for use as a means of infection control, as they do not prevent the release of respiratory particles from the wearer into the environment.**

The use of **medical** face masks by healthcare workers must be given priority over their use in the community.



The use of **face masks** in the community may be considered when visiting busy, closed spaces such as grocery stores, shopping centres, or when using public transport etc.

Face masks should only be considered as a **complementary** measure and not a replacement for established preventive practices, such as physical distancing, cough and sneeze etiquette, hand hygiene and avoiding face touching.



Remember! Proper use of face masks is key for their effectiveness and safety.

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Make sure the face mask completely covers your face from the bridge of your nose down to your chin.
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If your face mask is disposable, dispose of it in a safe way.
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Clean your hands with soap and water or an alcohol-based hand sanitiser before putting the face mask on or taking it off.
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If your mask is reusable, wash it as soon as possible after each use with common detergent at 60 °C.
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When taking your face mask off, remove it from behind - be sure not to touch the front of it.
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Campaigns showing the appropriate use of face masks by the public may improve their effective and safe use.