

# RECOMMENDED SAFEST REUSE OF PPE PRACTICES WHEN SEVERE SHORTAGES EXIST

These methods are for safest possible reuse and extended use of PPE in Zambia whilst severe shortages exist. Best practice is always to use single-use PPE but when sufficient stock is unavailable these methods can be used to reduce risk to healthcare workers.

Safe removal of PPE (doffing) is essential for reducing contamination and risk to healthcare staff and patients. All anaesthesia providers should know SAZ donning and doffing guidance and be trained in these procedures.

## Masks

### N95 Masks



All anaesthesia providers should have at least 5 N95 masks



Each mask can be worn for one day at a time. At the end of the day, the mask should be doffed according to local guidelines and placed in a clean, breathable container eg a paper bag or a plastic container without a lid. It should be left at room temperature (at least 22 degrees) for 7 days.



Masks should have one user only and be rotated (so if you used mask number 1 today, tomorrow use mask number 2).



In emergencies, a mask can be reused after 3 days but the viral load remaining on the mask will be higher.



Check the nose piece and seal again before each use.



There are a limited supply of repurposed scuba masks that can be used instead of N95.



If there is a situation where no N95 mask or alternative (for example repurposed scuba masks) are available and it is an emergency, the user can consider a fluid-resistant surgical mask and face shield, but this will not provide the same level of protection as an N95 mask.



Resources for other methods of decontamination are currently not available in Zambia and can risk mask integrity and introducing leaks.

### Fluid-resistant surgical masks



Each mask can be worn for one day at a time.



The mask should be safely disposed of at the end of the day

### For all masks



If the mask is touched or repositioned, hand hygiene should be performed immediately



Avoid mixing PPE between caring for COVID-positive and COVID-negative patients. If this cannot be avoided, remain <1m away from the patient when possible and perform immediate hand hygiene if PPE is touched.



Remove and dispose of masks if they become wet, soiled, damaged or difficult to breathe through



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## FACE SHIELDS



Face shields help to reduce contamination of the face and eyes and the N95 mask



Clean face shields between patients by taking them off of the face following local doffing guidance, and then clean with 70% alcohol or soap/detergent and water followed by sodium hypochlorite 0.1%. Rinse with clean water if sodium hypochlorite used.

## PLASTIC GOWNS



Plastic gowns can be worn whilst caring for multiple patients



Avoid wearing the same gown whilst caring for patients who are COVID-19 positive and then patients who are COVID-19 negative or suspected without cleaning the gown



Gowns can be cleaned with warm water and detergent or soap, before being left to dry fully in the sunlight.

## COTTON SCRUBS



Scrubs can be worn for one day



At the end of the day, remove scrubs whilst still in the workplace and place immediately in a plastic bag. Wash hands immediately and then put on clean clothes to leave the hospital in.



Use a washing machine with warm water (60-90°C) and laundry detergent to decontaminate the scrubs. If unavailable, linen can be soaked in hot water and soap in a large drum, using a stick to stir, avoiding splashing. Then soak linen in 0.05% chlorine for approximately 30 minutes. Finally, rinse with clean water and let it dry fully in the sunlight. The person washing the scrubs must take care to avoid contamination themselves from the scrubs and must wash hands regularly.

## GLOVES



Gloves must not be used for multiple patients



Decontamination of gloves is not recommended