



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Office of the Chief Clinical Officer
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Oifig an Príohifigeach Cliniciúil Eatromhach
Ospidéal Dr Steevens|Lána Steevens|Baile Átha Cliath 8|D08 W2A8

By Email Only

25th March 2020

RE: Personal Protection Equipment (PPE)

Dear Colleagues,

Good infection prevention and control practice including appropriate use of personal protective equipment (PPE) is vital to ensure the safety of patients and staff during the current COVID-19 emergency. Because of the unprecedented global demand for PPE it has been difficult to secure supplies of PPE sufficient to meet the demands. The situation has eased a little in recent days and I am advised that we can expect to take delivery of significant additional stocks of key items of PPE in the next few days but for the moment there are significant challenges with respect to eye protection, face masks and gowns. I am asking for your support in allocating the available supply of PPE provides the best practical protective for those colleagues at most risk.

Reduce risk of exposure as much as possible

The absolute minimum number of staff required to provide care should engage with the patient. If communication by telephone or similar device is adequate no one should enter the patient space. When entry into the patient room/space is necessary no more than one person should enter the room unless there is task that requires two people. Try to plan ahead for the person who enters the patient space to complete as many tasks as possible on a single visit to the patient space. Apart from the need to husband available stocks of PPE exposure of the least possible number of people for the shortest possible period of time is a sound principle for reducing the risk of acquiring COVID-19.

If you can avoid exposure do not use PPE

If the circumstances are such that you can maintain a distance of 1 to 2 m from the patient at all times use of PPE provides no additional risk reduction unless an aerosol generating procedure is being performed.

Substituting Items of PPE

Surgical Masks - In some instances a surgical mask with a specification somewhat different from that usually used may be available. Options may include use of FFP2 masks in situations in which they are not strictly required or the use of any surgical mask that is fluid repellent, fully covers the nose and mouth and can be tied appropriately for ease of removal it can be accepted as suitable for use in the current circumstances.



Gowns - If gowns are not available disposable aprons provide substantial protection. The value of a plastic apron is less if staff are not bare below the elbows as long sleeves are easily contaminated.

Extended use of PPE

If there are a number of COVID-19 patients to be seen in sequence try to identify one person who can perform the essential tasks in the patient room space. If that person dons gown, mask, eye protection (if required) and gloves they must change gloves and perform hand hygiene between patients but otherwise may wear the same set of PPE as they move directly from one COVID-19 patient to another unless the PPE is soiled or damaged.

This practice does not reduce protection for the healthcare worker and in the context of a sequence of COVID-19 cases is unlikely to represent a significant risk to the patients. If a plastic apron is worn over the gown and is changed after each patient this reduces the potential for carry over of non-COVID-19 related infectious organisms from patient to patient.

Reprocessing of PPE

Eye Protection - Reprocessing of plastic eye protection has already been performed in a number of hospitals. This is not ideal but is reasonably practical and can be done with very low risk. The use plastic eye protection may be collected for central processing by cleaning and disinfection or where this is not possible can be wiped with a disinfectant wipe and allowed to dry. If the item is damaged or visibly soiled it should not be re-processed.

Surgical Masks and Respirator Masks - There are a number of options for reprocessing of surgical masks. At the present time it may be prudent to collect used surgical masks in a clean and dry container so that reprocessing may be performed if necessary. One relatively simple option that has been reported as effective for some types of mask is heating in a hot-air oven at 70°C for 30 minutes. Other options may provide a higher degree of assurance, the process should be documented and monitored as carefully as practical to ensure that the intended temperature is achieved for the specified period of time.

Conserving and Optimising Use

Each site is requested to identify on person who will take responsibility for managing and allocating PPE and to record the distribution. Management and protection of stock is paramount in the current time. It is appropriate to conduct visits to units/wards with higher than expected demand to assess if there are options to reduce use by minimising exposure and ensuring that PPE is not used in situations where there is no exposure.

Distribution of PPE

The HSE has secured a line of supply for PPE from China which will involve multiple deliveries from China on an on-going basis. We have established a National PPE Response Team who will manage all inbound and outbound deliveries. This will involve daily scheduled stock deliveries to points of care.



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A communication will issue to the system shortly from the Response Team outlining the process for scheduled and unscheduled deliveries.

I appreciate that implementing the processes outlined are difficult and I regret that is necessary to consider reprocessing items that are intended for single use and the other measures identified however it is essential that we prioritise the use available stocks to protect those at greatest risk. I can assure that colleagues in procurement are making every effort to secure additional supplies as quickly as possible.

Yours sincerely,

Dr Colm Henry
Chief Clinical Officer