



Ethical Considerations for PPE Use by Health Care Workers in a Pandemic

The following guidance is directed primarily to healthcare workers (HCWs) in acute, pre-hospital and community settings as well as to their managers. It will also be useful for policy makers.

Under the ethical principle of reciprocity, the State has an obligation to ensure that HCWs are appropriately protected from risk when discharging their duty of care. HCWs should be provided with the necessary personal protective equipment (PPE) to facilitate the safe completion of their tasks, as well as being provided with training in its use. There is a global shortage of PPE, which makes securing supply chains challenging. Therefore, arising from the principle of reciprocity, HCWs have a moral obligation to engage in effective stewardship of PPE.¹ Thus, everyone should be familiar with – and follow – HSE guidance on the occasions when use of PPE is necessary, and should avoid using it when it is not required in order to preserve stocks.

Even with rational and appropriate use of PPE, there are likely to be times when PPE is in short supply. In such circumstances, HCWs may be faced with a situation where a Covid-positive patient requires an intervention, and where HSE guidance indicates that use of PPE is necessary, but where there are inadequate stocks of PPE available. Thus, the HCW is faced with a risk of becoming infected should they engage in discharging their duties in accordance with the usual standard of care. The question then arises: to what extent does the HCW have an obligation to provide, or participate in the provision of, such an intervention?

1. Healthcare workers have a duty of care to their patients based on ethical obligations: to restore health, relieve suffering and respect the rights and dignity of every patient. These obligations persist in a pandemic, even though caring for patients with highly infectious diseases may present increased risks. However, working conditions during a pandemic challenge both societal and professional expectations of the extent of HCWs' moral obligations to fulfil their duties. Thus, while a certain amount of risk is built into the concept of healthcare provision, a distinction needs to be made between (a) the risk we can reasonably expect healthcare workers to run, and (b) those risks which sit outside standard professionally enforced obligations.
2. Therefore, the duty of care must be balanced against the likelihood and magnitude of the risk faced by the HCW, their duties to themselves, their families, their co-workers, and other patients in need of care. HCWs are under no ethical obligation to accept unreasonable risks in discharging their duty of care. Thus, if a patient who is Covid-positive

¹ Decisions regarding use of resources should be guided by the aim of achieving optimal patient health and public health outcomes. Mastroianni, A., Kahn, J., Kass, N., Smith, M., & Upshur, R. (2019-09-09). Pandemic Disease, Public Health, and Ethics. In *The Oxford Handbook of Public Health Ethics*. : Oxford University Press.

is scheduled to undergo an aerosol generating procedure (AGP)², a HCW who will be directly exposed to aerosolised particles cannot be required to engage in the procedure in the absence of PPE. In fact, there are good reasons why the HCW should not participate, however well-intentioned they may be, because putting themselves at serious risk of infection is not in accordance with the goals of public health practice in a pandemic. Should a HCW become infected, this will not only affect their own welfare, but will also impact on their ability to provide care for others and could place patients and co-workers at risk.

3. However, different procedures involve different levels of risk³, and risk will vary between healthcare workers depending on the possible intensity of any exposure, and personal factors (e.g. certain pre-existing conditions which put a HCW at an increased risk of serious complications should they contract SARS-CoV-2). It is accordingly difficult to provide a categorical statement of the limits of a professional duty to care in the face of personal risk for each potential, individual situation. Assessment of relative risk/benefit ratios needs to be taken on a case-by-case basis by those faced with the situation in question. When evaluating the risk of particular interventions, consideration of the following should be made:
 - a. the acuity of the needs of the patient;
 - b. probability, and intensity, of individual HCW exposure to Covid-19;
 - c. any professional guidelines issued on the particular intervention relevant to the current circumstances;
 - d. alternative possibilities of treatment that do not create the same level of exposure;
 - e. the possibility of delaying the particular treatment until a time when PPE is available;
 - f. the degree of risk being undertaken by individual HCWs;
 - g. the personal situation of each HCW, for example, on the basis of a pre-existing condition or other vulnerability.

² Aerosol generating procedures (AGPs) are defined as medical and patient care procedures that result in the production of airborne particles $\leq 5 \mu\text{m}$ in size, which can remain suspended in the air, travel over a distance and may cause infection if they are inhaled.

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<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/Interim%20Infection%20Prevention%20and%20Control%20Precautions%20for%20Possible%20or%20Confirmed%20COVID-19%20in%20a%20Pandemic%20Setting.pdf>