

COVID-19 Update - Uniforms and Other Infection-Control Matters

Additional infection-control suggestions / recommendation

STAFF UNIFORMS

- The appropriate use of PPE should protect staff uniforms from contamination in most circumstances.
- It is best practice for staff to avoid wearing uniforms to and from healthcare facilities. Staff should have appropriate changing areas to change into and out of uniforms. Ideally, shower facilities should be readily available for staff, at least for those working with patients with COVID-19 infection or probable cases, as well as those in some frontline roles.
- Scrubs should be worn, where possible, by staff who do not normally wear a uniform but who are likely to come into contact with patients.
- Ideally, healthcare services should launder all uniforms. If that is not possible, then uniforms should be transported home in a sealable, disposable, plastic bag or similar. The bag should be disposed of with caution.
- Uniforms should be laundered separately from other household laundry items, at the maximum temperature, then tumble dried and / or ironed. The load should be at no more than half machine capacity.
- Nurses performing high-risk procedures should wear scrubs under their PPE.
- While throat and nasopharyngeal swabbing is not an aerosol-generating procedure (AGP), it is best practice to wear scrubs under PPE.
- Full PPE should be available in departments and general wards for staff performing resuscitation. CPR is an AGP procedure.

OTHER RISK-MITIGATION MEASURES

- Dedicated rostering of staff, into ‘clean teams’ and ‘COVID-19 teams’, should be considered for facilities with COVID-19 patients. In many services and units, staff have been already divided into teams in case of occupational exposure.
- Floating / pooling of staff should be avoided.
- Routine, staff temperature checks before starting a shift should be considered.
- Current low occupancy levels should be used for infection control and prevention refreshers.
- Nurses should avoid working for multiple healthcare facilities and employers concurrently. Nurses presently working for more than one facility or employer are being asked to work for one and cease working for the other(s). Employers can legally require this for health and safety purposes. Moreover, it is best infection-control practice.
- Ideally “at-risk staff” should have paid leave if they cannot be redeployed to a truly lower-risk role (such as a non-patient contact role) or work from home. This minimises the danger of staff working to avoid financial hardship.

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