

# Addendum on PPE and COVID-19

## Ministry of Health PPE guidelines and related matters

- The Ministry of Health (MoH) PPE guidelines are evidence-based and are generally in line with infection-control guidelines for COVID-19 from other jurisdictions.
- That said, we suggest nurses, other clinicians and nurse managers should use the Ministry guidelines and the prioritisation document as the minimum requirements.
- Using the MoH guidelines may be adequate for most clinical settings and circumstances, at least at this time. However, we suggest professional judgement should still be exercised on a case-by-case or situational basis by nurses, nurse managers and other clinicians and, in some settings and/or circumstances, as well as for some procedures, this might reasonably mean, employing additional or higher-level risk mitigation more widely.
- For instance, this could include a much wider use of masks (surgical or even P2/N95), as well as PPE in some instances. Likewise, for some patients, situations or procedures, it may could mean using gloves and/or fluid-impermeable gowns or aprons, eye and face protection more extensively than usual or as recommended by the MoH guidelines.
- Since the MoH prioritisation document is a live document and it may be periodically revised; it should be checked from time to time.
- Training and correct use of PPE especially by personnel unaccustomed to using PPE is just as important as ready availability.
- As reported in earlier notices, research from Wuhan showed suboptimal hand hygiene and excessive duty hours were key risks for COVID-19 occupational transmission to healthcare professionals and nosocomial infection generally.
- The decision to distribute masks more widely to 'frontline personnel' is welcome (\*). There is a good case for all ED, urgent care and primary care staff to routinely wear surgical masks.

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28 March 2020, (\*) updated 31 March 2020