



**PHILIPPINE OBSTETRICAL AND GYNECOLOGICAL
SOCIETY (Foundation), INC.**



PHILIPPINE SOCIETY OF MATERNAL FETAL MEDICINE, INC.

**GUIDANCE ON PREPARING THE WORKPLACE FOR COVID-19 DURING THE POST PEAK AND
POST PANDEMIC PERIOD
MAY 2020**

Introduction

The purpose of this document is to provide guidance in planning for the delivery of health care in the Philippine OB-GYN setting during the post peak and post COVID-19 pandemic period.

The objectives of the health care system during the post peak and post COVID-19 pandemic period are:

1. To provide optimal care for COVID-negative patients who were affected by the lack of access to basic OB-GYN services during the ECQ (Extended Community Quarantine)
2. To maximize the effectiveness and efficiency of the delivery of health care services to the affected COVID-negative patients using the available resources (e.g., human and material) without jeopardizing earlier efforts to mitigate the pandemic
3. To prevent the spread of COVID-19 from infected individuals who may or may not have symptoms and implement source control for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors) during the slow and steady resumption of health care delivery to patients affected by the ECQ.
4. To actively screen everyone for fever and symptoms of COVID-19 before they enter a healthcare facility. (e.g., clinician offices, ultrasound centers)
5. To identify risk levels in workplace settings and to determine any appropriate control measures to implement.

This guidance is advisory in nature and informational in content.

Symptoms of COVID-19

Infection with SARS-CoV-2 can cause illness ranging from mild to severe and in some cases can be fatal. Symptoms typically include fever, cough and shortness of breath. Some infected individuals have reported experiencing other non-respiratory symptoms like diarrhea and body malaise. Many are asymptomatic carriers who do not report feeling any symptoms at all.

According to current available data, 13-32% of maternal deliveries are from asymptomatic confirmed COVID-19 patients.

According to the Centers for Disease Control, symptoms of COVID-19 may manifest in as short as 2 days or as long as 14 days after exposure.

How COVID-19 Spreads

Infected persons can spread the virus to other individuals. The virus is thought to spread mainly from person-to-person, including:

1. Between persons who are in close contact with one another (within about 6 feet)
2. Through respiratory droplets produced when an infected individual coughs or sneezes. Droplets may land in the mouths or noses of nearby persons or possibly inhaled into the lungs.
3. It may be possible that a person may contract the virus by touching a surface or object that has SARS-CoV-2 on it, and transferred to their own mouth, nose or possibly their eyes. Although not a primary way of spread, this is a possibility.

Infected persons are said to be most contagious when they are most symptomatic (i.e., febrile, with cough and/or shortness of breath)

The role of the Health Care System in the Pandemic Response

All levels and all parts of the health care system are involved in the health care response to the COVID-19 pandemic. The delivery of health care services particularly in pregnant women is especially challenging for practicing Obstetricians because the pregnant population was identified as a vulnerable group. The impact and burden of providing care both for the suspected or confirmed COVID-19 women and at the same time making services available for non-urgent non-COVID women would require an adapted health care response not only during, but also in the post peak and post pandemic period.

Strategies are required to minimize the stress on the health care system in order to maintain its operations at the best possible level. These strategies include:

- a. Use of telephone and internet assessment and advice.
- b. Promotion of self-care and self-isolation where appropriate.
- c. Facilitating appropriate access to primary care services in order to meet the needs of the non-COVID-19 patients.
- d. Use of innovative approaches and technologies (e.g., virtual assessments, monitoring tools and digital devices) will play a role in diverting patients from health care facilities to lessen exposure both for the health care providers and patients.
- e. Reduce facility risk by limiting points of entry and managing visitors, screening everyone entering a facility for COVID-19 symptoms.

- f. Isolation of symptomatic patients as soon as possible.
- g. Protecting the healthcare personnel by emphasizing hand hygiene, installing barriers to limit contact and exposure to patients, limit the number of staff providing care at one time.

Setting and Provider-specific Planning Considerations

Virtual Assessment and Triage

Telephone, web-based communication applications and other means of telecommunications technology should be used to provide assessment, triage, and advice. These are effective ways to manage and reduce the less urgent demand for health care, while also reducing the unnecessary exposure in a health care setting.

Planning considerations for these services include the following:

- a. Telephone lines might have to operate 24/7, with specific hotline numbers designated for certain services. (e.g., hotline number for OB-GYN consultation)
- b. Expect high call volumes, so service continuity and surge capacity planning for additional equipment and staff are needed to meet the demand and prevent staff burn out.
- c. Protocols and standard operating guidelines should be established for staff receiving calls and updated and adjusted regularly depending on the current situation.
- d. Applications and on-line tools for self-assessment and self-monitoring should be first be validated and promoted.

Primary Care Settings

Providers in primary care settings (e.g., clinic offices) will be responsible for the assessment and treatment of non-COVID-19 patients during the post peak and post pandemic period. The demand for care upon the resumption of services depending on the pandemic scenario may be very high, so strategies to reduce and manage this demand is important.

Planning considerations for these services include the following:

- a. Whenever possible and available for most hospital settings that house clinician offices, to establish virtual consultations and telephone prescribing.
- b. Triage medical appointments and prioritizing visits to those patients for whom acute care hospitalization may be prevented.
- c. Providing virtual care whenever possible.
- d. Implementing a system for prescription renewal without an office or clinic visit.

- e. Making provisions for rapid assessment and treatment of patients with urgent concerns related to their pregnancy. (e.g., hypertension, preterm labor) or urgent gynecologic conditions (e.g., profuse vaginal bleeding).
- f. Continuing to provide services that are time sensitive such as contraception, testing for sexually transmitted infections and selected immunizations.
- g. Tracking deferred services in order to ensure proper follow up when appropriate. (e.g. ultrasound for growth monitoring).

Other hospital services

Hospital laboratory services have a direct and central role in supporting patient care and should be prepared for heavy workloads as patient volumes increase after the lifting of the ECQ. As COVID-19 testing evolves, hospital laboratories will become involved in rapid diagnostics, thus supporting patient and outbreak management.

Some services particularly ultrasound procedures located in designated areas (antenatal surveillance, fetal monitoring and gynecologic diagnostic procedures) must be made COVID-19 free through strict compliance with IPC (Infection Prevention and Control) measures.

STEPS ALL HEALTH CARE SETTINGS CAN TAKE TO REDUCE HEALTH CARE WORKER’S RISK OF EXPOSURE TO SARS-CoV-2

The following sections describe basic steps to adapt to reduce the risk of healthcare worker exposure to the virus in their designated workplace area.

Develop an Infectious Disease Preparedness and Response Plan

Stay abreast with the guidelines from the Department of Health (DOH), the Philippine Obstetrical and Gynecological Society (POGS) and from its subspecialty societies and consider how to incorporate the recommendations and resources into workplace-specific plans.

Consider and address the level(s) of risk associated with various worksites and the tasks workers perform in those areas. Such considerations may include:

- What sources of SARS-CoV-2 might healthcare workers be exposed to including:
 - The general public, patients and coworkers.
 - Sick individuals or those particularly at high risk of infection (e.g. healthcare workers who had unprotected exposures to people known to have, or suspected of having COVID-19).
- Non-occupational risk factors at home and in community settings.
- Workers’ individual risk factors (e.g., older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy).
- Controls necessary to address those risks.

Follow national guidelines and recommendations regarding the development of contingency plans for situations that may arise as a result of outbreaks, such as:

- Increase rates of absenteeism of healthcare workers.
- Need for social distancing, staggered work shifts, downsizing operations, exposure reducing measures such as telephone triaging and use of other technology based applications to deliver services.
- Options for conducting essential operations with a reduced skeletal work force.
- Interrupted supply chains or delayed deliveries of essential equipment (e.g. N95 masks, Personal Protective Equipment or PPE)

Prepare to Implement Basic Infection Prevention Measures

All workplaces should implement good hygiene and infection control practices including:

- Promote frequent and thorough hand washing, including providing healthcare workers, patients and worksite visitors with a place to wash their hands.
- If soap and running water are not immediately available, provide alcohol-based hand rubs containing at least 60% alcohol.
- Encourage healthcare workers to stay home if they are sick
- Encourage respiratory etiquette, including covering mouths and nose when coughing or sneezing.
- Provide patients and the public with tissues and trash receptacles for potentially infectious material.
- Establish policies and practices such as increasing the physical distance among healthcare workers and patients
- Discourage healthcare workers from using other workers' phones, desks, offices, or other work tools and equipment when possible.
- Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment and other elements of the work environment (e.g. ultrasound machines and probes after each and every use)
- Follow the manufacturer's instructions for use of all approved cleaning and disinfection products (e.g., concentration, application method and contact time, PPE)

Develop Policies and Procedures for Prompt Identification and Isolation of Sick People, if Appropriate

- Prompt identification and isolation of potentially infectious individuals is a critical step in protecting healthcare workers and other patients at the workplace.
- Phone triaging of patients prior to clinic visit may prove useful to minimize exposure of healthcare team and other patients.
- Healthcare workers must inform immediate supervisor if they suspect possible exposure.

- Healthcare workers must have written policies and protocols to follow including reporting to immediate supervisors, should they get sick or are experiencing symptoms of COVID-19.
- Where appropriate, there must be policies and procedures for immediate isolation of people who have signs and symptoms of COVID-19. There can be designated areas with closeable doors which may serve as isolation rooms until potentially sick individuals can be safely transferred to another facility.
- Take steps to limit spread of the respiratory secretions of an individual who may have COVID-19. Provide a face mask, if feasible and available. Implement a “NO FACE MASK, NO ENTRY” policy.
- Restrict the number of non-essential companions during clinic visits. If possible, only allow the patient to come in for scheduled appointments. For those who will need assistance like a Person With Disability (PWD), allow only one companion.

Develop, Implement, and Communicate about Out Patient Clinic/Workplace Flexibilities and Protections

- Actively encourage sick healthcare workers to stay at home
- Ensure that sick leave policies are flexible and consistent with public health guidance and healthcare workers are aware of these policies.
- Be aware of the healthcare workers’ concerns about compensation, leaves, safety and health and other issues that may arise during infectious disease outbreaks.
- Provide adequate, useful and appropriate training, education and informational material about the health and safety of workers, including proper hygiene practices and the use of workplace controls (including PPE).
- Workers who are well-informed and feel safe at work are less likely to be unnecessarily absent.
- Work with insurance companies/agencies including Philhealth (PHIC) to provide information to healthcare workers about medical care in the event of a COVID-19 outbreak.

Implement Workplace Controls

Occupational safety and health professionals use a framework called the “hierarchy of controls” to select ways of controlling workplace hazards.

The best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their exposure. Since it may not be possible to eliminate the hazard during this COVID-19 pandemic, the most effective protection measures are (from most effective to least effective): engineering controls, administrative controls, safe work practices and PPE.

Table 1: Hierarchy of Workplace Controls

PROTECTION MEASURE	CONTROL STRATEGIES
<p><u>Engineering Controls</u></p> <ul style="list-style-type: none"> • Involve isolating employees from work related hazards. • These controls reduce exposure to hazards without relying on worker’s behavior. • Most cost-effective solution to implement. 	<ul style="list-style-type: none"> • Installing high-efficiency air filters. • Increasing ventilation rates in the work environment. • Installing physical barriers, such as clear plastic as droplet guards. • Installing a drive-thru window for patient services (e.g. nasopharyngeal or oropharyngeal swabs). • Specialized negative pressure ventilation in some settings such as for aerosol generating procedures.
<p><u>Administrative Controls</u></p> <ul style="list-style-type: none"> • Requires action by the supervisor or the healthcare worker • Involves changes in work policy or procedures to reduce or minimize exposure to a hazard. 	<ul style="list-style-type: none"> • Encouraging sick workers to stay at home. • Minimizing contact among workers, and patients by replacing face-to-face meetings with virtual communications and implementing Telehealth. • Establishing alternating days or extra shifts that reduce the total number of healthcare workers in the facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week. • Discontinuing nonessential travel to locations with ongoing COVID-19 outbreaks. • Developing emergency communication plans, including a forum for answering workers’ concerns and internet-based communications, if feasible. • Providing healthcare workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette, proper use and care of PPE) • Training healthcare workers and other personnel who need to use protective clothing and equipment on how to put it on, use/wear it, and take it off correctly, including in the

	<p>context of their current and potential duties.</p> <ul style="list-style-type: none"> • Training material (infographics) should be posted on designated areas, easy to understand and available in the appropriate language and literacy level of all workers.
<p><u>Safe Work Practices</u></p> <ul style="list-style-type: none"> • Type of administrative control that include procedures for safe and proper work used to reduce the duration, frequency or intensity of exposure to a hazard. 	<ul style="list-style-type: none"> • Providing resources and a work environment that promotes personal hygiene. (ex. provide tissues, no-touch trash cans, hand soap, alcohol-based hand rubs with at least 60% alcohol, disinfectants, disposable towels for workers to clean their work surfaces) • Requiring regular hand washing or using alcohol-based hand rubs. • Post steps in handwashing infographics in restrooms/wash areas.
<p>Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none"> • Correct use of PPE can help prevent certain exposures but should not replace other prevention strategies. • Recommendations for PPE specific to an occupation or task may change according to periodic risk assessment for workers and information on PPE effectiveness in preventing spread of COVID-19. 	<ul style="list-style-type: none"> • All types of PPE must be: <ul style="list-style-type: none"> ○ Selected based upon the hazard to the worker. ○ Properly fitted and periodically refitted as applicable (e.g. respirators). ○ Consistently and properly worn when required. ○ Regularly inspected, maintained, and replaced as necessary. ○ Properly removed, cleaned, and stored or disposed of as applicable to avoid contamination to self, others, or the environment. ○ Employers or facilities are obligated to provide their workers with PPE to keep them safe while performing their tasks. ○ Consider using a surgical N95 respirator when both respiratory protection and

	<p>resistance to blood and bodily fluids is needed.</p> <ul style="list-style-type: none"> ○ Face shields may be worn on top of a respirator to prevent bulk contamination of the respirator.
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How to Protect Yourself in the Workplace during the Post peak and Post Pandemic Period

The best strategy to reduce the risk of becoming infected is to avoid crowded settings which increases the risk of exposure to an individual with the infection. Ensure facility policies and practices are in place to minimize exposure to respiratory pathogens including SARS-Cov-2.

Measures should be implemented before patient arrival, upon arrival throughout the duration of the patient’s visit, and until the patient’s room and all equipment used are cleaned and disinfected.

As part of aggressive source control measures, healthcare facilities should consider implementing policies requiring patients and visitors entering the facility to wear a cloth face covering (if tolerated) while in the building, regardless of symptoms. This approach is consistent with the recommendation to the general public advising them to wear a cloth face covering whenever they must leave their home.

Basic hygiene and social distancing precautions that can be used in every workplace include the following:

- Stay home if you are sick.
- Wash your hands frequently with soap and water for 20 seconds or with a hand sanitizer if soap and water are not available.
- Avoid touching your nose, mouth and eyes.
- Cover your coughs and sneezes with a tissue, or cough and sneeze into the inside of your elbow.
- Dispose of tissues in no-touch trash receptacles.
- Wash your hands or use a hand sanitizer after coughing, sneezing or blowing your nose.
- Avoid close contact (within 6 feet) with coworkers and patients.
- Avoid shaking hands and always wash your hands after physical contact with others.
- If wearing gloves, always wash your hands after removing them.
- Keep frequently touched common surfaces (e.g. telephones, computers, medical equipment etc.) clean.
- Try not to use other workers’ phones, desks, offices, or other work tools and equipment.
- Minimize group face-to-face meetings ; use e-mails, phones and text messaging.

- If meetings are unavoidable, avoid close contact (within 6 feet) with others and ensure meeting room is properly ventilated.
- Limit unnecessary visitors in the clinic/workplace.
- Maintain a healthy lifestyle; attention to rest, diet, exercise and relaxation helps maintain physical and emotional health.

Patients and Visitors

Patients and visitors should, ideally be wearing their own cloth face covering* upon arrival to the facility. If not, they should be offered a facemask or cloth face covering as supplies allow, which should be worn while they are in the facility (if tolerated). They should also be instructed that if they must touch or adjust their cloth face covering they should perform hand hygiene immediately before and after.

Since cloth face coverings can become saturated with respiratory secretions, care should be taken to prevent self-contamination. They should be changed if they become soiled, damp, or hard to breathe through and laundered regularly. Hand hygiene should be performed immediately before and after any contact with the cloth face covering.

*Cloth face coverings are NOT PPE and should not be worn for the care of patients with known or suspected COVID-19.

Before arrival

- When scheduling appointments for routine prenatal or gynecological care, instruct patients to call ahead. There may be a need to reschedule their appointment if they develop fever or symptoms of COVID-19 on the day of visit.
- Advise patients to put on their cloth face covering regardless of symptoms before entering the facility.
- Advise patients that they may be required to sign a health declaration form that would include their contact numbers for possible contact tracing when needed.

Upon Arrival and During the Visit

- Limit and monitor points of entry to the facility.
- Advise patients and companion (ideally one and only if essential) to wear cloth face covering or facemask before entering the building and await screening for fever and other symptoms of COVID-19.
- Take steps to ensure everyone adheres to respiratory hygiene and cough etiquette, hand hygiene, and all patients follow triage procedures throughout the duration of the visit.

- Post visual alerts/aids at the entrance and strategic places (e.g., waiting areas, elevators) to provide instructions in appropriate languages about hand hygiene, respiratory hygiene and cough etiquette.
- Instructions should include wearing a cloth face covering or facemask for source control and how and when to perform hand hygiene.
- Provide supplies for respiratory hygiene and cough etiquette, including alcohol based hand rub (ABHR) with at least 60% alcohol, tissues, and no touch trash bins at healthcare facility entrances, waiting rooms and patient check-ins.
- Install physical barriers (e.g., glass or plastic windows) at reception areas to limit close contact between triage personnel and potentially infectious patients.
- Consider establishing triage stations outside the facility to screen patients and visitors before they enter.
- Ensure rapid, safe triage and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection.
- Isolate patients with symptoms of COVID-19 in an examination room with the door closed. If an examination room is not readily available, ensure the patient is not allowed to wait among other patients seeking care.

Healthcare Providers (HCP)

- HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE. Including gloves.
- HCP should perform hand hygiene by using ABHR with at least 60% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
- Healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every point of care location.
- Employers should select appropriate PPE and provide it to HCP in accordance to DOH standards.
- HCP must receive training on and demonstrate an understanding of:
 - When to use PPE
 - What PPE is necessary
 - How to properly don, use and doff PPE in a manner to prevent self-contamination.
 - How to properly dispose of or disinfect and maintain PPE
 - Understand the limitations of PPE
- Any reusable PPE must be properly cleaned, decontaminated and maintained after and between uses.

DEFINITION OF TERMS

Personal Protective Equipment (PPE) – includes any gear to protect against infection (gloves, face masks, N95 mask/respirators, goggles, face shield, gown, scrub suits, coveralls, shoes, booties/shoe covers)

- LEVEL 1 PPE- surgical mask, alcohol based hand rub (ABHR)
- LEVEL 2 PPE- surgical mask, goggles or face shield
- LEVEL 3 PPE- N95 mask, goggles or face shield, gloves, surgical cap, scrub suits, gowns (or coveralls), shoe covers
- LEVEL 4 PPE- N95 mask (or PAPR*), goggles or face shield, double gloves, surgical cap, scrub suits, coveralls, dedicated shoes, shoe covers

*Powered Air Purifying Respirator – protects the user by filtering out contaminants in the air by using a battery-operated blower to provide the user with clean air through a tight fitting respirator, a loose-fitting hood or a helmet.

Appropriate use of PPE in relation to Risk Level of Transmission in Hospital Areas (Zones)
(Used by UP-PGH, from the University of Kansas Health Systems)

RISK LEVEL	ZONE	LEVEL OF PPE
LOW RISK level of transmission	GREEN	Level 1 or 2 PPE
MODERATE RISK level of transmission	ORANGE	Level 3 or 4 PPE
HIGH RISK level of transmission	RED	Level 3 or 4 PPE

TABLE 2. LEVELS OF PERSONAL PROTECTION EQUIPMENT (PPE) FOR HEALTHCARE WORKERS PROVIDING SERVICES TO PATIENTS

This table shows the recommended PPE to minimize risk of cross-transmission of infection to self and others when providing patient care. It is advised that clinicians should observe good judgment and make sound decisions based on the suspected/known infectious agent, which in particular is the **SARS-CoV-2**, the severity of illness, transmission route of the infectious agent, care settings and procedures undertaken.

LEVEL	RECOMMENDED PPE	CLINICAL SCENARIO/EXAMPLE OF INFECTIOUS AGENT
LEVEL 1 (SCIPs)	Standard Infection Control Precautions (SICPs) <ul style="list-style-type: none"> • Disposable apron • Disposable gloves *Consider eye & face protection (fluid-resistant Type IIR surgical	<ul style="list-style-type: none"> • No suspected or known infectious agent • Anticipated exposure to blood and/or other body fluids

	face mask/ full face visor or goggles) if risk of spraying or splashing is anticipated.	
LEVEL 2 CONTACT	<p>DIRECT/INDIRECT CONTACT PRECAUTIONS</p> <ul style="list-style-type: none"> • Disposable apron; consider fluid-resistant disposable gown if apron provides inadequate cover for the procedure/task being performed • Disposable gloves <p>*Consider eye & face protection (fluid-resistant Type IIR surgical face mask & goggles or fluid-resistant Type IIR surgical face mask & full face visor) if risk of spraying or splashing is anticipated.</p>	<ul style="list-style-type: none"> • Suspected or confirmed infectious agent spread by direct/indirect contact <p><u>Examples:</u> C. difficile, hepatitis C, MRSA, Norovirus, Salmonella</p> <ul style="list-style-type: none"> • Anticipated exposure to blood and/or other body fluids
LEVEL 2-3 DROPLET	<p>DROPLET (RESPIRATORY) PRECAUTIONS</p> <ul style="list-style-type: none"> • Disposable apron; consider fluid-resistant disposable gown if apron provides inadequate cover for the procedure/task being performed • Disposable gloves • Fluid-resistant Type IIR surgical face mask & goggles or fluid-resistant Type IIR surgical face mask & full face visor 	<ul style="list-style-type: none"> • Suspected or confirmed infectious agent spread by the droplet route <p><u>Examples:</u> SARS-CoV-2, Whooping cough, Influenza</p>
LEVEL 3 AIRBORNE	<p>AIRBORNE (RESPIRATORY) PRECAUTIONS</p> <ul style="list-style-type: none"> • Disposable apron; consider fluid-resistant disposable gown if apron provides inadequate cover for the procedure/task being performed • Disposable gloves • Filtering face piece 3 (FFP3) respirator and eye protection or a powered hood respirator 	<ul style="list-style-type: none"> • Suspected or confirmed infectious agent spread by the airborne route <p><u>Examples:</u> Chickpox, PTB, Measles, SARS-CoV-2 (?)</p>

FOR ALL AEROSOL-GENERATING PROCEDURES : FFP3 respirator (and eye protection) or a powered hood respirator or PAPR		
LEVEL 3-4 ENHANCED	<p>ENHANCED PRECAUTIONS</p> <ul style="list-style-type: none"> Reinforced fluid-resistant long-sleeved surgical gown Disposable fluid-resistant hood (if wearing a gown w/o an attached hood) Full length disposable apron FFP3 respirator or powered hood respirator Disposable full face visor 2 sets of long or extended cuff non-sterile, non-latex disposable gloves Surgical wellington boots or closed shoes <p>Disposable boot covers</p>	<p>For suspected or confirmed Infectious Diseases of High Consequence (IDHC)</p> <ul style="list-style-type: none"> Spread by DIRECT/INDIRECT CONTACT <u>Examples</u>: Ebola virus, Lassa virus Spread by AIRBORNE ROUTE <u>Examples</u>: SARS, MERS-CoV, Avian Influenza, SARS-CoV-2 (?)

*Adapted from original table by Public Health England & NHS Sheffield. (Feb 2019).

TABLE 3. RECOMMENDED LEVEL OF PPE AS TO HEALTH PERSONNEL EXPOSURE PER ZONE/AREA IN THE HOSPITAL

The Physical Protective Equipment (PPE) is essential to protect health workers from infectious agents transmitted through contact, droplet and airborne process. The recommended level of PPE to be used per worker is directly related to the task rendered to a patient. To streamline this process, the recommended level of PPE, classified according to health personnel exposure per zone/area in the hospital, is shown in this table below.

PATIENT SCREENING ZONE			
HEALTH PERSONNEL	TASK	PPE	RECOMMENDED LEVEL OF PPE
Security Guard/Personnel	Thermal Scanning Patient Questionnaire Assessment Screening Tool	Surgical facemask Alcohol/ Soap handwashing	LEVEL 1 (SICP)
Doctors Nurses	Triage stable probable/suspect	Surgical facemask N95 Disposable clean gloves Gown, Goggle, facemask	LEVEL 3 (Contact)

Doctors Nurses	Initial evaluation of unstable probable/suspect at triage area	Surgical cap Goggles/eye-visors Face shield N95 mask Waterproof gown Double disposable gloves Leg cover	LEVEL 3-4 (Contact, Droplet)
PATIENT IN TRANSIT TO PUI TREATMENT ZONE/DELIVERY/OR COMPLEX (AMBULANCE/STRETCHER-BORNE)			
HEALTH PERSONNEL	TASK	PPE	RECOMMENDED LEVEL OF PPE
Paramedics and Ambulance Driver Utility Worker	To transport and carry patients with probable/suspect or confirmed COVID -19	N95 Disposable gloves Gown Goggles/face shield	LEVEL 2-3
Utility Worker/Janitorial	To disinfect the ambulance	N95 Disposable gloves Gown Goggles/face shield	LEVEL 1
PATIENT TREATMENT ZONE			
OPD (LOW RISK)			
Doctors Nurses	Consultation of non-Probable /suspect patients/pregnant	Surgical facemask face shield/goggles	LEVEL 1
ER			
Doctors Nurses	Consultation of Probable/suspect /COVID-19 pregnant patient	Medical cap/hood Goggles Face shield N95/respirator mask Medical protective Coverall Disposable gloves Legs cover waterproof/boots	LEVEL 3
ICU/NICU (HIGH RISK)			
Doctors Nurses	Management of Probable/suspect /COVID -19 pregnant patient	Medical cap/hood Goggles Face shield N95/respirator mask	LEVEL 3-*4

	*Aerosol Generating Procedures likely	Medical protective Coverall Disposable gloves Legs cover waterproof/boots	
WARD			
Doctors Nurses	Management of Probable/suspect /COVID -19 postpartum patients *Aerosol Generating Procedures likely	Medical cap/hood Goggles Face shield N95/respirator mask Medical protective Coverall Disposable gloves Legs cover waterproof/boots	LEVEL 3-*4
LABOR ROOM/OR/DR COMPLEX			
Doctors Nurses	Labor and Delivery of Probable/suspect /COVID -19 patient *Aerosol Generating Procedures likely	Medical cap/hood Goggles Face shield N95/respirator mask Medical protective Coverall Disposable gloves Legs cover waterproof/boots	LEVEL 3-*4
NON-TREATMENT HOSPITAL ZONES/AREAS			
Accounting/Billing/ Cashier	Receive cash/ paper money payments	Disposable gloves Face mask Full face visor/goggle	Level 1 SIPC
Accounting/Billing/ Cashier	Receive cash/ paper money payments	Disposable gloves Face mask Full face visor/goggle	Level 1 SIPC
HR/IT/Medical Record	Heavy handlers of papers/surfaces	Surgical facemask Disposable gloves	Level 1 SIPC
Kitchen/Mess Hall	Food Handlers Indirect contact with exposed personnel	Face mask Disposable gloves	Level 1 SIPC
Pharmacy	Issue medicines and supplies	Face mask Disposable gloves	Level 1 SIPC
Executive Offices	Indirect contact	Face Mask	Level 1 SIPC

	with probable/suspect		
Hospital Support Group/Janitorial Services	Clean patient's bathrooms Disinfect patient Room	N95 Gloves Face shield Water Repellant Gown Boots Head cap	Level 2-3

Figure 1a. PPE Levels in Lowest to Low Risk Areas (with permission from Philippine General Hospital- Information, Education, Communication)

WHAT TO WEAR


PERSONAL PROTECTIVE EQUIPMENT

NON-COVID AREAS


LOWEST RISK AREAS

- Accounting
- Billing
- Cashier
- Dining Hall
- DNET
- DPPS Office
- ER Palistahan
- Executive Offices
- HR
- IT
- Malasakit Center
- OETS
- Pharmacy
- Property
- Security

LEVEL 1 PROTECTION PPEs



SURGICAL MASK
at ALL TIMES inside PGH




**ALCOHOL +
HAND HYGIENE**


LOW RISK AREAS

- OPD Clinics
- ECG Station
- Non-COVID-19 Wards
- ABG Station
- CVS Office (6/F): for 2D Echo
- Radioisotope Laboratory


LEVEL 2 PROTECTION PPEs



SURGICAL MASK
at ALL TIMES inside PGH



**GOGGLES/
FACE SHIELD**



**ALCOHOL +
HAND HYGIENE**




Figure 1b. PPE Levels in Moderate Risk Areas (with permission from Philippine General Hospital- Information, Education, Communication)

WHAT TO WEAR

PERSONAL PROTECTIVE EQUIPMENT

COVID TRIAGE + PUI AREAS

MODERATE RISK AREAS


- COVID-19 Triage
- Patient rooms in 5th flr. Central Block
- Patient rooms in 6th flr. Right Central Block
- Patient rooms in 7th flr. Central Block
- OPD Fever clinic
- UPHS (seeing PUIs)

MODERATE RISK ACTIVITIES


- Non-respiratory specimen examination of suspected patients
- Imaging examination of suspected patients (including use of portable xrays)
- Cleaning of surgical instruments used with suspected patients

Require


LEVEL 3 PROTECTION PPEs




CAP




GOGGLES or FACE SHIELD







N95 MASK



GLOVES



GOWN or Disposable Impermeable Coveralls

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Figure 1c. PPE Levels in High Risk Areas (with permission from Philippine General Hospital- Information, Education, Communication)

WHAT TO WEAR

PERSONAL PROTECTIVE EQUIPMENT

COVID WARDS COVID AREAS ORs

HIGH RISK AREAS









- COVID-19 Wards 1, 2, 3 and 4
- LCB-OR Gyne Onco Wing
- Operating Theaters
- Intensive Care Units


HIGH RISK ACTIVITIES

- Procedures such as tracheal intubation, bronchofibroscopy, tracheotomy, gastroenterological endoscopy
- Carrying out of NAT for COVID-19
- Handling of other respiratory specimens for microbiologic studies

Require

LEVEL 4 PROTECTION PPEs

 COVERALLS	 GOGGLES/ FACE SHIELD	 N95 MASKS	 DEDICATED SHOES
 SURGICAL CAPS	 DOUBLE GLOVES	 SCRUB SUITS	 SHOE COVERS







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Figure 2. Infographics on HCW Safety Reminders (with permission from Philippine General Hospital- Information, Education, Communication)

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FOR THE PGH HCW SAFETY REMINDERS



WEAR
a mask at all times inside and outside the hospital. Wear the appropriate PPE in each area.

PRACTICE SOCIAL DISTANCING

FREQUENT HAND HYGIENE
Wash hands with soap and water. Use 60-70% alcohol or sanitizer as an alternative.


BAYANIHAN NA!
TALUNIN NATIN ANG COVID-19!




Figure 3. Infographics for patients (with permission from Philippine General Hospital- Information, Education, Communication)

BAYANIHAN NA!


TALUNIN NATIN ANG COVID-19!



MAGHUGAS NG KAMAY NANG MAIGI
gamit ang sabon at tubig.




GUMAMIT NG 60-70% ALCOHOL/SANITIZER
kung di pwedeng maghugas gamit ang sabon at tubig.




IWASANG HIPUIN ANG MUKHA
kung hindi pa na-ghuhugas ng kamay.




GUMAMIT NG TISSUE KUNG DUDURA.
Itapon sa tamang basurahan. Maghugas ng kamay.



WAG MUNA MAG-IN-PERSON MEETING
Mag-online meeting na lang muna.







TAKPAN ANG BIBIG AT ILONG
ng tissue, siko, or sariling damit pag uubo o babahing.



PUNASAN NG BASAHANG MAY BLEACH
ang mga bagay na laging hinahawakan, tulad ng doorknob, handle ng pinto ng sasakyan, toilet flush at toilet bowl, remote control ng TV, at cellphone.

May lagnat, may ubo, hingal o nagtatae? Pumunta sa

EMERGENCY ROOM



References:

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3. COVID-19 Pandemic Guidance for the Health Care Sector. 22 April 2020. www.canada.ca
4. CDC Coronavirus Disease 2019 (COVID-19) Infection Control Guidance. 13 April 2020. CDC COVID-19 website.
5. Aide Memoire for Levels of Personal Protective Equipment (PPE) – NIPCM. Appendix 16. <http://www.nipcm.hps.scot.nhs.uk/appendices/appendix-16-best-practice-aide-memoire-for-levels-of-personal-protective-equipment-ppe-for-healthcare-workers-when-providing-patient-care/>. V1.0 February 2019.
6. Recommendations from PSMID Article on “Interim Guidelines on the Infection Prevention and Control (IPC) for COVID-19: Suggested PPEs According to Tasks (Table 2)” V 2.0. pp 9-10. February 26, 2020.
7. Recommendations from PGH Article on “What Personnel Protective Equipment to Wear”. March 29,2020.
8. World Health Organization. Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages. 6 April 2020. WHO. [http://www.who.int/publications-detail/rational-use-of-personal-protective-equipment-for-coronavirus-disease-\(covid-19\)-and-considerations-during-severe-shortages](http://www.who.int/publications-detail/rational-use-of-personal-protective-equipment-for-coronavirus-disease-(covid-19)-and-considerations-during-severe-shortages). Accessed April 26, 2020

Suggested links:

1. www.doh.gov.ph Guidelines on the Use of Telemedicine in COVID-19 Response.
2. www.doh.gov.ph Guidelines on Cleaning and Disinfection in Various Settings as an Infection Prevention and Control Measure Against COVID-19.