

Everyday things that we need to do differently in a COVID-19 world

We sometimes forget that simple infection prevention actions can protect us while working in this new COVID-19 world.

Shared Work stations, WOWs & phones

Clean down shared work spaces, keyboards and telephones at the beginning and end of day or session using Clinell wipes. Ensure Clinell wipes are readily available in your work space.

When using a WOW clean down all surfaces at beginning and at the end of each session. Try to nominate one person to complete the notes. Be mindful when taking WOWs into patient rooms that the WOW does not come in contact with patient curtains or equipment.

Do not move a mask to your chin to talk on the phone. Shared phones should be cleaned after each use using Clinell wipes. Have hand sanitiser present in each work space to clean hands after touching items that could be used by other people. Wipe down pens frequently and try not to share pens.



Disinfectant wipes and hand sanitiser at work station



Disinfectant wipes on WOWs



Mask on neck to answer shared phone = cross contamination risk

Hydrating with increased mask wearing

It is important to maintain hydration levels whilst working in PPE. Staff should be fluid loading at regular intervals. Don't move the mask to the chin to sip frequently as this poses a significant cross contamination risk. **Western Health strongly discourages masks being moved to chin to sip or drink.** Try hydrating with 500mls on the way into work, another 250-500mls on arriving at work and before putting mask on, and again on each break. Drink a glass of water with each tea or coffee drunk.

If you are thirsty during your shift perform hand hygiene, go to the break areas, remove your mask and eye protection, perform hand hygiene again and then have a drink. When you have finished your drink break, perform hand hygiene, replace your mask with a fresh one, perform hand hygiene again and return to your work area.



Mask worn unsafely on chin to drink,
then contaminated mask pulled back
onto face

Correct wearing of face shield

The face shield needs to be worn with the padded area sitting typically just above the eyebrows, not on the top of the forehead. The face shield should cover the chin, protecting the front of the mask. Face shields should never be turned upside down in the 'cockatoo crest style' with the bottom of the shield facing up to the top of the head.



Shield too high = not protecting
front of mask



Face shield worn incorrectly
cockatoo crested style



Correct shield placement to
protect front of the mask as
additional protection

Safely wearing eye goggles

Safety eye goggles should always be worn on the eyes in clinical areas or public facing areas. Do not wear them on the top of the head. Eye protection should only be removed, along with masks, to eat and drink and then promptly returned when finished. Perform hand hygiene before taking off safety goggles, wipe down goggles, allow to dry and replace. Goggles and face shields can be buffed over with a tissue or clean paper towel to remove residual smearing. They can also be washed in hot soapy water.

Touching the front of surgical or NP2/N95 masks

People tend to touch their faces unknowingly about 20 times per hour. This can be a hard habit to break but is critical for safety. Face shields act as a physical barrier and are therefore recommended.

The front of our mask is the part that becomes contaminated. Infected droplets can be generated by patients who are not able to wear a mask or from any aerosol generating procedure. An important risk of aerosol generation is posed by people who yell, cry, scream or sing.

Another source of mask contamination is touching the front of the mask inadvertently with contaminated hands or gloved hands. When masks are touched or pulled down there is then potential for mouth and nose cross infection from the front of the mask.



Unconscious touching of mask front, drink bottle on desk and contaminated P2/N95 in work space



Face contamination from touching mask under UV light

Fit checking of P2/N95 masks

Fit checking is the most critical thing you can do each time you put on a new P2/N95 mask. You must be satisfied that it has a tight seal. Refer to the [P2/N95 Respirator Mask – Principles of Fit Checking QRG](#) for correct technique.

Repeatedly touching your mask or adjusting it may compromise the seal. If this occurs, perform hand hygiene or remove gloves, perform hand hygiene and redo your fit check, taking care not to touch your eyes whilst performing this. Perform hand hygiene again after the fit check.

Safe removal of masks and face shields

Masks can be worn for extended use for up to 4 hours or until you go on your break. It is ok to go to the toilet wearing your mask and face shield or safety goggles. Masks do not need to be changed between patients unless the mask is visibly soiled or moist. Taking a mask on and off increases the risk of cross contamination.



Remove eye protection from the side and clean



Remove masks by the straps, lean forward slightly and dispose of gently into clinical waste bin. Don't scrunch them up.

Simplified don and doff process

Correct PPE removal is vital to safety. In April 2020, the Australian Government changed their [guidance](#) on the use of PPE in hospitals around putting on and taking off PPE. This is very different to the traditional process that people are used to performing.

Putting on PPE (refer to [COVID-19 PPE Donning and Doffing Poster QRG](#))

- Perform hand hygiene
- Put on gown
- Put on mask and ensure effectively sealed and fit checked if P2/N95
- Put on eye protection (face shield preferred)
- Perform hand hygiene
- Put on gloves

Removing PPE

- Remove gloves carefully and dispose of into clinical waste bin
- Perform hand hygiene
- Remove gown and roll outside inwards to small parcel and place into clinical waste bin
- Perform hand hygiene to the elbow as the wrist area where the cuff is, is the most contaminated area

Gloves and gowns are removed inside the patient room or designated doffing area, or in the anteroom of a negative pressure room.

Move outside of the patient room to remove eye protection and mask if needed. Masks and eye protection can be worn continuously between patients unless damp, soiled or going on a break. Wearing of the mask (and eye protection) is about protecting yourself during COVID-19.

Masks should not be removed in the patient room, patient bay or anterooms in negative pressure rooms but outside of the room, bay. Masks and eye protection are to be removed in the corridor outside the anterooms attached to negative pressure rooms.

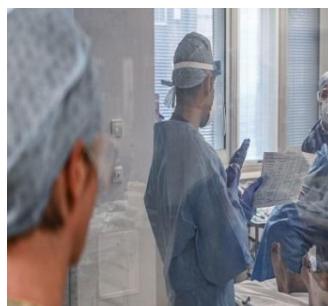
- Remove eye protection, wipe clean and allow to dry
- Perform hand hygiene
- Remove mask using the straps only and dispose of into clinical waste bin carefully
- Perform hand hygiene

Be a ‘buddy’ to protect each other

Buddies can be a great protective friend to check that people are safely putting on and removing their PPE or to point out that they are touching their face and masks. Don’t be afraid to **speak up** if you see someone accidentally do the wrong thing. Days can be exhausting for everyone. If someone speaks up please thank them for looking out for your safety.



Speak up



Watch out for each other



Ask for buddy is unsure

How to keep isolation trolleys outside of patient rooms clean and safe

Isolation trolleys should be wiped down each shift and de cluttered of unnecessary items. **There should not be a clinical waste bag attached to the side of the trolley** as this can cross contaminate the clean PPE. Ensure clear demarcation of clean and dirty and have a clinical waste bin and ready access to hand hygiene nearby. No contaminated items should be placed onto the isolation trolley. Any shared patient equipment must be wiped over with disinfectant wipes.



Clinical waste bag on clean isolation & PPE trolley



Overflowing waste bag with dirty gown on top of clean PPE

How to protect yourself when showering suspected or confirmed COVID patients

Older ward bathrooms at Footscray and Williamstown can make it challenging to shower patients wearing PPE. Try showering at the lowest warm temperature that is comfortable for the patient without creating too much humidity.

Stagger showering of patients across the day or leave a minimum of 30 mins with the door ajar between patients. After showering each patient remove PPE safely as described above. Replace your face mask as it may be humid or damp from the shower.

Are mask with valves, vents or zippers for filters safe to use?

Masks with valves, vents or zippers should not be used for COVID protection. The valves and openings allow the wearer to breathe out the virus if infected, so the mask protects the wearer but does not stop the virus from spreading (Source: Brett Sutton Chief Medical Officer). Zippered masks (that you put filters into) are not air tight and touching the zipper can increase risk of infection.

Western Health provides visitors with a surgical mask upon entering the hospitals in order to protect patients and staff.

