Personal Protective Equipment for Healthcare Personnel (HCP) and for Patients with Suspect or Confirmed COVID-19

Transmission-Based Precautions

COVID-19 transmission mainly occurs from close exposure to an infected person, primarily by respiratory droplets when the person speaks, coughs, or sneezes. Transmission could occur through touching contaminated surfaces and then the eyes, nose, or mouth. Washington State Department of Health (WA DOH) recommends standard, contact and droplet precautions (surgical mask except for aerosol-generating procedures) when caring for a patient with known or suspected COVID-19:

- Gown
- Gloves
- Facemask (NIOSH-approved and fit-tested N95 or higher if aerosol generating procedures).
- Eye protection

For patients with known or suspected COVID-19 who require aerosol generating procedures, consider prioritizing placement in standard, contact, and airborne precautions with eye protection, and including an airborne infection isolation room (AIIR). Also follow CDC’s Strategies to Optimize the Supply of PPE and Equipment and Washington State PPE Conservation Strategies.

Universal Masking

Unrecognized asymptomatic and pre-symptomatic infections likely cause transmission in community and healthcare settings. Source control, or having all patients use a covering over their nose and mouth, might reduce COVID-19 spread from both symptomatic and asymptomatic people.

Patient and Visitors

At entry screen for symptoms with appropriate triage, evaluation, and isolation if symptomatic. Patients and visitors ideally will have a cloth face covering at arrival. If not, as supplies allow, offer a facemask or cloth face covering (if tolerated). Tell them to clean hands immediately before and after they touch or adjust a mask or face covering. Do not put facemasks or cloth face coverings on anyone who is under age 2 years, who has breathing trouble, or who is unconscious, incapacitated or unable to remove the mask without help. Patients may remove face coverings in their rooms but should use them when leaving the room or if others (HCP, visitors) enter the room.

Healthcare Personnel

HCP should wear a facemask or cloth face covering at all times while in a healthcare facility. Perform hand hygiene immediately before and after they touch or adjust a facemask or face covering. Facemasks are preferred as they offer both source control and protection against splashes or sprays of infectious material. If there are anticipated shortages, facemasks should be prioritized for HCP and then for patients with symptoms of COVID-19 (as supply allows). Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required.

When not providing direct patient care activities, HCP can wear cloth face coverings for source control. HCP must use a respirator or facemask when PPE is required. To avoid self-contamination, HCP should consider continuing to wear their respirator or facemask (extended use) for COVID-19 patients instead of switching back to a cloth face covering. Of note, N95s with an exhaust valve may not provide source control. HCP should remove their respirator or facemask and put on a cloth face covering when leaving the facility. Cloth face coverings should be worn according to CDC guidance.

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