

Title: Essential COVID-19 information for all AHS staff on strategies to reduce contamination and transmission via healthcare worker personal items and clothing.

Question: What is the optimal strategy for healthcare worker (HCW) clothing and personal items across various health care settings to reduce the risk of HCW self-contamination and to reduce the risk of HCWs transmitting viruses outside the hospital?

Context:

- Versions of this question are being asked by clinicians of all types across Alberta.
- Related considerations include:
 - Should regular clothes or scrubs be worn?
 - Are hair coverings required?
 - Are booties required?
 - How should personal items be cleaned?
- Answering these questions will help address HCWs concerns about how to reduce COVID-19 transmission.

Considerations – Provided by AHS COVID-19 Scientific Advisory Group

These considerations are based on *Infection Prevention and Control Guidelines - COVID-19 Home Life and Personal Concerns for Health Care Workers*. If department policies and emerging public health directives vary from the general considerations below, refer to, and follow those policies and directives.

1. Avoid contamination of clothing during care and contact with suspected/confirmed COVID-19 patients by following infection prevention and control (IPC) measures. Washable uniforms and clothing is preferred.
2. At all times practise [hand hygiene](#) and [point of care risk assessment](#) prior to each patient contact.
 - For suspected/confirmed COVID-19 patients, use [contact and droplet](#) precautions, including a procedure mask, gown, eye protection and gloves. Note: N95 respirators are not required unless performing [aerosol generating medical procedures \(AGMP\)](#) that can cause droplets from the nose or mouth to become airborne.
 - Review the [PPE checklist](#) and the proper procedures for [donning](#) and [doffing](#) of PPE.
 - Hair coverings and shoe coverings are not required for contact and droplet precautions. Disposable bouffants and shoe coverings, if worn, should be discarded after use. Other hair coverings (e.g., worn for personal reasons), should be laundered as per the healthcare attire recommendations.
3. Do not access items such as cell phones from pockets while wearing PPE as this undermines the purpose of the PPE.
4. Follow IPC [Healthcare Attire](#) recommendations for wearing and laundering of uniforms.
 - IPC measures are adequate to prevent contamination; however, if uniforms or clothing is soiled, staff should change out of them before leaving their place of

work.

- If you change at work or outside your home, transport used uniforms in a disposable or washable bag.
5. AHS-provided [ready-to-use disinfectant wipes](#) are effective to clean hard surfaces and kill the virus. Without cleaning, COVID-19 is viable on hard surfaces (e.g., stainless steel, plastic, glass) for hours to several days. For more details refer to IPC [Environmental Cleaning Principles](#) and [Cleaning Computers and Electronic Devices](#).
 6. Clean and disinfect medical and personal accessories with [ready-to-use disinfectant wipes](#). For example:
 - Reusable stethoscopes should be cleaned and disinfected between patients (and minimize use of stethoscope unless clinically necessary)
 - Personal accessories such as nametags should be cleaned if soiled or in contact with the patient environment.
 7. The following household products are effective for cleaning hard surfaces at home (refer to AHS IPC information for [non-critical medical devices](#)):
 - Bleach 0.5% sodium hypochlorite; diluted according to the product label. 500ppm (1: 100 dilution) is sufficient for disinfecting household items.
 - Benzalkonium chloride (Lysol, Mr. Clean, Vim, etc antibacterial products)
 - Hydrogen peroxide
 - >70% alcohol
 8. Staff showering and bathing practices are not considered important IPC measures for COVID-19; staff are advised to follow their usual personal hygiene practices.

Other considerations noted by the Scientific Advisory Group for individuals:

1. Hand hygiene is key to infection prevention and control.
2. The evolving practice of healthcare workers showering, bathing, or washing exposed skin areas at the sink with soap and water upon returning home seems reasonable but there is no evidence suggesting this is necessary.

Summary of evidence:

- Clinical attire can become contaminated and virus transfer from attire to hands is possible; however, evidence suggests prevalence of virus transmission from attire to hands is low. Other transmission routes (e.g. from hard surfaces) are more viable and have a higher preponderance.
- No literature was identified comparing clinical attire to regular clothes; attire made of anti-microbial fabrics has not been included in this rapid review.

- Hoods, neck covering and hair coverings are not part of PPE under WHO guidelines; for COVID-19, WHO does not recommend the use of booties as PPE.
- No evidence on showering practices was identified.
- Literature on effectiveness of laundry practices and cleaners is beyond the scope of this rapid review.

Key messages:

- Alberta Health Services is working proactively to support staff and patients during COVID-19.
- Alberta Health Services is connecting with clinicians, operations, researchers and other experts to review emerging evidence and guidance of national and international bodies to provide information for focused areas of health care.
- Current evidence and clinical guidelines do not recommend hoods, neck covering and hair coverings as part of healthcare worker personal protective equipment.
- Expert guidelines note that COVID-19 can be transferred from surfaces to hands, and infect persons who touch their mouths, noses or (possibly) eyes: Hand hygiene is of critical importance.
- Little evidence exists specifically addressing the risk of COVID-19 transmission by way of healthcare workers clothes or personal items.
- Infection prevention and control guidelines on handling of clothing and personal items can be provided to healthcare staff. However in light of current understandings of COVID-19 disease transmission and literature regarding contamination of clothing with pathogens, these are practical guidelines rather than guidelines with a firm evidence base.

Background

- HCWs across Alberta are very concerned with mitigating the risk of COVID-19 transmission, including via personal effects (clothing & other items such as cellphones).
- There is a lot of discussion and non-expert recommendations on social media about cleaning methods and practice pertaining to personal hygiene and items.