



**MINISTRY OF HEALTH**  
SINGAPORE

MH 34:24/8

MOH Circular No. 163/2020

19 June 2020

Registered allied health professionals  
Allied health associations and societies

**UPDATED GUIDANCE ON PPE USE FOR HEALTHCARE WORKERS DURING DORSCON ORANGE**

This Circular provides further guidance on PPE use during DORSCON ORANGE, based on the changing risk profile of community transmission, and supersedes MOH Circular 39/2020 and PPE guidance in MOH Advisory 11/2020.

**GUIDING PRINCIPLES FOR PPE USE DURING DORSCON ORANGE**

2. The main drivers of transmission for COVID-19 remain respiratory droplets and fomite. However, there is increasing evidence of asymptomatic/ presymptomatic transmission, and given the rising numbers of confirmed local cases, the risk assessment for in dealing with routine cases has shifted. The guiding principles for PPE use are:

- a. Staff protection and patient safety are the priority in the course of providing clinical care.
- b. A risk-based approach is to be adopted for PPE use by staff:
  - i. Exposure risk is based on patient type and care activity, and is presented based on care area for practical purposes (see [Table 1](#));
  - ii. Full PPEs should be reserved for staff handling or caring for suspected and confirmed cases;
  - iii. Aerosol-Generating Procedures (AGPs) of the respiratory tract carry the highest risk of transmission, and staff performing or assisting AGPs should be wearing full PPE, along with other environmental controls;
  - iv. Other risk factors include: patient's condition (e.g. don surgical mask when caring for transplant and renal patients, etc.) and care environment (e.g. rooms with appropriate ventilation).

PPE Conservation

3. **Appropriate and responsible usage of PPEs must be strictly observed to ensure rational and sustainable PPE use in our system.** Institutions should ensure the efficient use of PPE by streamlining the processes and reducing the frequency of staff changing PPE e.g. by having the same staff in PPE complete all duties before removing the PPE.

4. Specific guidance on conserving the use of PPE is as follows:
- i. Surgical masks – can be used for the entire day, unless visibly soiled, wet or torn.
  - ii. N95 masks – extended use is recommended to not exceed 12 hours, and re-use to be limited to up to 5 times within 12 hours, with proper hand hygiene at each donning/ doffing. If re-used, staff are to remove the N95 mask and
    - Keep it safely, such as in a personal zip-lock bag (or any dedicated container if available), followed by hand hygiene;
    - If no bag is available, then the mask may be carefully placed face down on a clean tissue paper and the surface appropriately disinfected thereafter;
    - When risk of N95 mask contamination is high in the course of carrying out assigned duties, re-use of mask is not recommended.
  - iii. Gowns – can be used for the entire duration that the staff are carrying out their duties and should be changed when there is evident contamination e.g. bodily fluid spillage, soiled and soggy.
  - iv. Gloves – should only be worn when carrying out tasks which may come into contact with contaminated surfaces, and must be removed after completion of task. There is no need to wear double gloves. Hand hygiene must be performed after removal of gloves.
  - v. Face shield – should be disinfected with hospital-grade disinfectant wipes and re-used for up to 5 days.
  - vi. Goggles – reusable and should be disinfected with hospital-grade disinfectant wipes. Best to assign goggles to each staff.

## PPE USE FOR PATIENTS AND VISITORS

5. Patients and visitors are also at risk of cross-transmission during their time in healthcare institutions. Where possible, exposure should be minimized, including deferring non-essential visits or using teleconsultation as an alternative approach to physical consultation. Visitation should be restricted to reduce unnecessary exposure.



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**Table 1: Guidance on PPE use during DORSCON ORANGE in different settings and clinical areas**

| Settings                            | Clinical Areas  | Recommended Use of PPE   | Specific Guidance on PPE use^ |
|-------------------------------------|---|--|-------------------------------|
| <b>Allied Health Clinics#</b>       | Triage Staff  | N95 respirator   | Refer to Paragraph 4 above    |
|                                     | Performing or assisting in AGPs <sup>1</sup>                                      | Full PPE: N95 mask, gown, gloves, eye protection   |                               |
|                                     | Routine cases (e.g. General consultation)   | Surgical mask and usual PPE  |                               |
| <b>All other non-clinical areas</b> | Administrative, Offices, store rooms etc where there is no direct patient contact | Minimum reusable masks and hand hygiene with alcohol-based hand rub if handling items from patient environment e.g. forms, patient files |                               |

**Footnotes:**

<sup>^</sup> Staff must strictly adhere to hand hygiene practices in addition to PPE use to prevent cross contamination.

<sup>#</sup> Allied health clinic attendances should be provided screening questions for contact/travel history and respiratory symptoms, and these cases should be referred to ED/ GP clinics for further triage if the patient fulfils criteria for suspect case or when assessed to be of high risk by a clinician.

<sup>1</sup>AGPs are defined as any medical and patient care procedures that results in the production of airborne particles (aerosols) e.g. intubation and extubation, open suctioning, sputum induction, bronchoscopy etc.

6. The above is for immediate and strict compliance. Please ensure that the contents of this circular are brought to the attention of all relevant personnel in your institution.



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