



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

02 April 2020

**DEPARTMENT MEMORANDUM**

No. 2020- 0176

**TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND NATIONAL NUTRITION COUNCIL; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL AND TREATMENT AND REHABILITATION CENTERS AND OTHERS CONCERNED**

**SUBJECT: Interim Guidelines on the Rational Use of Personal Protective Equipment for Coronavirus Disease 2019**

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**I. BACKGROUND AND RATIONALE**

The World Health Organization declared the coronavirus disease 2019 (COVID-19) outbreak as a Public Health Emergency of International Concern (PHEIC) last January 30, 2020 and classified it as a pandemic last March 11, 2020.

In light of the shortage of Personal Protective Equipment (PPEs) due to increased demand to ensure compliance with infection control and prevention protocols, the Department of Health (DOH) hereby issues these interim guidelines for all health facilities and institutions whether public or private, points of entry and the communities, on the standards for the rational use of PPEs in order to maximize their public health impact despite the global shortage.

**II. DEFINITION OF TERMS**

As used in this Department Memorandum, the following terms shall mean:

- A. Healthcare worker (HCW) - Refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including bodily substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.
- B. Personal protective equipment (PPE) - Refers to any equipment worn to minimize exposure to hazards that may cause infection. These include but are not limited to surgical masks, respirators, gowns, coveralls, gloves, face shield, goggles, head cover, aprons, and shoe cover.

- C. Full PPE - Refers to a set of PPE appropriate to healthcare personnel, settings and activities to be carried out. (See Annex A).
- D. Eye protection - Refers to the use of goggles or a face shield. Either may be used when eye protection is recommended.
- E. Respirator - Refers to a type of mask used to prevent inhalation of hazardous or infectious materials conforming to US National Institute for Occupational Safety and Health (NIOSH) N95 standards or equivalent.

### III. GENERAL GUIDELINES

These guidelines are intended to provide information regarding the use of appropriate PPE within different settings, taking into consideration the exposure risk and materials of these PPE (Annex B).

- A. The type of PPE to be used when interacting with or caring for COVID-19 patients shall vary depending on the setting, personnel, and activity.
- B. PPEs, especially those meant for use within healthcare settings, shall conform to technical specifications for their appropriate use (see Annex B) according to ISO and other international standards.
- C. Use physical barriers such as glass or plastic windows whenever possible to reduce exposure to the COVID-19 virus. This may be implemented within healthcare settings where patients will first present such as triage areas, registration at the emergency department, or pharmacy windows. These may supplement the use of PPEs according to recommendations.
- D. If available, coveralls may substitute for gowns. Aprons should be worn if gowns are not fluid-resistant, and splash exposure to contaminated materials is expected.
- E. In cases wherein masks are required, 3-ply surgical masks conforming to the relevant standards are preferred. Makeshift cloth masks may be used as an alternative while maintaining distancing of at least 1 meter but only in community and other low-risk settings.
- F. Respirators and surgical masks are standard for use as PPE, and supply should be reserved for HCWs who provide direct patient care and for patients with respiratory symptoms.
- G. Respirators should be discarded after the following situations:
  1. Use during an aerosol-generating procedure (e.g. endotracheal intubation, non-invasive ventilation, tracheostomy, cardiopulmonary resuscitation, manual ventilation before intubation, bronchoscopy, open suctioning)
  2. Contamination with blood, respiratory, or other bodily secretions
  3. Following close contact with, or exit from, the care area of any patient co-infected with an infectious disease requiring contact precautions
- H. The following strategies to optimize the supply of respirators may be considered:
  1. Use of respirators beyond the manufacturer-designated shelf life for healthcare delivery



2. Use of respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators (see Annex C)
  3. Extended use of wearing the same N95 respirator for repeated close contact encounters with several patients, particularly when they are placed together in dedicated rooms or wards
  4. Use of a face-shield instead of just goggles as eye protection to minimize surface contamination of the respirator
- I. The following guidelines for the decontamination and reuse of PPE shall be followed:
1. Goggles or face shields may be reused once these have been washed with soap and water, and disinfected using 70% alcohol or a solution of 0.1% sodium hypochlorite (bleach).
  2. The use of reusable cotton gowns may be considered for non-aerosol generating procedures. These should be laundered using hot water and soap between each use.
  3. When manufacturer guidance for decontamination of respirators is available, these should be followed. Hand hygiene and fit testing should be performed prior to the reuse of these decontaminated respirators. These should not be used during aerosol-generating procedures.
  4. When manufacturer guidance for decontamination of respirators is not available, the use of UV light, steam sterilization, vaporization of hydrogen peroxide, and other similar methods of decontamination are not recommended. In this case, the reuse of respirators is not recommended.
- J. Cloth masks and other non-medical grade PPE that have not been certified by the FDA shall not be used within formal healthcare settings such as hospitals and clinics. These may be considered for use within community settings.
- K. In addition to the rational use of PPE, hand hygiene, cough etiquette, and physical distancing of at least 1 meter shall continue to be observed at all times.

#### **IV. SPECIFIC GUIDELINES**

- A. Use of PPEs for Inpatient Healthcare Settings
1. HCWs involved in the direct care of patients with COVID-19 and performing aerosol-generation procedures should wear full PPE with respirator and apron.
  2. HCWs involved in the direct care of patients without aerosol-generating procedures should wear full PPE. This includes the collection and handling of non-respiratory specimens.
  3. HCWs who will enter the room of COVID-19 patients in order to clean and disinfect these surroundings shall wear full PPE..
  4. Visitors to COVID-19 patients should be disallowed whenever possible. If this cannot be done, these patients should have only 1 visitor at a time who is not elderly and does not have any comorbidities, they shall spend less than 15 minutes in the area, and clear instructions on proper donning and doffing of PPE as well as hand hygiene shall be provided. Visitors shall wear full PPE.
  5. Within triage areas, HCWs who are conducting preliminary screening not involving direct (<1 m) and prolonged (>15 mins) contact should maintain a spatial distance of at least 1 meter. HCWs shall wear surgical masks.
  6. All patients within hospitals shall wear a surgical mask.

7. Laboratory technicians who are involved in the manipulation of respiratory samples shall wear full PPE with respirator. Laboratory technicians involved in other tasks may instead wear the full PPE using surgical masks.
  8. HCWs involved in handling the remains of mortalities due to COVID-19 shall wear full PPE.
  9. Staff that do not have direct patient care responsibilities with COVID-19 patients, such as those within administrative areas, shall preferably wear surgical masks. Alternative, non-medical grade cloth masks may be used by those who do not have direct patient care responsibility.
- B. Use of PPE for Outpatient Healthcare Settings, including Rural Health Units and Urban Health Centers
1. All patients shall wear a surgical mask.
  2. For patients without respiratory symptoms:
    - a. HCWs performing physical examination on patients without respiratory symptoms shall observe standard precautions appropriate to the examination being performed (see Annex D) .
    - b. Patients without respiratory symptoms shall still maintain spatial distance of at least 1 meter from other patients at all times
  3. For patients with respiratory symptoms:
    - a. HCWs who are performing physical examination of patients with respiratory symptoms shall wear full PPE.
    - b. While waiting to be seen by the HCW, he or she should be kept in an isolation room or other area separate from other patients. If this is not feasible, ensure that a spatial distance of at least 1 meter from other patients is maintained at all times.
  4. HCWs who will enter the consultation room wherein a patient with respiratory symptoms will be examined shall wear full PPE.
  5. Laboratory technicians who are involved in the manipulation of respiratory samples shall wear full PPE with respirator. Laboratory technicians who are extracting or handling other types of specimens may instead wear the full PPE using surgical masks.
  6. All other staff occupied with administrative tasks and who do not have direct interaction with patients shall preferably wear surgical masks. Alternative, non-medical grade cloth masks may also be worn.
- C. Use of PPE for Triage
1. HCWs who perform triage using remote methods such as telephones or video conferencing do not require PPE.
  2. HCWs who perform triage in other settings such as outdoors or behind glass barriers shall wear a surgical mask.
  3. Within triage areas, patients should maintain at least 1 meter distance from HCWs and other patients at all times. They shall wear a surgical mask if tolerated.
- D. Use of PPE for Contact Tracing by Rapid Response Teams (ex. BHERTs)
1. Staff who interview suspected or confirmed COVID-19 patients or their contacts through remote methods (such as telephone or video call) do not require PPE.
  2. Staff who interview suspected or confirmed COVID-19 patients in-person should wear a surgical/medical mask while maintaining a distance of at least 1



meter. The interview should be conducted outside or in open areas whenever possible, and the suspected or confirmed case should wear a surgical mask.

3. Staff who interview asymptomatic contacts of COVID-19 shall wear a surgical mask while maintaining a distance of 1 meter. The interview should be performed outdoors or in open areas whenever possible. If it is necessary to enter the household, the staff shall wear a surgical mask, use a non-contact thermometer to confirm that the individual does not have a fever, maintain a distance of at least 1 meter, and should not touch anything in the household environment.

#### E. Use of PPE for Transportation

1. Staff and healthcare workers who are assisting passengers being transported to a healthcare facility shall wear full PPE.
2. Drivers of ambulances and other vehicles, including vehicles for burial, without direct contact with the suspected COVID-19 patient shall wear a surgical mask. If they will directly assist with loading or unloading the suspected COVID-19 patient, they shall wear full PPE.

#### F. Use of PPE at Points of Entry

1. All staff within administrative areas at points of entry such as checkpoints and building entrances shall wear a surgical mask while maintaining at least 1 meter spatial distance.
2. Staff engaged in first screening measures such as temperature check shall wear a mask. They shall maintain at least 1 meter distance.
3. Staff involved in second screening measures such as interviewing patients with fever for symptoms and travel history shall wear a surgical mask and gloves.
4. Staff who are cleaning the area where patients with fever are being screened shall wear full PPE.
5. Staff who are entering the temporary isolation area but not providing direct assistance to COVID-19 patients or suspected cases shall wear a surgical mask and gloves while maintaining at least 1 meter distance.
6. Staff who are cleaning the isolation area shall wear full PPE.
7. Staff who will clean the ambulances and other vehicles used in the transport of suspected COVID-19 patients shall wear full PPE.

#### G. Use of PPE in the Community

1. Among the general public, persons with respiratory symptoms shall wear surgical masks while maintaining at least 1 meter of distance at all times.
2. Among the general public, all persons shall wear a face mask. Standard surgical masks are recommended whenever possible. Cloth masks may be used if standard surgical masks are unavailable.
3. Within their household, caregivers who are entering the room of a COVID-19 patient but not providing direct care or assistance should wear a surgical mask.
4. Within their household, caregivers who are providing direct care to or handling stool, urine, or other waste from a COVID-19 patient shall wear a surgical mask, goggles, gloves, and apron.
5. HCWs are to avoid entering the households of suspected COVID-19 cases. If they need to do so in order to provide direct care, they shall wear full PPE.
6. Likewise, HCWs who provide direct patient care in community isolation units shall wear full PPE.

7. The use of remote technologies such as telephones, video calls, text messaging is encouraged for the monitoring of mild or asymptomatic cases.
8. People involved in providing mortuary or burial services to mortalities due to COVID-19 shall wear full PPE.

For strict compliance.

  
FRANCISCO T. DUQUE, III, MD, MSc  
Secretary of Health



# Annex A. WHO Recommendations for Personal Protective Equipment for Healthcare Workers According to Healthcare Activities

## Novel Coronavirus COVID-19

FOR HEALTHCARE WORKERS

### Personal Protective Equipment (PPE) According to Healthcare Activities

**Remember** Hand hygiene is always important. Clean hands before putting on, and after taking off, PPE.

**Triage/points of entry screening personnel**

- medical mask

**Collecting respiratory specimens**

- goggles OR face shield
- medical mask
- gown
- gloves

**Caring for a suspected/confirmed case of COVID-19 with NO aerosol-generating procedure**

- goggles OR face shield
- medical mask
- gown
- gloves

**Caring for a suspected/confirmed case of COVID-19 WITH aerosol-generating procedure**

- goggles OR face shield
- Respirator (N95 or FFP2)
- gown
- gloves

**Transport of suspected/confirmed case of COVID-19, including direct care**

- goggles OR face shield
- medical mask
- gown
- gloves

WHO WPRO

World Health Organization  
Western Pacific Region

## Annex B. Technical Specifications of Personal Protective Equipment (PPEs)

Item	Technical Specifications
N95 Mask / Respirator	Mask, disposable with respirator, unvalved, and with seamless headband that can be adjusted for optimum fit. Flared soft edges to fit facial contour, with adjustable noseclip to ensure excellent individual fit and secure positioning. Certified in accordance with NIOSH N95, EN 149, FFP2 or its equivalent
Gown	Examination gown, disposable, non-sterile, SMS/PE coated polyethylene material, fluid-resistant, solid-front and rear opening, long sleeved with elastic cuffs, conforms to ASTM F1671 standards or equivalent
Coverall	Disposable, non-sterile, polyethylene or similar laminate film, fluid-resistant, low-tinting, non-woven, two-way zipper, elastic waist and ankle with knitted cuffs, conforms to ASTM F1671 standard or equivalent, individually packed
Gloves	Examination gloves, disposable, non-sterile, latex, powder-free, ambidextrous, rolled bead cuff, finger-textured, length at least 24 cm, conforms to EN 374 standard or equivalent
Face Shield	Full face shield, anti-fog, latex-free, one-size fits all, soft head foam, comfort stretch band, disposable, conforms to EN 166 standard or equivalent
Goggles	Goggles or laboratory safety goggles, polycarbonate lens, soft, flexible, adjustable head strap, anti-fog, conforms to EN 166 standard or equivalent
Head Cover	Disposable, non-woven, polypropylene, double-stitched, elastic band, conforms to ISO 4007:2018 or equivalent
Aprons	Fluid-resistant shield, disposable, polyethylene, no seams, with tie closure, conforms to EN467 or equivalent
Medical or Surgical Mask	Medical or surgical mask, disposable, earloop, 3-ply, conforms to EN 14683 rating type 2 standard or equivalent
Shoe Cover	Non-woven, disposable, conforms to Class 100 FS 209E standard or equivalent



**Annex C. Respirators with comparable standards to NIOSH-approved N95 respirators**

Country	Acceptable Product Classification
US NIOSH Requirements	N100, P100, R100, N99, P99, R99, N95, P95, R95
Australia	P3, P2
Brazil	PFF3, PFF2
China	KN 100, KP 100, KN95, KP95
Europe	FFP3, FFP2
Japan	DS/DL3, DS/DL2
Korea	Special 1st
Mexico	N100, P100, R100, N99, P99, R99, N95, P95, R95

## Health-care facility recommendations for standard precautions

### KEY ELEMENTS AT A GLANCE

#### 1. Hand hygiene<sup>1</sup>

##### Summary technique:

- Hand washing (40–60 sec): wet hands and apply soap; rub all surfaces; rinse hands and dry thoroughly with a single use towel; use towel to turn off faucet.
- Hand rubbing (20–30 sec): apply enough product to cover all areas of the hands; rub hands until dry.

##### Summary indications:

- Before and after any direct patient contact and between patients, whether or not gloves are worn.
- Immediately after gloves are removed.
- Before handling an invasive device.
- After touching blood, body fluids, secretions, excretions, non-intact skin, and contaminated items, even if gloves are worn.
- During patient care, when moving from a contaminated to a clean body site of the patient.
- After contact with inanimate objects in the immediate vicinity of the patient.

#### 2. Gloves

- Wear when touching blood, body fluids, secretions, excretions, mucous membranes, nonintact skin.
- Change between tasks and procedures on the same patient after contact with potentially infectious material.
- Remove after use, before touching non-contaminated items and surfaces, and before going to another patient. Perform hand hygiene immediately after removal.

#### 3. Facial protection (eyes, nose, and mouth)

- Wear (1) a surgical or procedure mask and eye protection (eye visor, goggles) or (2) a face shield to protect mucous membranes of the eyes, nose, and mouth during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

#### 4. Gown

- Wear to protect skin and prevent soiling of clothing during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
- Remove soiled gown as soon as possible, and perform hand hygiene.

#### 5. Prevention of needle stick and injuries from other sharp instruments<sup>2</sup>

##### Use care when:

- Handling needles, scalpels, and other sharp instruments or devices.
- Cleaning used instruments.
- Disposing of used needles and other sharp instruments.

#### 6. Respiratory hygiene and cough etiquette

##### Persons with respiratory symptoms should apply source control measures:

- Cover their nose and mouth when coughing/sneezing with tissue or mask, dispose of used tissues and masks, and perform hand hygiene after contact with respiratory secretions.

##### Health-care facilities should:

- Place acute febrile respiratory symptomatic patients at least 1 metre (3 feet) away from others in common waiting areas, if possible.
- Post visual alerts at the entrance to health-care facilities instructing persons with respiratory symptoms to practise respiratory hygiene/cough etiquette.
- Consider making hand hygiene resources, tissues and masks available in common areas and areas used for the evaluation of patients with respiratory illnesses.

#### 7. Environmental cleaning

- Use adequate procedures for the routine cleaning and disinfection of environmental and other frequently touched surfaces.

#### 8. Linens

##### Handle, transport, and process used linen in a manner which:

- Prevents skin and mucous membrane exposures and contamination of clothing.
- Avoids transfer of pathogens to other patients and/or the environment.

#### 9. Waste disposal

- Ensure safe waste management.
- Treat waste contaminated with blood, body fluids, secretions and excretions as clinical waste, in accordance with local regulations.
- Human tissues and laboratory waste that is directly associated with specimen processing should also be treated as clinical waste.
- Discard single use items properly.

#### 10. Patient care equipment

- Handle equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of pathogens to other patients or the environment.
- Clean, disinfect, and reprocess reusable equipment appropriately before use with another patient.

<sup>1</sup> For more details, see: WHO Guidelines on Hand Hygiene in Health Care (Advanced draft), at: [http://www.who.int/patientsafety/information\\_centre/ghhad\\_download/en/index.html](http://www.who.int/patientsafety/information_centre/ghhad_download/en/index.html).

<sup>2</sup> The SIGN Alliance at: [http://www.who.int/injection\\_safety/sign/en/](http://www.who.int/injection_safety/sign/en/)