

Infection Control Branch

Recommended Personal Protective Equipment (PPE) in hospitals/clinics under different response levels (Emerging Respiratory Tract Infectious Diseases)

This recommendation is applied to emerging respiratory tract infectious diseases include:

- Avian Influenza
- Middle East Respiratory Syndrome
- Severe Acute Respiratory Syndrome



儒生防護中心乃衞生署 轄下執行疾病預防 及控制的專業架構 The Centre for Health Protection is a professional arm of the Department of Health for disease prevention and control

Apply Sta	ndard Precautions +/-	transı	mission based precautions	s for	all patients
Areas	Activities	Recommended PPE			
			Alert/ Serious (S1) Response Level	Se	erious (S2)/Emergency Response Level
High-risk patient areas I. Triage stations of Out-patient Clinics and AEDs	Routine patient care and aerosol-generating procedures ^(i, ii)	B. C. D. E. (Sur	A. N95 respirator B. eye protection (v) C. gown D. gloves		
II. Designated clinics III. Isolation rooms(including isolation rooms in ICU and AEDs)	No patient contact (e.g. outside patient room)	A.	Surgical mask		
Other patient areas	Routine patient care		Standard Precautions +/- transmission based precautions	(a)	Surgical mask, Standard Precautions +/- transmission based precautions
	Aerosol-generating procedures ^(i,iii,vi)	B. C. D.	Surgical mask /N95 respirator ^(iv) eye protection ^(v) gown gloves cap (optional)	(a) (b) (c) (d) (e)	N95 respirator eye protection (v) gown gloves cap (optional)
	No patient contact		Surgical mask for signs and symptoms of respiratory infection	(a) (b)	Serious (S2) Level: Surgical mask is required in patient areas Emergency Level: Surgical mask is required in ALL areas
Non patient areas	Non-patient areas		Surgical mask for signs and symptoms of respiratory infection	(a) (b)	





Remarks:

- i. Aerosol-generating procedures with documented increased in risk of infection transmission are endotracheal intubation. cardiopulmonary resuscitation, bronchoscopy, open suctioning of respiratory tract (including tracheostomy care), autopsy and non-invasive positive pressure ventilation (BiPAP & CPAP). Aerosol-generating procedures with controversial/ limited studies evaluating the risk of respiratory infection transmission are high-frequency oscillatory ventilation, nebulizer therapy and sputum induction. Nasopharyngeal aspiration (NPA) and high flow oxygen are theoretically at risk of dispersal of infectious respiratory droplets, therefore they should be performed in conditions as required for aerosol-generating procedures in high-risk patient areas. Other procedures should be assessed on discretion of hospital Infection Control Officers.
- ii. In high risk patient areas, place patient in a negative pressure airborne infection isolation room (AIIR) before performing aerosol generating procedures.
- iii. In other patient areas, place patient in a well-ventilated area (e.g. at least minimum overall 6 air changes per hour (ACH) or use portable HEPA filter e.g. IQ Air if indicated) before performing aerosol generating procedures.
- iv. Based on transmission-based precautions and risk assessment.
- v. Eye protection refers to full face shield or goggles or eye-visors.

December 2013 (Last updated in August 2019)

The copyright of this paper belongs to the Centre for Health Protection, Department of Health, Hong Kong Special Administrative Region. Contents of the paper may be freely quoted for educational, training and non-commercial uses provided that acknowledgement be made to the Centre for Health Protection, Department of Health, Hong Kong Special Administrative Region. No part of this paper may be used, modified or reproduced for purposes other than those stated above without prior permission obtained from the Centre.



