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An OPD Activation Initiative

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During COVID-19
For Gynaecologists

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SURAKSHA MODULE – 3

Keeping PPE kits in UV Rays - Myths vs Reality

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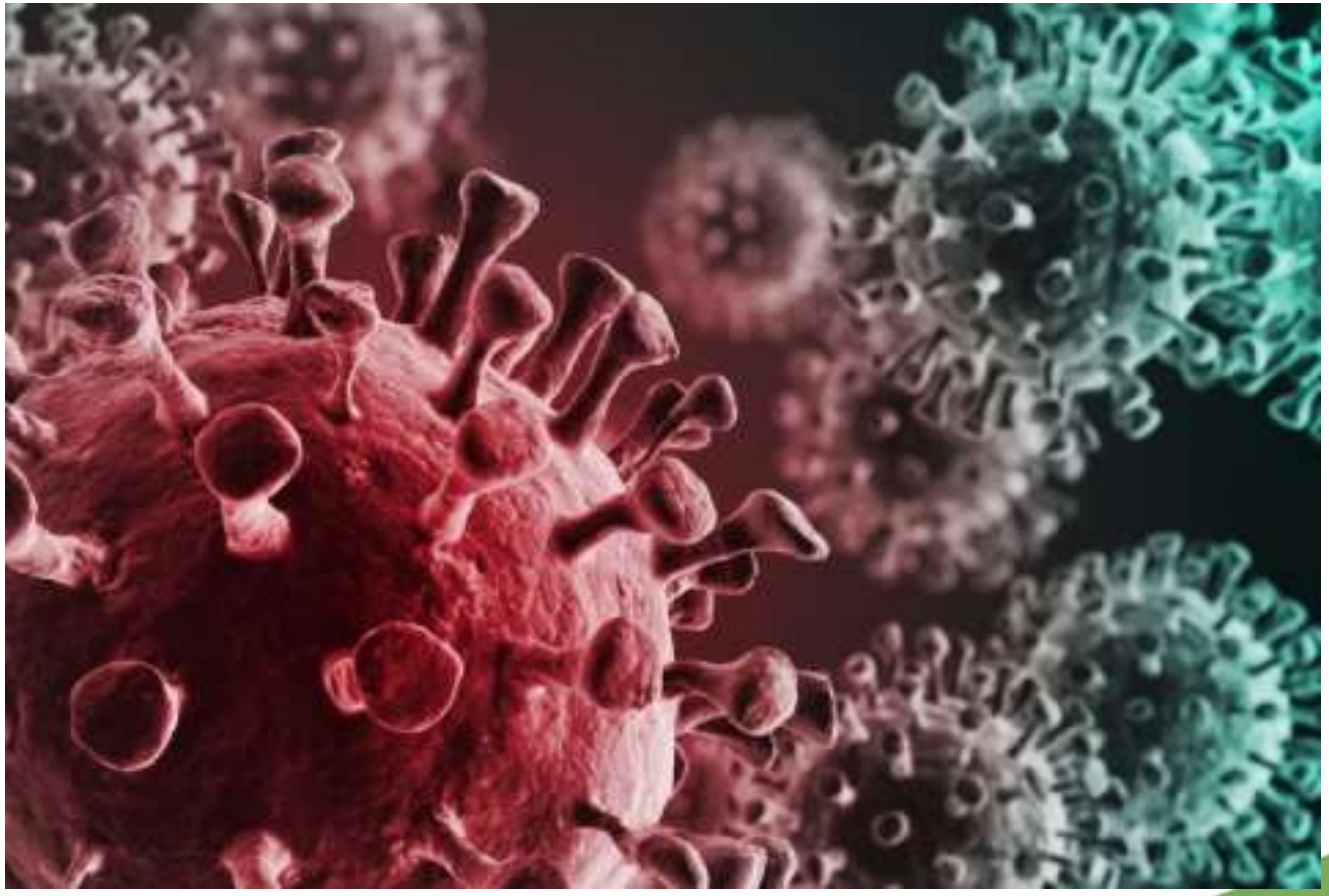
Background

- As the novel coronavirus infection (COVID-19) continues to spread worldwide, so does the misinformation surrounding it. Misinformation during a pandemic can be dangerous and life threatening. Here are some myths surrounding COVID-19 and the expert opinions on the reality.[1]



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1. Myth: Ultraviolet (UV) lamps may help disinfect hands or other areas of skin.

- **Reality:** Ultraviolet (UV) lamps are not helpful in disinfecting hands and other skin areas. The radiation can lead to skin irritation and damage eyes. The most effective ways to prevent the virus is to clean hands with an alcohol-based hand rub or wash them with soap and water.[2]

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2. Myth: Disposable filtering facepiece respirators like N95 can be reused.

- **Reality:** Disposable filtering facepiece respirators (FFRs) are not approved for routine decontamination due to conventional standards of care. Decontamination and subsequent reuse of FFRs should only be practiced during times of shortage to ensure continued availability.[3]

3. Myth: Disinfectants can be used to decontaminate filtering facepiece respirators.

- **Reality:** Any normal disinfectant cannot be used to decontaminate FFRs. Only the respirator manufacturers can provide guidance about decontamination of their specific models of FFRs. Decontamination can cause changes in the fit, filtration efficacy and breathability of disposable FFRs. Thus, they should be used only when FFRs shortage exists.[3]

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4. Myth: Autoclave, dry heat, isopropyl alcohol, soap, and dry microwave irradiation can be used to disinfect FFRs.

- **Reality:** Decontamination with the use of an autoclave, 160 °C dry heat, 70% isopropyl alcohol, microwave irradiation and soap and water causes filter degradation and is not effective in disinfecting FFRs.[3]

5. Myth: Any type of personal protective equipment (PPE) will prevent exposure to COVID-19.

- **Reality:** It is important to understand the hazards and risk of exposure while selecting the use of appropriate protective clothing .Factors like the source, mode of transmission, pressures, and type of contact, and duration and type of tasks to be performed should be considered.[4]

6. Myth: Personal protective equipment can be reused.

- **Reality:** Extended use of PPE is preferred over reuse to decrease the risk of self-contamination due to repeated donning and doffing of the same equipment.[5]

7. Myth: Facemasks can be reused after contact with patients with suspected or confirmed COVID-19.

- **Reality:** Facemasks should be considered contaminated when in contact with patients with suspected or confirmed COVID-19. Currently, there are no recommended decontamination procedures for between use marks. They should be doffed properly ensuring that the outside surface is inwards and stored in a clean place.[5]

8. Myth: Antibiotics are effective in preventing and treating COVID-19.

- **Reality:** Antibiotics work against bacteria and not viruses. The novel COVID-19 is caused by a virus and thus antibiotics cannot help prevent or treat it. If hospitalized, antibiotics may be prescribed as bacterial co-infection is possible.[2]

9.Myth: Pregnant women are at a higher risk of COVID-19.

- **Reality:** Currently there is no evidence that states, pregnant women to be at a higher risk of getting infected by COVID-19. However, they are at a higher risk of some infections due to the changes in their bodies.[6]

10. Myth: Pregnancy increases the need for critical care in the setting of COVID-19 infection.

- **Reality:** Current evidence does not indicate that pregnant women are at a higher risk of infection or severe morbidity. Pregnant women with comorbidities may be at an increased risk for severe illness. If pregnancy is complicated by severe illness, the woman should be shifted to a critical care unit. However, COVID-19 status alone should not be the reason to transfer noncritical pregnant women with suspected or confirmed COVID-19 to a critical care unit. Adequate location planning should be done based on the levels of maternal and neonatal care.[7]

11. Myth: Operative vaginal delivery is indicated in patients with suspected or confirmed COVID-19.

- **Reality:** Operative vaginal delivery is not indicated in patients with suspected or confirmed COVID-19. Clinical indications should be followed for operative vaginal delivery in the setting of appropriate personal protective equipment.[7]

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12. Myth: Mother-to-infant transmission is possible during pregnancy.

- **Reality:** It is unlikely that the virus will spread from mother to infant during pregnancy;however, after birth the newborn is susceptible to infection on exposure to an infected person, including the mother or other caregivers.Little evidence has shown newborn babies to be COVID-19 positive but the route of transmission is still unknown. [6]

13. Myth: Mothers with COVID-19 can spread the virus to newborn through breast feeding.

- **Reality:** The Centers for Disease Control and Prevention (CDC) states that breast milk provides protection against many illnesses. It is the best source of nutrition for infants. From the available information it is unlikely that mothers with COVID-19 can spread the virus in their breast milk.[6]

References….

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