

Pandemic Response Guidance

Personal protective equipment in Healthcare delivery

Background

The recommendations on escalation of personal protective equipment (PPE) contained in this guidance are based on currently available information about COVID-19 and apply to the delivery of healthcare. This document should be read in conjunction with the *Health System COVID-19 Response Plan* and other advice provided by Queensland Health as part of the COVID-19 response.

This guidance about escalation of PPE use during healthcare delivery is based on assessment of risk of community transmission of COVID-19.

The escalation of PPE aims to minimise the risk for acquisition of COVID-19 infection by healthcare workers, patients and visitors. In addition to infected patients, healthcare workers are at risk for acquisition of SARS-CoV-2 from co-workers with COVID-19 infection.

Risk levels definition

This guidance refers to three PPE escalation levels. PPE escalation will be informed by direction from the Chief Health Officer and the State Health Emergency Coordination Centre, taking into account the risk of community transmission. These risk determinations can be localised (for example, in the event of a local outbreak or cluster of COVID-19), regional or state-wide.

Ongoing risk assessment of patients should occur in all care settings in order to inform the most appropriate PPE required for specific clinical interactions.

Infection prevention and control recommendations

Standard precautions are required for all patients regardless of their known or presumed infectious status. Standard precautions are the primary strategy for minimising the risk of infection and must be used as part of day-to-day practice when providing healthcare.

In accordance with standard precautions, a surgical mask and protective eyewear should always be worn when providing healthcare to a patient with acute respiratory infection symptoms.

Table 1 outlines the recommended escalation of PPE for use in healthcare.

Continuous surgical mask use

Continuous surgical mask use is recommended for healthcare workers during periods of **moderate and high community transmission of COVID-19**, to reduce the risk of transmission of COVID-19 between healthcare workers and patients and amongst healthcare workers (who may be asymptomatic but infectious, especially early in the course of illness).

This will require healthcare workers who work in clinical areas and common workspaces to continuously wear a surgical mask during their routine activities throughout the entire shift. Healthcare workers who

generally work alone in their own office will be required to wear a mask when outside of their office if physical distancing cannot be maintained.

In accordance with the recommendations in the Queensland Health [Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings](#) the following recommendations are to be followed:

- Masks should be changed when they become damaged, soiled or wet.
- Masks should never be reapplied after they have been removed.
- Masks should not be left dangling around the neck.
- Avoid touching/adjusting the front of the mask while wearing it.
- Hand hygiene should be performed upon touching or discarding a used mask.
- Masks need to be removed for eating and drinking and this is permitted, necessary and safe. It is important to limit the duration that the mask is removed to help minimise any potential risk of exposure. Staff must practice physical distancing when on meal breaks when mask is not in place.
- Staff must dispose of used masks in waste receptacles as soon as they are removed.

Table 1. Recommended PPE escalation according to risk of unexpected COVID-19 infections in patients or healthcare workers

(in addition to standard precautions +/- transmission-based precautions if indicated for another reason)

		Low risk e.g. no or few cases; cases only in quarantine; small numbers of linked cases	Moderate Risk e.g. a series of unlinked cases; high numbers of locally-acquired cases; cases with high numbers of local contacts	High Risk e.g. high numbers of unlinked cases; sustained community transmission
H E A L T H C A R E S T A F F	Routine care For suspected / probable / confirmed COVID-19 patients	Surgical mask Protective eyewear Gown Gloves	Surgical mask Protective eyewear Gown Gloves	Surgical mask * Protective eyewear Gown Gloves
	Aerosol generating procedures For suspected / probable / confirmed COVID-19 patients	P2/N95 respirator Protective eyewear Gown Gloves	P2/N95 respirator Protective eyewear Gown Gloves	P2/N95 respirator Protective eyewear Gown Gloves
	Aerosol generating procedures For <u>non-COVID-19</u> patients	Nil	Surgical mask Protective eyewear	P2/N95 respirator Protective eyewear
	Routine care of <u>non-COVID-19</u> patients (within 1.5m)	Nil	Surgical mask Protective eyewear	Surgical mask Protective eyewear
	Hospital staff during activities other than direct patient care	Not Applicable	Surgical mask when physical distancing > 1.5m cannot be maintained (e.g. ward rounds, handover, meetings)	Surgical mask when physical distancing > 1.5m cannot be maintained (e.g. ward rounds, handover, meetings)
Patients - suspected / probable / confirmed COVID-19 (excluding paediatric patients)		Surgical mask where tolerated, unless inpatient in own bed	Surgical mask where tolerated, unless inpatient in own bed	Surgical mask where tolerated, unless inpatient in own bed
Patients - <u>non-COVID-19</u> (excluding paediatric patients)		Nil	Surgical mask where tolerated, unless inpatient in own bed	Surgical mask where tolerated, unless inpatient in own bed
Visitors		Nil	Surgical mask OR Own mask if adequate (fabric mask with at least 3 layers)	Surgical mask OR Own mask if adequate (fabric mask with at least 3 layers)

*Use of P2/N95 respirators may be considered in areas with significant community transmission in the following circumstances:

1. For the clinical care of patients with suspected, probable or confirmed COVID-19, who have cognitive impairment, are unable to cooperate, or exhibit challenging behaviours (see reference). In this context, consider the use of contact, droplet and airborne precautions (including eye protection), including the use of a P2/N95, instead of a surgical mask.
2. Where there are high numbers of suspected, probable or confirmed COVID-19 patients AND a risk of challenging behaviours and/or unplanned aerosol- generating procedures (e.g. including intermittent use of high flow oxygen). In this setting, consider extended use of P2/N95, for up to 4 hours, if tolerated, to avoid the need for frequent changes of face covering.

<https://www.health.gov.au/resources/publications/iccg-guidance-ppe-health-workers-community-transmission>