

Pandemic Response Guidance Personal protective equipment in Residential Aged Care and Disability accommodation services

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 residential care and disability accommodation services. This Guidance 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 is to be read in conjunction with the Chief Health Officer [Public Health Directions](#), in particular the [Aged Care Direction](#) and [Disability Accommodation Services Direction](#).

This guidance about escalation of PPE use in residential aged care and disability accommodation services 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 residential care and disability care facility workers, residents/clients and visitors in these facilities. In addition to infected residents/clients, workers are at risk for acquisition of SARS-CoV-2 from co-workers and the community 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 clinical risk assessment of individual residents/clients should occur in care settings in order to inform the most appropriate PPE required for specific clinical and non-clinical interactions.

Infection prevention and control recommendations

Standard precautions are required for all interactions with residents/clients 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 care to residents/clients.

In accordance with standard precautions, a surgical mask and protective eyewear should always be worn when providing care to a resident/client with acute respiratory infection symptoms. Where COVID-19 is suspected, probable or confirmed, additional precautions are required, as defined in Table 1.

Table 1 outlines the recommended escalation of PPE for use in residential aged care and disability accommodation services.

Continuous surgical mask use

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

This will require workers who work with residents/clients and in common workspaces to continuously wear a surgical mask during their routine activities throughout the entire shift. Workers who generally work alone in their own office will be required to wear a mask when outside their office.

Continuous surgical mask use is also recommended where a residential aged care facility or disability accommodation service staff member (including health professionals, contractors, volunteers and students on placement), is working in a non-restricted RACF and has been in a restricted LGA in the prior 14 days (where such entry is permitted under the [Aged Care Direction](#) or [Disability Accommodation Services Direction](#)).

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.

Additional considerations around use of face masks in people with disability

Staff wearing masks

The use of surgical masks when providing care to people with disability can sometimes cause additional problems. If your resident/client gets or is likely to get distressed, alarmed, or violent because you are wearing a surgical mask or has communication difficulties such as reliance on lip reading, you may need to consider alternative options after discussion with resident/client and employer. For example, discussing with the resident/client first from a distance greater than 1.5 metres, or using social stories to explain and reassure them, prior to putting on the surgical mask to assist them. Employing strategies to socialise surgical mask use now is essential so residents/clients with disability are familiar with them in the event of an outbreak where masks will be essential for the safety of both residents/clients and staff.

For very limited and rare circumstances, such as when communicating to the resident/client without a surgical mask from a distance of greater than 1.5 metre is not a viable alternative strategy, the option of a face shield instead of a surgical mask may be considered but only where:

- the resident/client has not tested COVID-19 positive,
- the resident/client displays no symptoms of COVID-19,
- there is not an outbreak at the facility, and
- the resident/client is not identified as a close contact of a case of COVID-19.

Such an approach should only be considered where it does not conflict with public health directions. In addition, staff should be aware that data is lacking that face shields alone prevent transmission of COVID-19 and they may not offer the same level of protection as a surgical mask.

A person's use of PPE should not create any serious risk to that person's life or health and safety, including if determined through work Occupational Health and Safety guidelines.

Residents/clients wearing masks

Residents or clients should not be required to wear a mask if:

- They are affected by a medical condition, mental health condition or disability that may be exacerbated or made worse in any way by wearing a mask
- It is important to be able to see their mouth for communication.

Table 1. Recommended PPE escalation according to risk of unexpected COVID-19 infections in residents/clients or workers

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

		<u>Low risk</u> e.g. no or few community cases of SARS-CoV-2; cases only in quarantine; small numbers of linked cases		<u>Moderate risk</u> e.g. a series of unlinked cases; high numbers of locally acquired cases; cases with high numbers of local contacts; confirmed community cases of SARS-CoV-2 variant of concern <u>OR</u> Restricted Aged Care Facility or Restricted Disability Accommodation Service ¹ as applicable		<u>High risk</u> e.g. high numbers of unlinked cases; sustained community transmission of SARS-CoV-2 variant of concern <u>AND</u> Restricted Aged Care Facility or Restricted Disability Accommodation Service ¹ as applicable	
		Staff who work only in a single facility	Staff* who work across multiple facilities	Staff who work only in a single facility	Staff* who work across multiple facilities	Staff who work only in a single facility	Staff* who work across multiple facilities
S T A F F	Routine care of <u>non-COVID-19</u> residents/clients	Nil	Surgical mask	Surgical mask Protective eyewear ⁵ (within 1.5m) ⁴	Surgical mask Protective eyewear ⁵ Gown or apron	Surgical mask Protective eyewear ⁵ (within 1.5m) ⁴	Surgical mask Protective eyewear ⁵ Gown or apron
	Aerosol generating procedures For <u>non-COVID-19</u> residents/clients	Nil	Surgical mask	Surgical mask Protective eyewear ⁵	Surgical mask Protective eyewear ⁵ Gown or apron	P2/N95 respirator Protective eyewear ⁵	P2/N95 respirator Protective eyewear ⁵ Gown or apron
	Staff doing activities other than direct resident/client care	Nil	Surgical mask	Surgical mask		Surgical mask	
	Routine care For suspected / probable / confirmed COVID-19 cases	Surgical mask Protective eyewear ⁵ Gown Gloves		Surgical mask ³ Protective eyewear ⁵ Gown Gloves		Surgical mask ³ Protective eyewear ⁵ Gown Gloves	
	Aerosol generating procedures For suspected / probable / confirmed COVID-19 cases	P2/N95 respirator Protective eyewear ⁵ Gown Gloves		P2/N95 respirator Protective eyewear ⁵ Gown Gloves		P2/N95 respirator Protective eyewear ⁵ Gown Gloves	
Residents/clients with suspected / probable / confirmed COVID-19 (excluding children under 12)	Resident/client to wear surgical mask where tolerated if outside of single room		Resident/client to wear surgical mask where tolerated if outside of single room		Resident/client to wear surgical mask where tolerated if outside of single room		
Visitors ²	Nil		Surgical mask		Surgical mask		

* includes health professionals, contractors, volunteers, and students on placements working across more than one RACF, disability or other healthcare facility

¹A restricted residential aged care facility means a residential aged care facility located in a restricted area. A restricted disability accommodation service means a disability accommodation service located in a restricted area. Restricted area means a particular area of Queensland decided by the Chief Health Officer and published on the [Queensland Government website](#).

²Please refer to applicable Chief Health Officer public health directions for information regarding visitor restrictions to residential care and disability accommodation services.

³Use of P2/N95 respirators may be considered in areas with significant community transmission in the following circumstances:

a) 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.

b) 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 suctioning). 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/iceg-guidance-ppe-health-workers-community-transmission>

⁴ Reference: [COVID-19 Guidance on the use of personal protective equipment by health care workers in areas with significant community transmission](#)

⁵ Protective eyewear is defined as a face-shield, goggles or dedicated safety glasses – note that prescription glasses alone are not considered adequate eye protection

Version control and endorsement history:

Version number	Summary of changes
V0.10	Document presented to the PPE Working Group. Feedback incorporated by the COVID-19 Residential Aged Care Facilities Clinical Advisory Group (RCAG).