

Pandemic Response Guidance: Personal protective equipment in community health services and in-home care settings

Purpose

The purpose of this document is to guide appropriate use of personal protective equipment (PPE) for health workers and formal (paid) carers of all levels in community health services and in-home care settings so that COVID-19 transmission risk is mitigated for:

- people who are at increased risk of severe illness or adverse outcomes associated with exposure to COVID-19, and
- healthcare and/or personal support worker/s.

Community health service - A facility-based service that delivers care but does not provide overnight support.

In-home care setting - Care that is delivered within a patient's permanent or temporary residence.

Background

The recommendations on escalation of PPE contained in this Guidance are based on current COVID-19 information and applies to community health services and in-home care settings where people at increased risk of severe illness or adverse outcomes are present. 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.

The [Australian Government Department of Health](#) defines those at high risk of developing severe illness from COVID-19 to include people who:

- are aged 70 years of age or over
- have had an organ transplant and are on immune suppressive therapy
- have had a bone marrow transplant in the last 24 months
- are on immune suppressive therapy for graft versus host disease
- have blood cancer e.g. leukaemia, lymphoma or myelodysplastic syndrome (diagnosed within the last 5 years)
- are having chemotherapy or radiotherapy
- identify as First Nations.

The [World Health Organisation](#) recognises that people with disability may be at greater risk of contracting COVID-19 and developing more severe symptoms due to:

- the potential exacerbation of existing health conditions, such as those related to respiratory function, immune system function, heart disease or diabetes, and
- barriers to accessing health care.

Emerging evidence suggests a higher COVID-19 mortality rate for people with intellectual and developmental disability ¹.

This guidance about escalation of PPE use in community 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 community and personal support workers, people at increased risk of severe illness, visitors and other household members. In addition to

infected clients, workers are at risk for acquisition of SARS-CoV-2 from co-workers and the community with COVID-19 infection.

This guidance aligns with and is to be read in conjunction with all the Chief Health Officer [Public Health Directions](#).

Infection prevention and control recommendations

Standard precautions are required for all interactions 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.

Standard precautions consist of:

- hand hygiene, as consistent with the 5 moments for hand hygiene,
- the use of appropriate personal protective equipment,
- the safe use and disposal of sharps,
- routine environmental cleaning,
- reprocessing of reusable medical equipment and instruments,
- respiratory hygiene and cough etiquette,
- aseptic technique,
- waste management, and
- appropriate handling of linen.

In accordance with transmission-based precautions outlined in Table 1, a surgical mask or P2/N95 respirator, gown, gloves and protective eyewear should always be worn when providing care to a person with acute respiratory infection symptoms where COVID-19 is suspected or confirmed.

Table 1 outlines the recommended escalation of PPE for use in community health services and in-home care settings where people at increased risk of severe illness or adverse outcomes are present.

Important Note

Strict adherence to [safe fitting and removal of PPE](#) is crucial.

For home visiting services, fitting (donning) should occur prior to entry of the premises and removal (doffing) should occur immediately after leaving the premises/residence with all equipment placed in a sealed bag for transport and disposal (also see [Correct use of PPE](#)).

Risk levels definition

This guidance refers to three PPE escalation levels; low risk, moderate risk and high risk (see Table 1). 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 residents/clients should occur in care settings in order to inform the most appropriate PPE required for specific clinical interactions.

Surgical mask use

Surgical mask use is recommended for healthcare and or personal support workers in [restricted areas](#) (as Identified by the Chief Health Officer) during periods of **moderate and high community transmission of COVID-19** to reduce the risk of transmission of COVID-19 between workers and their clients and amongst workers (who may be asymptomatic but infectious, especially early in the course of illness). Surgical masks should be changed at least every four hours (or between home visits) and when visibly soiled or needing to be removed to enable the wearer to drink or eat. Hands should be washed or cleaned with alcohol hand rub immediately before and after removing the mask.

Moderate and high community transmission of COVID-19 will require workers to continuously wear a surgical mask during their routine activities throughout the entire shift.

Mask utilisation is to comply with the recommendations in the Queensland Health [Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings](#).

Additional considerations

Staff wearing masks alternatives

The use of surgical masks when providing care to people at increased risk of severe illness/adverse outcomes can sometimes cause additional problems. If your 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 the client and/or carer/appointed substitute decision makers. For example, discussing with the 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 clients are familiar with them in the event of an outbreak where masks will be essential for the safety of both clients and staff.

For very limited and rare circumstances where essential care/support is required, the option of a face shield instead of a surgical mask may be considered but only where:

- the client has not tested COVID-19 positive,
- the client displays no symptoms of COVID-19,
- there is not a person in the home/care setting that is confirmed or awaiting COVID-19 results, and
- the 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 current public health directions. In addition, staff should be aware of the lack of data showing that face shields alone prevent transmission of COVID-19 and they may not offer the same level of protection as a surgical mask.

People at increased risk of severe illness and adverse outcomes wearing masks

People at increased risk of severe illness and adverse outcomes 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, and/or
- it is important to be able to see their mouth for communication.

Where this is applicable, PPE should be worn by the healthcare/support worker and by other people in the vicinity of the person at increased risk of severe illness and adverse outcomes. Hand hygiene and environmental cleaning should also be conducted to reduce transmission risk for the person unable to wear a mask.

Table 1. Recommended PPE escalation according to risk of COVID-19 infections in community health services or in-home setting for healthcare and personal support 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 or situated in a restricted area		High risk e.g. high numbers of unlinked cases; sustained community transmission or member of the household in quarantine pending results or positive	
		Staff who work only in a single community facility/home	Staff* who work across multiple community facilities/homes	Staff who work only in a single community facility/home	Staff* who work across multiple community facilities/homes	Staff who work only in a single community facility/home	Staff* who work across multiple community facilities/homes
S T A F F	Routine care of <u>non-COVID-19</u> clients	Nil	Surgical mask	Surgical mask Protective eyewear Gown or apron (within 1.5m) ²	Surgical mask Protective eyewear Gown or apron	Surgical mask Protective eyewear Gown or apron (within 1.5m) ²	Surgical mask Protective eyewear Gown or apron
	Aerosol generating procedures For <u>non-COVID-19</u> clients	Surgical mask	Surgical mask	Surgical mask Protective eyewear Gown or apron Gloves	Surgical mask Protective eyewear Gown or apron Gloves	P2/N95 respirator Protective eyewear Gown or apron Gloves	P2/N95 respirator Protective eyewear Gown or apron Gloves
	Staff doing activities other than direct client care	Nil	Surgical mask	Surgical mask		Surgical mask	
	Routine care For suspected / probable / confirmed COVID-19 cases	Surgical mask Protective eyewear Gown or apron Gloves		Surgical mask Protective eyewear Gown or apron Gloves		Surgical mask ¹ Protective eyewear Gown or apron Gloves	
	Aerosol generating procedures For suspected / probable / confirmed COVID-19 cases	P2/N95 respirator Protective eyewear Gown or apron Gloves		P2/N95 respirator Protective eyewear Gown or apron Gloves		P2/N95 respirator Protective eyewear Gown or apron Gloves	
Clients with suspected / probable / confirmed COVID-19 (excluding children under 12)		Resident/client to wear surgical mask where tolerated		Resident/client to wear surgical mask where tolerated		Resident/client to wear surgical mask where tolerated	
Support persons or other household members during healthcare interaction		Surgical mask		Surgical mask		Surgical mask	

* includes contractors and volunteers

¹Use 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>

² [COVID-19 Guidance on the use of personal protective equipment by health care workers in areas with significant community transmission](#)

Version Control

Document Custodian:

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Version	Comments
V 1.0	Initial draft developed.
V 2.0	Feedback obtained from the COVID-19 Disability Services working group.
V 3.0	Feedback obtained from the COVID-19 Disability Services Clinical Advisory Group. PPE advice obtained from the COVID-19 Incident Management Team.
V 4.0	Document provided to the COVID-19 Response Group for review and feedback.

Revisions to this document are to be made in consultation with the Healthcare Improvement Unit and COVID-19 Incident Management Team.