

# 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.

## Use of P2/N95 Respirators

For care of confirmed cases of COVID-19 or “high-risk” suspected cases (those with epidemiological links or those in quarantine who have developed COVID-19 symptoms), use of P2/N95 respirators in addition to droplet and contact precautions is recommended. These precautions are also recommended for aerosol generating procedures (AGPs), care of patients with aerosol generating behaviours (AGBs) and other high-risk scenarios including working in clinical areas with high numbers of suspected/confirmed COVID-19 patients, or patients admitted during a period of quarantine, where:

- there is a risk of aerosol generating behaviours, high-risk behaviours and/or unplanned aerosol-generating procedures
- where there is sub-optimal ventilation and/or prolonged episodes of care are required

Consider extended use of P2/N95, for up to 4 hours, if tolerated to avoid the need for frequent changes of face covering.

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:

- Respirators and masks should be changed when they become damaged, soiled or wet.
- Respirators and masks should never be reapplied after they have been removed.
- Respirators and masks should not be left dangling around the neck.
- Avoid touching/adjusting the front of the respirator or mask while wearing it.
- Hand hygiene should be performed upon touching or discarding a used respirator or mask.
- Respirators and 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 respirators and masks in waste receptacles as soon as they are removed.

Table 1. Recommended PPE escalation for healthcare settings according to risk of unexpected COVID-19 infections in hospital patients or healthcare workers (in addition to standard precautions +/- transmission-based precautions if indicated for another reason)

		Low risk	Moderate Risk	High Risk
H E A L T H C A R E S T A F F	Routine Care of 'low-risk' suspected COVID-19 (i.e. symptoms but no epidemiological links, not admitted from quarantine)	Surgical mask Protective eyewear Gown Gloves	Surgical mask Protective eyewear Gown Gloves	Surgical mask Protective eyewear Gown Gloves
	Admitted during a period of quarantine but no symptoms of COVID-19			
	Confirmed COVID-19, or 'high-risk' suspected COVID-19 (i.e. epidemiological links or symptoms developed during quarantine),			
	Or 'low-risk' suspected COVID-19 or admitted during quarantine without symptoms or COVID-19 and	P2/N95 respirator Protective eyewear Gown Gloves	P2/N95 respirator Protective eyewear Gown Gloves	P2/N95 respirator Protective eyewear Gown Gloves
	<ul style="list-style-type: none"> <li>aerosol generating procedures (AGP), or entering a room within 30 minutes of an AGP</li> <li>aerosol generating behaviours (AGB)<sup>2</sup>,</li> <li>other high-risk scenarios <sup>2</sup></li> </ul>			
	Aerosol generating procedures For <u>non-COVID-19</u> patients	Standard precautions	Surgical mask Protective eyewear	P2/N95 respirator Protective eyewear
Routine care of <u>non-COVID-19</u> patients (within 1.5m)	Standard precautions	Surgical mask Protective eyewear	Surgical mask Protective eyewear	
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) <sup>3</sup>	Surgical mask when physical distancing > 1.5m cannot be maintained (e.g. ward rounds, handover, meetings) <sup>3</sup>	
Patients - suspected / confirmed COVID-19 and patients admitted during a period of quarantine (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)	

<sup>1</sup>Healthcare staff who reside in an area that is designated a different risk level to the healthcare facility they work are to comply with their workplace facility risk PPE requirements.

<sup>2</sup>High-risk scenarios:

- For the care of individual patients
  - with aerosol generating behaviours e.g. shouting, screaming.
  - who find instructions to wear a mask or practice respiratory hygiene difficult to follow or are unable to co-operate (e.g. agitation, cognitive impairment, or mental illness)
- Clinical areas (e.g. COVID-19 wards, EDs) with high numbers of suspected/confirmed COVID-19 patients, or patients admitted during a period of quarantine, where:
  - there is a risk of aerosol generating behaviours, high-risk behaviours and/or unplanned aerosol-generating procedures
  - where there is sub-optimal ventilation and/or prolonged episodes of care are required

In clinical areas with high numbers/high density of suspected/confirmed COVID-19 patients or patients admitted during a period of quarantine, consider extended use of P2/N95, for up to 4 hours, if tolerated, to avoid the need for frequent changes of face covering.

(Adapted from [https://www.health.gov.au/sites/default/files/documents/2020/11/coronavirus-covid-19-recommended-minimum-requirements-for-the-use-of-masks-or-respirators-by-health-and-residential-care-workers-in-areas-with-significant-community-transmission\\_0.pdf](https://www.health.gov.au/sites/default/files/documents/2020/11/coronavirus-covid-19-recommended-minimum-requirements-for-the-use-of-masks-or-respirators-by-health-and-residential-care-workers-in-areas-with-significant-community-transmission_0.pdf) )

<sup>3</sup>And in accordance with current Public Health Directions

<b>Document Custodian</b>	Dr Jillann Farmer, DDG CEQ	30/3/21
<b>Authorising Officer</b>	Dr Jillann Farmer, DDG CEQ	30/3/21
<b>Version History</b>		
<b>1.0</b>	New document	24/8/20
<b>1.1</b>	Updated to include section on P2/N95 use; table updated to include P2/N95 for routine care of COVID cases	30/3/21