

Appendix 6

Personal protective equipment escalation Healthcare Facilities

Background

The recommendations on escalation of personal protective equipment (PPE) contained in this appendix are based on currently available information about COVID-19 and apply to all healthcare facilities. This appendix 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 appendix provides guidance about escalation of PPE use in healthcare facilities 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 Queensland Health facilities. 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 appendix refers to two PPE escalation levels. PPE escalation will be informed by the risk of community transmission. There may be local circumstances where the risk level is elevated to the next level of PPE recommendations independent of a state-wide decision, for example, in the event of a local outbreak or cluster of COVID-19.

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

Low risk: when locally acquired cases are low in numbers and cases are occurring in quarantined people/cases were diagnosed early and with very few contacts.

Moderate risk: when locally acquired cases have the potential for community transmission.

High risk: when locally acquired cases are being identified outside quarantine with no known source of infection and high or potentially high numbers of contacts.

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 acute healthcare settings.

Continuous surgical mask use

Continuous surgical mask use is recommended for healthcare workers during periods of **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.

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 COVID-19 transmission risk

	Low risk	Moderate / High Risk
Routine care For suspected / probable / confirmed COVID-19 cases	Surgical mask Protective eyewear Gown Gloves	Surgical mask Protective eyewear Gown Gloves
Aerosol generating procedures For suspected / probable / confirmed COVID-19 cases	P2/N95 respirator Protective eyewear Gown Gloves	P2/N95 respirator Protective eyewear Gown Gloves
During periods of significant community transmission in high risk settings i.e. ED, RACF, COVID-19 wards, other hospital inpatient settings: 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.	Not Applicable	Surgical mask OR P2/N95 respirator Protective eyewear Gown Gloves
During periods of significant community transmission in high risk settings i.e. ED, RACF, COVID-19 wards, other hospital inpatient settings: 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).	Not applicable	Surgical mask or extended use of P2/N95 respirator (up to 8 hours) Protective eyewear Gown Gloves
Routine care of <u>non-COVID-19</u> patients OR Any public-facing staff (in contact with patients/visitors)	Standard precautions (+/- transmission-based precautions if indicated for another reason)	Surgical mask (at all times when within 1.5 m of another person) (+/- transmission-based precautions if indicated for another reason) Protective eyewear to be worn when within <1.5 metres of patients
Aerosol generating procedures For <u>non-COVID-19</u> cases	Standard precautions (+/- transmission-based precautions if indicated for another reason)	P2/N95 respirator Protective eyewear
Patients with suspected / probable / confirmed COVID-19	Patient to wear surgical mask where tolerated, unless inpatient in own bed	Patient to wear surgical mask where tolerated, unless inpatient in own bed
Patients (<u>non-COVID-19</u> cases)	Standard precautions (+/- transmission-based precautions if indicated for another reason)	Patient to wear surgical mask where tolerated, unless inpatient in own bed
Any hospital or clinic staff in non-patient-facing roles who interact with other staff at < 1.5m	NIL	Surgical mask
Visitors	NIL	Own mask if adequate*, or surgical mask *Medical or surgical mask, or fabric mask with at least 3 layers