



Guidance on use of personal protective equipment (PPE) in non-inpatient healthcare settings, during the COVID-19 outbreak

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Background

This guidance was developed by the Infection Control Expert Group and endorsed by the Australian Health Protection Principal Committee (AHPPC).

The recommendations are based on current status of COVID-19 in Australia, risk assessment expert advice and current evidence. They will be updated as new evidence becomes available¹.

This guidance is intended for healthcare workers in non-inpatient healthcare settings, including general practice, specialist, outpatient, allied health, respiratory/COVID-19 clinics, hospital-in-the-home and pathology collection centres.

Guidance on the use of personal protective equipment (PPE) in hospitals during the COVID-19 outbreak is available at: <https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-in-hospitals-during-the-covid-19-outbreak>

For current case definitions and testing criteria see the [Communicable Diseases Network Australia \(CDNA\) National guidelines for public health units](#)

Current status of COVID-19 in Australia

- By international standards, Australia has a high (and increasing) rate of testing and a very low percentage of positive results.
- More than 60% of total cases in Australia have been acquired overseas.
- The number of cases and deaths from COVID-19 in Australia are in marked contrast to that in many parts of Europe, the United Kingdom and North America.
- Since the introduction of travel restrictions and social distancing measures the daily number of new infections in Australia has fallen dramatically.
- Community transmission is low and limited to a few localised sites.
- The case fatality rate in Australia, overall, is <2% and the median age of death is 79-80 years.
- Limited data are available about workplace acquisition of COVID-19 by healthcare workers. Of those for which information is available, a significant proportion were acquired overseas or in community/non-clinical settings.

These data indicate that current containment measures in community and health care settings in Australia are effective if consistently observed.

¹ Note: this document supersedes previous advice: Revised advice on non-inpatient care of persons with suspected or confirmed COVID-19, including use of personal protective equipment (PPE)

General guidance for patients presenting for non-inpatient healthcare

If a person, who is in quarantine or under investigation for COVID-19, has been in close contact with someone who has COVID-19 and/or has respiratory symptoms, needs medical attention for any reason (e.g. for possible COVID-19 or any other illness, injury or therapy) they are requested:

- to telephone the doctor or clinic before presenting.

Patients with symptoms suggestive of pneumonia (e.g. fever, difficulty breathing, frequent, productive coughing and/or tachypnoea etc.) should be referred to and managed in hospital.

- If symptoms are severe, call 000 and advise the operator of a potential COVID-19 risk.

When other patients phone for an appointment or present to the clinic, they should be asked about clinical and epidemiological evidence of COVID-19 (acute respiratory symptoms, fever, recent overseas travel or contact with a suspected/confirmed COVID-19 case).

- Note: In general, the use of nebulisers should be avoided and alternative medication administration devices (e.g. spacers) used.

COVID-19 is not suspected

For a patient in whom there is no clinical or epidemiological evidence of COVID-19, who has no respiratory symptoms and is not in quarantine:

- **Standard precautions** apply as for all patients, including hand hygiene (5 Moments).
- Whether personal protective equipment (PPE) is required. should be determined by risk assessment, based on the patient's presenting complaint or condition.
- PPE should be used according to the *Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)*².

In the context of the low rate of community transmission of COVID-19, in Australia, routine use of masks is not recommended.

- **Cough etiquette and respiratory hygiene** must be observed at all times.
- **Staff and patients should observe physical distancing:** stay at least 1.5 m away from other people including:
 - patients, except when physical distancing is impossible, e.g. during physical examination or clinical care,
 - members of the public, hospital visitors, AND
 - other staff e.g. in clinics and nonclinical areas during meetings, tea breaks etc.

COVID-19 is suspected

Upon presentation of a person who is under quarantine or investigation, is a suspected or confirmed case of COVID-19 or has respiratory symptoms:

- Apply **standard precautions, cough etiquette/respiratory hygiene** and **physical distancing**, as above.
- Immediately give the patient a surgical mask and ensure they put it on correctly.
- Direct them to a single room, whether or not respiratory symptoms are present.

² <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019#block-views-block-file-attachments-content-block-1>

- If a single room is unavailable, an area separate from other patient areas should be designated for assessment of suspected COVID-19 patients.
- The patient should be tested for COVID-19 (if this has not been done already).

General guidance on the use of transmission-based precautions in patients with suspected or confirmed COVID-19

Transmission-based precautions should be used, in addition to standard precautions as follows:

- **Contact and droplet precautions** for clinical consultation and physical examination of patients in quarantine or with plausible evidence or risk of COVID-19.
- **Contact, droplet and airborne precautions** should be observed if an aerosol generating procedure (AGP) is required for a patient with plausible evidence or risk of COVID-19.
- AGPs are unlikely to be required in non-inpatients settings, except in an emergency. See Appendix 1 for examples of emergency AGPs.

NOTE: Previous advice to use airborne precautions for care of patients with severe cough has been withdrawn because:

- viral load does not necessarily correlate with clinical condition
- coughing predominantly generates droplets
- a surgical mask worn by the healthcare worker, in conjunction with other recommended precautions, provides adequate protection.
- the patient wearing a mask, if tolerated, provides additional protection for others

Clinical consultation in the context of suspected or confirmed COVID-19

These recommendations apply in non-inpatient settings in which consultation and physical examination are required for patients in whom there is a plausible suspicion or risk of COVID-19.

- Patients with acute respiratory symptoms should be asked to wear a surgical mask upon presentation to health care setting (or when a healthcare worker enters their home).
- The consultation should take place in a single room with the door closed or in a physically separate closed area designated for suspected COVID-19 cases.
- If a patient is in respiratory distress or has hypoxaemia or shock, immediately give supplemental oxygen and empirical antibiotics (and arrange urgent transfer to hospital).
- Perform hand hygiene before donning gown, gloves, eye protection (safety glasses or face shield) and surgical mask (in that order).
- After the physical examination is complete, specimen(s) for diagnosis of COVID-19 or other indications can be collected by the clinician, during the same consultation, or the patient referred to a pathology collection centre, as appropriate.
 - The patient will need to remove the mask during respiratory specimen collection. This should be done carefully, without touching the front of the mask or other objects or surfaces; the patient should hold the mask while specimen is collected, then replace it and perform hand hygiene before touching any surfaces or objects in the room.

- The patient should continue to wear the mask until s/he has left the premises and observe cough etiquette/respiratory hygiene.
- After consultation, remove gown and gloves, perform hand hygiene, remove eye protection perform hand hygiene, remove surgical mask and perform hand hygiene.
 - Do not touch the front of any item of PPE during removal,
 - Perform hand hygiene at any stage if contamination is thought to have occurred
- The room surfaces should be wiped clean with detergent/disinfectant by a person wearing gloves, gown and surgical mask.

Specimen collection in the context of suspected or confirmed COVID-19

The following precautions apply to specimen collection in a clinic or pathology collection centre, when it is the only procedure required.

If clinical examination is required, full contact and droplet precautions should be observed as described above.

Infection prevention and control precautions

- Perform hand hygiene
- Use gloves, surgical mask and eye protection (safety glasses or face shield)
 - gloves must be removed, and hand hygiene performed after each patient, and new gloves put on before the next one
 - safety glasses and face shields can be worn during consecutive patients' specimen collections in the same location
 - if it is labelled as reusable, the face shield can be cleaned with a detergent/disinfectant wipe in between uses.
 - if surgical masks are in short supply, they can be used for periods up to 4 hours during consecutive patients' specimen collections in the same location
 - the mask should be discarded if it becomes wet or contaminated and on leaving the room
 - take care not to touch the mask while it is on; if the front of the mask is touched, remove and discard it, perform hand hygiene and put on a new one.
- The need for a gown or apron is based on risk assessment
 - A gown or apron is needed for specimen collection, only if close physical contact with a symptomatic patient or splash/spray of body substances is anticipated.
 - if worn, a gown or apron can be worn for specimen collections from consecutive patients in the same location.
 - It must be changed if it becomes visibly contaminated
 - It must be removed when leaving the immediate area to avoid contaminating other environments

Note: For collection of upper respiratory samples from asymptomatic members of the public for surveillance purposes, standard precautions apply; perform hand hygiene between individual subjects.

Specimen collection

Simple precautions to reduce the risk of exposure to respiratory droplets when physical distancing cannot be maintained:

- To collect upper respiratory swabs, stand slightly to the side of the patient to avoid exposure to respiratory secretions, should the patient cough or sneeze.
- Encourage the patient to maintain a slow breathing pattern and not hold the breath as this reduces the likelihood of gagging.
- Self-collection of a nasal swab is acceptable, with appropriate supervision.
- To collect a sputum sample from a patient with a productive cough:
 - Ask the patient to stand approximately 2 metres away and turn aside before coughing into the specimen container. OR
 - ask the patient to go outside or into another room to produce the specimen.

For a detailed description of methods of specimen collection for diagnosis of COVID-19 see:

PHLN guidance on laboratory testing for SARS-CoV-2 (the virus that causes COVID-19)

<https://www1.health.gov.au/internet/main/publishing.nsf/content/Publications-13>

Removal of PPE

- At the end of a specimen collection session:
 - remove gloves; perform hand hygiene
 - remove gown or apron (if worn), perform hand hygiene
 - remove face shield or safety glasses without touching the front, perform hand hygiene
 - remove mask, without touching the front, perform hand hygiene.

Environmental hygiene

- In addition to routine cleaning, frequently touched surfaces should be wiped, after every patient, with detergent/disinfectant wipes or a detergent product, using a disposable cloth
- any contaminated or visibly soiled surface should be cleaned/disinfected, immediately

Environmental cleaning and disinfection for health and residential care facilities is available at:

<https://www.health.gov.au/resources/publications/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities>

Appendix

Aerosol-generating procedures

AGPs during the care of patients with COVID-19 are associated with an increased risk of transmission. AGPs are only likely to be required in primary care or community practice in an emergency. The following *examples* are illustrative of emergency AGPs.

Instrumentation or surgical procedures involving the respiratory tract including:

- Insertion or removal of endotracheal tube
- Open oropharyngeal or tracheal suctioning
- Intercostal catheter insertion for relief of pneumothorax

Other procedures that can generate respiratory aerosols

- Manual or non-invasive ventilation (NIV);
 - Bi-level positive airway pressure ventilation (BiPAP)
 - Continuous positive airway pressure ventilation (CPAP)

Note: Cardiopulmonary resuscitation (CPR) is a special circumstance:

- Chest compression and defibrillation during resuscitation are not considered AGPs
- First responders can commence resuscitation without the need for airborne precautions while awaiting the arrival of clinicians to undertake airway manoeuvres

For a more extensive list of AGPs see: *Guidance on the use of personal protective equipment (PPE) in hospitals during the COVID-19 outbreak*:

<https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-in-hospitals-during-the-covid-19-outbreak>

Where can I get more information?

For the latest advice, information and resources, go to the Australian Government Department of Health website at www.health.gov.au.

Call the National Coronavirus Health Information Line on 1800 020 080. The line operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

The telephone number of your state or territory public health agency is available on the coronavirus page at www.health.gov.au/state-territory-contacts.