



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

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Background

The Infection Control Expert Group (ICEG) developed this document and the Australian Health Protection Principal Committee endorsed it. It provides guidance on the use of personal protective equipment (PPE) in non-inpatient health care settings¹ during the COVID-19 pandemic. The ICEG [guidelines on infection prevention and control in residential care facilities](#) provides guidance on PPE in residential care facilities (RCFs).

For additional guidance on infection prevention and control during the COVID-19 pandemic, see the [Department of Health website](#).

As a national document, consider this guidance on PPE, as the **minimum standard**. This advice is reviewed as the situation changes. Check with your state or territory health department for specific advice for your location.

Use PPE in line with the principles in the [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\)](#). The unique circumstance of COVID-19 may require additional PPE in some situations.

For current case definitions and testing criteria see the Department of Health [website](#). [Guidance on the use of PPE in hospitals](#) and further information on the [use of masks and respirators](#) is available.

In areas with no or low community transmission: observe standard infection prevention and control measures. This includes using PPE if required for clinical care of patients who are NOT suspected or confirmed COVID-19 cases.

In areas of community transmission (as defined by state and territory public health units): use masks for all routine clinical visits (not just for suspected or confirmed cases). Consider use of particulate filter respirators (PFRs) in some settings or scenarios. See the ICEG advice [here](#) for details.**

**Train health care workers who use PFRs, such as P2 or N95 masks, in their correct use. This includes how to perform fit-checking when putting it on, and safe removal. Unless PFRs are used correctly, their effectiveness will be compromised and the risk of infection (to the wearer) increased.

Status of COVID-19 in Australia

- Outbreaks in some states and territories shows that Australia is not immune to the resurgence of COVID-19.
- Most states and territories in Australia continue to have low or no community transmission.
- Some areas have experienced significant community transmission of COVID-19 (as defined by state and territory public health units). Certain workplaces including RACFs, and industries like abattoirs/meat works have also reported outbreaks.

¹ Refers to primary and community care, hospital outpatient clinics, pathology collection centres, COVID-19 clinics and home care, unless otherwise specified by specific guidance for certain patient groups.

- The Australian case fatality rate is comparatively low, however this doesn't lessen the significance of the impact of COVID-19 on individuals, families and the community.
- Most infections among health and residential care workers appear to have occurred among nurses working in acute and residential aged care. There is also evidence of infection acquired in workplace settings not associated with patient contact. For example from another health care worker in areas like tearooms and meeting rooms. Also infection acquired in the community.²

1. General guidance for care of patients presenting for non-inpatient health care

If a person needs medical attention for any reason, they should call their **doctor or clinic before arriving**, if they are:

- in quarantine
- awaiting a test result for COVID-19
- a close contact of a confirmed case of COVID-19
- experiencing respiratory symptoms.

If you have a patient with pneumonia-like symptoms, refer them to a hospital for management. These are:

- fever
- difficulty breathing
- frequent, productive coughing and/or tachypnoea

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

When patients phone for an appointment or present to the clinic, ask them about:

- clinical evidence of COVID-19 (acute respiratory symptoms, fever); and
- epidemiological evidence of COVID-19. For example, recent overseas travel or travel to an area with significant community transmission, or contact with a suspected or confirmed COVID-19 case.

1.1 COVID-19 is not suspected in areas with low or no community transmission

To care for patients in areas with low or no community transmission:

- where there is no clinical or epidemiological evidence of COVID-19
- who have no respiratory symptoms and are not in quarantine:

² Refer to the [Victorian Department of Health website](#).

- apply **standard precautions** for all patients at all times, including compliance with hand hygiene requirements (5 Moments) ^{(5) (7)}
- do a risk assessment to decide on PPE use, based on the patient's presenting complaint or condition ^{(5) (7)}
- staff or patients don't need to routinely use masks ^{(5) (7)}
- **observe cough etiquette and respiratory hygiene** at all times
- **ensure all staff, patients and visitors observe physical distancing. This means staying at least 1.5 m away from other people**, except when it is not possible. For example, during a physical examination or clinical care ^{(5) (6) (7)}
- ensure staff maintain physical distancing in non-clinical areas, including in meeting and tea rooms. ^{(5) (6) (7)}

1.2 COVID-19 is not suspected in areas with significant community transmission

Apply standard precautions, including hand hygiene, **cough etiquette, respiratory hygiene and physical distancing** at all times ^{(1) (5) (6) (7)}.

For care of patients in areas with significant community transmission:

- where there is no clinical or epidemiological evidence of COVID-19
- who have no respiratory symptoms and are not in quarantine
- when within 1.5 m of the patient:
 - use eye protection ^{(5) (7)}
 - wear a surgical mask ^{(5) (7)}.

These are the **minimum** additional PPE requirements ^{(5) (7)}.

For more information, see the ICEG guidance on requirements for use of masks or respirators on the Department of Health's [website](#).

1.3 COVID-19 is suspected or confirmed

If the person is in quarantine, under investigation, a suspected or confirmed case of COVID-19, or has respiratory symptoms:

- **apply standard precautions**, including hand hygiene, **cough etiquette, respiratory hygiene and physical distancing** at all times ^{(1) (5) (6) (7)}
- give the patient a surgical mask and ensure it is put on correctly
- direct them to a single room, whether or not respiratory symptoms are present
 - If a single room is unavailable, designate an area separate from other patient areas for assessment of suspected or confirmed COVID-19 patients
- consider testing the patient for COVID-19 (if this hasn't been done already)
- limit exposure to necessary staff only ^{(5) (7)}
- avoid aerosol generating procedures (AGPs), if possible. ^{(5) (7)}

2. Transmission-based precautions for care of patients with suspected or confirmed COVID-19

In addition to standard precautions, use transmission-based precautions to care for suspected or confirmed COVID-19 cases:

- **use contact³ and droplet⁴ precautions** for clinical consultation and physical examinations
- **observe contact and airborne⁵ precautions** if performing an AGP.

It's unlikely that AGPs will be required in non-inpatient settings, except in an emergency. For examples of AGPs see:

- [Guidance on the use of personal protective equipment \(PPE\) in hospitals during the COVID-19 outbreak.](#)

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

- excreted viral load does not necessarily correlate with clinical condition
- a surgical mask worn by the health care worker, along with other recommended precautions, provides enough protection.
- the patient wearing a mask, if tolerated, provides added protection for others.

2.1 Clinical consultation: patients with suspected or confirmed COVID-19

If you're consulting or physically examining patients in non-inpatient settings, who are suspected or confirmed cases of COVID-19:

- ask the patient to wear a surgical mask when they present to a health care setting or when a health care worker enters their home ^{(5) (6) (7)}
- conduct the consultation in a well-ventilated single room, or in a physically separate area designated for suspected COVID-19 cases ^{(4) (5)}
- perform hand hygiene before putting on long sleeved gown, surgical mask, eye protection for example safety glasses or face shield, and gloves⁶ ^{(5) (6) (7)}

³ See: [Approach 1 – contact standard precautions](#)

⁴ See: [Approach 2 – droplet standard precautions](#)

⁵ See: [Approach 1 – airborne standard precautions](#)

⁶ Vinyl gloves are not recommended for the clinical care of patients in the context of COVID-19. Powder-free latex or nitrile gloves are accepted as superior in clinical care and are less likely to be breached compared with vinyl gloves. Gloves should be selected and worn in line with the [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\)](#).

- after you've completed the physical examination, collect specimen(s) for diagnosis of COVID-19 or other indications. Do this during the consultation, or refer the patient to a pathology collection centre.
 - Ask the patient to remove the mask during respiratory specimen collection. Instruct the patient to do this carefully, without touching the front of the mask or other objects or surfaces. Ask the patient to hold the mask while you're collecting the specimen. Then ask the patient to put the mask back on and perform hand hygiene before touching any surfaces or objects in the room.
 - Ask the patient to wear the mask until they leave the premises and to continue to observe cough etiquette/respiratory hygiene.

Removal of PPE ^{(2) (3)}

- At the end of a specimen collection session:
 - remove gloves, perform hand hygiene
 - remove gown, perform hand hygiene
 - remove eye protection without touching the front, perform hand hygiene
 - remove mask, without touching the front, perform hand hygiene.

Environmental hygiene ^{(3) (4)}

- In addition to routine cleaning, wipe frequently touched surfaces after every patient with detergent/disinfectant wipes or a detergent/disinfectant product. Use a disposable cloth.
- Immediately clean / disinfect any contaminated or visibly soiled surface.

The [Department of Health](#) website has more Information on environmental cleaning and disinfection for health and residential care facilities.

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

Precautions for diagnostic specimen collection

If you're collecting a specimen in a clinic, drive-through centre or pathology collection centre—and that is the only procedure required:.

- perform hand hygiene ^{(5) (6) (7)}
- use gloves, gown, surgical mask and eye protection ^{(5) (6) (7)}:
 - remove gloves and perform hand hygiene after each patient
 - put on new gloves before the next patient
 - wear eye protection during consecutive patients' specimen collections in the same location

- if you are wearing a face shield that is reusable, clean it with a detergent/disinfectant wipe in between uses by the same staff member.⁷
- if surgical masks are in short supply, you can use masks for up to four hours during consecutive patients' specimen collections in the same location ⁽⁵⁾
 - discard the mask if it becomes wet or contaminated and when you leave the specimen collection area ⁽⁵⁾
 - do not touch the mask while you're wearing it. If you do touch the front of the mask, remove and discard it, perform hand hygiene and put on a new one ^{(5) (7)}
- you can wear a gown to collect specimens from more than one patient in the same location for a whole session
 - if it becomes visibly contaminated, you must change it ⁵
 - remove the gown when you leave the immediate area to avoid contaminating other environments. ⁵
- If you need to collect a sputum sample from a patient with a productive cough:
 - ask the patient to stand about two metres away and turn aside before they cough into the specimen container OR
 - ask the patient to go outside or into another room to produce the specimen.
- If you need to collect a specimen with an AGP, for example sputum induction, you should wear a PFR⁽⁴⁾.

Reduce the risk of exposure during specimen collection

If you can't maintain physical distancing, follow these precautions to reduce the risk of exposure to respiratory droplets:

- stand slightly to the side of the patient to avoid exposure to respiratory secretions if the patient coughs or sneezes
- encourage the patient to maintain a slow breathing pattern and not hold their breath, to reduce the likelihood of gagging
- the patient can self-collect a nasal swab, with appropriate supervision.

The *PHLN guidance on laboratory testing for SARS-CoV-2 (the virus that causes COVID-19)* provides a detailed description of specimen collection methods for diagnosis of COVID-19⁸.

PPE for laboratory staff in areas of community transmission

In areas of community transmission, where state authorities require health care workers to wear masks, laboratory staff should follow the same requirements.

⁷ See [ICEG guidelines on cleaning and disinfection of protective eyewear in health and residential care facilities](#).

⁸ See [Public Health Laboratory Network Publications](#)

Where can I get more information?

For the latest advice, information and resources:

- go to the [Australian Government Department of Health website](#).
- call the National Coronavirus Health Information Line on 1800 020 080. The line operates 24 hours a day, seven days a week. If you need translating or interpreting services, call 131 450
- the telephone number of your state or territory public health agency is available on the Department of Health's coronavirus [page](#).

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