

Coronavirus disease 2019 (COVID-19) – A guide to the conventional use of PPE, 31 July 2020

Conventional use of PPE

The following guide outlines the appropriate use of personal protective equipment (PPE) for the Victorian health sector during the Coronavirus 2019 (COVID-19) pandemic response. Standardising the use of PPE will ensure that health care workers are protected from infection whilst ensuring PPE is not inappropriately used during a time where worldwide demand for PPE is placing strain on supply chains. Whilst this advice is for the health care sector, it can be used to inform any local policy.

Table 1 outlines the recommended PPE for health care workers who are in direct contact with a person who is: assessed as low or no risk for COVID-19; or is confirmed or suspected of having COVID-19 or is in quarantine.

Table 2 provides further guidance to assist in clarifying the required PPE for common circumstances.

Please note that other infectious diseases requiring PPE as part of transmission-based precautions are not addressed in this document.

This guidance will be regularly reviewed and updated as required.

Associated documents

This document should be read in conjunction with the following documents:

- Coronavirus 2019 (COVID-19) PPE and levels of protection
- COVID-19 Infection Prevention and Control Guideline



Table 1: Conventional use

Due to the current high prevalence of COVID-19 in Victoria and advice regarding the universal use of masks in the community. Tier 0 is currently not applicable

TIER	For use in	Hand hygiene	Disposable gloves	Level 1 gown and plastic apron	Disposable gown	Surgical mask	P2 / N95 respirator ¹	Eye protection
Standard	For people assessed as low risk or no risk for COVID-19, that is, they do not meet the clinical criteria for COVID-19		As per standard precautions	As per standard precautions	As per standard precautions	As per standard precautions		As per standard precautions
Tier 1 – Area of higher clinical risk	In areas where the person is NOT suspected ³ or confirmed to have COVID-19	\	As per standard precautions	As per standard precautions	As per standard precautions	Minimum Level 1	×	
Tier 2 – Droplet and contact precautions	Limited contact, for a short duration, in a controlled environment with a person who is suspected ³ or confirmed to have COVID-19.	~	~		Level 2, 3 or 4	Level 2 or 3	×	\
Tier 3 – Airborne and contact precautions and Aerosol Generating Procedures	 Undertaking an AGP⁴ on a person: with suspected³ or confirmed COVID-19;. Settings with high numbers of suspected³ or confirmed COVID positive patients Uncontrolled settings where persons with suspected³ or confirmed COVID-19 are treated, where there is a need for frequent PPE changes, or there is risk of unplanned AGPs or aerosol generating behaviours⁵. 			X	Level 2, 3 or 4	×	<u> </u>	<u> </u>

¹ Fit-check P2/N95 mask with each use. For information on P2/N95 respirators/masks go to https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19
² For information on standard precautions and hand hygiene, see https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines/standard-additional-precautions

³ Suspected includes person in guarantine or where a history cannot be obtained.

⁴ AGPs = aerosol-generating procedures. Examples include: bronchoscopy, tracheal intubation, non-invasive ventilation (e.g. BiPAP, CPAP), high flow nasal oxygen therapy, manual ventilation before intubation, intubation, cardiopulmonary resuscitation, suctioning, sputum induction, nebuliser use (nebulisers should be discouraged and alternatives considered such as a spacer). See the COVID-19 Infection prevention and control guideline at https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19

⁵ Aerosol generating behaviour = screaming, shouting, crying out, vomiting

Table 2: Conventional use – contextual guide

Due to the current high prevalence of COVID-19 in Victoria and advice regarding the universal use of masks in the community, Tier 0 is currently not applicable

TIER	For use in	Further context – examples
Tier 0* – Standard precautions	For patients assessed as low or no risk for COVID-19, that is, they do not meet the clinical criteria for COVID-19	 Health care workers may require gloves, surgical face mask, gown/apron or eye protection where there is a risk of exposure to or splashes from blood or body fluids. Staff performing an AGP on a person identified as low or no risk of COVID-19 may choose to wear a surgical face mask, gown/apron and eye protection as part of standard precautions.
Tier 1 – Area of higher clinical risk	In areas where the person is NOT suspected ³ or confirmed to have COVID-19	Staff not involved in the direct care of COVID-19 patients
Tier 2 – Droplet and contact precautions	Limited contact, for a short duration, in a controlled environment with a person who is suspected ³ or confirmed to have COVID-19.	 COVID-19 testing in hospital or community - nasopharyngeal and oropharyngeal swab, sputum (not induced), nasal wash/aspirate Patient transfer within a facility of a confirmed or suspected COVID-19 cases Cleaning and disinfection of room where there has been no AGP performed or if 30 mins has elapsed since the AGP Staff at ambulance arrival and handover areas where the patient is confirmed or suspected of having COVID-19 Handling deceased persons with confirmed/ suspected COVID-19 Family members and visitors to a person with COVID-19 at a hospital Health care worker transporting suspected COVID-19 patients in ambulance
Tier 3 – Airborne and contact precautions and Aerosol Generating Procedures	 Undertaking an AGP⁴ on a person: with suspected³ or confirmed COVID-19. Settings with high numbers of suspected³ or confirmed COVID positive patients Uncontrolled settings where persons with suspected³ or confirmed COVID-19 are treated, where there is a need for frequent PPE changes, or there is risk of unplanned AGPs or aerosol generating behaviours⁵. 	 Health care workers in dedicated COVID-19 wards (even if treating suspected covid-19 patients) Health care workers in areas within Emergency Departments or Urgent Care Centres where suspected or confirmed COVID-19 patients are being treated Health care workers within an open intensive care unit (if suspected and/or confirmed patients are present) Health care workers within an intensive care unit pod/room (if a suspected or confirmed COVID-19 case is being treated Health care workers in aged care services (if there is a suspected and or confirmed COVID-19 patient within the service). Health care worker providing prolonged disability support (if there is a suspected and or confirmed COVID-19 patient within the service Cleaning and disinfection of a room where there has been an AGP performed within the previous 30 mins

References

- Coronavirus disease 2019 (COVID-19), Case and contact management guidelines for health services and general practitioners (DHHS), https://www.dhhs.vic.gov.au/coronavirus-case-and-contact-management-guidelines-health-services-and-general-practitioners
- Coronavirus disease 2019 (COVID-19) Healthcare worker PPE guidance (DHHS), https://www.dhhs.vic.gov.au/personal-protective-equipment-ppe-covid-19