

Coronavirus (COVID-19)

Personal Protective Equipment guidance

Last updated: 25 March 2020

Important information about protecting yourself during coronavirus (COVID-19)

During the coronavirus (COVID-19) pandemic, the Victorian Department of Health and Human Services will regularly update its Personal Protective Equipment (PPE) guidance as new evidence becomes available.

To find out general information about coronavirus (COVID-19) visit www.coronavirus.vic.gov.au

What should you do if you feel unwell?

Only go to work if you are well. Prior to going to work each day, you should consider whether or not you feel unwell and take your own temperature.

You are required to report to your manager if you have the following symptoms prior to starting work or at any time while at work:

- fever; or
- symptoms of acute respiratory infection (for example, shortness of breath, cough, sore throat, nasal congestion).

Some health services may require you to be screened (temperature and/or symptom check) on site prior to starting work.

What PPE do you require during coronavirus (COVID-19)?

All healthcare workers in high-risk areas – intensive care units (ICU), emergency departments (ED), Coronavirus (COVID-19) wards, and acute respiratory assessment clinics – are to wear surgical masks and disposable gloves for **all patient interactions**. This is in addition to hand hygiene before and after glove use.

Unless damp or soiled, a surgical mask may be worn for the duration of a clinic or shift of up to four hours.

Masks and gloves are to be removed for breaks and then replaced.

What PPE do you require for a suspected or confirmed coronavirus (COVID-19) case?

Droplet and contact precautions need to be in place while you are caring for a suspected **or** confirmed coronavirus (COVID-19) case, including during initial triaging. This includes:

- surgical mask
- eye protection (for example, safety glasses/goggles or face shield. Note: prescription glasses are not sufficient protection.)
- long-sleeved gown
- gloves (non-sterile)

If the gown is disposable and soiled, take it off and dispose of it. If the gown is reusable (non-disposable), take it off and get it reprocessed.

Masks, gloves and gowns are not to be worn outside of patient care areas (for example, between wards, break room, reception area) and are to be removed before proceeding to care for patients that are not isolated for coronavirus (COVID-19).

What PPE do you require during an aerosol generating procedure (AGP)?

Airborne and contact precautions should be used routinely for AGPs regardless of coronavirus (COVID-19) status.

Examples of AGPs include:

- Bronchoscopy
- ENT endoscopy and procedures
- ophthalmology
- intubation and manual ventilation before intubation
- non-invasive respiratory support (for example, BiPAP, CPAP, high flow nasal O₂)
- cardiopulmonary resuscitation (If necessary, first responders should commence compressions with droplet precautions until staff with airborne precautions are in place)
- suctioning
- nebuliser use (Nebulisers should be discouraged and alternative administration devices such as a spacer should be used).

The following PPE is to be used for AGPs:

- P2/N95 respirator (mask) – fit-check with each use
- eye protection (for example, safety glasses/goggles or face shield)
- long-sleeved gown
- gloves (non-sterile)

Total head covering is not required.

P2/N95 masks should be:

- **Discarded** and **replaced** if contaminated with blood or bodily fluids
- **Discarded** following the AGP
- **Replaced** if it becomes hard to breathe through or if the mask no longer conforms to the face or loses its shape
- **Removed** outside of patient care areas (e.g. between wards, break room, reception area) and are to be removed before proceeding to care for patients that are not isolated for coronavirus (COVID-19).

What physical distancing measures do you need to adhere to?

Physical distancing is to be practiced within clinics and wards, between staff and patients, and between staff and staff. This includes:

- waiting room chairs separated by at least 1.5 metres
- direct interactions between staff conducted at a distance
- staff and patients to remain at least 1.5 metres apart with the exception of clinical examinations and procedures
- hospital cafeterias may only provide takeaways.

Using your mobile phone at work

We touch our phones as much as we touch our faces. Your mobile phone may be dirty, so please:

- ensure mobile phones are cleaned regularly with disinfectant wipes
- ensure hands are cleaned before and after using mobile phone
- do not answer mobile phones when you are wearing PPE
- consider placing your mobile phone in a clear sealed bag at the commencement of each shift and discarding the bag prior to going home as an additional precaution.

Looking after yourself when wearing PPE

It is important that you look after yourself during this time of increased use of PPE. Ensure that upon removal of PPE you remember to hydrate yourself, practice hand hygiene and avoid touching your face. You should also consider regular application of hand cream and ensure you wear non-latex gloves if you need them.

How should high-risk patients be triaged and managed on arrival to hospital?

A patient is considered high risk if:

- presenting with acute respiratory tract infection
- presenting with fever (≥ 37.5 degrees), without another immediately apparent cause (e.g. UTI or cellulitis)
- they have travelled overseas and have onset of symptoms within 14 days of return
- they have been in close contact with a confirmed coronavirus (COVID-19) case with onset of symptoms within 14 days
- they are a confirmed coronavirus (COVID-19) case.

Arrival to hospital and triage

Upon arrival to the emergency department, patients assessed as high risk should be triaged to a separate isolated section of the waiting area away from the general public and provided with a surgical mask. Screening clinics can support the management of high-risk patients if they are in place at the health service. All staff at triage points and screening clinics should be wearing PPE required for suspected or confirmed cases of coronavirus (COVID-19).

Ambulance triage

Patients assessed as high-risk and arriving by ambulance should be triaged to an isolation section of the waiting area away from the general public and be provided with a surgical mask as appropriate. For patients who cannot go to the waiting area (for example, stretcher, ongoing clinical care), they should remain in the ambulance vehicle until their triage and cubicle allocation is completed. Once allocated, the patient should move directly from the ambulance to the cubicle, and not stop in the corridors.

Emergency department admissions

A dedicated floor plan should be established that clearly designates areas assigned for high-risk patients within the emergency department. If able, rostering of staff to these areas to support the separation and resourceful use of PPEs should be considered. For staff working directly in the area of suspected or confirmed cases of coronavirus

(COVID-19), PPE should be worn accordingly. Designated areas for donning and removing PPE should be in place.

Patient transfers

Should high-risk patients need to be moved outside of the initial isolation section, they should be transferred using a route that minimises contact with the general hospital population including clinicians (for example, dedicated lift service, external path). Staff involved in patient transfer should wear PPE required for suspected or confirmed cases of coronavirus (COVID-19). Physical distancing rules apply during all stages of the transfer.

Prioritising PPE for health care workers

To ensure that surgical masks are available to protect health workers and for patients presenting with suspected coronavirus (COVID-19) the following strategies are recommended:

Surgical masks

- Prioritise use to frontline staff (ICU, ED, coronavirus (COVID-19) wards, acute respiratory assessment clinics and theatre) until sufficient stocks are reliably available for all staff
- Surgical mask supplies are to be stored in secure areas or supervised by a staff member and not accessible to patients
- Unless moist or soiled, a surgical mask can be worn for the duration of a clinic shift (3.5 hours) or for 4 hours during a nursing/midwifery/allied health shift.

General PPE

- Substitutions that may be considered include:
 - plastic apron instead of a long-sleeved disposable gown where appropriate
 - full-face shield instead of a surgical mask for situations that are appropriate.
- PPE training should use expired PPE stock only (if available)

Where can I find out more information?

For Victorian updates to the current incident, go to: www.coronavirus.vic.gov.au

For national updates: health.gov.au/news/latest-information-about-novel-coronavirus

For international updates: who.int/emergencies/novel-coronavirus

WHO resources who.int/health-topics/coronavirus