



Personal Protective Equipment (PPE): specific recommendations for COVID-19

v7

OFFICIAL

Revision history

Version	Date	Changes
7	17 November 2022	Reformat and restructure. Tier language removed. Gown and glove use recommended as per standard precautions; when risk of contamination from blood and body fluid, including respiratory secretions. Re-named from 'COVID-19 - A Guide to the Conventional Use of Personal Protective Equipment (PPE)'. Removal of reference to pandemic orders.
6.1	7 March 2022	Physical distance corrected in footnote 3 under table 1; Reference to five moments of hand hygiene added under table 2; Addition of pandemic orders row at top of table 3. Tier 2 Clinical interactions with more than 1.5m physical distance added to the context; Tier 2 social work deleted as non-clinical example.
6	6 January 2022	Major review. Tier 2 has been amended to reflect Airborne precautions
5	29 July 2021	Updated to align eye protection advice with the Victorian Health Service Guidance and Response to COVID-19 Risks (VHSGR) and to amend the High Risk Suspected (SCOVID) definition
4	7 July 2021	Updated to align with the Victorian Health Service Guidance and Response to COVID-19 Risks (VSHGR) https://www.dhhs.vic.gov.au/victorian-health-service-guidance-and-response-covid-19-risks
3	22 February 2021	Update to reflect the increased risks of COVID-19 transmission.
2	14 February 2021	Update to reflect the increased risks of COVID-19 transmission.
1	3 February 2021	The guidance has been updated to clarify which patients/clients are considered high-risk suspected cases of coronavirus (COVID-19) in the current setting in Victoria.

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Background

The following guide outlines the minimum PPE for the Victorian health sector during the COVID-19 pandemic response. PPE is a critical part of infection prevention and control. However, PPE should be considered the last line of defence within a broader 'hierarchy of controls' framework, which includes minimisation of risk through the implementation of administrative and engineering controls and other interventions in combination with appropriate PPE. Guidance on the Hierarchy of controls and the infection control strategies to prevent COVID-19 transmission is available in the [COVID-19 Infection Control Guidelines](https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19) <<https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19>>.

COVID-19 is predominantly transmitted via inhalation of aerosols that can be short range or long-range transmission. Transmission via direct contact of infectious material or fomites onto mucus membranes is possible but not common.

The term patient is used inclusively to refer to consumers of health care services (such as, patients, residents, customers, clients, and guests) in healthcare, residential aged care homes, supported residential settings, primary and community care settings and clinics.

Scope

This guidance is written to provide the minimum PPE for the protection of healthcare workers caring for patients with suspected or confirmed COVID-19. **This guideline is specific to the context of COVID-19. Other infectious diseases that require transmission-based precautions are not addressed in this document.**

This guidance does not address specific organisational public health instructions such as the use of respiratory protection (P2 / N95 respirators) by HCW's in general wards and non-COVID-19 specific settings.

This document provides guidance on the use of PPE by health care workers working in health care settings. This may include in hospitals, non-inpatient settings, managed quarantine, residential care facilities, COVID-19 testing clinics, in-home care and other environments where clinical care is provided.

Principles from this advice should be implemented in other health settings including primary and community health services, home, and other community care settings. Information to support the implementation of this guidance in other settings is available at

- Primary care and community settings including care facilities for people with disability: [Guidance for the conventional use of PPE in primary care and community settings](https://www.health.vic.gov.au/personal-protective-equipment-ppe-community-service-providers-prevention-covid-19-doc)
<<https://www.health.vic.gov.au/personal-protective-equipment-ppe-community-service-providers-prevention-covid-19-doc>>

Given the diversity across, and within healthcare settings, the selection of PPE may require a nuanced and flexible approach guided by evidence and local risk assessment. This guidance identifies the minimum PPE. Additional PPE may be used, as determined by other risk factors. In addition, where a higher level of protection is preferred by a worker than the organisational policy provides, the organisation will facilitate this protection (i.e. use of an N95/P2 when a surgical mask is provided for).

Health services retain responsibility for assessment and management of environmental risk in higher risk work areas, for example ICU, ED, or outbreak zones including augmented ventilation and the use of respiratory protection by staff that may not be in direct patient contact while in the area.

Exclusions

Non-Clinical Environments: Areas within healthcare facilities that do not have patient or public access, such as offices, administration, human resources, training rooms and staff amenities. Organisational recommendations for mask or respirator use should be guided by the Department of Health information on [Face masks](https://www.coronavirus.vic.gov.au/face-masks) <<https://www.coronavirus.vic.gov.au/face-masks>> and any additional Department of Health guidance as relevant.

Risk not related to patient care: This document does not provide guidance on the use of respirators for protection from non-clinical/non patient related risk, for example, from workers, visitors, or others. Risk management plans and the recommended PPE for workers with personal COVID-19 risk should consider the context of the person, occupation, clinical circumstances, and follow Department of Health guidance as relevant.

Hand hygiene

Hand hygiene must never be compromised when using PPE. Acute healthcare settings must also comply with the 5 moments of hand hygiene.

Hand hygiene must be performed prior to donning.

Hand hygiene must be performed after removing each individual item of PPE during doffing.

COVID-19 PPE implementation guide

All health workers should follow both standard and transmission-based precautions as described in the [Australian Guidelines for the Prevention and Control of Infection in Healthcare](https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-guidelines-prevention-and-control-infection-healthcare).
<<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-guidelines-prevention-and-control-infection-healthcare>>

PPE is used for healthcare worker protection and to prevent onward transmission to others in healthcare facilities.

Standard precautions: protection from anticipated blood or body fluid exposure

Transmission based precautions are used to protect from specific route(s) of transmission including contact, droplet, airborne routes

Routine patient care that does not have identified COVID-19 risk





Follow current organisational policy with reference to jurisdictional guidance (for example, government directions, department of health guidance and health service CEO bulletin guidance), instructing facial protection (for example, surgical masks or respirators) noting that respirators offer higher level protection.

Routine patient care when COVID-19 risk has been identified

The following precautions are recommended for the care of COVID-19 patients including suspected, probable, and confirmed cases, contacts and patients who are recommended to isolate or quarantine.

Patients should wear masks at all times when outside of isolation room (for example, during transfers, procedures, or diagnostics). Noting that respirators offer higher level of source protection.

Table 1 Transmission based precautions and the minimum PPE

PPE recommendations	 Disposable gloves	 Disposable apron/gown	 P2 / N95 respirator	 Eye protection
COVID-19 airborne precautions	SP	SP	✓	✓
<p>Hand hygiene should not be compromised by PPE use</p> <p>SP Standard precautions apply in all settings and all circumstances.</p> <ul style="list-style-type: none"> Gowns and gloves should also be worn in all circumstances when a risk assessment indicates potential for exposure to blood or body fluid including respiratory secretions, for example in symptomatic patients, or particular behaviours / procedures. Long sleeve gowns may offer higher level protection. 				

Considerations when using PPE

PPE should be donned (put on) and doffed (taken off) in a controlled and safe environment to reduce risk of contamination to self, to others, or to environmental surfaces. While doffing PPE it is particularly important to prevent contact between contaminated PPE surfaces and clean surfaces, skin, or clothing. Staff who are not familiar with PPE may require the assistance of a PPE spotter or buddy to monitor and support safe practice.

Staff members who are required to wear respirators should be fit tested and fit checked as part of a respiratory protection program.

Table 2 Standard Sequence for putting on (donning) and taking off (doffing) PPE

Putting on (Donning)	Taking off (Doffing)
<p>Prior to entering room or zone</p> <ol style="list-style-type: none"> 1 Gown 2 Mask or respirator* 3 Eye protection 4 Gloves 	<p>Hand hygiene must be performed after removing of each item of PPE when doffing, with particular attention after the removal of eye protection and face masks or respirators.</p> <ol style="list-style-type: none"> 1 Gloves* 2 Gown 3 Eye protection 4 Mask/ Respirator (must not be taken off inside the isolation room)
<p>* If an existing mask or respirator requires replacement during a donning sequence, this should be performed as the first step during donning.</p>	<p>*Gloves and gown may be removed together in a 1 step method or as 2 separate steps.</p>

For further information on donning and doffing refer to [Position Statement: Standard sequence for putting on \(donning\) and taking off \(doffing\) personal protective equipment \(PPE\)](https://www.health.vic.gov.au/standard-sequence-putting-on-taking-off-ppe-covid-19-doc)

<<https://www.health.vic.gov.au/standard-sequence-putting-on-taking-off-ppe-covid-19-doc>>

Table 3 Definitions

Term	Intended meaning including (but not limited to) listed examples
Bed zone	In residential care settings and inpatient settings, the bed zone includes surfaces and equipment such as the bed, bed side chair, bedside locker and any equipment or devices attached to the patient i.e., Items that are usually positioned within 1.5m of the patient.
Clinical care/ clinical interaction <i>with close patient contact</i>	Includes clinical or social care provided to patients in all settings; as well as cleaning, food delivery and other services provided in clinical settings. The interaction is within the bed zone (with or without physical contact), has physical patient contact, and/or physical contact with surfaces in bed zone. Examples include, but are not limited to, clinical care, medical treatment, nursing care, personal care, allied health services, meal delivery, and room cleaning services.
<i>without close patient contact</i>	The interaction is not within the bed zone The interaction does not involve physical contact with the patient or with surfaces in the patient bed zone.
Community settings	Settings that are not within an acute hospital or health clinic. Examples include, but are not limited to, outpatient clinics, home based nursing services, district nursing, HITH, mental health services and maternal and child health services.
COVID-19 patient	The person receiving care is a suspected, probable or confirmed COVID-19 case, is a contact, or is currently required to quarantine. Refer to the case definitions in Case, contact and outbreak management policy for COVID-19 < https://www.health.vic.gov.au/covid-19/case-contact-and-outbreak-management-policy >.

COVID-19 setting	A COVID treatment room, patient room, ward or streaming area or areas with an active outbreak.
Isolation <i>single room</i>	The separation and care of a person with an infectious condition using transmission-based precautions in a single room with a bathroom that is not shared. Where possible, equipment is dedicated for this patient use. Any shared equipment must be cleaned and disinfected before use on the next patient.
<i>cohort</i>	The separation and care of multiple people with the same infectious condition in a shared room. In proportion to the number of cases the cohort area may be a room, corridor/wing, ward, floor, or an entire building.
Non-clinical interaction	Role or interaction is not patient facing (for example, finance or human resources). Public facing roles and interactions (for example, reception, administration) that do not have patient contact
Non COVID-19 patient	The person receiving care is not a confirmed or suspected COVID-19 case, not a contact, or is not currently required to quarantine.
Resident room	Including bedrooms in residential aged care homes or disability houses.
Standard precautions and transmission-based precautions	Refer to Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) Section 3.1 Standard and transmission based precautions <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019#block-views-block-file-attachments-content-block-1>
Zones and zoning	Acute care – See Creating coronavirus (COVID-19) zones in acute care <https://www.health.vic.gov.au/creating-coronavirus-zones-acute-care-covid-19-doc> Residential aged care – See Creating COVID-19 zones in residential aged care facilities <https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19>

Associated documents

This document should be read with reference to the following documents:

- [COVID-19 Infection Prevention and Control Guidelines](https://www.health.vic.gov.au/covid-19-infection-control-guidelines) <https://www.health.vic.gov.au/covid-19-infection-control-guidelines>
- [Standard sequence for putting on \(donning\) and taking off \(doffing\) personal protective equipment \(PPE\)](https://www.health.vic.gov.au/standard-sequence-putting-on-taking-off-ppe-covid-19-doc) <https://www.health.vic.gov.au/standard-sequence-putting-on-taking-off-ppe-covid-19-doc>
- Additional PPE resources, including guidelines, fact sheets and posters are available at [Infection prevention control resources - COVID-19](https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19) under the PPE tab. <https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19>

References

Department of Health, Victoria Coronavirus disease 2019 (COVID-19), [Case and contact management guidelines for health services and general practitioners](https://www.dhhs.vic.gov.au/coronavirus-case-and-contact-management-guidelines-health-services-and-general-practitioners) <<https://www.dhhs.vic.gov.au/coronavirus-case-and-contact-management-guidelines-health-services-and-general-practitioners>>

Infection Control Expert Group [Guidance on the use of personal protective equipment \(PPE\) for health care workers in the context of COVID-19](https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19), June 2021 <<https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19>>

National Health and Medical Research Council in collaboration with the Australian Commission on Safety and Quality in Healthcare [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\)](https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-guidelines-prevention-and-control-infection-healthcare) V11.2 3/8/22 <<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-guidelines-prevention-and-control-infection-healthcare>>

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne. © State of Victoria, Australia, Department of Health, November 2022.

Available at [Infection prevention control resources](https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19) <<https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19>>.