

Pandemic response guidance

Escalation of personal protective equipment usage in healthcare delivery, community health and care services, in-home care settings, and for healthcare delivery in correctional services version 3.1 18 March 2022

Background

The recommendations on escalation of personal protective equipment (PPE) contained in this guidance are based on currently available information about COVID-19.

The decision to escalate PPE use, outside of caring for a confirmed, **probable** or suspected case, is based on assessment of the risk of unexpected COVID-19 infection in clients/patients¹, or workers because of community transmission. The escalation of PPE aims to minimise the risk for acquisition of COVID-19 infection by workers², clients, and visitors. In addition to infected clients, workers are at risk for acquisition of SARS-CoV-2 from infected co-workers and visitors.

Scope

This guidance applies to healthcare settings, community health and care services, in-home care settings, and healthcare delivery in correctional services.

General practices are encouraged to apply the PPE recommendations in accordance with **Table 3 Healthcare settings**.

Please note that the Chief Health Officer [Residential Aged Care Direction](#) prevails when providing care in this setting.

Related directions and guidance

This document should be read in conjunction with:

- Chief Health Officer [Public Health Directions](#).
- [Queensland Health infection prevention and control guidelines for the management of COVID-19 in healthcare settings](#).
- Queensland Health: [Conserving personal protective equipment](#)
- Infection Control Expert Group [Guidance on the use of personal protective equipment for healthcare workers in the context of COVID-19](#),
- Infection Control Expert Group [Minimising the risk of infectious respiratory disease transmission in the context of COVID-19: the hierarchy of controls](#).
- The Communicable Disease Network of Australia [National guidelines for Public Health Units](#), and
- Other advice provided by Queensland Health as part of the COVID-19 response.

To avoid doubt, a current public health directive/s prevails should there be any conflict between these guidelines and that directive.

¹ Clients. As this guidance applies broadly across a number of settings, the term “clients” has been chosen to indicate clients, patients, inmates of correctional centres, clients of community corrections

² Workers: includes employees, contractors, volunteers and students

Decision for escalation of PPE

This guidance refers to three PPE escalation levels: low risk, moderate risk and high risk. [The PPE escalation levels outline the recommended PPE corresponding with the level of risk of unexpected exposure to COVID-19 infection in clients or workers.](#)

Change of escalation level will be informed by direction from the Chief Health Officer and the State Health Emergency Coordination Centre, considering the risk of community and setting-specific transmission. These risk determinations can be localised (for example, in the event of a local outbreak or cluster of COVID-19), regional or state-wide. They may also be selectively applied to a particular clinical area, e.g., emergency departments or fever clinics.

[The latest updates on PPE escalation levels can be found here:](#)

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novel-coronavirus-qld-clinicians/personal-protective-equipment-ppe>

Within Queensland Health, Hospital and Health Services are responsible for initiating the PPE requirements listed for moderate risk PPE escalation level. This should be done when restricted Local Government Areas are declared in accordance with the Chief Health Officer's [Public Health Directions](#) within the relevant geographic area.

The Chief Health Officer will advise when to apply the high-risk PPE escalation requirements.

Ongoing clinical risk assessment of individual clients should occur in all care settings in order to inform the most appropriate PPE required for specific clinical and non-clinical interactions. The Infection Control Expert Group [Guidance on the use of personal protective equipment for healthcare workers in the context of COVID-19](#) provides factors to consider when conducting a risk assessment in the context of COVID-19.

The tables in appendix 1, 2 and 3 outline the recommended use of PPE for each escalation level:

- Table 1 provides recommendations for PPE escalation in [community health services and in-home care settings](#)
- Table 2 provides recommendations for PPE escalation in [healthcare delivery in correctional services](#)
- Table 3 provides recommendations for PPE escalation in [healthcare settings](#)

Recommendations for assessing client risk

General considerations

In accordance with the Infection Control Expert Group [Minimising the risk of infectious respiratory disease transmission in the context of COVID-19: the hierarchy of controls](#) and the Infection Control Expert Group [Guidance on the use of personal protective equipment for healthcare workers in the context of COVID-19](#) an assessment of risk of transmission of COVID-19 to workers should be undertaken when providing direct care to clients. The assessment of risk of transmission should consider the following:

- the individual client's pre-existing likelihood of COVID-19
- client factors
- physical location of care.

When the risk is unknown, is yet to be assessed, or is unable to be assessed, a patient should be managed as a suspected COVID-19 case.

Workers in less controlled settings such as fever/testing clinics and triage settings in Emergency Departments should consider the use of P2/N95 respirators in addition to other PPE when having face to face contact or providing direct patient care. This should particularly apply when the risk of unexpected COVID-19 infections in the community is increased. This is because the ability to conduct

an individual risk assessment prior to having contact with patients may be constrained in these settings. Such environments may be less controlled with multiple patients with symptoms consistent with COVID-19 requiring review and testing concurrently.

Client risk categories

Client/patient risk categories in tables 1,2, and 3 are based on the combination of the presence / absence of clinical and epidemiological evidence of COVID-19 adapted from The Communicable Disease Network of Australia [COVID-19 National guidelines for Public Health Units](#)

Clinical Evidence of COVID-19

In the last 14 days:

- Fever (≥ 37.5 °C) or history of fever (e.g., night sweats, chills)
- Acute respiratory infection (e.g., cough, shortness of breath, sore throat)
- Loss of smell or loss of taste
- Other symptoms may include headache, myalgia, fatigue, runny nose, acute blocked nose (congestion), muscle pain, joint pain, diarrhoea, nausea/vomiting, loss of appetite

Clinical judgement should be applied where there are alternative clinical explanations for symptoms or non-specific symptoms are present.

Epidemiological evidence

Client is subject to quarantine requirements.

Refer to the current version of the [Communicable Diseases Network Australia COVID-19 National Guidelines for Public Health Units](#) (The CDNA COVID-19 SoNG) and relevant [Queensland Chief Health Officer public health directions](#) for current quarantine requirements.

Use of P2/N95 respirators and surgical masks

In accordance with the recommendations in the Queensland Health [Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings](#) the following recommendations are to be followed:

- Respirators and masks should be changed when they become damaged, soiled or wet.
- Respirators and masks should never be reapplied after they have been removed.
- Respirators and masks should not be left dangling around the neck.
- Avoid touching/adjusting the front of the respirator or mask while wearing it.
- Hand hygiene should be performed upon touching or discarding a used respirator or mask.
- Respirators and masks need to be removed for eating and drinking and this is permitted, necessary and safe. It is important to limit the duration that the mask is removed to help minimise any potential risk of exposure. Staff must maintain physical distancing when on meal breaks.
- Staff must dispose of used respirators and masks in waste receptacles as soon as they are removed.
- Plan for the need to replace the discarded mask and have a new mask ready to apply.

Please refer to the Queensland Health guidance document [Fit testing of P2/N95 respirators in respiratory protection programs](#) for detailed information regarding fit testing requirements for P2/N95 respirators.

Powered Air Purifying Respirators (PAPRs)

There are circumstances where use of a PAPR may be considered in place of a P2/N95 respirator e.g.:

- when prolonged use of airborne PPE is indicated e.g., prolonged bedside care in ICU or care of cohorted patients on a ward or in the emergency department;
- staff who have failed fit tests on available disposable Particulate Filtration Respirators (PFRs) e.g., P2/N95s.

Please refer to relevant local guidelines and the [Queensland Health CleanSpace HALO guidance](#) for detailed information on use, reprocessing and maintenance of these devices. The decision to use PAPRs is made at a local level following a risk-based assessment.

Continuous surgical mask use

Continuous surgical mask use is not required by workers and clients during periods of **low risk of community transmission of COVID-19**.

Continuous surgical mask use is required for workers **during periods of moderate and high risk of community transmission of COVID-19**, to reduce the risk of transmission of COVID-19 between workers and clients, and amongst workers (who may be asymptomatic but infectious, especially early in the course of illness).

Workers who directly work with clients and/or in common workspaces will be required to continuously wear a surgical mask in client care areas and common areas throughout the entire shift during periods of moderate and high risk of community transmission of COVID-19. Workers who generally work alone in their own office will be required to wear a mask when outside of their office and in accordance with Chief Health Officer [Public Health Directions](#).

Surgical masks are designed to be worn for extended periods of time. They are generally well tolerated on the face. It is likely that a worker will remove or change a mask for reasons such as eating or drinking, taking a toilet break, or leaving the client care area before the integrity/effectiveness of the mask is compromised.

Additional considerations for community health services and in-home care settings

Community health service - A facility-based service that delivers care but does not provide overnight support.

In-home care setting - Care that is delivered within a client's permanent or temporary residence.

Safe fitting and removal of PPE for home visiting services

Strict adherence to [safe fitting and removal of PPE](#) is crucial.

For home visiting services, fitting (donning) should occur prior to entry of the premises and removal (doffing) should occur immediately after leaving the premises/residence with all equipment placed in a sealed bag for transport and disposal (also see Correct use of PPE).

Ensure that hand hygiene is performed before fitting PPE and upon removal of each item of PPE as per [safe fitting and removal of PPE](#).

Staff wearing masks

The use of surgical masks when providing care to people at increased risk of severe illness/adverse outcomes and those with disabilities can sometimes cause additional problems. If the client gets or is likely to get distressed, alarmed or violent because the staff member is wearing a surgical mask or has communication difficulties such as reliance on lip reading, staff may need to consider alternative options after discussion with the client and/or carer/appointed substitute decision makers. A risk assessment must be conducted prior to considering/implementing alternative options (refer to risk

assessment in the Infection Control Expert Group [Guidance on the use of personal protective equipment for healthcare workers in the context of COVID-19](#)). Alternative options may include, for example, discussing with the client/resident first from a distance greater than 1.5 metres, or using social stories to explain and reassure them, prior to putting on the surgical mask to assist them. Employing strategies to socialise surgical mask use now is essential so clients are familiar with them in the event of an outbreak where masks will be essential for the safety of both clients and staff.

For **very limited and rare circumstances** where essential care/support is required and communicating to the client without a surgical mask from a distance of greater than 1.5 metre is not a viable alternative strategy the option of a face shield instead of a surgical mask may be considered but only where:

- the client has not tested COVID-19 positive,
- the client displays no symptoms of COVID-19,
- there is not a person in the home/care setting that is confirmed/probable or awaiting COVID-19 results, and
- the client is not identified as a close contact of a case of COVID-19.

Such an approach should only be considered where it does not conflict with current Chief Health Officer [Public Health Directions](#). In addition, staff should be aware of the lack of data showing that face shields alone prevent transmission of COVID-19 and they may not offer the same level of protection as a surgical mask.

A person's use of PPE should not create any serious risk to that person's life or health and safety, including if determined through work Occupational Health and Safety guidelines.

Clients wearing masks

Clients at increased risk of severe illness and adverse outcomes should not be required to wear a mask if:

- they are affected by a medical condition, mental health condition or disability that may be exacerbated or made worse in any way by wearing a mask, and/or
- it is important to be able to see their mouth for communication.

Where this is applicable, PPE should be worn by the healthcare/support worker and by other people in the vicinity of the person at increased risk of severe illness and adverse outcomes. Hand hygiene and environmental cleaning should also be conducted to reduce transmission risk for the person unable to wear a mask.

Considerations for correctional centres – primary protection measures

In response to the COVID-19 pandemic several protection measures have been put in place in correctional centres to reduce the risk of COVID-19 being present within a correctional centre. These measures include:

- Temperature checking and screening of all visitors and staff each time they enter a correctional facility. (staff or visitors are refused entry if it is not safe for them to enter)
- Screening of all clients on reception to a correctional centre.
- Polymerase chain reaction (PCR) testing and isolating of clients in a correctional centre who report any COVID-19 symptom. Isolation continues until a negative PCR result is returned and their symptoms have resolved.
- Suspending personal visits in correctional centres in the vicinity of an outbreak.
- Introduction of 14-day quarantining of prisoners on entry in correctional centres in the vicinity of an outbreak.

Table 1. *Community health services and in-home care settings*: Recommended PPE escalation according to risk of unexpected COVID-19 infections in clients or workers, including contractors and volunteers (in addition to standard precautions +/- transmission-based precautions if indicated for another reason).

Community level risk →		Low risk		Moderate risk		High risk	
Client category ↓		Staff who work only in a single community facility/home ¹	Staff who work across multiple community facilities/homes ¹	Staff who work only in a single community facility/homes ¹	Staff who work across multiple community facilities/homes ¹	Staff who work only in a single community facility/homes ¹	Staff who work across multiple community facilities/homes ¹
No clinical evidence of COVID-19 AND no epidemiological evidence ²		nil additional	Surgical mask	Surgical mask ⁵ Protective eyewear ³ (within 1.5m)	Surgical mask ⁵ Protective eyewear ³ Gown or apron ⁴	Surgical mask ⁵ Protective eyewear ³ (within 1.5m)	Surgical mask ⁵ Protective eyewear ³ Gown or apron ⁴
S T A F F	Staff doing activities other than direct client care	nil additional	Surgical mask	Surgical mask		Surgical mask	
	Clinical evidence of COVID-19 WITHOUT epidemiological evidence ² of COVID-19	Surgical mask ⁵ Protective eyewear ³ Gown ⁶ Gloves		P2/N95 respirator Protective eyewear ³ Gown ⁶ Gloves		P2/N95 respirator Protective eyewear ³ Gown ⁶ Gloves	
	Confirmed/Probable⁷ COVID-19 OR Suspected COVID-19 (clinical evidence and awaiting test results) OR Those with epidemiological evidence ²	P2/N95 respirator Protective eyewear ³ Gown ⁶ Gloves		P2/N95 respirator Protective eyewear ³ Gown ⁶ Gloves		P2/N95 respirator Protective eyewear ³ Gown ⁶ Gloves	
PPE for clients with either clinical or epidemiological evidence²		Clients to wear surgical mask where tolerated (excluding children under 12)		Clients to wear surgical mask where tolerated (excluding children under 12)		Clients to wear surgical mask where tolerated (excluding children under 12)	
Support persons or other household members during healthcare interaction for non-COVID-19 clients		nil additional		Surgical mask		Surgical mask	

Table 1 footnotes

¹Includes all non-hospital paediatric health services (incl. multiple home visits and facilities). Further guidance regarding paediatric health service PPE requirements is available at: <https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/covid-19-extranet/ppe-requirements-HVP.pdf>.

² Epidemiological evidence: Client is subject to quarantine requirements. Refer to the current version of the Communicable Diseases Network Australia COVID-19 National Guidelines for Public Health Units (The CDNA COVID-19 SoNG) and relevant Queensland Chief Health Officer public health directions for current quarantine requirements.

³Protective eyewear is defined as a face-shield, goggles, or dedicated safety glasses – note that prescription glasses alone are not considered adequate eye protection.

⁴Alternatively where applicable change clothes at the end of the interaction, refer to: <https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/covid-19-extranet/ppe-requirements-HVP.pdf>.

⁵In these situations a P2/N95 respirator should be worn for Aerosol generating procedures (AGP), aerosol generating behaviours (AGB), and upon entering a room within 30 min of an AGP **where there have been no other risk mitigating strategies to reduce that time**. AGP, AGB and other factors increasing the risk of transmission are outlined in Appendix 7 of the *Queensland Health infection prevention and control guidelines for the management of COVID-19 in healthcare settings*.

⁶ A long-sleeved, preferably fluid-resistant gown. An apron or a non fluid-resistant gown may be used in situations where physical contact is minimal and there is little chance of body fluid splash. Healthcare staff who reside in an area that is designated a different risk level to the healthcare facility they work are to comply with their workplace facility risk PPE requirements.

⁷ A probable case includes individuals who have a positive rapid antigen test for SARS-CoV-2. Refer to the latest version of the CDNA COVID-19 SoNG for updates to this definition.

Table 2. *Healthcare delivery in correctional services*: Recommended PPE escalation according to risk of unexpected COVID-19 infections in clients or workers (in addition to standard precautions +/- transmission-based precautions if indicated for another reason)

Community level risk →		Low risk	Moderate risk	High risk
Client category ↓		As advised by Queensland Health	As advised by Queensland Health, or Restricted Correctional Centre ² - Stage 2 or 3	As advised by Queensland Health, or Restricted Correctional Centre ² - Stage 4
S T A F F ¹	No clinical evidence of COVID-19 AND no epidemiological evidence ⁶	nil additional	Surgical mask ⁵ Protective eyewear	Surgical mask ⁵ Protective eyewear
	Clinical evidence of COVID-19 WITHOUT epidemiological evidence ⁶ of COVID-19	Surgical mask ⁵ Protective eyewear Gown ⁷ Gloves	P2/N95 respirator ⁴ Protective eyewear Gown ⁷ Gloves	P2/N95 respirator ⁴ Protective eyewear Gown ⁷ Gloves
	Staff doing activities other than direct client care	Not applicable	Surgical mask	Surgical mask
	Confirmed/Probable ⁸ COVID-19 cases OR Suspected COVID-19 (clinical evidence and awaiting test results) OR Those with epidemiological evidence ⁶	P2/N95 respirator ⁴ Protective eyewear Gown ⁷ Gloves	P2/N95 respirator ⁴ Protective eyewear Gown ⁷ Gloves	P2/N95 respirator ⁴ Protective eyewear Gown ⁷ Gloves
	PPE for clients with either clinical or epidemiological evidence ² (excluding children under 12)	Client to wear surgical mask where tolerated when outside of single room	Client to wear surgical mask where tolerated when outside of single room	Client to wear surgical mask where tolerated when outside of single room
PPE for visitors ³		nil additional	Personal and/or professional visitors (excluding health staff) are likely to be prohibited Surgical mask	Personal and professional visitors (excluding health staff) are likely to be prohibited Surgical mask

Table 2 footnotes

¹Healthcare staff who reside in an area that is designated a different risk level to the correctional facility they work are to comply with their workplace facility risk PPE requirements.

²A restricted correctional centre refers to a correctional centre in stage 2, 3 or 4 as determined by the Commissioner of Queensland Corrective Services following consultation with Queensland Health.

³Please refer to applicable Determination by the Commissioner of Queensland Corrective Services.

⁴Fit testing of P2/N95 respirators is required of staff on at least a 12-monthly basis.

⁵In these situations a P2/N95 respirator should be worn for Aerosol generating procedures (AGP), aerosol generating behaviours (AGB), and upon entering a room within 30 min of an AGP where there have been no other risk mitigating strategies to reduce that time. AGP, AGB and other factors increasing the risk of transmission are outlined in Appendix 7 of the *Queensland Health infection prevention and control guidelines for the management of COVID-19 in healthcare settings*.

Note: Staff who are likely to have contact with COVID-19 cases must be fully vaccinated in accordance with Public Health Direction/s where these apply.

⁶ Epidemiological evidence: Client is subject to quarantine requirements. Refer to the current version of the Communicable Diseases Network Australia COVID-19 National Guidelines for Public Health Units (The CDNA COVID-19 SoNG) and relevant Queensland Chief Health Officer public health directions for current quarantine requirements.

⁷ A long-sleeved, preferably fluid-resistant gown. An apron or a non fluid-resistant gown may be used in situations where physical contact is minimal and there is little chance of body fluid splash.

⁸ A probable case includes individuals who have a positive rapid antigen test for SARS-CoV-2. Refer to the latest version of the CDNA COVID-19 SoNG for updates to this definition.

Table 3. *Healthcare settings*: Recommended PPE escalation according to risk of unexpected COVID-19 infections in patients or workers (in addition to standard precautions +/- transmission-based precautions if indicated for another reason)

Community level risk →		Low risk	Moderate Risk As advised by Queensland Health, and Restricted Hospital ⁴	High Risk As advised by Queensland Health
S T A F F	Client category ↓			
	NO clinical or epidemiological evidence² of COVID-19	Standard precautions	Surgical mask ⁵ Protective eyewear	P2/N95 respirator ⁷ Protective eyewear
	Clinical evidence of COVID-19 WITHOUT epidemiological evidence² of COVID-19	Surgical mask ⁵ Protective eyewear Gown ⁸ Gloves	P2/N95 respirator Protective eyewear Gown ⁸ Gloves	P2/N95 respirator Protective eyewear Gown ⁸ Gloves
	Confirmed/Probable⁹ COVID-19 OR Suspected COVID-19 (clinical evidence and awaiting test results) OR Those with epidemiological evidence²	P2/N95 respirator ⁶ Protective eyewear Gown ⁸ Gloves	P2/N95 respirator ⁶ Protective eyewear Gown ⁸ Gloves	P2/N95 respirator ⁶ Protective eyewear Gown ⁸ Gloves
	Staff during activities other than direct patient care	Not Applicable	Surgical mask unless working alone in their own office ³	Surgical mask unless working alone in their own office ³
PPE for patient use – with either clinical or epidemiological evidence² (excluding children under 12)		Surgical mask where tolerated, unless inpatient in own bed	Surgical mask where tolerated, unless inpatient in own bed	Surgical mask where tolerated, unless inpatient in own bed
PPE for patient use - non-COVID-19 (excluding children under 12)		Nil	Surgical mask where tolerated, unless inpatient in own bed	Surgical mask where tolerated, unless inpatient in own bed
PPE for visitors		Nil	Surgical mask OR Own mask if adequate ³	Surgical mask OR Own mask if adequate ³

Table 3 footnotes

¹Healthcare staff who reside in an area that is designated a different risk level to the healthcare facility they work are to comply with their workplace facility risk PPE requirements.

² Epidemiological evidence: Client is subject to quarantine requirements. Refer to the current version of the Communicable Diseases Network Australia COVID-19 National Guidelines for Public Health Units (The CDNA COVID-19 SoNG) and relevant Queensland Chief Health Officer public health directions for current quarantine requirements.

³And in accordance with current [Public Health Directions](#)

⁴Restricted Hospital as per Chief Health Officer Public Health Directions.

⁵In these situations a P2/N95 respirator should be worn for Aerosol generating procedures (AGP), aerosol generating behaviours (AGB), and upon entering a room within 30 min of an AGP **where there have been no other risk mitigating strategies to reduce that time**. AGP, AGB and other factors increasing the risk of transmission are outlined in Appendix 7 of the *Queensland Health infection prevention and control guidelines for the management of COVID-19 in healthcare settings*.

⁶ Powered Air Purifying Respirators (PAPRs) may be used in certain circumstances as an alternative to P2/N95 respirators. The decision to use these devices is made at a local level following a risk-based assessment.

⁷This may applied selectively in certain clinical areas e.g., emergency departments and facilities with high rates of in-facility COVID transmission as determined by the CHO

⁸ A long-sleeved, preferably fluid-resistant gown. An apron or a non fluid-resistant gown may be used in situations where physical contact is minimal and there is little chance of body fluid splash.

⁹ A probable case includes individuals who have a positive rapid antigen test for SARS-CoV-2. Refer to the latest version of the CDNA COVID-19 SoNG for updates to this definition.

Definition of terms

Term	Definition
Periods of moderate and high risk of community transmission	As advised by the Chief Health Officer.
Community health service	A facility-based service that delivers care but does not provide overnight support.
In-home care setting	Care that is delivered within a client's permanent or temporary residence.
Probable case of COVID-19	<p>A probable case includes individuals who have a positive rapid antigen test for SARS-CoV-2.</p> <p>Refer to the latest version of the Communicable Diseases Network Australia COVID-19 National Guidelines for Public Health Units for updates to this definition.</p>

Review

This guideline will be reviewed as new information becomes available.

Document approval details:

Endorsement

PPE Working Group 23 February 2022

COVID-19 System Response Group 14 March 2022

Document custodian

PPE Working Group, Working Group of the COVID-19 Health System Response Advisory Group (CRG).

Approval officer

Jane Hancock, COVID-19 Health System Response Lead

Approval date: 14 March 2022

Version	Comments
V 1.0	Initial draft developed combining <i>Pandemic Response Guidance Personal protective equipment in community health services and in-home care settings</i> version 5.0 & <i>Pandemic Response Guidance Personal protective equipment in Healthcare delivery</i>

	version 1.2 & <i>Pandemic Response Guidance Personal protective equipment for healthcare delivery in Correctional Services</i> version 1.5
V1.1	Inclusion of PAPR devices in body of text and Table 3 footnotes; Addition to Table 2 for PPE use when caring for clients with COVID clinical evidence and no epidemiological evidence; removal of definition of Non-COVID with epidemiological evidence
V1.2	Inclusion of P2/N95 when caring for non-COVID patients in high-risk community transmission, Inclusion of Work permissions and restrictions framework for workers in health care settings Endorsed by PPE Working Group 13 October 2021 Endorsed by COVID-19 Health System Response Working Group 19 October 2021 Endorsed by COVID-19 System Leadership Forum 3 November 2021
V1.3-1.4	Updates from previous version are highlighted in yellow. Update following changes to border restrictions as per Border Restrictions Direction no. 57. Those with epidemiological evidence, with or without clinical evidence are to be managed using additional precautions. Those who have been in a hotspot who are vaccinated must be managed using additional precautions until after they have had a test for COVID-19 on day 5 after leaving the hotspot. This update progressed rapidly with endorsement of PPE Working Group Chair and Dr James Smith, DCHO.
V1.5	17 December 2021. Revision of recommendations for those with epidemiological evidence only. Definition of epidemiological evidence has been revised.
V1.6-2.0	14 January 2022. Addition of choice of an apron or a non fluid-resistant gown rather than a long-sleeved fluid resistant gown in situations where physical contact is minimal and there is little chance of body fluid splash. Yellow highlighted text is updated since the last published version.
V2.1-3.0	February-March 2022. Revision of definition of epidemiological evidence. Addition of "Probable case".
V3.1	18 March 2022. Addition of minor clarification to footnote about aerosol-generating procedures, to allow for risk mitigating strategies to be taken into account. This minor clarification approved by Chair, PPE Working Group 18 March 2022.

Contact area

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