Background

The recommendations on escalation of personal protective equipment (PPE) contained in this guidance are based on currently available information about COVID-19 and apply to residential aged care and disability accommodation services.

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

This guidance is to be read in conjunction with relevant Chief Health Officer Public Health Directions, and other related government directions and guidance documents (see below).

Scope

This guidance applies to residential aged care and disability accommodation services in Queensland.

Related directions and guidance

This document should be read in conjunction with:

- Chief Health Officer Public Health Directions, including but not limited to:
  - Residential Aged Care Direction
  - Disability Accommodation Services Direction
- 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 for infection prevention and control in residential care facilities.
- The Communicable Disease Network of Australia National guidelines for Public Health Units, and

Workers: includes employees, contractors, volunteers and students
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.

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 resident/clients or workers (refer to table 1.).

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.

RACF and disability care providers are responsible for initiating the PPE requirements listed for moderate risk PPE escalation level when restricted Local Government Areas are declared within the relevant geographic area and in accordance with the Chief Health Officer’s Public Health Directions.

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

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

Ongoing clinical risk assessment of individual residents/clients should occur in all care settings in order to inform the most appropriate PPE required for specific clinical and non-clinical interactions. Refer to the Infection Control Expert Group Guidance on infection prevention and control for residential care facilities in the context of COVID-19 and Guidance on the use of personal protective equipment (PPE) for health care workers in the context of COVID-19 for further information on risk assessment.

Performing a risk assessment when selecting PPE

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 and Guidance on infection prevention and control for residential care facilities 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 resident/clients. The assessment of risk of transmission should consider the following:

- the individual resident/client’s pre-existing likelihood of COVID-19
- resident/client factors
  - behaviours that increase the risk of transmission, for example, inability to cooperate, challenging behaviours, coughing, increased work of breathing
  - whether the resident/client is able to wear a surgical mask
- physical location of care.

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• ventilation in the location
• cohorting multiple residents/clients with suspected or confirmed/probable COVID-19 in one enclosed location
• less-controlled or more complex care settings, for example, during transport, units specific to dementia care

- nature of the care episode
  - proximity and duration of contact
  - aerosol-generating procedures

Refer to Guidance on infection prevention and control for residential care facilities in the context of COVID-19 for further guidance.
Resident/client risk categories

The below criteria should be used to decide the risk category for transmission of COVID-19 for an individual resident/client. Refer to Table 1 for recommendations on PPE for each risk category.

Confirmed and probable COVID-19 cases and suspect COVID-19 residents/clients

- All resident/clients with confirmed COVID-19
- All resident/clients with probable COVID-19 (individuals who have a positive rapid antigen test for SARS-CoV-2)
- All resident/clients with suspected COVID-19 (symptoms compatible with COVID-19 and awaiting test result)
- All resident/clients with epidemiological evidence for COVID-19 (subject to quarantine requirements) (with or without symptoms compatible with COVID-19)

Non-COVID-19 resident/clients

Resident/clients with NO acute respiratory illness or other symptoms compatible with COVID-19 in the past 14 days

AND

- No recognised epidemiological evidence (not subject to quarantine requirements)

AND

- no other indication for transmission-based precautions

Remaining resident/clients

Resident/clients with symptoms of respiratory infection or other symptoms compatible with COVID-19:

- WITHOUT epidemiological evidence for COVID-19 (not subject to quarantine requirements)

AND

- COVID-19 is not suspected or has been ruled out

Note: Consult with local public health unit for resident/client management guidance following confirmation of a negative COVID-19 combined deep nasal and oropharyngeal swab for resident/clients meeting the “remaining resident/clients” classification.

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2 Symptoms compatible with COVID-19 – refer to the CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia section 2.1 Recognising COVID-19

3 Epidemiological evidence of COVID-19: 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.
Infection prevention and control

Standard precautions:

Standard precautions are required for all interactions with residents/clients regardless of their known or presumed infectious status. Standard precautions are the primary strategy for minimising the risk of infection and must be used as part of day-to-day practice when providing care to residents/clients.

Standard precautions consist of:

- hand hygiene consistent with the 5 moments for hand hygiene,
- the use of appropriate personal protective equipment,
- the safe use and disposal of sharps,
- routine environmental cleaning,
- reprocessing of reusable medical equipment and instruments,
- respiratory hygiene and cough etiquette,
- aseptic technique where indicated,
- waste management, and
- appropriate handling of linen.

For further information on standard precautions refer to section 3.1 of *The Australian Guidelines for the Prevention and Control of Infection in Healthcare*.

Transmission-based precautions:

Transmission-based precautions are applied in addition to standard precautions when residents/clients are suspected or confirmed to be infected with agents transmitted by the contact, droplet or airborne route. For further information about transmission-based precautions refer to section 3.2 of *The Australian Guidelines for the Prevention and Control of Infection in Healthcare*.

A risk assessment is required to determine the required transmission-based precautions (ie contact +/- droplet +/- airborne precautions). Risk assessment involves evaluation of:

1. The level of community transmission (see risk level definitions above)
2. The presence of clinical and/or epidemiological risks of individual residents/clients
3. The type of care being provided to the resident/client

*Table 1* outlines the recommended escalation of PPE for use as part of transmission-based precautions in residential aged care and disability accommodation services.

Continuous surgical mask use

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

This will require workers who work with residents/clients and in common workspaces to continuously wear a surgical mask during their routine activities throughout the entire shift. Workers who
generally work alone in their own office will be required to wear a mask when outside their office and/or in accordance with relevant Public Health Directions.

Refer to Queensland Health PPE and infection control guidance for the latest information regarding level of risk assigned to a particular Hospital and Health Service and local government area (LGA), and PPE recommendations.

Continuous surgical mask use also applies where a residential aged care facility or disability worker is working in a non-restricted RACF and has been in a restricted LGA in the prior 14 days (where such entry is permitted under the Aged Care Direction or Disability Accommodation Services Direction).

**Use of P2/N95 respirators**

For the care of resident/clients with confirmed/probable COVID-19 and suspect COVID-19 resident/clients, use of a P2/N95 respirator in addition to PPE for droplet and contact precautions is required.

All workplaces that use respiratory protection equipment (i.e., P2/N95 respirators) are required to implement a respiratory protection program. This requirement is achieved through the Work, Health and Safety Act 2011 (Queensland), the Work Health and Safety Regulation 2011 (Queensland), and Australian/New Zealand Standard 1715:2009 – Selection, use and maintenance of respiratory protective equipment.

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.

**Additional considerations around use of face masks and respirators**

**Staff wearing masks or respirators**

The use of surgical masks or respirators when providing care to some residents/clients in residential aged care and those with disability can sometimes cause additional problems. If the resident/client gets, or is likely to get distressed, alarmed, or violent because staff are wearing a surgical mask or respirator, or has communication difficulties such as reliance on lip reading, staff should consider alternative options after discussion with resident/client and employer. For example, discussing with the resident/client 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.

For very limited and rare circumstances, such as when communicating to the resident/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 resident/client has not tested COVID-19 positive,
- the resident/client displays no symptoms of COVID-19,
- there is not an outbreak at the facility, and
- the resident/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 public health directions. In addition, staff should be aware that data is lacking 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.

**Residents/clients wearing masks**
Residents or clients 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
- It is important to be able to see their mouth for communication

Safety considerations

The following recommendations are to be followed in relation to respirator or surgical mask use:

- Respirators and masks must be worn to cover the mouth and nose fully to be effective.
- 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 or loosely from one ear.
- 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 practice physical distancing when on meal breaks when mask is not in place.
- Staff must dispose of used respirators and masks in waste receptacles as soon as they are removed.

Refer to the Queensland Health document Conserving personal protective equipment for further information about extended use of PPE.
Table 1. Recommended PPE escalation according to risk of COVID-19 infections in residents/clients or workers* (in addition to standard precautions +/- transmission-based precautions if indicated for another reason)

See over for footnotes

<table>
<thead>
<tr>
<th>Community level risk</th>
<th>Low risk</th>
<th>Moderate risk</th>
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<tr>
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<td>Staff who work only in a single facility</td>
<td>Staff** who work across multiple facilities*</td>
<td>Staff who work only in a single facility</td>
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<td>Surgical mask</td>
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<td>No symptoms compatible with COVID-19 AND no epidemiological evidence2 AND no other indication for transmission-based precautions</td>
<td>Surgical mask Protective eyewear4 (within 1.5m)3</td>
<td>Surgical mask Protective eyewear4 Gown or apron</td>
<td>Surgical mask Protective eyewear4 Gown or apron</td>
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<td>Aerosol generating procedures for non-COVID-19 residents/clients</td>
<td>Standard precautions</td>
<td>Surgical mask Protective eyewear4</td>
<td>Surgical mask Protective eyewear4 Gown or apron</td>
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<td>Staff doing activities other than direct resident/client care</td>
<td>As indicated by usual requirements of activities</td>
<td>Surgical mask</td>
<td>Surgical mask</td>
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<td>Care of resident/clients with:</td>
<td>Surgical mask (P2/N95 respirator for AGP, AGB6 and entering a room within 30 min of an AGP6)</td>
<td>P2/N95 respirator Protective eyewear4 Gown8 Gloves7</td>
<td>P2/N95 respirator Protective eyewear4 Gown8 Gloves7</td>
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<td>Symptoms compatible with COVID-19 WITHOUT epidemiological evidence2 of COVID-19 AND COVID-19 is not suspected or has been ruled out</td>
<td>P2/N95 respirator Protective eyewear4 Gown8 Gloves7</td>
<td>P2/N95 respirator Protective eyewear4 Gown8 Gloves7</td>
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<td>P2/N95 respirator Protective eyewear4 Gown8 Gloves7</td>
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<td>Residents/clients with symptoms compatible with COVID-19 OR epidemiological evidence of COVID-19 OR SUSPECTED OR CONFIRMED/PROBABLE COVID-19 cases</td>
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<td>Resident/client to wear surgical mask where tolerated if outside of single room</td>
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<td>Visitors3</td>
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* includes health professionals, employees, contractors, volunteers, and students on placements

# Work across multiple facilities: working across more than one RACF, disability or other healthcare facility

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Table 1 footnotes

1 Staff who reside in an area that is designated a different risk level to the residential aged care facility they work are to comply with their workplace facility risk PPE requirements. Continuous surgical mask use is also required where a residential aged care facility or disability accommodation service staff member (including health professionals, contractors, volunteers and students on placement), is working in a non-restricted RACF and has been in a restricted LGA in the prior 14 days (where such entry is permitted under the Aged Care Direction or Disability Accommodation Services Direction).

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.

3 Please refer to applicable Chief Health Officer public health directions for information regarding visitor restrictions to residential care and disability accommodation services.

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

5 Reference: COVID-19 Guidance on the use of personal protective equipment by health care workers in areas with significant community transmission

6 Aerosol generating procedures (AGP), aerosol generating behaviours (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. Aerosol generating behaviours (AGBs) may include:
   - shouting, screaming.
   - Also consider high-risk behaviours with potential for AGB: residents / clients who find instructions to wear a mask or practice respiratory hygiene hard to follow or are unable to co-operate (e.g. cognitive impairment or mental illness)


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

<table>
<thead>
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<th>Definition</th>
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| Symptoms compatible with COVID-19     | The Communicable Disease Network of Australia [National guidelines for Public Health Units](https://www.cdna.com.au/publications/2020-covid-19-guidelines) defines clinical evidence and is regularly updated. Please refer to the most recent version of this guideline for the most up-to-date clinical evidence list.  
  The [CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia](https://www.cdna.com.au/publications/2020-covid-19-guidelines) provides a more expansive list of symptoms that may be experienced by the elderly. Please refer to the most recent version of this guideline for up to date information. |
| Non-COVID-19 clients                  | Resident/clients with NO acute respiratory illness or other symptoms compatible with COVID-19 (in the past 14 days) AND No recognised epidemiological evidence (not subject to quarantine requirements) AND no other indication for transmission-based precautions |
| Probable COVID-19 cases/clients       | A probable case includes individuals who have a positive rapid antigen test for SARS-CoV-2. Refer to the latest version of the CDNA [National guidelines for Public Health Units](https://www.cdna.com.au/publications/2020-covid-19-guidelines) for updates to this definition. |
| Periods of moderate and high risk of community transmission | As advised by the Chief Health Officer. |
| Transmission-based precautions         | Transmission-based precautions are used in addition to standard precautions for patients who may be infected or colonised with certain infectious agents |
for which additional precautions are needed to prevent infection transmission.

**Document approval details:**

**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**


**Approval officer**

Jane Hancock, COVID-19 Health System Response Lead

**Approval date:** 14 March 2022

**Version control and endorsement history:**

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<th>Version number</th>
<th>Summary of changes</th>
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<tr>
<td>v 0.1</td>
<td>New Document</td>
<td>RCAG, DCAG and CRG 2020</td>
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<tr>
<td>V1.2</td>
<td>Updated to include P2/N95 use for care of confirmed/suspected COVID-19; standard precautions for routine care non-COVID residents / clients; section on mask/respirator use; updated link to ICEG RACF guidelines</td>
<td>out of session CHO/DDGCEQ 29 June 2021</td>
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<tr>
<td>V1.3</td>
<td>New sections added: Scope; Related directions and guidance; Decisions for escalation of PPE; Recommendations for assessing resident/client risk; Use of P2/N95 respirators and masks; Definition of terms Revisions made to Table 1.</td>
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<tr>
<td>V1.4</td>
<td>Alignment with other PPE and Infection Control documents;</td>
<td>CRG 5 August 2021 CSLF 12 August 2021</td>
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<tr>
<td>V1.5-2.0</td>
<td>Update following changes to border restrictions as per Border Restrictions Direction no. 57. Revision of definition for epidemiological evidence. Changes from last version highlighted in yellow.</td>
<td>PPE Working Group 21 December 2021 (OOS) CRG Advisory 21 December 2021</td>
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<td>V2.1 – 3.0</td>
<td>February/March 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. Further revision including addition of &quot;probable case&quot;, revision of definition of epidemiological evidence, addition of further context for assessing risk, general editorial review.</td>
<td>PPE Working Group 23 February 2022 COVID-19 System Response Group 14 March 2022</td>
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Contact area

PPE Working Group PPEWorkingGroup@health.qld.gov.au