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 healthcare delivery provided in correctional centres. This document should be read in conjunction with the Health System COVID-19 Response Plan and other advice provided by Queensland Health as part of the COVID-19 response.

This guidance about escalation of PPE use for healthcare services in correctional services (Correctional Centres and Community Corrections) is based on assessment of risk of community transmission of COVID-19.

The escalation of PPE aims to minimise the risk for acquisition of COVID-19 infection by healthcare staff working in correctional centres, prisoners and visitors in these facilities. In addition to infected prisoners, workers are at risk for acquisition of SARS-CoV-2 from co-workers and the community with COVID-19 infection.

Risk levels definition

This guidance refers to three PPE escalation levels. PPE escalation will be informed by direction from the Chief Health Officer and the State Health Emergency Coordination Centre, taking into account the risk of community 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.

Ongoing risk assessment of the correctional environment should occur in order to inform the most appropriate PPE required for specific clinical interactions.

Infection prevention and control recommendations

Standard precautions are required for all interactions with 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 healthcare to clients.

In accordance with standard precautions, a surgical mask and protective eyewear should always be worn when providing care to a client with acute respiratory infection symptoms.

Table 1 outlines the recommended escalation of PPE for use in correctional centres.

Primary protection measures in correctional centres

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.
- 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.

Continuous surgical mask use

Continuous surgical mask use is not recommended for workers and prisoners in during periods of low community transmission of COVID-19.

Continuous surgical mask use is recommended 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).

This will require workers who work with clients and 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 not be required to wear a mask unless physical distancing cannot be maintained.

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:

• Masks should be changed when they become damaged, soiled or wet. Masks may be worn for up to four hours.
• Masks should never be reapplied after they have been removed.
• Staff must dispose of used masks in waste receptacles as soon as they are removed.
• Masks should not be left dangling around the neck.
• Avoid touching/adjusting the front of the mask while wearing it.
• Hand hygiene should be performed upon touching or discarding a used mask.
• 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.
### Table 1. 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)*

<table>
<thead>
<tr>
<th>Routine care of non-COVID-19 clients (within 1.5m)</th>
<th>Low risk e.g. no or few cases in the community; cases only in quarantine; small numbers of linked cases</th>
<th>Moderate risk / Correctional Centre e.g. a series of unlinked cases; high numbers of locally-acquired cases; cases with high numbers of local contacts</th>
<th>High risk e.g. high numbers of unlinked cases; sustained community transmission</th>
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</thead>
<tbody>
<tr>
<td>Staff doing activities other than direct client care</td>
<td>Nil</td>
<td>Surgical mask when physical distancing &gt; 1.5m cannot be maintained (e.g. handover, meetings)</td>
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</tr>
<tr>
<td>Aerosol generating procedures For non-COVID-19 clients</td>
<td>Nil</td>
<td>Surgical mask when physical distancing &gt; 1.5m cannot be maintained (e.g. handover, meetings)</td>
<td>P2/N95 respirator Protective eyewear</td>
</tr>
<tr>
<td>Routine care For suspected / probable / confirmed COVID-19 cases</td>
<td>Surgical mask Protective eyewear</td>
<td>Surgical mask Protective eyewear</td>
<td>Surgical mask Protective eyewear</td>
</tr>
<tr>
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<td>P2/N95 respirator Protective eyewear</td>
</tr>
<tr>
<td>Clients with suspected / probable / confirmed COVID-19 (excluding children under 12)</td>
<td>Client to wear surgical mask where tolerated if outside of single room</td>
<td>Client to wear surgical mask where tolerated if outside of single room</td>
<td>Client to wear surgical mask where tolerated if outside of single room</td>
</tr>
<tr>
<td>Visitors³</td>
<td>NIL</td>
<td>Surgical mask OR Own mask if adequate (fabric mask with at least 3 layers)</td>
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</table>

³Healthcare 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 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.

⁴Use of P2/N95 respirators may be considered in areas with significant community transmission in the following circumstances:

  a) For the clinical care of clients with suspected, probable or confirmed COVID-19, who have cognitive impairment, are unable to cooperate, or exhibit challenging behaviours (see reference). In this context, consider the use of contact, droplet and airborne precautions (including eye protection), including the use of a P2/N95, instead of a surgical mask.

  b) Where there are high numbers of suspected, probable or confirmed COVID-19 patients AND a risk of challenging behaviours and/or unplanned aerosol-generating procedures (e.g. including intermittent use of high flow oxygen). In this setting, consider extended use of P2/N95, for up to 4 hours, if tolerated, to avoid the need for frequent changes of face covering.

## Version Control

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<th>Version</th>
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<th>Comments</th>
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<tbody>
<tr>
<td>V1.0</td>
<td>28 August 2020</td>
<td>• New document</td>
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