

# COVID-19

## Personal protective equipment Information for general practices

28 February 2020

### Transmission of COVID-19

COVID-19 is spread from person to person most likely through:

- close contact with an infectious person
- contact with droplets from an infected person's cough or sneeze; or
- touching objects or surfaces (such as door knobs or tables) contaminated by cough or sneeze droplets from a person with confirmed COVID-19 infection, and then touching your mouth or face.

### Recommended infection prevention measures

When a person presents with possible COVID-19 infection to a healthcare setting (general practice), whether respiratory symptoms are present or not, they should immediately be:

- given a surgical mask to put on, ensuring it is put on correctly, and
- placed in a single room with the door closed (a room from which the air does not circulate to other areas is preferred, if available).

Note: Refer to the Queensland Health *Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings* (available at [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0038/939656/qh-covid-19-Infection-control-guidelines.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0038/939656/qh-covid-19-Infection-control-guidelines.pdf)) for information regarding infection prevention recommendations for invasive respiratory and aerosol-generating procedures.

Nebuliser use should be discouraged and alternative administration devices (e.g. spacers) should be used.

### Correct process for fitting and removing personal protective equipment (PPE) for staff

**Standard, contact and droplet precautions** are recommended for the clinical care of people with possible COVID-19 infection.

The correct process for fitting PPE is as follows:

- Perform hand hygiene
- Put on long sleeved fluid-resistant gown. Fasten the back of the gown at the neck and waist.
- Put on surgical mask. Secure the ties of the mask at the middle of the head and neck. Fit the flexible band to nose bridge and ensure mask is fitted snug to face and below the chin.
- Put on protective eyewear/face shield
- Put on gloves. Extend to cover wrist of long sleeved gown

Conduct patient consultation, collection of specimens and treatment as required.

In cases where the patient's mask is removed, or was not tolerated during the procedure, give the patient a new surgical mask at the completion of the procedure.

Staff should not remove PPE until they or the patient have exited the patient care area.

The correct process for removing PPE is as follows:

- Remove gloves being careful not to contaminate bare hands during glove removal. The outside of gloves is contaminated.
- Perform hand hygiene.
- Remove gown. The gown front and sleeves are contaminated. Untie or break fasteners and pull gown away from body, touching the inside of the gown only.
- Perform hand hygiene.
- Remove protective eyewear/face shield. The outside of protective eyewear/face shields is contaminated. Remove eyewear/face shield by tilting the head forward and lifting the head band or ear pieces. Avoid touching the front surface of the eyewear/face shield.
- Perform hand hygiene.
- Remove surgical mask. Do not touch the front of the surgical mask. Remove the surgical mask by holding the elastic straps or ties and remove without touching the front.
- Perform hand hygiene.
- PPE can be disposed into clinical waste.

## Precautions when collecting respiratory specimens

For most patients with mild illness in the community, collection of upper respiratory specimens (i.e. nasopharyngeal or oropharyngeal swabs) is a low-risk procedure and can be performed using **standard, contact and droplet precautions**:

- Fit and remove PPE using the process described above.
- To collect combined nose and throat or nasopharyngeal swabs staff should stand slightly to the side of the patient to avoid exposure to respiratory secretions should the patient cough or sneeze.
- Staff should not remove PPE until they or the patient have exited the patient care area.

## Patients with severe respiratory symptoms (suggestive of pneumonia)

Where possible, patients who have severe symptoms suggestive of pneumonia (e.g. fever and difficulty breathing, or frequent, severe or productive coughing episodes) should be managed in hospital and specimens are collected in a single room with negative pressure air handling (e.g. in a hospital setting).

If the collection of respiratory specimens from such patients is required in the general practice setting, this should be undertaken using **standard, contact and airborne precautions**:

- Perform hand hygiene prior to fitting gloves, gown, P2/N95 respirator, which should be fit checked, and protective eyewear/face shield prior to entering the patient care area.
- Collect the specimens in a single room with the door closed.
- If the patient has severe symptoms suggestive of pneumonia, had an invasive respiratory or aerosol-generating procedure, the room must remain vacant for at least 30 minutes (cleaning can be performed during this time by a person wearing PPE).
- At completion of the consultation, only remove PPE when you have exited the patient care area.
- Remove PPE using the process described above.

## Cleaning

If the patient has severe symptoms suggestive of pneumonia, had an invasive respiratory or aerosol-generating procedure, the room must remain vacant for at least 30 minutes (cleaning can be performed during this time by a person wearing PPE).

In all other instances, once the patient vacates a room, cleaning can commence immediately.

The preferred routine cleaning process should involve either:

- A physical clean using a combined detergent and 1,000ppm available chlorine solution (2-in-1 clean).
- A physical clean using detergent followed by a clean with 1,000ppm available chlorine solution (2-step clean).

## Sourcing PPE

General practices should source their PPE supplies through their usual supplier. The Primary Health Network can assist with supplies of surgical masks as required.