

COVID-19

Personal protective equipment

Information for outpatient areas including medical imaging

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 (like 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 for outpatient areas

These recommendations provide guidance for outpatient areas, including medical imaging, performing procedures other than invasive respiratory and aerosol-generating procedures.

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) for information regarding infection prevention recommendations for invasive respiratory and aerosol-generating procedures.

When a person presents with possible COVID-19 to the outpatient area reception, whether respiratory symptoms are present or not, they should immediately be:

- given a surgical mask to put on, ensuring it is fitted correctly, and
- placed in a single room with the door closed, if available, while waiting for the procedure.

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

Staff may then enter the procedure area and perform the procedure/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.

Cleaning

If the patient has had an invasive respiratory or aerosol-generating procedure, the room must remain vacant for at least 30 minutes before cleaning commences.

In all other instances, once the patient vacates the 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

Outpatient and medical imaging areas should source PPE supplies through their usual supplier.