

Appendix 3 – PPE quick reference guide

Please note this is a quick reference guide only on the recommended PPE for the care of suspect, probable and confirmed COVID-19 cases. Staff should be familiar with the comprehensive advice available in the Queensland Health *Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings*.

Always use standard precautions for all patients regardless of the known or presumed infectious status.

Table 1. Recommended PPE for the care of suspect, probable and confirmed COVID-19 cases

	No direct patient physical contact and >1.5 metres ¹	Patient contact <1.5 metres	Patients in ICU ⁴	Aerosol-generating procedures ⁵
Disposable gloves	No	Yes	Yes	Yes
Disposable plastic apron	No	Yes ^{2,3}	No	No
Long-sleeved gown	No	Yes ³	Yes	Yes
Surgical mask (Level 1, 2 or 3)	No	Yes	Yes ⁴ when droplet precautions are to be routinely applied	No
P2/N95 respirator	No	No	Yes ⁴ when airborne precautions are to be routinely applied	Yes
Eye protection	No	Yes	Yes	Yes

1. Use standard precautions when a distance of >1.5 metres can be maintained between the healthcare worker and patient. In this instance, no physical patient contact is to occur, and a minimum distance of >1.5 metres from the patient is strictly observed.
2. For wards where patients with confirmed COVID-19 are being cohorted, please refer to Appendix 2 – patient placement (cohorting) for PPE advice regarding the appropriate use of plastic aprons in cohort environments.
3. As noted from Australian Department of Health *Guidance on the use of personal protective equipment (PPE) in hospitals during the COVID-19 outbreak* published 26 May 2020, a plastic apron

or a cloth gown is adequate for patients being managed using **standard, contact and droplet precautions** in situations when direct physical contact is minimal and/or the risk of splash is low (e.g. specimen collection, observations, medication delivery)

4. Patients who are being managed in ICU, whether ventilated, receiving non-invasive ventilation or other respiratory support, are likely to undergo frequent AGP. Therefore, a local risk assessment should be performed for each patient who is a suspect, confirmed or probable case of COVID-19 being managed in ICU to consider whether they should be routinely managed using **standard, contact and airborne precautions**, or **standard, contact and droplet precautions**. Airborne precautions should always be added when an aerosol-generating procedure is being undertaken.
5. Aerosol-generating procedures include tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy (and bronchoalveolar lavage), high-flow nasal oxygen.

References

- Australian Government Department of Health. Guidance on the use of personal protective equipment (PPE) in hospitals during the COVID-19 outbreak. Accessed 27 May 2020. Available from: <https://www.health.gov.au/resources/publications/interim-recommendations-for-the-use-of-personal-protective-equipment-ppe-during-hospital-care-of-people-with-coronavirus-disease-2019-covid-19>
- Public Health England. Guidance for infection prevention and control in healthcare settings. Accessed 25 March 2020. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874316/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf
- New South Wales Health. Application of PPE in response to COVID-19 Pandemic. Accessed 25 March 2020. Available from: http://cec.health.nsw.gov.au/_data/assets/pdf_file/0006/572883/Application-of-PPE-in-Response-to-COVID-19-19-March-2020-V1.4.pdf
- Communicable Diseases Network Australia. Novel Coronavirus 2019 (2019-nCoV) CDNA National Guidelines for Public Health Units. Accessed 25 March 2020. Available from: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

Version control – Appendix 3

Version	Date	Comments
V1.3	31 May 2020	Revision of advice based on revised Australian Department of Health <i>Guidance on the use of personal protective equipment (PPE) in hospitals during the COVID-19 outbreak</i> published 26 May 2020. Revision of advice regarding management of patients in ICU – a local risk assessment should be performed for each patient. Addition of advice that a plastic apron or cloth gown may be used in situations when direct physical contact is

		minimal and/or the risk of splash is low (e.g. specimen collection, observations, medication delivery).
V1.2	11 May 2020	Revision of advice based on revised Australian Department of Health <i>Guidance on the use of personal protective equipment (PPE) in hospitals during the COVID-19 outbreak</i> published 27 April 2020. Advice to use airborne precautions has been rescinded for: routine care of cases with severe respiratory symptoms suggestive of pneumonia (e.g. fever and difficulty breathing), with severe or productive coughing episodes, and clinically ill patients requiring high-level /high-volume care outside of ICU.
V1.1	23 April 2020	Revised: footnote 3. Revised: footnote 4.
V1.0	26 March 2020	New appendix

Safe fitting and removal of personal protective equipment (PPE) for healthcare staff

CORRECT PROCESS FOR FITTING PPE

IMPORTANT: Maintain standard precautions when fitting and removing PPE when caring for confirmed, probable or suspected cases of COVID-19!



Perform hand hygiene



Put on long-sleeved, preferably fluid-resistant gown or apron

- Fasten the back of the gown/apron at the neck and waist.



Put on surgical mask or P2/N95 respirator

- Secure ties (for surgical masks) or elastic bands (for respirators) at the middle of the head and neck.
- Fit flexible band to nose bridge.
- Ensure mask is fitted snug to face and below the chin.
- For respirator use, perform a fit check according to manufacturer instructions.
- Please see poster "Fit Check for P2/N95 respirator"



Put on protective eyewear/face shield

- Place protective eyewear/face shield over eyes/face and adjust to fit.



Put on gloves

- Extend to cover wrist of long-sleeved gown, if worn.

CORRECT PROCESS FOR REMOVING PPE

IMPORTANT: Only remove mask after exiting the patient room!



Remove gloves

- The outside of gloves is contaminated. Remove gloves being careful not to contaminate bare hands during glove removal.
- Discard gloves into clinical waste.



Perform hand hygiene



Remove gown or apron

- The gown front and sleeves are contaminated. Untie or break fasteners and pull gown away from body, touching the inside of the gown only.
- Discard gown into clinical waste.



Perform hand hygiene



Remove protective eyewear/face shield

- The outside of protective eyewear/face shield 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.
- Reusable items should be placed in a designated receptacle for reprocessing.
- Place disposable items in clinical waste.

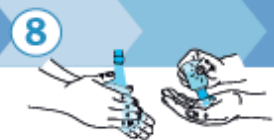


Perform hand hygiene



Remove P2/N95 respirator or surgical mask

- Do not touch the front of the P2/N95 respirator or surgical mask.
- Remove respirator or surgical mask by holding the elastic straps or ties and remove without touching the front.
- Discard P2/N95 respirator or surgical mask into clinical waste.



Perform hand hygiene









Current as of 3 June 2020

Recommended personal protective equipment (PPE) for healthcare staff

PPE RECOMMENDED FOR:

Routine care of confirmed, probable or suspected COVID-19 cases

Staff

- Perform hand hygiene
- Recommended PPE for contact and droplet precautions:
 1.   Long-sleeved, preferably fluid-resistant gown or apron
 2.  Surgical mask
 3.   Protective eyewear /faceshield
 4.  Gloves







Patient

- Place the patient in a single room with the door closed (a room from which the air does not circulate to other areas is preferred) if available
- Move patient within facility only when medically necessary
- Place a surgical mask on patient during transfer out of their single room if possible

PPE RECOMMENDED FOR:

Aerosol-generating procedures performed on confirmed, probable or suspected COVID-19 cases

Staff

- Perform hand hygiene
- Recommended PPE for contact and airborne precautions:
 1.   Long-sleeved, preferably fluid-resistant gown
 2.  P2/N95 respirator
 3.   Protective eyewear /faceshield
 4.  Gloves

Patient

- Place the patient in a single room with negative pressure air handling
- Move patient within facility only when medically necessary
- If possible, place a surgical mask on patient during transfer out of their single room

Current as of 3 June 2020

