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

<table>
<thead>
<tr>
<th></th>
<th>No direct patient physical contact and &gt;1.5 metres¹</th>
<th>Patient contact &lt;1.5 metres</th>
<th>Patients in ICU⁴</th>
<th>Aerosol-generating procedures⁵</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposable gloves</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Disposable plastic apron</td>
<td>No</td>
<td>Yes²,³</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Long-sleeved gown</td>
<td>No</td>
<td>Yes¹</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Surgical mask (Level 1, 2 or 3)</td>
<td>No</td>
<td>Yes</td>
<td>Yes⁴ when droplet precautions are to be routinely applied</td>
<td>No</td>
</tr>
<tr>
<td>P2/N95 respirator</td>
<td>No</td>
<td>No</td>
<td>Yes⁴ when airborne precautions are to be routinely applied</td>
<td>Yes</td>
</tr>
<tr>
<td>Eye protection</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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 cohort, 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).

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. 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**


**Version control – Appendix 3**

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1.3</td>
<td>31 May 2020</td>
<td>Revision of advice based on revised Australian Department of Health <em>Guidance on the use of personal protective equipment (PPE) in hospitals during the COVID-19 outbreak</em> 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).</td>
</tr>
<tr>
<td>Version</td>
<td>Date</td>
<td>Description</td>
</tr>
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<tr>
<td>V1.2</td>
<td>11 May 2020</td>
<td>Revision of advice based on revised Australian Department of Health <em>Guidance on the use of personal protective equipment (PPE) in hospitals during the COVID-19 outbreak</em> 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.</td>
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<tr>
<td>V1.0</td>
<td>26 March 2020</td>
<td>New appendix</td>
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</table>
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!

1. **Perform hand hygiene**

2. **Put on long-sleeved, preferably fluid-resistant gown or apron**
   - Tuck the back of the gown/apron into the neck and waist.

3. **Put on surgical mask or P2/N95 respirator**
   - Secure tie(s) (for surgical mask) or elastic band(s) (for respirators) at the middle of the head and neck.
   - Fit flexible band to nose bridge.
   - Extend ends to nose area and below the chin.
   - For respirator use, perform a fit check according to manufacturer instructions.
   - Place one sheet in "Fit Check for P2/N95 respirator"

4. **Put on protective eyewear/face shield**
   - Place protective eyewear/face shield over eyes, face, and adjust to fit.

5. **Put on gloves**
   - Extend to cover wrists of long sleeved gown, apron.

CORRECT PROCESS FOR REMOVING PPE

**IMPORTANT:** Only remove mask after exiting the patient room!

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

2. **Perform hand hygiene**

3. **Remove gown or apron**
   - The gown and sleeves are contaminated. Use sterile instruments and pull gown away from body, tucking the inside of the gown only.
   - Discard gown into clinical waste.

4. **Perform hand hygiene**

5. **Remove protective eyewear/face shield**
   - The outside of protective eyewear/face shield is contaminated.
   - Remove protective eyewear/face shield by lifting the head upward and lifting the headband of all pieces. Avoid touching the front surface of the eyewear/face shield.
   - Remove items should be placed in a designated receptacle for reprocessing.
   - Place disposable items in clinical waste.

6. **Perform hand hygiene**

7. **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 strap of the tie and remove without touching the front.
   - Discard P2/N95 respirator or surgical mask into clinical waste.

8. **Perform hand hygiene**
### Recommended personal protective equipment (PPE) for healthcare staff

#### PPE RECOMMENDED FOR:

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

<table>
<thead>
<tr>
<th>Staff</th>
<th>Patient</th>
</tr>
</thead>
</table>
| • 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 | • 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**

<table>
<thead>
<tr>
<th>Staff</th>
<th>Patient</th>
</tr>
</thead>
</table>
| • Perform hand hygiene  
• Recommended PPE for contact and airborne precautions:  
  1. Long-sleeved, preferably fluid-resistant gown  
  2. N95 respirator  
  3. Protective eyewear /faceshield  
  4. Gloves | • 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 |

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Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings - Version 1.13 24 June 2020