

COVID-19 Personal Protective Equipment (PPE)

Directions for Blue Care and Family & Disability Services Staff

As at 7 April 2020

As the COVID-19 situation evolves, it has become apparent Personal Protective Equipment (PPE) levels are very low – based on our current usage. UnitingCare is currently working with our existing and new suppliers to ensure we continue to have adequate stocks.

It is vital and now necessary that we take appropriate action to ensure frontline staff and practitioners continue to have access to PPE throughout the entirety of the COVID-19 response.

We ask that every single staff member and practitioner considers the following actions to help preserve existing stocks of PPE.

We ask that you:

- Immediately limit the number of people involved in all clinical or care procedures only to essential operators.
- Carefully consider who is required in a room during all clinical or care procedures to limit the use of PPE. This will depend on the specific procedure and infection control requirements but should be kept to the absolute minimum.
- Staff and practitioners should only wear PPE required for the situation based on Infection Control principles.

We are in an unprecedented situation. What we would do in optimal circumstances is no longer sustainable or fit for purpose. We are all required to think innovatively as we respond to this challenge. We are taking advice from Infection Control experts from our hospital services.

Re-use of PPE in low risk situations for instance may be a better alternative than no PPE at all, allowing us to conserve PPE stocks to respond appropriately to known risk-situations. Remember soap and water effectively and efficiently kills this virus and in most circumstances is the best PPE we have.

It is important that we all work together and do what we can at an individual and team service level to ensure that our frontline staff members and practitioners have access to adequate PPE over the coming months with COVID-19 and other highly infectious diseases.

We have seen from the experience of our service counterparts responding to COVID-19 in countries overseas that PPE stocks deplete rapidly. It is essential that we learn from that and act now.

If you have any questions or further suggestions as to how we can continue to preserve PPE for our frontline staff members and practitioners please email businesscontinuity@ucareqld.com.au

Guide for Personal Protective Equipment (PPE) Matrix

- Careful management of the supply chain is required at all times, and monitoring and securely storing PPE stock is critical. PPE should be supervised by care workers and only used for clients under care worker direction.
- Strategies to reduce the use of PPE should not reduce the safety of care workers, and PPE should always be available to be used by those who require it.
- Unnecessary use of PPE should be avoided and training on use of PPE should only be used with expired stock.
- Consideration can be given to using alternative products and reuse of gowns may be considered for use in areas that currently use single use items.
- The use of plastic aprons can be used instead of long-sleeved disposable gowns where appropriate (care workers need to ensure they wash all exposed areas of hands and arms).
- Extended use is the practice of wearing the same PPE for repeated client interactions without removing and replacing the PPE. This may be considered where a local risk assessment of the situation is undertaken and staff have been trained in the appropriateness of extended use. This could be appropriate in a care setting where COVID-19 clients are cohort area.
- Surgical masks should be discarded if contaminated with blood or body fluids, not worn outside care area, removed before proceeding to care for clients other than those who are isolated for COVID-19 and removed when wet or damp. Surgical masks are designed to be worn for extended periods of time, expect care workers to remove or change mask for reasons such as taking toilet break or leaving care area. Masks should not be pulled down around the chin and neck and then re-worn. Hand hygiene must adhered to before, and after removing a mask.
- P2 / N95 masks should only be used in care scenarios where there are aerosol procedures being undertaken e.g. suctioning a tracheostomy, administering a Ventolin nebuliser, treatment of a client with acute tuberculosis, cardio-pulmonary resuscitation and intubation of a client. There is no recommended maximum length of time that a P2/ N95 mask can be worn, however should be removed for reasons such as taking a toilet break or leaving the care area. Education and training on the use and changing of this type of mask must be provided to care workers if used extended. Hand hygiene must be adhered to before, and after removing a mask.
- Eye protection can consist of items that protect the wearer's eyes from sprays and splashes. This may be reusable safety goggles, these must be cleaned and disinfected before being re-used. Eye protection should not be worn outside the care area, be discarded or cleaned if visibly contaminated with blood or body fluids.

Source: Adapted from Queensland Health COVID19 general considerations for conserving personal protective equipment 7 March 2020.

Personal Protective Equipment (PPE) Matrix

		Test for COVID-19	Social distancing	Handwash / hand gel	Non-sterile gloves	Goggles / protective eye wear	Disposable apron		Long sleeve gown		Surgical mask		P2 or N95 Mask	
							Single use	Reuse	Single use	reuse	Single use	Reuse	Single use	Reuse
Client has no temp/cold or flu like symptoms	Have not had close contact with a person who is a suspect case		✓	✓										
	Have had close contact with a person who is a suspect case	Only if becomes symptomatic	✓	✓	✓	✓		✓ For same patient				✓ For same patient		
	Waiting results for test with COVID-19 or travelled overseas in the last 14 days		✓	✓	✓	✓		✓ For same patient				✓ For same patient		

		Test for COVID-19	Social distancing	Isolate	Handwash / hand gel	Non-sterile gloves	Goggles / protective eye wear	Disposable apron		Long sleeve gown		Surgical mask		P2 or N95 Mask	
								Single use	Reuse	Single use	reuse	Single use	Reuse	Single use	Reuse
Client has temp more than 38 degrees Celsius and has headache, sore throat, cough symptoms	Have had no contact with suspected or confirmed COVID-19 person.	Consider test for respiratory virus PCR	✓	✓	✓	✓	✓	✓				✓			
	Has had contact with suspected or confirmed COVID 19 person.	✓ + resp. PCR	✓	✓	✓	✓	✓	✓				✓			
Client is not suspected to have COVID-19	Requires Ventolin nebuliser		✓		✓			✓							
Client is suspected and awaiting test results for COVID-19	Requires Ventolin nebuliser		✓	✓	✓	✓				✓				✓	
Client is confirmed COVID-19	Requires care relating to activities of daily living e.g. toileting, showering		✓	✓	✓	✓	✓			✓				✓	
	Requires suctioning of tracheostomy		✓	✓	✓	✓	✓			✓				✓	
	Requires Ventolin nebuliser		✓	✓	✓	✓	✓			✓				✓	