

# INFECTION PREVENTION AND CONTROL COVID-19



## Personal protective equipment (PPE)

**Gloves** should be changed in between patients; change or remove if contaminated or moving from dirty to clean site on the same patient or when damaged or torn.

**Gown/apron** should be removed and discarded appropriately upon leaving the room/zone.

**Reusable eye protection** should be cleaned/disinfected between use.

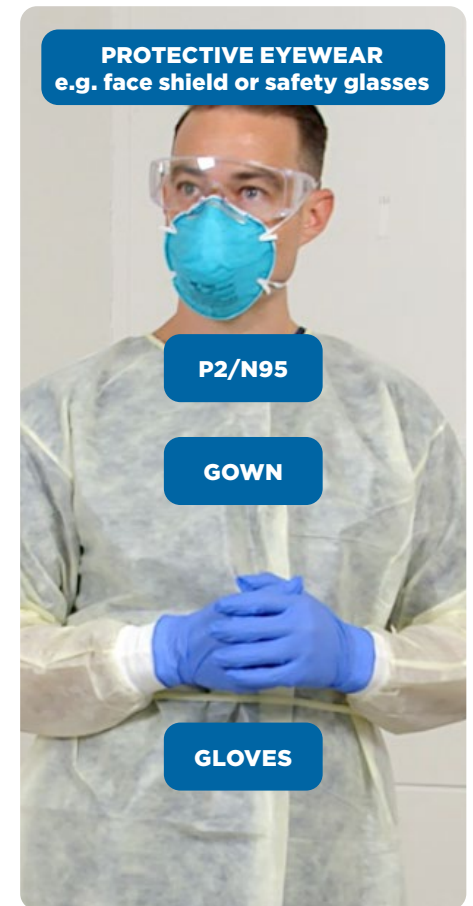
**Surgical mask fluid-resistant (Level 1, 2 or 3)** can be worn for up to 4 hours unless moist or contaminated, or if not removed or pulled down to drink or eat.

**P2/N95 masks** can be worn for up to 8 hours uninterrupted or continuous use. The wearer should not touch the contaminated surface of the mask and the mask should be discarded if contaminated with blood or bodily fluids and following AGPs<sup>#</sup>.

Extended use<sup>†</sup> can also cause discomfort to the wearer from wearing it for longer than usual. Remove or replace if the mask becomes hard to breathe through or no longer fitting correctly, or becomes moist or loose.

<sup>#</sup>Aerosol-generating procedures (AGPs) are those procedures that are more likely to generate excessive small respiratory droplets (aerosols). AGPs potentially put healthcare personnel and others at an increased risk for pathogen exposure and infection. There is currently no uniformed or consensus list of all AGPs for healthcare settings. Although aerosols may carry small amounts of virus, they diffuse as distance from the patient increases and are effectively managed by modern ventilation systems. The requirement for airborne precautions for AGPs is based on the risk of preventing droplet spread infection.

<sup>†</sup>Extended or sessional use refers to a period of time where a health worker is undertaking duties in a specific care setting/exposure environment. A session ends when the health worker leaves the care setting/exposure environment. Extended/sessional use should always be risk assessed and considered where there are high rates of hospital cases.



## Recommended PPE for health workers in clinical units

Context	Disposable gloves	Disposable plastic apron	Disposable fluid-resistant gown	Surgical mask fluid-resistant (Level 1, 2 or 3)	P2/N95 mask	Eye protection <sup>1</sup>
Working in an inpatient area with probable or confirmed case(s) <sup>2</sup> (not within 1.5m). Use standard precautions.	✗	✗	✗	✗	✗	✗
Performing a single aerosol-generating procedure (AGP) on probable or confirmed case(s) <sup>2</sup> .	✓ Single use <sup>3</sup>	✗	✓ Single use <sup>3</sup>	✗	✓ Single use <sup>3</sup>	✓ Single use <sup>3</sup>
Working in any inpatient area with probable or confirmed case(s) <sup>2</sup> - direct patient care (within 1.5m), no AGPs.	✓ Single use <sup>3</sup>	✓ Single use <sup>3</sup> - application as per risk assessment <sup>4</sup>	OR ✓ Single use <sup>3</sup> - application as per risk assessment <sup>4</sup>	✓ Single use <sup>3</sup> - application as per risk assessment <sup>4</sup>	✗	✓ Single use <sup>3</sup>
All individuals transferring probable or confirmed case(s) <sup>2</sup> (within 1.5m).	✓ Single use <sup>3</sup>	✓ Single use <sup>3</sup> - application as per risk assessment <sup>4</sup>	✗	✓ Single use <sup>3</sup>	✗	✗
Primary care, ambulatory and outpatient areas with probable or confirmed case(s) <sup>2</sup> - direct patient care (within 1.5m).	✓ Single use <sup>3</sup>	✓ Single use <sup>3</sup> - application as per risk assessment <sup>4</sup>	OR ✓ Single use <sup>3</sup> - application as per risk assessment <sup>4</sup>	✓ Single use <sup>3</sup>	✗	✓ Single use <sup>3</sup>
Protection for vulnerable patient groups during COVID-19.	✓ Single use <sup>3</sup>	✓ Single use <sup>3</sup>	✗	✓ Single use <sup>3</sup>	✗	✗

1. This may be a single or reusable face/eye protection/face shield, mask visor, safety glasses or goggles.

2. A case is any individual who meets the current definition for a probable or confirmed case of COVID-19 as provided in *CDNA National Guidelines for Public Health Units Coronavirus Disease 2019 (COVID-19)*.

3. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator after each patient and/or following completion of a procedure, task or session. PPE should be disposed of after each use or earlier if damaged, soiled, moist or uncomfortable.

4. Risk assessment refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets, or blood or body fluids.