

Emergency Department – PPE Quick Reference Guide

This is the quick reference guide for Personal Protective Equipment (PPE) use in Emergency Departments.

Any variation to this guidance must be based on local risk assessment and made in conjunction with facility management, local infectious diseases physician, public health unit, infection prevention and control and advice from the Clinical Excellence Commission. The transmission levels must be checked against the [Response and Escalation Risk Matrix](#).




Refer to the CEC COVID-19 web pages for more information.

	<p>STANDARD PRECAUTIONS Standard precautions for all patient care. PPE use based on risk of anticipated exposure to blood or body substances. Consider physical distancing greater than 1.5m where possible.</p>	<ul style="list-style-type: none"> • Hand Hygiene • Aseptic technique • Cleaning and disinfection of shared equipment and surfaces 	<ul style="list-style-type: none"> • Respiratory hygiene/cough etiquette • Risk assessment for PPE e.g. eye protection, mask, gown bases on contact with blood and body fluid • Safe handling of sharps • Waste disposal – correct waste streams
	<p>CONTACT PRECAUTIONS If contact with blood or body fluid is anticipated or pathogenic organisms spread by direct or indirect contact.</p>	<ul style="list-style-type: none"> • Impervious apron or gown 	<ul style="list-style-type: none"> • Disposable gloves when in contact with patient or performing procedures
	<p>DROPLET PRECAUTIONS Used when infectious particles are transmitted by droplets. Providing care for patients suspected or confirmed to have COVID-19 within 1.5m. Combine with CONTACT PRECAUTIONS</p>	<ul style="list-style-type: none"> • Surgical mask • Eye protection (face shield/safety goggles) 	<ul style="list-style-type: none"> • Disposable gloves when in contact with patient or performing procedures • Plastic apron or impervious isolation gown
	<p>AIRBORNE PRECAUTIONS If infectious particles are transmitted by aerosols or when performing AGPs on patients suspected, probable or confirmed to have COVID-19. Combine with CONTACT and DROPLET PRECAUTIONS</p>	<ul style="list-style-type: none"> • P2/N95 respirator (or higher) + fit checking • Eye protection (face shield/safety goggles) 	<ul style="list-style-type: none"> • Disposable gloves when in contact with patient or performing procedures • Impervious isolation gown

- a. Bare below the elbow, hair short or tied back
- b. AEROSOL GENERATING PROCEDURE (AGP) includes non-invasive ventilation (NIV), intubation, extubation, manual mask ventilation and high-flow nasal cannula see [AGP list in relation to COVID-19](#)
- c. Risk assessment of facial hair and fit checking of P2/N95 respirator

Document information			
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PPE use at Different Transmission Levels

		The appropriate PPE (mask, eye protection, apron/gown, gloves) should be selected by staff as per risk assessment or as directed by their department/ hospital management and infection control team.		
RISK LEVEL (see next page)		LOW (GREEN ALERT) TRANSMISSION	MODERATE (AMBER ALERT) TRANSMISSION	HIGH (RED ALERT) TRANSMISSION
	When interacting with a patient with LOW PROBABILITY of COVID infection (i.e. no fever, no respiratory symptoms, no close contact with a confirmed case).	STANDARD PRECAUTIONS For all patient care.	STANDARD PRECAUTIONS Surgical mask within treatment space (within 1.5m in patient zone). Eye protection as per risk assessment.	CONTACT and DROPLET PRECAUTIONS (within 1.5m in patient zone).
	When interacting with a patient with HIGH PROBABILITY of COVID infection (i.e. fever, respiratory symptoms, close contact with confirmed case).	CONTACT and DROPLET Surgical mask, eye protection, apron/gown and gloves within treatment space (within 1.5m in patient zone).		
	When performing respiratory AGP on patient suspected, probable or confirmed with COVID-19	CONTACT, DROPLET and AIRBORNE P2/N95 respirator, full face shield/eyewear, gown and gloves. Use of PAPR and additional PPE may be considered as per local Infection Prevention and Control following review of evidence and risk assessment HW must be trained and competent in use of PPE. HWs who are responders for cardiac arrests have practiced the safe, effective and quick donning of PPE required for contact, droplet and airborne precautions		

Vulnerable HWs: Health workers (HW) should be individually risk assessed to determine their suitability for clinical areas. Wearing a surgical mask when within 1.5 metres of any patient will reduce this risk and should be considered in the risk assessment.

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LOW (GREEN ALERT) TRANSMISSION

Standard precautions and transmission based precautions based on patient condition

- Screening and testing
- Physical distancing
- Standard Precautions
- Transmission Based Precautions
- Environmental Cleaning
- Monitoring and Surveillance

MODERATE (AMBER ALERT) TRANSMISSION

Escalate PPE controls, mask use for all HWs providing care within 1.5m in addition to standard precautions
Patients & visitors to wear masks on presentation and during transit

- Screening and testing
- Physical distancing
- Surgical mask for HW caring for patients within 1.5m
- Patients to wear mask on arrival to ED and transit if able
- Standard Precautions
- Transmission Based Precautions for care of suspected/probable/confirmed COVID-19 patients
- Enhanced Environmental Cleaning
- Monitoring and Surveillance
- Implementing COVID-19 care zones – if able to have zones
- Consider changes to service delivery
- Masks for patients and visitors on entry

HIGH (RED ALERT) TRANSMISSION

Escalate PPE controls*
Universal mask use by HWs
Patients & visitors to wear masks on presentation and during transit


- Screening and testing
- Physical distancing
- Surgical mask for HWs and visitors
- Patients to wear mask on arrival to ED and while outside room/ transit
- Contact and droplet precautions within 1.5m of any patient
- Standard Precautions
- Transmission Based Precautions for care of suspected/probable/confirmed COVID-19 patients
- Enhanced environmental Cleaning
- Monitoring and Surveillance
- Implementing AND maintaining COVID-19 care zones – if able to
- Changes to service delivery
- Full face shield to replace eyewear for staff in hot/red zones

Red Alert Note *Individual organisations may choose to recommend the use of a P2/N95 respirator in the following circumstances when caring for suspected, probable or confirmed COVID-19 patients:

- In situations where there are patients/residents cohorted in one area or ward; AND/OR
- Where there is prolonged and close contact with these patients; AND/OR
- Where aerosol-generating procedures (AGPs) are possible and unplanned
- If a risk assessment is made by the health facility for designated area/clinical groups

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Use of PPE

For use in	 Hand Hygiene	 Disposable gloves	 Disposable fluid repellent apron	 Disposable fluid repellent gown	 Surgical mask	 P2/N95 respirator	 Eye protection (safety glasses / face shield)
For people assessed as low probability or no risk for COVID-19, that is, they do not meet the clinical criteria for COVID-19	✓	As per standard precautions	As per standard precautions	As per standard precautions	As per standard precautions	✗	As per standard precautions
In areas of higher clinical risk and where the person is NOT suspected, probable or confirmed to have COVID-19 and staff are within 1.5m	✓	As per standard precautions	As per standard precautions	As per standard precautions	✓	✗	As per standard precautions
Direct care or contact with a person who is suspected, probable or confirmed COVID-19 and within 1.5m	✓	✓	✓	OR ✓	✓	✗	✓
Undertaking an AGP on a person with suspected, probable or confirmed COVID-19	✓	✓	✗	✓	✗	✓	✓

Extended PPE use: International guidance states that surgical masks and P2/N95 respirators can be worn for not more than 4 hours. Once they are removed for clinical reasons or meal breaks, they must be discarded, and a new mask used. Extended/sessional use of masks and eye protection (single or reusable) are to be changed when moist, soiled or contaminated. Reusable eye protection should be cleaned in between use. Clean all shared patient equipment including your stethoscope and high touch surfaces. Always perform hand hygiene between patient contact, before and after wearing gloves.

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