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| Personal protective equipment (PPE) for residential disability service providers for prevention of COVID-19 |

# Who is this guidance for?

This guidance outlines the correct use of personal protective equipment (PPE) for disability service providers during the COVID-19 pandemic. This guidance applies to disability residential services (permanent, respite and short-term).

For PPE guidance for non-residential disability service providers, see [Fact shee](http://dhhs.vic.gov.au/factsheet-for-community-services-covid-19-doc)t for community and non-residential disability services (dhhs.vic.gov.au/factsheet-for-community-services-covid-19-doc) and (dhhs.vic.gov.au/factsheet-for-community-services-covered-by-care-facilities-directions-covid-19-doc).Fact sheet for community services covered by the Care Facilities Directions (dhhs.vic.gov.au/factsheet-for-community-services-covered-by-care-facilities-directions-covid-19-doc).

Download [resources for coronavirus (COVID-19) infection prevention control](https://www.dhhs.vic.gov.au/infection-prevention-control-resources-covid-19), including posters and videos (dhhs.vic.gov.au/infection-prevention-control-resources-covid-19).

# What personal protective equipment (PPE) is required?

Table 1: PPE for workers to use when a person with disability does NOT have COVID-19, is NOT suspected to have COVID-19 (high risk or low risk) or has been cleared of COVID-19

| For use when | A picture containing drawing  Description automatically generatedHand hygiene | A picture containing bag, drawing  Description automatically generatedSurgical mask | A picture containing drawing  Description automatically generatedN95/P2 respirator/mask | A picture containing drawing  Description automatically generatedEye protection(Safety glasses/goggles/face shield)[[1]](#footnote-2) | A close up of a logo  Description automatically generatedGloves | Disposable fluid repellent gown |
| --- | --- | --- | --- | --- | --- | --- |
| Providing non hands-on care/support indoors or outdoors | **** | **** | **** | **** | **** | **** |
| Providing hands-on care/support that does **not** involve exposure to blood, body fluids, touching mucous membranes or non-intact skin. If no anticipated blood or body fluid exposure, then no additional PPE required | **** | **** | **** | **** | **** | **** |
| Providing hands-on care/support that may involve exposure to blood, body fluids, touching mucous membranes or non-intact skin | **** | **** | **** | ****[[2]](#footnote-3) | **** | **[[3]](#footnote-4)** |

****= PPE item required, **** = PPE item not required

Table 2: PPE to use when a person with disability is suspected to have COVID-19 (high-risk or low-risk) or confirmed to have COVID-19

| For use when | A picture containing drawing  Description automatically generatedHand hygiene | A picture containing bag, drawing  Description automatically generatedSurgical mask | A picture containing drawing  Description automatically generatedP2/N95respirator/mask | A picture containing drawing  Description automatically generatedEye protection(Safety glasses/goggles/face shield) | A close up of a logo  Description automatically generatedGloves | Disposable fluid repellent gown |
| --- | --- | --- | --- | --- | --- | --- |
| A direct contact worker supporting a person who is suspected to have COVID-19 (high-risk) or is confirmed to have COVID-19This PPE is to be worn regardless of the amount of time in contact, including transfer within a facility and in transport vehiclesProviding care to a person who is suspected to have COVID-19 (low-risk):* there is a risk of aerosol generating behaviours (AGBs)[[4]](#footnote-5)
* an aerosol generating procedure (AGP)[[5]](#footnote-6) needs to be performed
 | **** | **** | **** | ****face shield where practical[[6]](#footnote-7) | **** | **** |
| All disability workers providing hands-on or non-hands-on care/ support to a person who is a low-risk suspected case of COVID-19[[7]](#footnote-8)  | **** | **** | **** | **** | **** | **** |

****= PPE item required, **** = PPE item not required

**Note:** if a person is confirmed as having COVID-19, all other residents in that house will likely be considered close contacts (that is, suspected cases). The same precautions will then be required for all clients in that residential setting.

**Notes to Tables 1 and 2**

* When going on break in a staff only area (for example shared offices, change rooms or staff rooms) after supporting clients, you should dispose of your mask and clean or discard other PPE worn.
* If eating or drinking, you should do so in a non-shared space, for example, outside area or designated indoor area.
* Put on a new face mask after eating and drinking if physical distancing of at least 1.5 metres cannot be maintained.
* Put on other PPE (if required) before resuming client-facing activities.

**Eye protection, face masks and general PPE**

Updated information in line with public health directions regarding face masks, density limits and record keeping for residential disability organisations can be found in the [Fact sheet for community services covered by the Care Facilities Directions](https://www.dhhs.vic.gov.au/factsheet-for-community-services-covered-by-care-facilities-directions-covid-19-doc) (dhhs.vic.gov.au/factsheet-for-community-services-covered-by-care-facilities-directions-covid-19-doc).

**PPE for interpreters**

Telephone or video interpreting should be used if possible. If an onsite interpreter is needed, a risk assessmentshould be used to determine whether an onsite interpreter can be safely used. Disability service providers must ensure appropriate PPE is provided to the interpreter. PPE should be to the same standard as that worn by other onsite staff. Face shields should be provided for Auslan interpreters.

**Positive coronavirus (COVID-19) cases**

PPE is only one element of support worker protection. It is essential that the [hierarchy of controls](https://www.health.gov.au/resources/publications/minimising-the-risk-of-infectious-respiratory-disease-transmission-in-the-context-of-covid-19-the-hierarchy-of-controls) is implemented to reduce the risk of spreading COVID-19 ([health.gov.au/resources/publications/minimising-the-risk-of-infectious-respiratory-disease-transmission-in-the-context-of-covid-19-the-hierarchy-of-controls](file:///C%3A%5CUsers%5Cvicm6fw%5CDownloads%5Chealth.gov.au%5Cresources%5Cpublications%5Cminimising-the-risk-of-infectious-respiratory-disease-transmission-in-the-context-of-covid-19-the-hierarchy-of-controls)).

* All staff must wear P2/N95 respirators for contact with all residents in quarantine, and all confirmed and high and low-risk suspected cases of COVID-19 when performing an aerosol generating procedure.
* A single case of COVID-19 in staff or residents of a facility is considered an outbreak.
* When there is an outbreak of COVID-19 in a facility:
	+ all residents except for those confirmed to have COVID-19 are considered close contacts
	+ all residents are initially required to quarantine or isolate in their rooms at all times
	+ P2/N95 respirators must be worn for contact with all residents, unless they are cleared.
* If there is active community transmission of COVID-19 in Victoria, the category of low-risk suspected cases is NOT applicable and all residents with symptoms are considered high-risk suspected cases.

Information and resources on infection prevention control can be accessed on the [Department of Health’s coronavirus website (dhhs.vic.gov.au/infection-prevention-control-resources-covid-19).](https://www.dhhs.vic.gov.au/infection-prevention-control-resources-covid-19)

## Coronavirus (COVID-19) risk assessment

Workers should use PPE as outlined in Table 2 for clients based on the following COVID-19 case definitions:

* **Confirmed** cases of COVID-19
* **High-risk suspected** cases of COVID-19. Defined as:
1. A person in quarantine for any reason (including being a close contact of a confirmed case of COVID-19) or a returned traveller from overseas or an interstate red zone area in the last 14 days (see ’Victorian Travel Permit System’ for outbreak areas), with or without symptoms of COVID-19 (for example, cough, sore throat, fever, shortness of breath or runny nose). This group is also referred to as “at-risk”.
2. A person with symptoms of COVID-19, such as cough, sore throat, fever, shortness of breath or runny nose who meets **one or more of the following risk factors** in the 14 days prior to their illness:
* Had contact with a confirmed case or an exposure site
* Was employed in an area where there is an increased risk of COVID-19 transmission, for example:
	+ hotel quarantine workers or any workers at ports of entry
	+ aged care/ healthcare workers working in a location where there are active outbreaks
	+ other high-risk industries (such as abattoirs) where there are known cases or high levels of community transmission
* Lived in or visited a public exposure site or suburb at higher risk
* Has been released from a quarantine facility.
* **Low-risk suspected** cases of COVID-19. Defined as:
1. A person who has symptoms that could be consistent with COVID-19 (for example, cough, sore throat, fever, shortness of breath or runny nose) but no risk factors as listed in the high-risk definition.
2. Where a client’s history cannot be obtained, they should be considered as a low-risk suspected case until further screening information can be obtained, at which point a revised diagnosis of the client’s condition can be made and appropriate changes to PPE implemented.

If the client is a confirmed, high-risk suspected or low-risk suspected case of COVID-19, the client should also, wherever possible, wear a face mask.

If a client has a positive risk assessment, in-home care appointments should be postponed wherever possible until there are no longer any risk factors (for example, symptoms have resolved, or the end of quarantine for close contacts). If appointments to provide in-home care are deemed essential, they should be kept as brief as possible to minimise risk of transmission.

# Using PPE

## Putting on and taking off PPE safely

Information on how to safely don (put on) and doff (take off) PPE is available on the [PPE page](https://www.dhhs.vic.gov.au/personal-protective-equipment-ppe-covid-19) on the department’s website (dhhs.vic.gov.au/personal-protective-equipment-ppe-covid-19).

## Reusable eye protection

Eye goggles, safety eye glasses and some face shields are reusable but need to be cleaned and disinfected between uses.

Discard the eye protection if it becomes damaged or heavily soiled.

Each worker should disinfect and clean their own eye protection and store them in a clean container or bag between use.

After taking off reusable eyewear:

* wash your hands with soap and water for 20 seconds or use an alcohol-based hand rub
* place the eyewear on a clean surface
* use a disinfectant wipe (or a 2-in-1 detergent/disinfectant wipe if you have them) to clean and disinfect:
	+ first wipe the inside of the eyewear, then wipe down the outside
	+ repeat wiping down the outside of the eyewear with a second wipe
* fully air dry on a clean surface
* after disinfection if there are streaks on the eyewear making it difficult to see out of, you can wash the eyewear with soap and water or wiped with a clean cloth dampened with water to remove streaking
* allow to air dry
* disinfect the surface that you placed the eyewear on
* wash your hands with soap and water for 20 seconds or use an alcohol-based hand rub.

You can also view [guidelines on cleaning and disinfection of protective eyewear](https://login.microsoftonline.com/c0e0601f-0fac-449c-9c88-a104c4eb9f28/oauth2/v2.0/authorize?client_id=a8c18294-cf65-4c24-b4fb-abfccade83fc&response_type=code&response_mode=query&scope=openid&redirect_uri=https%3A%2F%2Fintranet.dhhs.vic.gov.au%2Foauth2%2Fcallback&state=%2Fhttps://www.health.gov.au/resources/publications/iceg-guidelines-on-cleaning-and-disinfection-of-protective-eyewear-in-health-and-residential-care-facilities).

## P2/N95 respirators

All staff and volunteers required to use a P2/N95 respirator **must** be trained in how to use them, including how to do a fit check. Instructions on how to use these respirators must be available on site. P2/N95 respirators come in different sizes.

All staff and volunteers must read the instructions and practice fit checking them before wearing them with a client. If a staff member or volunteer is unable to achieve a fit check, they should discuss other options with their manager. This may include using other masks.

### **Donning (putting on)**

* Wash your hands with soap and water for 20 seconds or use an alcohol-based hand rub.
* Select the respirator that you know fits you well.
* Inspect the respirator for tears or holes. Discard if damaged.
* Holding the respirator face with metal strip face up pull out both straps.
* Tuck the bottom of the respirator under your chin and cover your nose.
* Pull the top strap above you ears on the top of your head.
* Pull the bottom strap below your ears and your hair line.
* Mould the metal strip to the bridge of your nose by pressing down on both sides of it with your fingers.
* Press around the edges of the respirator to ensure a seal on your cheeks and face.
* The respirator should fit tightly and seal all the way around.
* Do a fit check. This is critical.

### Fit checking

Fit checking is the process of ensuring a P2/N95 respirator seals properly once it has been applied. It makes sure the respirator is sealed over the bridge of the nose and mouth and that there are no gaps between the respirator and face.

You must do this every time you use a P2/N95 respirator, even if you have fit checked the same kind before.

You should not provide care or support until your respirator fits properly.

If you have facial hair (including 1–2 day stubble), please be aware that an adequate seal cannot be achieved between the P2/N95 respirator and your face. You will need to shave.

You must read the manufacturer’s instructions for fit checking the respirator you are using and practice doing it properly before using a P2/N95 respirator with a client.

Fitting the respirator starts the same as for a surgical mask. The difference is that you need to fit check your respirator with a colleague (buddy), preferably your supervisor. Fit checking may be achieved without a buddy once you are familiar with what a good fit should look and feel like. If using a duckbill respirator, a mirror for the user to check if the mask is breathing in and out would be appropriate. The buddy is there to remind the staff member to perform the check.

The procedure for fit checking is:

* While breathing in and out place your hands around the top and sides of the respirator to check for leaks. You should not feel any air coming out and the respirator should be drawn in when inhaling
* Cover the respirator with both hands and inhale sharply
* If the respirator is not drawn in towards the face, or air leaks around the face seal then there is not a good seal. This must be fixed
* Readjust the respirator if necessary and repeat the process. You may have to do this several times
* If it still does not work, your buddy should check that you have the respirator on correctly, that the ties are not crossed or that there are no defects
* If it still does not seal after your buddy checks it, change the respirator for one of a different size or shape.

Doffing (taking off)

* Do not touch the front of the respirator.
* Slowly slip the bottom strap from around your neck, up and over your head while keeping the respirator seated against your face.
* Lift off the top strap.
* Carefully remove the respirator without allowing the outside to come in contact with any part of your body.
* Place it in a sealable plastic bag for disposal in clinical waste.
* Wash your hands with soap and water for 20 seconds or use an alcohol-based hand rub.

You should practice taking off your respirator several times so that it becomes natural.

### When to remove and discard P2/N95 respirators

P2/N95 respirators should be replaced if they become:

* contaminated with blood or bodily fluids
* hard to breathe through
* ill-fitting or loses its shape
* damp.

You should also replace your respirator every 4 hours. Remove and dispose of your respirator at the end of each shift.

P2/N95 respirators should be removed away from client areas (for example, between residences or in a break room or reception area) and before supporting clients that are not isolated for coronavirus (COVID-19).

## Disposal of PPE

Discard used PPE as general waste if there is:

* no interaction with clients
* supervision only for clients and clients are self-caring
* interaction with a client with no COVID-19 risk factors
* no contamination of PPE with blood or body fluids.

Discard used PPE as clinical waste if there is:

* interaction with a client who is suspected or confirmed to have COVID-19 or is a close contact of a person with COVID-19
* interaction with a client who is suspected or confirmed to have COVID-19 or is a close contact of a person with COVID-19 exhibiting aerosol generating behaviours
* evidence that PPE is contaminated with blood or body fluids.

When discarding PPE as clinical waste, you must:

* remove PPE and place in a sealable plastic bag and perform hand hygiene
* discard immediately into a clinical waste bin
* store clinical waste bins in a secure area until collection
* double bag the used PPE after a home visit for later disposal in a clinical waste bin.

## Role of supervisors

In disability services settings it is important that all PPE, including P2/N95 respirators, are donned and doffed properly to protect the person using it as well as their clients and colleagues. Wherever possible, PPE should be donned and doffed in the presence of a supervisor or staff member to ensure proper use. P2/N95 respirators must be fit checked every time they are used.

When P2/N95 respirators are used, supervisors are responsible for:

* telling staff when to use P2/N95 respirators and other PPE
* keeping up to date with the department’s latest guidance on PPE
* making sure staff know how to use P2/N95 respirators and other PPE safely and have practiced putting on taking off PPE in the correct sequence
* supervising staff when they don P2/N95 respirators and other PPE to check that everything is put on correctly
* making sure staff have done the fit check and there is a good seal
* not allowing staff to provide care or support if staff are not protected and record that all is correct
* supervising staff when staff doff P2/N95 respirators and other PPE to make sure staff do not contaminate themselves and that they dispose of the PPE safely in a clinical waste bin
* making sure that clinical waste bins are stored in a safe place, are not overfilled and get collected regularly
* nominating another staff member as the ‘buddy’ if the supervisor cannot supervise

## eLearning modules for Community Services Workers

The department has developed [three free eLearning modules](https://www.dhhs.vic.gov.au/community-services-all-sector-coronavirus-covid-19#elearning-modules-for-community-services-workers) in collaboration with Anglicare Victoria and Eve Learning for the community services sector ([dhhs.vic.gov.au/community-services-all-sector-coronavirus-covid-19#elearning-modules-for-community-services-workers](https://www.dhhs.vic.gov.au/community-services-all-sector-coronavirus-covid-19#elearning-modules-for-community-services-workers))

The topics are:

* COVID-safe for Residential Carers
* PPE for Community Workers
* Use of P2/N95 respirators

The three modules take about 20 minutes each to complete. They give practical guidance on how to use PPE (including face masks) correctly and reduce the risk of coronavirus (COVID-19) transmission. These files are easily accessible and interactive. The PPE for Community Workers module is a prerequisite for the third module on Use of P2/N95 respirators. You will receive a certificate when you complete each module.

Organisations wishing to host these eLearn modules can download the latest version of the courses as SCORM files. These files can be provided on request. For more information, please email RREMoutbreak@dffh.vic.gov.au.

**To find out more information about coronavirus (COVID-19) and how to stay safe visit**
[www.coronavirus.vic.gov.au](http://www.coronavirus.vic.gov.au)
**<https://www.coronavirus.vic.gov.au>**

**If you need an interpreter, call TIS National on 131 450**

**For information in other languages, visit**
[Translated resources - coronavirus (COVID-19)](https://www.coronavirus.vic.gov.au/translated-information-about-coronavirus-covid-19)**<https://www.coronavirus.vic.gov.au/translated-information-about-coronavirus-covid-19>**

**For any questions
Coronavirus hotline 1800 675 398 (24 hours)
Please keep Triple Zero (000) for emergencies only**

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<REMpolicy&engagement@dffh.vic.gov.au>.

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Available at: [www.coronavirus.vic.gov.au](http://www.coronavirus.vic.gov.au) <https://www.coronavirus.vic.gov.au>

1. Personal eyeglasses are not adequate eye protection. Eye protection must be worn over eyeglasses. [↑](#footnote-ref-2)
2. Eye protection, gloves and/or an apron may be used while providing support to clients for non-infection prevention and control reasons, for example, during feeding, art work, cooking etc [↑](#footnote-ref-3)
3. Apron or full length gown as application to the activity [↑](#footnote-ref-4)
4. AGBs = aerosol-generating behaviours. Examples include; persistent and/or severe coughing, screaming, shouting, crying out, vomiting etc. [↑](#footnote-ref-5)
5. AGPs = aerosol-generating procedures. Examples include: bronchoscopy, tracheal intubation, non-invasive ventilation (e.g. BiPAP, CPAP), high flow nasal oxygen therapy, manual ventilation before intubation, intubation, cardiopulmonary resuscitation, suctioning, sputum induction, nebuliser use (nebulisers should be discouraged and alternatives considered such as a spacer). See the [COVID-19 Infection prevention and control guideline](https://www.dhhs.vic.gov.au/healthcare-worker-personal-protective-equipment-ppe-guidance-performing-clinical-procedures) at [dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19](https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19) Entry to rooms where AGPs are taking place should be minimised. Place a sign on the door to indicate that an AGP is in process. [↑](#footnote-ref-6)
6. Services and staff must assess whether it is practical to wear a face shield. If not, the staff member must wear safety glasses or goggles. Goggles should be worn whilst driving. [↑](#footnote-ref-7)
7. If there is active community transmission of COVID-19 in Victoria, the category of low-risk suspected cases is NOT applicable and all residents with symptoms are considered high-risk suspected cases [↑](#footnote-ref-8)