



# PPE for community services\* providers for prevention of coronavirus (COVID-19)

\*Disability services, out of home care residential services, family violence and sexual assault services, child and family services, child protection or other essential community (non-health) services

Last updated: 8 August 2020

## Who is this guidance for?

This guidance applies to outreach home-based care, residential care and client visits. In-home care (foster and kinship carers) and other household members should follow the guidance provided by the department to [cases](#), [suspected cases](#) and [close contacts](#).

## What personal protective equipment (PPE) is required?

Wherever possible, if the client is determined to have any of the risk factors listed below, the appointment should be postponed until there are no longer any risk factors (for example, end of quarantine for close contact). Appointments should also be kept as brief as possible to minimise risk of transmission.

From 2 August 2020, the use of face coverings is mandatory in Victoria. Community service staff and volunteers in Victoria must wear a surgical mask when interacting with clients. Clients should also wear a face mask in these environments. For further guidance about masks see [Face masks and coverings](#) on the department's website <https://www.dhhs.vic.gov.au/face-masks-and-coverings-covid-19> and <https://www.dhhs.vic.gov.au/personal-protective-equipment-ppe-covid-19>.

PPE recommendations for all situations are outlined in the tables below.

## Coronavirus (COVID-19) risk factors

Workers should use PPE as outlined in Table 1 for clients who meet any of the following risk factors:

- suspected (that is awaiting a coronavirus (COVID-19) testing result) or confirmed as having coronavirus (COVID-19)
- fever or chills (in the absence of an alternative diagnosis that explains the clinical presentation) OR have symptoms of an acute respiratory infection (for example, cough, sore throat, shortness of breath or runny nose)
- have been advised by DHHS they are a close contact of someone with confirmed coronavirus (COVID-19) and are in quarantine for 14 days<sup>1</sup>, or
- where you cannot determine whether the client or anyone in their home is at risk of having coronavirus (COVID-19) because you cannot get in contact with them or they refuse to answer<sup>2</sup>.

If any of the above risk factors are identified, the client should also, wherever possible, wear a surgical mask.

**Table 1: PPE to use when clients have coronavirus (COVID-19) risk factors<sup>1,2</sup>**

For use when	 Hand hygiene	 Surgical mask	 P2/N95 respirator/mask	 Eye protection (Safety glasses/goggles/face shield)	 Gloves	 Disposable fluid repellent gown
Providing non-contact care or support and can maintain physical distancing (> 1.5 metres) <sup>3</sup>	✓	✓	✗	✓	✗	✗
Providing non-contact care or support and can't maintain physical distancing (> 1.5 metres) <sup>4</sup>	✓	✓	✗	✓	✗	✗
Providing care that involves touching the client or contact with blood or body fluids	✓	✓	✗	✓	✓	✓
Providing care in an uncontrolled environment <sup>5</sup> where there are high numbers of suspected or confirmed COVID-19 cases and there may be exposure to aerosol generating behaviours <sup>6</sup>	✓	✗	✓	✓	✓	✓

<sup>1</sup> If a client who has been advised by DHHS that they are a close contact of someone with confirmed coronavirus (COVID-19), and develops symptoms of coronavirus (COVID-19), then they should be tested for coronavirus (COVID-19). Continue to use these precautions while awaiting test results.

<sup>2</sup> Client breaches of physical distancing measures do not require them to be treated as a suspected case.

<sup>3</sup> Includes where there is known deliberate spitting or coughing on staff

<sup>4</sup> All community service staff and volunteers are required to wear a surgical face mask and eye protection for all face to face contact with clients.

<sup>5</sup> An uncontrolled environment is where the behaviour of the persons within the immediate environment you are working is unpredictable such as the potential for aerosol generating behaviours, or you are involved in activities that may result in aerosol generating behaviours

<sup>6</sup> Aerosol generating behaviours = screaming, shouting, crying out, vomiting

Note: that if a client is confirmed as having coronavirus (COVID-19) all other residents in that house will likely be considered close contacts and the same precautions will then be required for all clients in that residential setting.

**Table 2: PPE to use when clients do not have coronavirus (COVID-19) risk factors or have been cleared of coronavirus (COVID-19).**

	 Hand hygiene	 Surgical mask	 N95/P2 mask	 Eye protection (Safety glasses/goggles/face shield)	 Gloves	 Disposable fluid repellent gown or plastic apron
Providing care in a client home.	✓	✓	✗	✓	✗	✗
Providing non-contact care or support	✓	✓	✗	✓	✗	✗

	 Hand hygiene	 Surgical mask	 N95/P2 mask	 Eye protection (Safety glasses/goggles/face shield)	 Gloves	 Disposable fluid repellent gown or plastic apron
Providing care that may involve exposure to blood, body fluids, touching mucous membranes or non-intact skin	✓	✓	✗	✓	✓	+/- If splash or contamination of body anticipated

Please also see the [Guide to the conventional use of personal protective equipment \(PPE\)](https://www.dhhs.vic.gov.au/coronavirus-covid-19-guide-conventional-use-personal-protective-equipment-ppe) <<https://www.dhhs.vic.gov.au/coronavirus-covid-19-guide-conventional-use-personal-protective-equipment-ppe>>.

## Sequence for putting on and removing PPE

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

### Reusable eye protection

Eye goggles and safety eye glasses are reusable but need to be cleaned between uses.

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

Each worker should disinfect and clean their own eye goggles/glasses and store them in a clean safe place between use.

After taking off reusable eyewear:

- perform hand hygiene
- place the eye protection 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 eye protection making it difficult to see out of, the eye protection can be washed with soap and water or wiped with a clean cloth dampened with water to remove streaking
- allow to air dry.

### Use of P2/N95 respirator/mask

All staff and volunteers required to use a P2/N95 respirator/mask **must** be trained in their use and how to perform a fit check.

### Fit checking

Fit checking is the process of ensuring a P2/N95 respirator achieves a good seal once it has been applied and should occur each time a respirator is donned, even if fit testing has previously been undertaken.

Workers must perform fit checks every time they put on a P2/N95 respirator to ensure a facial seal is achieved.

Workers who have facial hair (including 1–2 day stubble) must be aware that an adequate seal cannot be achieved between the P2/N95 respirator and the wearer's face. The wearer must either shave or seek an alternative protection.

No direct activity should be undertaken until a satisfactory fit has been achieved. Fit checks ensure the respirator is sealed over the bridge of the nose and mouth and that there are no gaps between the respirator and face. Workers must be informed about how to perform a fit check.

The procedure for fit checking includes:

- placement of the respirator on the face so the top rests on your nose and the bottom is secured under your chin.
- placement of the top strap or ties over the head and position it high on the back of the head.
- pull the bottom strap over your head and position it around your neck and below your ears.
- place fingertips from both hands at the top of the nosepiece. Using two hands, mould the nose area to the shape of your nose by pushing inward while moving your fingertips down both sides of the nosepiece.
- checking the negative pressure seal of the respirator by covering the filter with both hands or a non-permeable substance (for example, plastic bag) and inhaling sharply. If the respirator is not drawn in towards the face, or air leaks around the face seal, readjust the respirator and repeat process, or check for defects in the respirator.
- always refer to the manufacturer's instructions for fit checking of individual brands and types of P2/N95 respirator.

## When to discard P2/N95 respirators

P2/N95 respirators should be:

- **Discarded** and **replaced** if contaminated with blood or bodily fluids
- **Replaced** if it becomes hard to breathe through or if the mask no longer conforms to the face or loses its shape
- **Removed** outside of patient care areas (for example, between wards, break room, reception area) and are to be removed before proceeding to care for patients that are not isolated for COVID-19.

## Disposal of PPE

If PPE is not contaminated, that is blood or body fluid is **not visible**, it can be disposed of in general waste.

If PPE has been contaminated, that is blood or body fluid **is visible**, it should be disposed of in the following manner:

- Remove and place in sealable plastic bag.
- Transport and store in a secure area. Dispose of as clinical waste.

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Available at: [DHHS.vic – coronavirus disease \(COVID-19\) <https://www.dhhs.vic.gov.au/coronavirus>](https://www.dhhs.vic.gov.au/coronavirus)