



# 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: **29 September 2020**. Updates since the last version are highlighted in yellow.

## Who is this guidance for?

This guidance is for community services providers including 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. It applies to outreach home-based care including for people with disability, 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. For more information on cases, suspected cases and close contacts visit [Quarantine and isolation](https://www.dhhs.vic.gov.au/self-quarantine-coronavirus-covid-19) <<https://www.dhhs.vic.gov.au/self-quarantine-coronavirus-covid-19>>.

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

Wherever possible, if the client has 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 contacts). Appointments should be kept as brief as possible to minimise risk of transmission.

From 2 August 2020, the use of face masks was made mandatory in Victoria. Community service staff, contractors 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 [Personal protective equipment](#) on the department's website <<https://www.dhhs.vic.gov.au/face-masks-and-masks-covid-19>> and <<https://www.dhhs.vic.gov.au/personal-protective-equipment-ppe-covid-19>>.

Where community services providers require the use of interpreter services, this should be based on a contemporary and local risk assessment to determine whether an onsite interpreter may be safely used. Otherwise, telephone or video interpreting should be used wherever possible. Should the use of an onsite interpreter be deemed essential, community service organisations must ensure appropriate PPE is provided to the interpreter. PPE should be to the same standard as that worn by other onsite staff and face shields should be provided for Auslan interpreters.

All community service staff, contractors and volunteers must wear a surgical face mask and eye protection for all contact and non-contact care/support with clients. In community settings where there are no non-client facing areas, staff must wear a surgical mask and eye protection at all times. Clients who normally reside together are not required to wear a face mask when interacting with other members of their household. However, where residents do not normally reside together they should be encouraged to wear a face mask when interacting with other residents. If clients become unwell and are either suspected or confirmed of having coronavirus (COVID-19), they should wherever possible wear a surgical mask. Children under the age of 2 years should not wear a face mask.

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 test result) or confirmed as having coronavirus (COVID-19)
- symptoms of an acute respiratory infection (for example, cough, sore throat, shortness of breath or runny nose) and have not been tested for COVID-19 yet
- 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 or are unable 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 a client has coronavirus (COVID-19) risk factors (suspected or confirmed COVID-19 case, or close contact of a confirmed case)<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/support <sup>3</sup>	✓	✓	✗	✓ face shield where practical <sup>4</sup>	✗	✗
Providing direct contact care/support for short periods <sup>5</sup>	✓	✓	✗	✓ face shield where practical <sup>4</sup>	✓	✓
Providing direct contact care/support for prolonged periods <sup>6</sup> , or where there are aerosol generating procedures or behaviours <sup>7</sup>	✓	✗	✓	✓ face shield where practical <sup>4</sup>	✓	✓

**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.

<sup>1</sup> Any clients who are close contacts and develop symptoms of coronavirus (COVID-19) 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 **non hands-on** care not within 1.5 metres of the client, and is appropriate in the case of known deliberate spitting or coughing on staff.








<sup>4</sup> 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.

<sup>5</sup> Means **hands-on** care or support within 1.5 metres of the client for less than a cumulative 15 minutes, which is provided in residential facilities or other locations

<sup>6</sup> Means **hands-on** care/support within 1.5 metres of the client for a cumulative 15 minutes or more over a shift, or being in an enclosed space such as a small room or a vehicle, for prolonged periods.

<sup>7</sup> Aerosol generating behaviours (AGBs) include screaming, shouting, crying out, or vomiting. Aerosol generating procedures (AGPs) include the use of CPAP, or nebulisers, or providing CPR to a client. 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.

**Table 2: PPE to use when clients do not have coronavirus (COVID-19) risk factors (suspected or confirmed COVID-19 case, or close contact of a confirmed case) or have been cleared of coronavirus (COVID-19).**

	 Hand hygiene	 Surgical mask	 N95/P2 respirator/mask	 Eye protection (Safety glasses/goggles/face shield)	 Gloves	 Disposable fluid repellent gown
Providing non-contact care/support	✓	✓	✗	✓	✗	✗
Providing contact care/support that does <b>not</b> involve exposure to blood, body fluids, touching mucous membranes or non-intact skin	✓	✓	✗	✓	✗	 <sup>1</sup>
Providing contact care/support that may involve exposure to blood, body fluids, touching mucous membranes or non-intact skin	✓	✓	✗	✓	✓	✓

<sup>1</sup> An apron may be used where there is minimal risk of splash from blood or body fluids but protection of clothing is still required, for example when showering a client.

**Note:** 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 your eye protection. 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 surgical mask after eating and drinking. Put on new or disinfected reusable eye protection before resuming client-facing activities. Keeping at least 1.5 metres away from co-workers both during breaks and during work is critical in preventing transmission of coronavirus (COVID-19).

For more information on PPE in healthcare settings please 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>>.

## 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](#) on the department's website <<https://www.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 safe place 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.

## P2/N95 respirators/masks

All staff and volunteers required to use a P2/N95 respirator/mask **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. All staff and volunteers must read the instructions and practise fit checking them before wearing them with a client.

P2/N95 respirators come in different sizes.

### 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/mask 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 practise 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.

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 practise 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 your respirator at the end of your 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**

This applies to anyone working in residential facilities, community services or shared accommodation and support workers providing services to someone in their own home.

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 COVID-19 or close contacts

- interaction with a client who is suspected or confirmed COVID-19 or close contacts exhibiting aerosol generating behaviours<sup>8</sup>
- 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 community 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 practised doing so
- 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

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

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<sup>8</sup> Aerosol generating behaviours (AGBs) include screaming, shouting, crying out, or vomiting