



# Advice for use of personal protective equipment for professional first responders

The use of social distancing measures and standard precautions including good hand hygiene, in all settings, is the first line of defence for providing protection against coronavirus infection (COVID-19). The use of personal protective equipment (PPE) is to be used as an additional protection measure when indicated.

## 1. Purpose

This document contains advice on the appropriate use of PPE during the COVID-19 pandemic for Professional First Responders. This group includes but is not limited to St John Ambulance and Royal Flying Doctors Service.

Organisations should consider how they can change normal business practices to avoid unnecessary contact with people. This includes measures such as phone call or video calls to replace in person visits. These measures should be considered before visiting a person and using PPE. If visits are required social distancing practices should be maintained if possible, refer to section 4 for more information on social distancing.

This document has been developed to be consistent with national guidelines and will be updated to reflect changing circumstances; as such it is subject to change and re-issuing.

[The Western Australia Department of Health website](#) will hold the latest version of this document and should be checked regularly to ensure workers have the most recent information. This document should be considered in the context of other public health advice.

## 2. Defining community transmission

This advice is guided by the extent of community transmission.

By the end of April 2020, WA had only experienced a small peak in cases, which occurred at the end of March. Most of these cases were associated with travel overseas. This was followed by a reduction to very low case numbers and no evidence of sustained community transmission.

Management of the pandemic will continue to focus on intensive case follow up and contact tracing with the aim of keeping the local transmission in the community at very low levels. If several cases occur in the community or a cluster or outbreak occurs, there are several additional public health mitigation strategies that will be implemented in response including

outbreak investigation, increase in targeted testing, review of social distancing measures and restrictions to normal community activity.

Community organisations will be aware of these changes if and when they occur and by keeping informed of developments, will be able to change their patterns of work and engagement with the community appropriately.

Widespread community transmission would occur when there is an increase in new case numbers to the extent that public health mitigation strategies, such as individual case follow up and contact tracing is unable to halt transmission, and the public health response is more likely to rely on the use of restrictions of activity to stop transmission.

### **3. Precautions to prevent the spread of infection**

A range of precautions can assist with preventing the spread of infection.

#### **Use of masks**

For those individuals who are confirmed COVID-19, in self isolation as directed by public health or WAPOL or symptomatic, it is recommended they be provided with a surgical mask to wear during interaction with community workers.

#### **Social distancing practices**

Where practicable, principles of social distancing should be implemented. Review of business activities in the context of the COVID-19 climate should be considered. This could include:

- Avoid conducting in person visits if possible
- Telehealth appointments
- Contacting the client prior to any visit.

If an interaction cannot be avoided the following social distancing principles should be adhered to. Social distancing guidelines are available [here](#).

#### **Hand Hygiene practices**

Good hand hygiene practices should be adhered at all times. For more information refer to the National Hand Hygiene Initiative: [Hand Hygiene in non-acute settings](#).

#### **Routine infection prevention and control practices**

Routine infection prevention and control practices should always be utilised as per your organisations policies and procedures. These practices assist in creating a safe working environment for you and the individuals you interact with. Your manager should be able to provide your organisation's policy/guidance on infection control. If your organisation does not have an existing policy or procedure contact your regulatory body or WA Department of Health.

#### **Transmission based precautions**

Transmission based precautions must be considered as per the following definitions:

**Contact Precautions:** are instituted where there is evidence that certain infectious agents are transmitted by direct and indirect contact during patient care which cannot be contained by standard precautions alone. Contact precautions include the use of a fluid resistant gown and gloves

**Droplet Precautions:** are instituted where infectious agents are transmitted through respiratory droplets (i.e. large particle droplets > 5 microns) that are generated by a patient who is coughing, sneezing or talking. Transmission via large droplets requires close contact as the droplets do not remain suspended in the air and generally only travel short distances. Droplet precautions includes the use of a surgical mask, eye protection, gown and gloves

**Airborne precautions:** are instituted where infectious agents are disseminated through airborne droplet nuclei or small particles in the respirable size range that remains infective over time and distance. In addition to eye protection, gown and gloves, a P2 or N95 mask is used. This is to provide high efficiency filtration of small aerosol particles and also provide a seal around the face to prevent air entrainment around the mask. A fit check must be performed with each donning of a P2 or N95 mask.

### **Aerosol Generating Procedures (AGP)**

AGPs are those that promote the generation of fine airborne viral particles (aerosols) resulting in the risk of airborne transmission.

AGPs include the following:

- cardiopulmonary resuscitation
- bag and mask ventilation
- tracheal intubation and extubation
- tracheostomy
- ventilation via supraglottic airways (including insertion and removal)
- non-invasive ventilation including continuous positive airway pressure (CPAP) and bi-phasic positive airway pressure (BiPAP)
- high flow nasal oxygen therapy
- nebuliser administration
- sputum induction
- open airway suctioning
- diagnostic and therapeutic instrumentation of the airway or upper digestive tract including bronchoscopy and endoscopy
- any surgical procedure involving the airway, oral cavity or upper digestive tract where aerosolisation of tissue is likely; for example, the use of pulsed lavage, the use of high-speed drills and laser techniques.

The risk of transmission from these procedures should be informed by the patient's clinical state, the nature of the procedure and the extent of community transmission.

All AGPs on patients performed in the following scenarios should be undertaken with standard, contact and airborne precautions:

- Confirmed COVID-19 case, an individual with laboratory-confirmed SARS-CoV-2 infection).
- Suspected COVID-19 case, meets case definition criteria for screening.
- Unknown COVID-19 case, unable to assess symptoms, in the context of limited community transmission.
- Unknown COVID-19 case, asymptomatic patient, in the context of widespread community transmission.

It is recommended that in the setting of limited community transmission, AGPs in an unknown COVID-19 case, that is able to be assessed for symptoms of COVID-19 and deemed asymptomatic should be undertaken with standard, contact and droplet precautions.

#### 4. How to use the decision tree

This decision tree has been developed to provide Professional First Responders with support in determining PPE usage. This advice should be used in conjunction with any other (i.e. non-COVID-19 related) existing routine infection control practices.

This advice is underpinned by the following principles:

- Protecting people and workers in the community is the highest priority.
- The PPE requirements for interactions must be proportional to the level and extent of community transmission and the level of contact.
- PPE should be used according to this guideline to ensure people and workers in the community are protected and PPE is available for all when required.

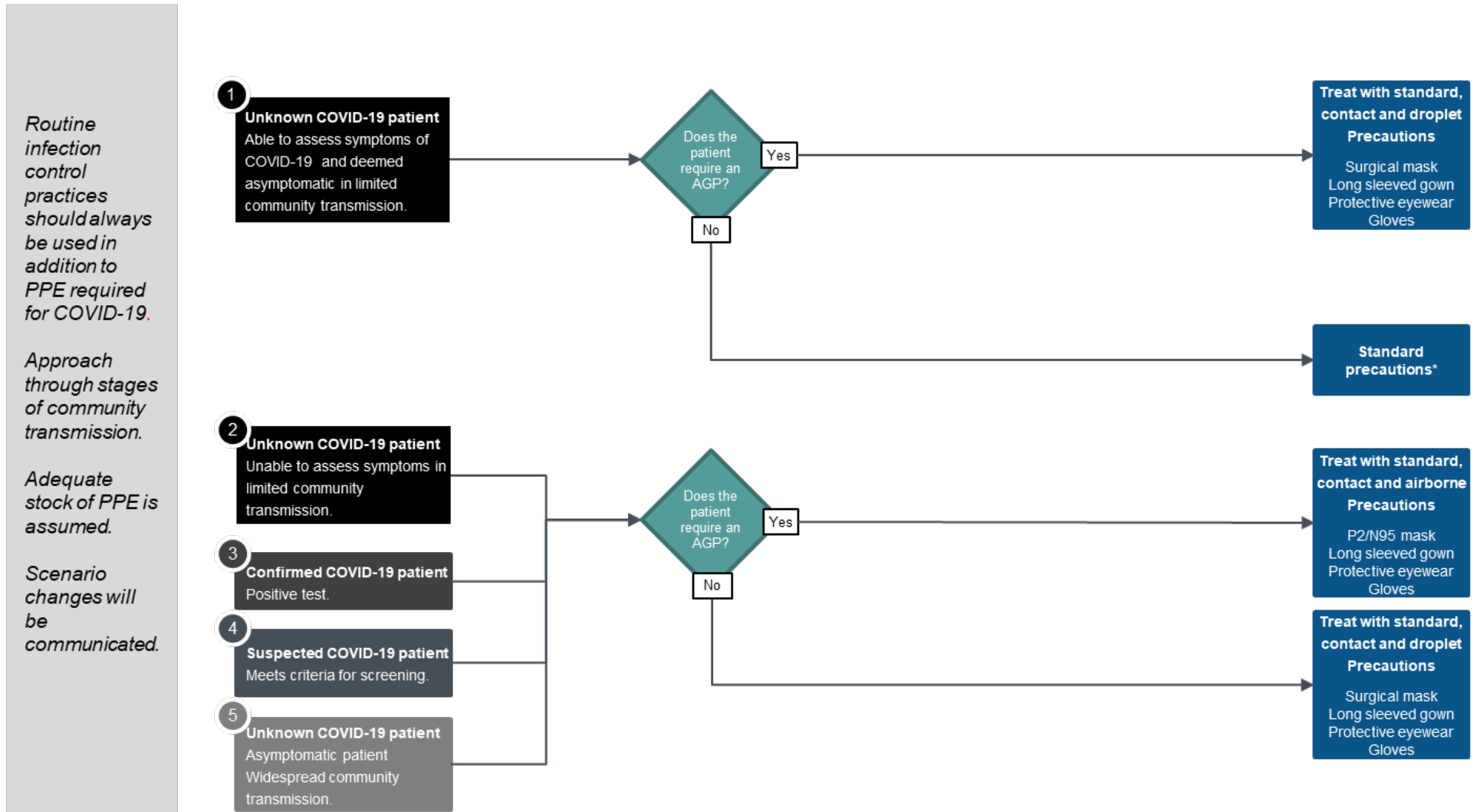
PPE recommended in the setting of a COVID-19 pandemic should be used **in addition** to any routine PPE recommendations, policy and procedures for the following patient categories:

- Unknown COVID-19 patient, able to be assessed for symptoms of COVID-19 and deemed asymptomatic in limited community transmission.
- Unknown COVID-19 patient, unable to be assessed for symptoms in limited community transmission.
- Confirmed COVID-19 case (an individual with laboratory-confirmed SARS-CoV-2 infection).
- Suspected COVID-19 patient who meets case definition criteria for screening.
- Asymptomatic\* patient (Unknown COVID-19 patient) in the setting of widespread community transmission.

\* An asymptomatic patient is one without symptoms to suggest COVID-19 OR a patient whose symptoms do not meet current criteria for screening.







Professional First Responders must also consider the requirement for AGPs during the pandemic.

Below is the decision tree diagram



\* Standard precautions include routine infection control practices and existing organisation PPE policy and procedures.

## A simplified guide to the Decision Tree

	 Standard Precautions*	 Surgical mask	 N95/P2 mask	 Eye protection	 Gloves	 Fluid resistant long-sleeved gown, coverall or plastic apron
<b>In limited community transmission</b>						
Unknown COVID-19 patient, able to be assessed for symptoms of COVID-19 and deemed asymptomatic, not requiring an AGP.	✓	✗	✗	✗	✗	✗
Unknown COVID-19 patient, able to be assessed for symptoms of COVID-19 and deemed asymptomatic, requiring an AGP.	✓	✓	✗	✓	✓	✓
Unknown COVID-19 patient, unable to be assessed for symptoms, not requiring and AGP.	✓	✓	✗	✓	✓	✓
Unknown COVID-19 patient, unable to be assessed for symptoms, requiring an AGP.	✓	✗	✓	✓	✓	✓
<b>Confirmed COVID-19 patient</b>						
Confirmed COVID-19 with positive test, not requiring an AGP.	✓	✓	✗	✓	✓	✓
Confirmed COVID-19 with positive test, requiring an AGP.	✓	✗	✓	✓	✓	✓
<b>Suspected COVID-19 patient – Mets criteria for screening</b>						
Suspected COVID-19 who meets case definition criteria for screening, not requiring an AGP.	✓	✓	✗	✓	✓	✓
Suspected COVID-19 who meets case definition criteria for screening, requiring an AGP.	✓	✗	✓	✓	✓	✓
<b>Widespread community transmission</b>						
Asymptomatic patient (Unknown COVID-19 patient), not requiring an AGP.	✓	✓	✗	✓	✓	✓
Asymptomatic patient (Unknown COVID-19 patient), requiring an AGP.	✓	✗	✓	✓	✓	✓

\* PPE is not required for the risk of COVID-19 – **standard procedures** should be adhered to including advice in respect of social distancing.

\*\* Limited community transmission means that most cases of COVI-19 can be directly linked with overseas/interstate travel or a known COVID-19 case

\*\*\* *Widespread community transmission means when infection without a known source occurs across a large section of the state and at elevated levels. In this instance, there would be escalation of the levels of protection needed for the community sector.*

## 5. Correct sequence for putting on and taking off PPE

PPE is only protective when used correctly. Training is imperative to ensure staff members follow the correct processes and to ensure PPE is put on (donning) and taken off (doffing) in the correct order. An infographic is available [here](#).

### Disposal of PPE

Used PPE should be contained in a plastic bag, tied securely and disposed of in the general waste stream. Perform effective hand hygiene after handling the general waste.

### Conservation of PPE

Globally, there are difficulties being experienced in sourcing PPE. As such, it is important that PPE only be used when required and the appropriate PPE is selected based on the needs as outlined in the decision tree.

## 6. Adoption for local policy

The Department of Health supports this advice being used as part of organisation's PPE policies.

## 7. Resources

Resources related to this advice and other COVID-19 related information is available on the [Department of Health website](#). Regular review of the website is recommended to ensure you are accessing the most up to date information which will be updated regularly.

Enquires relating to this advice can be sent to [covid19.healthoperations@health.wa.gov.au](mailto:covid19.healthoperations@health.wa.gov.au).

Further health information, including clinic locations, is on <http://www.healthywa.wa.gov.au>.

Information and advice on the novel coronavirus called COVID-19 for the community and businesses in WA is available at <https://www.wa.gov.au/government/coronavirus-covid-19>.

Detailed information for health professionals (including infection control, social distancing, cleaning, etc.) can be found here: [https://ww2.health.wa.gov.au/Articles/A\\_E/Coronavirus](https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus).

**Last updated 30 April 2020**

**This document can be made available in alternative formats on request for a person with disability.**

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