



Personal Protective Equipment COVID-19 Protocol

Approval – Version 2

Protocol owner	Executive Director Corporate Services		
Approved by	Executive Director Corporate Services		
Date approved	29.10.2021	Review date	29.10.2022

Background

1. This document provides guidance on the use of personal protective equipment (PPE) for all Society Personnel (members, volunteers and employees) during the COVID-19 pandemic. The recommendations in this document are consensus recommendations based on the combined evidence from NSW Health, Australian Government Department of Health, the Clinical Excellence Commission, and the National COVID-19 Clinical Evidence Taskforce guidelines on infection prevention.
2. The guidance contained in this document outlines the minimum national standard for PPE for Society Personnel in the context of COVID-19.

Scope

3. This document provides the guidance of the use of PPE for Society Personnel.
4. For additional guidance on infection prevention and control, refer to the Vinnies Services Infection Control Policy.

Summary of key recommendations

5. All Society Personnel providing direct care or contact within an environment with suspected or confirmed cases of COVID-19 must have access and wear a P2/N95 respirator.
6. All Society Personnel providing direct care or contact within an environment where assessment suggests a high-risk of transmission, should use P2/N95 respirators rather than surgical face masks.
7. All Society Personnel providing direct care or contact within an environment where assessment suggests a low risk of transmission, should use standard PPE such as surgical face masks; maintain appropriate physical distancing ($\geq 1.5\text{m}$ distancing); and maintain appropriate environmental cleaning.
8. All Society Personnel wearing P2/N95 respirators should complete fit testing before first use and perform a fit (seal) check properly before each time they are used. In situations where fit testing has not yet been carried out, and a P2/N95 respirator is recommended for use, a fit-checked P2/N95 respirator is preferred to a surgical face mask.

Eye Protection

9. Confirmed COVID-19: Society Personnel who are providing direct care or working within a zone with individuals diagnosed with COVID-19 should wear eye protection as part of a set of PPE.
10. Suspected COVID-19: Society Personnel who are providing direct care or working within a zone with individuals with suspected COVID-19 should wear eye protection as part of a set of PPE.
11. Eye protection is not required for routine daily contact where there is a low risk of transmission of exposure to COVID-19.

PPE Standards

P2/N95 Respirators or Surgical Mask

12. P2/N95 respirators and surgical masks are single use and must not be shared between workers. P2/N95 respirators should be used for the rostered shift and disposed of at the end of the rostered shift. A P2/N95 respirator may be replaced during a shift:

Face Shields

Single Use Face Shields

13. Single use face shields are a single use item and must not to be shared between workers. Single face shields maybe used for the entire shift. A single use face shield must be replaced:
 - when it becomes contaminated
 - when it is misplaced or lost
 - at the beginning of each shift
 - every 24-hrs.

Reusable Face Shields

14. Reusable face shields are individually assigned face shields that must not be shared between workers. A reusable face shield maybe used for the entire shift. A reusable face shield must be cleaned:
 - when it becomes contaminated
 - at the beginning and end of each shift.
15. A reusable face shield must be replaced when:
 - it becomes broken, cracked, perished or worn out, or deemed unsafe due to excessive contamination
 - it is misplaced or lost.
16. To clean and disinfect a reusable face shield:
 - use warm soapy warm to remove any solid, liquid or stained particulate
 - use antibacterial wipes over 100% of the face shield
 - clean the face shield twice each time
 - ensure face shield is complete dry prior to reusing.

Eye protection

17. Protective eyewear such as protective glasses or goggles can be issued to workers and can be cleaned and decontaminated. Protective eyewear must not be shared between workers.
18. Protective eyewear or goggles can be used for the entire shift.
19. Prescription glasses are not classified as protective eyewear unless initially purchased as protective eyewear. Goggles can be placed over prescription glasses.
20. Protective eyewear must be cleaned and disinfected:
 - when it becomes contaminated
 - at the beginning and end of each shift.

21. Protective eyewear must be replaced when:
 - it becomes broken, cracked, perished or worn out, or deemed unsafe due to excessive contamination
 - it is misplaced or lost.
22. To clean and disinfect protective eyewear:
 - use warm soapy water to remove a solid, liquid or stained particulate
 - use antibacterial wipes over 100% of the glasses or goggles
 - clean the glasses or goggles twice each time
 - ensure glasses or goggles are completely dry prior to reusing.

Protective Gowns

23. Protective gowns are single use items and must not be shared between workers.
24. Protective gowns must be used when:
 - changing linen, cleaning
 - handling bodily fluids such as vomit, bodily waste
 - conducting hygiene and personal care for PWA such as washing, feeding, changing continence pads.
25. Protective gowns must be replaced when:
 - they become damp or wet
 - they become contaminated
 - between hygiene and personal care clients
 - at all times when going on a break and replaced before resuming work.
26. Protective gowns should be:
 - long sleeved
 - fluid resistant.

Gloves

27. Gloves are single use items and must not be shared between workers.
28. Gloves must be changed between all physical contact with the People we Assist.
29. Hand hygiene must be performed before putting on gloves and immediately after taking off gloves.
30. Single use non-sterile gloves are recommended for use for high-risk locations

Reusable Cloth masks

31. Reusable cloth masks are only approved for use in **low risk** COVID-19 transmission locations.
32. Reusable masks must ensure adequate protection, be properly fitted, have minimum three layers of fabric where:
 - the outer layer should be a water-resistant polyester or polypropylene fabric, not plastic or exercise clothing
 - the middle layer should be high-grade cotton, or polycotton

- the inner layer should be high-grade cotton or polycotton.
33. Cleaning and storage of reusable masks:
- wash and dry reusable cloth masks after each use or every 24-hours
 - store used cloth masks in a plastic or zip-lock bag until you have an opportunity to wash them
 - wash cloth masks in the washing machine in hot water (between 60°C to 90°C) with other clothes
 - lay out flat to dry (in the sun if possible) or put in the dryer
 - store in a clean, dry place until further use.
34. Reusable clothes masks are NOT permitted for use for DCJ workers.

Scarfs and Bandanas

35. A scarf or bandana is **NOT** permitted for use as a facemask in any society workplace as they do not offer the same protection as a well-fitted mask.

Risk assessment to inform the use of PPE

High Risk of COVID-19 Transmission

36. Society Personnel providing direct care or working within an environment where risk assessment suggests a high-risk of transmission such as,
37. when confirmed COVID-19 or suspected COVID-19 cases are present, or,
38. close and direct regular physical contact with people we assist, or,
39. where contact times are ≥ 4 hours and it is difficult to maintain 1.5m physical distancing
- should use the following PPE standards:

- P2 respirators
- protective gowns
- face shields
- gloves
- hand hygiene
- deep environmental cleaning.

Moderate Risk of COVID-19 Transmission

40. Society Personnel working within an environment where risk assessment suggests a moderate risk of transmission such as,
41. where a worker is unable to maintain distancing of ≥ 1.5 m and/or
42. contact times with the people we assist or community members exceeds 15 minutes
- should use the following PPE:

- P2 respirators
- hand hygiene
- environmental cleaning.

43. This would include situations such as the COVID-19 vaccination clinical days, food handling staff in the Matthew Talbot Hostel, and Health Care Professionals at the Matthew Talbot Clinic.
44. This would also include conducting face-to-face client engagement in home settings.

Low Risk of COVID-19 Transmission

45. Workers providing direct care or working within an environment where risk assessment suggests a low risk of transmission such as
46. able to maintain distancing of $\geq 1.5\text{m}$;
47. able to remove self from the environment, and/or,
48. contact times with the people we assist or the community is ≤ 15 minutes,

the following PPE is required:

- surgical mask or reusable mask
- physical distancing $\geq 1.5\text{m}$
- hand hygiene
- environmental cleaning

LOW TRANSMISSION (GREEN ALERT)	MODERATE TRANSMISSION (AMBER ALERT)	HIGH TRANSMISSION (RED ALERT)
Surgical mask or reusable mask (not approved for DCJ workers) Physical distancing $\geq 1.5\text{m}$ Hand hygiene Environmental cleaning	P2 Mask Hand hygiene Environmental cleaning	P2 respirators Surgical gowns, Face shields Gloves Hand hygiene Deep environmental cleaning

Office environment

49. Society Personnel who are attending or working within an office environment such as Lewisham, Woolloomooloo, or any other location must comply with the requirements of public health orders.
50. If an office is co-located with a service or retail operation, the requirements applicable in services or retail apply to the office environment.
51. However, the Society recommends that Society Personnel attending or working within an office environment continue to wear masks and checks with other people sharing an office space before masks are removed.

Group Settings

52. When conducting group sessions with people we assist it may be difficult to obtain a vaccination status of attendees and due to the risk of COVID-19 infection contamination the following recommendations have been made:

- ensure 1.5m social distancing between all attendees
- the employee or volunteer to wear a P2 mask and face shield
- all attendees to be encouraged to wear a surgical mask
- hand sanitiser to be provided and encourage all attendees to use before entering and when exiting the room
- after completion of group session, all contact points to be cleaned with disinfect before next session commences

Donning P2 Respirator

53. Take time to correctly identify which size of respirator is suitable for you. Each time an P2 respirator is used it should be fit checked before entering an unsafe environment. Fit checks ensure that the mask is sealed over the bridge of the nose and mouth, and that there are no gaps in the seal between the mask and the face.
54. Conducting a six-step fit check:
 - remove glasses and hats; tie back long hair so it does not become tangled in the straps of the respiratory protection *Note: do NOT crisscross or twist the straps which go behind the ears*
 - put the mask on your face, ensuring the nose piece is at the top of the mask
 - place the headband or ties over the head and at the base of the skull
 - compress the mask against the face to ensure a seal across the bridge of the nose
 - compress the mask to ensure a seal across the cheeks and the face, and
 - conduct a fit check:
 - check the seal of the mask by gently inhaling. If the mask is not drawn in towards the face, or air leaks around the face seal, readjust the mask and repeat process or check for defects in the mask
 - if the mask still leaks you may need to try a different size or style of mask.

Donning P2 Educational Videos

55. Six steps to wearing the P2 mask:
<https://www.health.nsw.gov.au/environment/factsheets/Pages/face-mask.aspx>
56. P2 foldable respirator
<https://www.cec.health.nsw.gov.au/keep-patients-safe/COVID-19/education-training-posters-videos>
57. Donning and Fit Checking of Respirator in NSW Healthcare Setting:
<https://www.youtube.com/watch?v=X5cSieWngLM>
58. Part 3 – How to fit a P2 mask – RACGP: <https://www.racgp.org.au/clinical-resources/covid-19-resources/infection-control/videos-using-ppe-and-hand-sanitising/part-3-how-to-fit-a-p2-n95-mask>



Practise simple hygiene by washing hands regularly



1 Wet hands



2 Apply soap



3 Lather & scrub



4 Rinse hands



5 Turn off tap



6 Dry hands



Spend 20 seconds washing your hands.

Putting on a Surgical Mask

Prevent the spread of communicable disease: How to use a mask



1 Wash your hands with soap and water for at least 20 seconds before touching the mask. If you don't have soap and water, use an alcohol-based hand sanitizer.



2 Inspect the mask to ensure it's not damaged.



3 Turn the mask so the coloured side is facing outward.



4 Put the mask over your face. If there is a metallic strip, press it to fit the bridge of your nose.



5 Put the loops around each of your ears, or tie the top and bottom straps.



6 Make sure your mouth and nose are covered and there are no gaps. Expand the mask by pulling the bottom of it under your chin.



7 Press the metallic strip again so it moulds to the shape of your nose. Wash your hands again.



8 Don't touch the mask while you're wearing it. If you do, wash your hands.



9 Don't wear the mask if it gets wet or dirty. Don't reuse it. Follow the correct procedure for removing the mask.

Removing the mask

1 Wash your hands with soap and water or use an alcohol-based hand sanitizer.

2 Lean forward to remove your mask. Touch only the ear loops or ties, not the front of the mask.

3 Dispose of the mask safely.



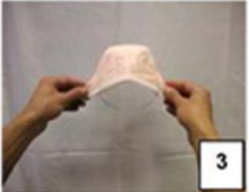
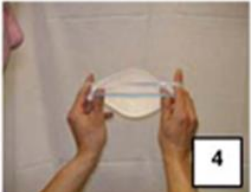





4 Wash your hands. If required, follow the procedure for putting on a new mask.

Donning a P2/N95 Mask

P2/N95 respirator (flat or cupped): Donning and fit checking

Donning a flat style P2/N95 respirator

Note – Perform hand hygiene prior to donning mask

 <p>1</p>	 <p>2</p>	 <p>3</p>
<p>Separate the edges of the respirator to fully open it</p>	<p>Slightly bend the nose wire to form a gentle curve</p>	<p>Hold the respirator upside down to expose the two headbands</p>
 <p>4</p>	 <p>5</p>	 <p>6</p>
<p>Using your index fingers and thumbs, separate the two headbands</p>	<p>Cup the respirator under your chin and pull headbands up and over your head</p>	<p>Place the lower headband at the base of your skull (under your ears)</p>
 <p>7</p>	 <p>8</p>	 <p>9</p>
<p>Place the upper headband on the crown of your head. The band should run just above the top of the ears</p>	<p>Gently mould the nose piece over the bridge of your nose by pressing down with fingers until it fits snugly</p>	<p>Don your eyewear and continue to adjust the respirator and edges - and perform a fit check (see below for further information) until you feel you have achieved a good facial fit</p>

A fit check must be done each time a P2/N95 respirator is worn

Once your P2/N95 respirator is in place, the next step is to **fit check** your mask.

1. Gently inhale. When you breathe in, the respirator should draw in slightly towards the face
2. Gently exhale. The respirator should fill up with air. It is important at this stage that there is **NO** air leakage around the edges of the respirator

If you have not achieved a successful fit as instructed above you MUST seek advice from Worker Health or Staff Health. Regional LHN staff will need to contact their infection control nurse.

An incorrectly fitted respirator may not provide you with the intended level of protection.

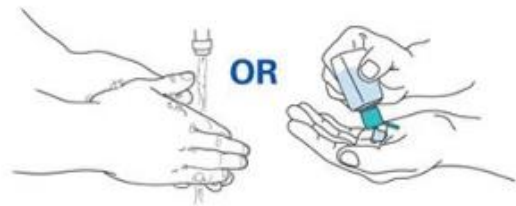
Donning Process

SEQUENCE FOR PUTTING ON PPE

Put on PPE before patient contact and generally before entering the patient room

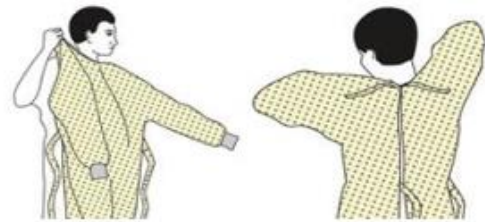
HAND HYGIENE

- Wash hands or use an alcohol based hand rub.



GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.
- Fasten at the back of neck and waist.



MASK

- Secure ties or elastic bands at middle of head and neck.



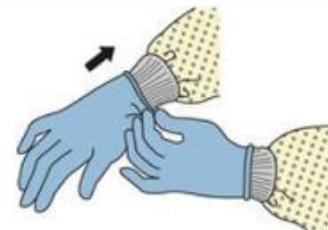
PROTECTIVE EYEWEAR OR FACE SHIELD

- Place over face and eyes and adjust to fit.



GLOVES

- Extend to cover wrist of isolation gown.



Source: - NHMRC, Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)¹¹

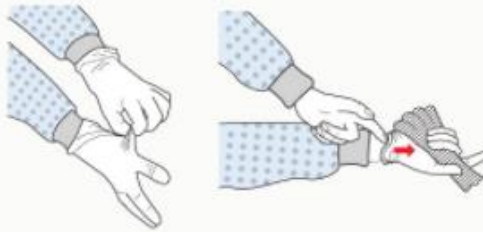
Doffing Process

PPE should be removed in an order that minimises the potential for cross contamination.

The order of removal of PPE is as follows:

1

Gloves –
the outsides of the gloves are contaminated



Clean hands with alcohol gel

2

Gown –
the front of the gown and sleeves will be contaminated



3

Eye protection -
the outside will be contaminated



4

Respirator

Clean hands with alcohol hand rub. Do not touch the front of the respirator as it will be contaminated



5

Wash hands with soap and water



PPE Disposal

59. All PPE must be correctly disposed of in a COVID-19 PPE dedicated waste disposal receptacle.

For infection control of COVID-19 PPE it is recommended that waste is disposed of in a lined receptacle with a lid. Waste should be double bagged before being disposed of.

PPE can be discarded into general waste (Note: local jurisdictional regulations for waste disposal should be followed).

References

- Australian Guidelines for the Prevention and Control of Infection during COVID-19: Australian Commission on Safety and Quality in Health care
- COVID-19 Infection Prevention and Control Manual: For acute and non-acute healthcare settings: Clinical Excellence Commission
- Distribution of PPE through PHNs: Tranche 4, surgical masks and P2/N95 respirators for general practice, community pharmacy and allied health: Australian Government Department of Health
- Guidance on the use of personal protective equipment (PPE) for health care workers in the context of COVID-19: Australian Government Department of Health
- Health Care Worker COVID-19 Exposure Risk Assessment Matrix: NSW Government Department of Health
- NSW Government: Communities & Justice – Safety Alert
- Personal Protective Equipment (PPE): NSW Government SafeWork
- How to clean and disinfect your workplace - COVID-19: Safe Work Australia
- Types of face masks: NSW Government Department of Health - <https://www.nsw.gov.au/covid-19/how-to-protect-yourself-and-others/face-masks/types-of-face-masks>

Approval and amendment history

Version	Approval authority	Date	Amendment summary
Version 1	Executive Director, Corporate Services	24.09.2021	NA
Version 2	Executive Director, Corporate Services	18.02.2022	Some clarifications, additional information regarding group settings and the office environment.

Appendix 1: Definitions

0. Relevant definitions include:

Term in Bold	Definition
Society Personnel	Any person (or group of people) engaged by the Society to assist in its works. This includes members, volunteers, employees, contractors, consultants, office holders and Directors.
Worker	Any person who carries out work for the Society, including: an employee, member, volunteer, contractor, subcontractor, self-employed person, outworker, apprentice or trainee, work experience student, and employee of a labour hire company placed with a 'host employer'.

DCJ Worker	Any Society personnel engaged in a program or service funded or partially funded by the NSW Government Department of Community Services and Justice.
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