

Pandemic Response Guidance

Personal protective equipment for healthcare delivery in Correctional Services

Background

The recommendations on escalation of personal protective equipment (PPE) contained in this guidance are based on currently available information about COVID-19 and apply to healthcare delivery provided in correctional centres. This document should be read in conjunction with the current Public Health directives, the *Health System COVID-19 Response Plan* and other advice provided by Queensland Health as part of the COVID-19 response.

To avoid doubt, a current public health directive/s prevails should there be any conflict between these guidelines and that directive.

This guidance about escalation of PPE use for healthcare services in correctional services (Correctional Centres and Community Corrections) is based on assessment of risk of community transmission of COVID-19.

The escalation of PPE aims to minimise the risk for acquisition of COVID-19 infection by healthcare staff working in correctional centres, prisoners, and visitors in these facilities. In addition to infected prisoners, workers are at risk for acquisition of SARS-CoV-2 from co-workers and the community with COVID-19 infection.

Risk levels definition

This guidance refers to three PPE escalation levels. PPE escalation will be informed by direction from the Chief Health Officer and the State Health Emergency Coordination Centre, taking into account the risk of community transmission. These risk determinations can be localised (for example, in the event of a local outbreak or cluster of COVID-19), regional or state-wide. **With multiple Variants of Concern (VOCs) emerging as the dominant strains in Queensland, the threshold for escalation of PPE may be lowered.**

Ongoing risk assessment of the correctional environment should occur in order to inform the most appropriate PPE required for specific clinical interactions.

Infection prevention and control recommendations

Standard precautions are required for all interactions with clients regardless of their known or presumed infectious status. Standard precautions are the primary strategy for minimising the risk of infection and must be used as part of day-to-day practice when providing healthcare to clients.

In accordance with standard precautions, a surgical mask and protective eyewear should always be worn when providing care to a client with acute respiratory infection symptoms.

Table 1 outlines the recommended escalation of PPE for use in correctional centres.

Primary protection measures in correctional centres

In response to the COVID-19 pandemic several protection measures have been put in place in correctional centres to reduce the risk of COVID-19 being present within a correctional centre. These measures include:

- Temperature checking and screening of all visitors and staff each time they enter a correctional facility. (staff or visitors are refused entry if it is not safe for them to enter)
- Screening of all clients on reception to a correctional centre.
- PCR testing and isolating of clients in a correctional centre who report any COVID-19 symptom. Isolation continues until a negative PCR result is returned and their symptoms have resolved.
- Suspending personal visits in correctional centres in the vicinity of an outbreak.
- Introduction of 14-day quarantining of prisoners on entry in correctional centres in the vicinity of an outbreak.

Continuous surgical mask use

Continuous surgical mask use is not recommended for workers and prisoners in during periods of **low community transmission of COVID-19**.

Continuous surgical mask use is recommended for workers during periods of **moderate and high risk of community transmission of COVID-19**, to reduce the risk of transmission of COVID-19 between workers and clients and amongst workers (who may be asymptomatic but infectious, especially early in the course of illness). This will require workers who work with clients and common workspaces to continuously wear a surgical mask during their routine activities throughout the entire shift. Workers who generally work alone in their own office will not be required to wear a mask unless physical distancing cannot be maintained.

Use of P2/N95 Respirators

For care of confirmed cases of COVID-19 or “high-risk” suspected cases (those with epidemiological links, i.e. close contacts, or those in quarantine who have developed COVID-19 symptoms), use of P2/N95 respirators in addition to droplet and contact precautions is recommended. These precautions are also recommended for aerosol generating procedures (AGPs), care of patients with aerosol generating behaviours (AGBs) and other high-risk scenarios including working in clinical areas with high numbers of suspected/confirmed COVID-19 patients, or patients admitted during a period of quarantine, where:

- there is a risk of aerosol generating behaviours, high-risk behaviours and/or unplanned aerosol-generating procedures
- where there is sub-optimal ventilation and/or prolonged episodes of care are required
Consider extended use of P2/N95, for up to 4 hours, if tolerated to avoid the need for frequent changes of face covering

In accordance with the recommendations in the Queensland Health [Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings](#) the following recommendations are to be followed:

- A fit tested respirator is fit-checked each time it is donned to ensure a seal

- Respirators and masks should be changed when they become damaged, soiled or wet. Masks may be worn for up to four hours.
- Respirators and masks should never be reapplied after they have been removed.
- Respirators and masks should not be left dangling around the neck.
- Avoid touching/adjusting the front of the respirator or mask while wearing it.
- Hand hygiene should be performed upon touching or discarding a used respirator or mask.
- Respirators and masks need to be removed for eating and drinking and this is permitted, necessary and safe. It is important to limit the duration that the mask is removed to help minimise any potential risk of exposure. Staff must practice physical distancing when on meal breaks when mask is not in place.
- Staff must dispose of used respirators and masks in waste receptacles as soon as they are removed.

Table 1. Recommended PPE escalation according to risk of unexpected COVID-19 infections in clients or workers

(in addition to standard precautions +/- transmission-based precautions if indicated for another reason)

		Low risk e.g. no or few cases in the community; cases only in quarantine; small numbers of linked cases	Moderate risk e.g. a series of unlinked cases; high numbers of locally-acquired cases; cases with high numbers of local contacts or Restricted Correctional Centre ² - Stage 2 or 3	High risk e.g. high numbers of unlinked cases; sustained community transmission or Restricted Correctional Centre ² - Stage 4
S T A F F	Routine care of <u>non-COVID-19</u> clients (within 1.5m)	Standard precautions	Surgical mask Protective eyewear	Surgical mask Protective eyewear
	Staff doing activities other than direct client care	Not applicable	Surgical mask when physical distancing > 1.5m cannot be maintained (e.g. handover, meetings)	Surgical mask when physical distancing > 1.5m cannot be maintained (e.g. handover, meetings)
	Aerosol generating procedures For <u>non-COVID-19</u> clients	Standard precautions	Surgical mask Protective eyewear	P2/N95 respirator Protective eyewear
	Routine care and Aerosol generating procedures for: close contacts, suspected, probable, or confirmed COVID-19 cases	P2/N95 respirator ⁴ Protective eyewear Gown Gloves	P2/N95 respirator ⁴ Protective eyewear Gown Gloves	P2/N95 respirator ⁴ Protective eyewear Gown Gloves
Clients with suspected / probable / confirmed COVID-19 (excluding children under 12)	Client to wear surgical mask where tolerated when outside of single room	Client to wear surgical mask where tolerated when outside of single room	Client to wear surgical mask where tolerated when outside of single room	
Visitors ³	NIL	Personal and/or professional visitors (excluding health staff) are likely to be prohibited Surgical mask	Personal and professional visitors (excluding health staff) are likely to be prohibited Surgical mask	

¹Healthcare staff who reside in an area that is designated a different risk level to the correctional facility they work are to comply with their workplace facility risk PPE requirements.

²A restricted correctional centre refers to a correctional centre in stage 2, 3 or 4 as determined by the Commissioner of Queensland Corrective Services following consultation with Queensland Health.

³Please refer to applicable Determination by the Commissioner of Queensland Corrective Services.

Fit testing of P2/N95 respirators is required of staff on at least a 12-monthly basis.

Note: Staff who are likely to have contact with COVID-19 cases must be fully vaccinated in accordance with Public Health Direction/s.

Version Control

Version	Date	Comments
V1.0	28 August 2020	<ul style="list-style-type: none">• New document
V1.1	30 August 2020	<ul style="list-style-type: none">• Minor updates
V1.2	7 September 2020	<ul style="list-style-type: none">• Minor update – post outbreak
V1.3	18 September 2020	<ul style="list-style-type: none">• Minor update
V1.4	30 June 2021	<ul style="list-style-type: none">• Updated according to public health directives
V1.5	5 July 2021	<ul style="list-style-type: none">• Clarifying PPE requirements for close contacts is the same as for suspected, probable, or confirmed COVID-19 cases.