

Pandemic response guidance

Escalation of personal protective equipment usage in residential aged care and disability accommodation services version 1.4

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 residential care and disability accommodation services.

The decision to escalate PPE use, outside of caring for a confirmed or suspect case, is based on assessment of the risk of unexpected COVID-19 infection in resident/clients or workers because of community transmission. The escalation of PPE aims to minimise the risk for acquisition of COVID-19 infection by workers¹, residents/clients, and visitors. In addition to infected resident/clients, workers are at risk for acquisition of SARS-CoV-2 from infected co-workers and visitors.

This guidance is to be read in conjunction with relevant Chief Health Officer [Public Health Directions](#), in particular the [Aged Care Direction](#) and [Disability Accommodation Services Direction](#).

Scope

This guidance applies to residential aged care and disability accommodation services.

Related directions and guidance

This document should be read in conjunction with:

- Chief Health Officer [Public Health Directions](#),
- [Queensland Health infection prevention and control guidelines for the management of COVID-19 in healthcare settings](#),
- Infection Control Expert Group [Guidance for infection prevention and control in residential care facilities](#),
- Infection Control Expert Group [Minimising the risk of infectious respiratory disease transmission in the context of COVID-19: the hierarchy of controls](#),
- The Communicable Disease Network of Australia [National guidelines for Public Health Units](#), 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.

¹ Workers: includes employees, contractors, volunteers and students

Decision for escalation of PPE

This guidance refers to three PPE escalation levels: low risk, moderate risk and high risk. The PPE escalation levels are related to the risk of unexpected COVID-19 infection in resident/clients or workers because of community transmission.

Change of escalation level will be informed by direction from the Chief Health Officer and the State Health Emergency Coordination Centre, considering the risk of community and setting-specific 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.

RACF and disability care providers are responsible for initiating the PPE requirements listed for moderate risk PPE escalation level when restricted Local Government Areas are declared within the relevant geographic area and in accordance with the Chief Health Officer's [Public Health Directions](#).

The Chief Health Officer will advise when to apply the high-risk PPE escalation requirements.

Ongoing clinical risk assessment of individual residents/clients should occur in all care settings in order to inform the most appropriate PPE required for specific clinical and non-clinical interactions. The Infection Control Expert Group [Guidance on the use of personal protective equipment for healthcare workers in the context of COVID-19](#) provides factors to consider when conducting a risk assessment in the context of COVID-19.

Recommendations for assessing resident/client risk

General considerations

In accordance with the Infection Control Expert Group [Minimising the risk of infectious respiratory disease transmission in the context of COVID-19: the hierarchy of controls](#) and the Infection Control Expert Group [Guidance on the use of personal protective equipment for healthcare workers in the context of COVID-19](#) an assessment of risk of transmission of COVID-19 to workers should be undertaken when providing direct care to resident/clients. The assessment of risk of transmission should consider the following:

- the individual resident/client's pre-existing likelihood of COVID-19
- resident/client factors
- physical location of care.

Resident/client risk categories

The below criteria should be used to decide the risk category for transmission of COVID-19 for an individual resident/client. Refer to **Table 1** for recommendations on PPE for each risk category.

Non-COVID-19 resident/clients

Resident/clients with **NO** acute respiratory illness or clinical evidence of COVID-19¹ (in the past 14 days)

AND

¹ Clinical evidence of COVID-19 – refer to the [CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia](#)

- no recognised epidemiological evidence¹

AND

- no other indication for transmission-based precautions

Confirmed COVID-19 cases and suspect COVID-19 residents/clients

- All resident/clients with **confirmed** COVID-19
- All resident/clients with **clinical evidence of COVID-19² AND epidemiological evidence for COVID-19** within the last 14 days
- All resident/clients who are in **quarantine** (whether a quarantined international arrival or in quarantine because of local contact) regardless of presence/absence of symptoms of respiratory infection

Remaining resident/clients

Resident/clients with symptoms of respiratory infection or clinical evidence of COVID-19².

- **WITHOUT** epidemiological evidence for COVID-19 within the last 14 days

AND

- Not a quarantined international arrival or quarantined because of local contact

AND

- Not being managed in a COVID-19 ward

Note: Consult with local public health unit for resident/client management guidance following confirmation of a negative COVID-19 combined deep nasal and oropharyngeal swab for resident/clients meeting the “remaining resident/clients” classification.

Infection prevention and control recommendations

Standard precautions are required for all interactions with residents/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 care to residents/clients.

Standard precautions consist of:

- hand hygiene consistent with the 5 moments for hand hygiene,
- the use of appropriate personal protective equipment,
- the safe use and disposal of sharps,
- routine environmental cleaning,
- reprocessing of reusable medical equipment and instruments,

¹ Epidemiological evidence for COVID-19 within the last 14 days - including but not limited to: contact with a confirmed case of COVID-19; international travel with the exception of green zone countries; workers supporting designated COVID-19 quarantine and isolation services; international border staff; international air and maritime crew; health, aged or residential care workers and staff with potential COVID-19 patient contact; people who have been in a setting where there is a COVID-19 case; people who have been in areas with recent local transmission of SARS-Cov-2 e.g. [hotspots](#), [Restricted Local Government Areas](#), [exposure locations](#). [1]

- respiratory hygiene and cough etiquette,
- aseptic technique where indicated,
- waste management, and
- appropriate handling of linen.

In addition to standard precautions, a risk assessment is required to determine required transmission-based precautions. Risk assessment involves evaluation of:

1. The level of community transmission (see risk level definitions above)
2. The presence of clinical and/or epidemiological risks of individual residents/clients
3. The type of care being provided to the resident/client

Table 1 outlines the recommended escalation of PPE for use in residential aged care and disability accommodation services.

Continuous surgical mask use

Continuous surgical mask use is required for workers in residential care, during periods of **moderate and high community transmission of COVID-19**, to reduce the risk of transmission of COVID-19 between workers and residents/clients and amongst workers (who may be asymptomatic but infectious, especially early in the course of illness).

This will require workers who work with residents/clients and in 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 be required to wear a mask when outside their office and/or in accordance with [Public Health Directions](#).

Continuous surgical mask use is required where a residential aged care facility or disability accommodation service staff member (including health professionals, contractors, volunteers and students on placement), is working in a non-restricted RACF and has been in a restricted LGA in the prior 14 days (where such entry is permitted under the [Aged Care Direction](#) or [Disability Accommodation Services Direction](#)).

The following recommendations are to be followed in relation to respirator or surgical mask use:

- Respirators and masks must be worn to cover the mouth and nose fully to be effective.
- Respirators and masks should be changed when they become damaged, soiled or wet.
- Respirators and masks should never be reapplied after they have been removed.
- Respirators and masks should not be left dangling around the neck or loosely from one ear.
- 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.

Use of P2/N95 respirators and masks

For the care of resident/clients with confirmed COVID-19 and suspect COVID-19 resident/clients, use of a P2/N95 respirator in addition to PPE for droplet and contact precautions is required.

Please refer to the Queensland Health guidance document [Fit testing of P2/N95 respirators in respiratory protection programs](#) for detailed information regarding fit testing requirements for P2/N95 respirators.

Duties under the Work Health and Safety Act 2011 (Queensland)

The employer has a duty to provide employees with a safe and healthy work environment. All workplaces that use respiratory protection equipment (for example, P2/N95 respirators) are required to implement a respiratory protection program. Please refer to [WorkSafe Queensland](#) and Queensland Health guidance [Fit testing of P2/N95 respirators in respiratory protection programs](#) for additional information.

Additional considerations around use of face masks in people with disability

Staff wearing masks

The use of surgical masks when providing care to people with disability can sometimes cause additional problems. If the resident/client gets or is likely to get distressed, alarmed, or violent because staff are wearing a surgical mask or has communication difficulties such as reliance on lip reading, staff should consider alternative options after discussion with resident/client and employer. For example, discussing with the resident/client first from a distance greater than 1.5 metres, or using social stories to explain and reassure them, prior to putting on the surgical mask to assist them. Employing strategies to socialise surgical mask use now is essential so residents/clients with disability are familiar with them in the event of an outbreak where masks will be essential for the safety of both residents/clients and staff.

For very limited and rare circumstances, such as when communicating to the resident/client without a surgical mask from a distance of greater than 1.5 metre is not a viable alternative strategy, the option of a face shield instead of a surgical mask may be considered but only where:

- the resident/client has not tested COVID-19 positive,
- the resident/client displays no symptoms of COVID-19,
- there is not an outbreak at the facility, and
- the resident/client is not identified as a close contact of a case of COVID-19.

Such an approach should only be considered where it does not conflict with public health directions. In addition, staff should be aware that data is lacking that face shields alone prevent transmission of COVID-19 and they may not offer the same level of protection as a surgical mask.

A person's use of PPE should not create any serious risk to that person's life or health and safety, including if determined through work Occupational Health and Safety guidelines.

Residents/clients wearing masks

Residents or clients should not be required to wear a mask if:

- They are affected by a medical condition, mental health condition or disability that may be exacerbated or made worse in any way by wearing a mask
- It is important to be able to see their mouth for communication

Table 1. Recommended PPE escalation according to risk of COVID-19 infections in residents/clients or workers
(in addition to standard precautions +/- transmission-based precautions if indicated for another reason)

See over for footnotes

Community level risk →		Low risk		Moderate risk <small>(as directed by Queensland Health or when RACF / disability accommodation service in restricted LGA)</small>		High risk <small>(as directed by Queensland Health)</small>	
Resident/client category ↓		Staff who work only in a single facility	Staff* who work across multiple facilities [#]	Staff who work only in a single facility	Staff* who work across multiple facilities [#]	Staff who work only in a single facility	Staff* who work across multiple facilities [#]
S T A F F * 1	Care of non-COVID-19 residents/clients: No clinical evidence of COVID-19 AND no recognised epidemiological evidence ² AND no other indication for transmission-based precautions	Standard precautions	Surgical mask	Surgical mask Protective eyewear ⁴ (within 1.5m) ⁵	Surgical mask Protective eyewear ⁴ Gown or apron	Surgical mask Protective eyewear ⁴ (within 1.5m)	Surgical mask Protective eyewear ⁴ Gown or apron
	Aerosol generating procedures for non-COVID-19 residents/clients	Standard precautions	Surgical mask Protective eyewear ⁴	Surgical mask Protective eyewear ⁴	Surgical mask Protective eyewear ⁴ Gown or apron	P2/N95 respirator Protective eyewear ⁴	P2/N95 respirator Protective eyewear ⁴ Gown or apron
	Staff doing activities other than direct resident/client care	As indicated by usual requirements of activities	Surgical mask	Surgical mask		Surgical mask	
	Care of resident/clients with: Clinical evidence of COVID-19 WITHOUT epidemiological evidence ² of COVID-19	Surgical mask [P2/N95 respirator for AGP, AGB ⁶ and entering a room within 30 min of an AGP ⁶] Protective eyewear ⁴ Gown Gloves ⁷		P2/N95 respirator Protective eyewear ⁴ Gown Gloves ⁷		P2/N95 respirator Protective eyewear ⁴ Gown Gloves ⁷	
	Care of clients: Confirmed COVID-19 OR Suspected COVID-19 (clinical evidence WITH epidemiological evidence ² of COVID-19) OR Those in quarantine	P2/N95 respirator Protective eyewear ⁴ Gown Gloves ⁷		P2/N95 respirator Protective eyewear ⁴ Gown Gloves ⁷		P2/N95 respirator Protective eyewear ⁴ Gown Gloves ⁷	
Residents/clients with clinical evidence of COVID-19 OR in quarantine OR SUSPECTED OR CONFIRMED COVID-19 cases	Resident/client to wear surgical mask where tolerated if outside of single room		Resident/client to wear surgical mask where tolerated if outside of single room		Resident/client to wear surgical mask where tolerated if outside of single room		
Visitors ³	Nil		Surgical mask		Surgical mask		

* includes health professionals, employees, contractors, volunteers, and students on placements

[#]Work across multiple facilities: working across more than one RACF, disability or other healthcare facility

Table 1 footnotes

¹Staff who reside in an area that is designated a different risk level to the residential aged care facility they work are to comply with their workplace facility risk PPE requirements. Continuous surgical mask use is also required where a residential aged care facility or disability accommodation service staff member (including health professionals, contractors, volunteers and students on placement), is working in a non-restricted RACF and has been in a restricted LGA in the prior 14 days (where such entry is permitted under the Aged Care Direction or Disability Accommodation Services Direction).

²Epidemiological evidence for COVID-19 within the last 14 days - including but not limited to: contact with a confirmed case of COVID-19; international travel with the exception of green zone countries; workers supporting designated COVID-19 quarantine and isolation services; international border staff; international air and maritime crew; health, aged or residential care workers and staff with potential COVID-19 client contact; people who have been in a setting where there is a COVID-19 case; people who have been in areas with recent local transmission of SARS-Cov-2 e.g. [hotspots](#), [Restricted Local Government Areas](#), [exposure locations](#).

³Please refer to applicable Chief Health Officer public health directions for information regarding visitor restrictions to residential care and disability accommodation services.

⁴Protective eyewear is defined as a face-shield, goggles or dedicated safety glasses – note that prescription glasses alone are not considered adequate eye protection

⁵Reference: [COVID-19 Guidance on the use of personal protective equipment by health care workers in areas with significant community transmission](#)

⁶Aerosol generating procedures (AGP), aerosol generating behaviours (AGB) and other factors increasing the risk of transmission are outlined in Appendix 7 of the *Queensland Health infection prevention and control guidelines for the management of COVID-19 in healthcare settings*. Aerosol generating behaviours (AGBs) may include:

- shouting, screaming.
- Also consider high-risk behaviours with potential for AGB: residents / clients who find instructions to wear a mask or practice respiratory hygiene hard to follow or are unable to co-operate (e.g. cognitive impairment or mental illness)

⁷Vinyl gloves are not recommended for the clinical care of residents in the context of COVID-19. Powder-free latex or nitrile gloves are accepted as superior in clinical care and are less likely to be breached compared with vinyl gloves. (refer Infection Control Expert Group COVID-19 Infection Prevention and Control for Residential Care Facilities <https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-infection-prevention-and-control-in-residential-care-facilities>)

Definition of terms

Term	Definition
Clinical evidence of COVID-19	<p>The Communicable Disease Network of Australia National guidelines for Public Health Units defines clinical evidence and is regularly updated. Please refer to the most recent version of this guideline for the most up-to-date clinical evidence list.</p> <p>The CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia provides a more expansive list of symptoms that may be experienced by the elderly. Please refer to the most recent version of this guideline for up to date information.</p>
Non-COVID-19 clients	<p>Clients with NO acute respiratory illness or clinical evidence of COVID-19 (in the past 14 days)</p> <p>AND</p> <p>no recognised epidemiological evidence</p> <p>AND</p> <p>no other indication for transmission-based precautions</p>
Confirmed COVID-19 cases/clients	<p>Please refer to the Communicable Disease Network of Australia National guidelines for Public Health Units confirmed case definition.</p>
Suspect COVID-19 cases/clients	<p>The Communicable Disease Network of Australia National guidelines for Public Health Units defines suspect COVID-19 cases and is regularly updated. Please refer to the most recent version guideline for the most up-to-date definition. The Communicable Disease Network of Australia National guidelines for Public Health Units version 4.7 publication date 24 June 2021 defines suspect COVID-19 cases as a person who meets the clinical and epidemiological evidence criteria.</p>
Persons in quarantine	<p>Detailed information regarding the quarantine of international arrivals and contacts is available in the Communicable Disease Network of Australia National guidelines for Public Health Units. Detailed information on quarantine in Queensland is available at https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/protect-yourself-others/quarantine.</p>
Periods of moderate and high risk of community transmission	<p>As advised by the Chief Health Officer.</p>
Transmission-based precautions	<p>Transmission-based precautions are used in addition to standard precautions for patients who may be infected or colonised with certain infectious agents for which additional precautions are needed to prevent infection transmission.</p>

Document approval details:

Document custodian	<i>Adjunct Professor Shelley Nowlan</i>
Approval officer	<i>Adjunct Professor Shelley Nowlan</i>
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Version control and endorsement history:

Version number	Summary of changes	Endorsing entities
v 0.1	New Document	RCAG, DCAG and CRG 2020
V1.1	Document presented to the PPE Working Group. Feedback incorporated by the COVID-19 Residential Aged Care Facilities Clinical Advisory Group (RCAG).	RCAG March 2021
V1.2	Updated to include P2/N95 use for care of confirmed/suspected COVID-19; standard precautions for routine care non-COVID residents / clients; section on mask/respirator use; updated link to ICEG RACF guidelines	out of session CHO/DDGCEQ 29 June 2021
V1.3	New sections added: Scope; Related directions and guidance; Decisions for escalation of PPE; Recommendations for assessing resident/client risk; Use of P2/N95 respirators and masks; Definition of terms Revisions made to Table 1.	
V1.4	Minor changes to align to other Queensland Health documents	Endorsed by CRG on 5 August and CSLF on 12 August 2021