

Emergency Department – PPE Quick Reference Guide

This is the quick reference guide for Personal Protective Equipment (PPE) use in Emergency Departments.

Any variation to this guidance must be based on local risk assessment and made in conjunction with facility management, local infectious diseases, public health unit, infection prevention and control and advice from the CEC.

Refer to the CEC COVID-19 web pages for more information.




<p>STANDARD PRECAUTIONS Standard precautions for all patient care. PPE use based on risk of anticipated exposure to blood or body substances includes social distancing greater than 1.5m where possible.</p>	<ul style="list-style-type: none"> • Hand hygiene • Aseptic technique • Cleaning and disinfection 	<ul style="list-style-type: none"> • Respiratory etiquette • PPE based on risk assessment • Safe handling of sharps • Waste disposal
<p>CONTACT If contact with blood or body fluid is anticipated.</p>	<ul style="list-style-type: none"> • Impervious apron or gown 	<ul style="list-style-type: none"> • Disposable gloves
<p>DROPLET Used when infectious particles are transmitted by droplets. Providing care for patients suspected or confirmed to have COVID-19 within 1.5m. CONTACT AND DROPLET PRECAUTIONS</p>	<ul style="list-style-type: none"> • Surgical mask • Eye protection (face shield/safety glasses) 	<ul style="list-style-type: none"> • Disposable gloves • Plastic apron or impervious isolation gown
<p>AIRBORNE If infectious particles are transmitted by aerosols when performing AGPs* on patients suspected or confirmed to have COVID-19. CONTACT, DROPLET AND AIRBORNE PRECAUTIONS</p>	<ul style="list-style-type: none"> • P2/N95 mask (or higher) • Eye protection (face shield) 	<ul style="list-style-type: none"> • Disposable gloves • Impervious isolation gown

*AGP includes NIV, intubation, extubation, bag mask ventilation, nebuliser administration and HFNO₂

Bare below the elbow, simple, machine-washable clothes worn only to work, easily cleanable closed footwear worn only to work, hair short or tied back.

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PPE use at Different Risk Levels

RISK LEVEL	The appropriate PPE (mask, eye protection, apron/gown, gloves) should be selected by staff as per risk assessment or as directed by their department/hospital management and infection control team.		
	LOW LEVELS OF INFECTION AND TRANSMISSION IN LHD/REGION	MODERATE LEVELS OF INFECTION AND TRANSMISSION IN LHD/REGION	HIGH LEVELS OF INFECTION AND TRANSMISSION IN LHD/REGION
 <p>When interacting with a patient with LOW PROBABILITY of COVID infection (i.e. no fever, no respiratory symptoms, no close contact with confirmed case).</p>	<p>STANDARD PRECAUTIONS For all patient care.</p>	<p>CONTACT PRECAUTIONS Surgical mask within treatment space (within 1.5m in patient zone). Eye protection as per risk assessment.</p>	<p>DROPLET PRECAUTIONS Surgical mask, eye protection, apron and gloves within treatment space (within 1.5m in patient zone).</p>
 <p>When interacting with a patient with HIGH PROBABILITY of COVID infection (i.e. fever, respiratory symptoms, close contact with confirmed case).</p>	<p>CONTACT and DROPLET Surgical mask, eye protection, apron and gloves within treatment space (within 1.5m in patient zone).</p>		<p>CONTACT, DROPLET and AIRBORNE P2/N95 mask, eye protection, gown and gloves within treatment space (within 1.5m in patient zone).</p>
 <p>When performing AEROSOL GENERATING PROCEDURE on any patient, when interacting with a patient with respiratory distress or significant coughing, or when performing ENT/eye exam or procedure on a patient with high probability of COVID infection.</p>	<p>CONTACT, DROPLET and AIRBORNE P2/N95 mask, eye protection, gown and gloves. Use of PAPRS and additional PPE may be considered as per local Infection Prevention and Control. Staff must be trained and competent in use.</p>		

Vulnerable staff members: Staff members who are vulnerable to significant infection should, where possible, not work in close contact with patients who have high probability of COVID infection.

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Use of PPE

							
For use in	Hand hygiene	Disposable gloves	Disposable fluid repellent apron	Disposable fluid repellent gown	Surgical mask	P2/N95 mask	Eye protection (safety glasses/face shield)
For people assessed as low risk or no risk for COVID-19, that is, they do not meet the clinical criteria for COVID-19.	✓	As per standard precautions	As per standard precautions	As per standard precautions	As per standard precautions	✗	As per standard precautions
In areas of higher clinical risk and where the person is NOT suspected or confirmed to have COVID-19 and is not in quarantine (within 1.5m).	✓	As per standard precautions	As per standard precautions	As per standard precautions	✓	✗	As per standard precautions
Direct care or contact with a person who is suspected or confirmed to have COVID-19 or is in quarantine (within 1.5m).	✓	✓	✓	OR ✓	✓	✗	✓
Undertaking AGP on a person: with suspected or confirmed COVID-19.	✓	✓	✗	✓	✗	✓	✓

Extended PPE use: International guidance states that surgical masks can be worn for not more than 4 hours and P2/N95 up to 8 hours. Once they are removed for clinical reasons or meal breaks, they must be discarded and a new mask used. Extended/sessional use of masks and eye protection (single or reusable) are to be changed when moist, soiled or contaminated. Reusable eye protection should be cleaned in between use. Clean all shared patient equipment including your stethoscope and high touch surfaces. Always perform hand hygiene between patient contact, before and after wearing gloves.

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