



UnitingCare Personal Protective Equipment Plan

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Blue Care | Lifeline | ARCS | The Wesley Hospital | Buderim Private Hospital
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Contents

- Document information..... 3
- Roles and responsibilities 4
- Requests for access PPE 5
- Prioritisation..... 6
- Supply stream..... 9
- Break out kits..... 9
- Burn rate calculator..... 9
- National stockpile 9
- Excess stock..... 10
- Event log 10
 - 13 May 2020 Update..... 10

Document information

Purpose

This document outlines the Personal Protective Equipment (PPE) considerations and decision-making processes that UnitingCare has taken noting:

- Supply streams are severely impacted;
- Normal contracted vendors are unable to meet business as usual needs let alone additional pandemic related requirements; and
- There is an international shortage for the required PPE and required medical consumables.

The purpose of the information contained within this document is to ensure the safety of our clinicians, frontline staff, patients, clients and volunteers.

This document was developed in direct response to the COVID 19 pandemic and will need to be reviewed for accuracy and suitability before being applied in any other pandemic situation.

Related policies:

- UnitingCare Crisis and Incident Management Policy
- UnitingCare Crisis Management Plan
- UnitingCare Business Continuity Management Policy
- UnitingCare Business Continuity Management Manual

Related documents:

- UnitingCare Pandemic Plan
- Aged Care and Community Services Pandemic Response Plan
- Family and Disability Services Pandemic Response Plan
- Hospital Pandemic Response Plans
- Retirement Living Pandemic Response Plan

References:

- Australian Government – Department of Health
- Queensland Department of Health
- World Health Organisation

Document storage

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Document owner

Owner	Address
Group Executive Hospitals	192 Ann Street, Brisbane

Change history

Version	Date	Amendment	Author
1	20 April 2020	Initial draft	Raylee Harris
2	13 May 2020	Update	Raylee Harris

3	13 May 2020	Update - New template and structured sentences.	Sally Philp
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Authorisation

Authorised by	Full Name	Date	Signature
Operations Team Lead	Chris Foley	13.5.20	

Distribution

Distribute to	Date

Roles and responsibilities

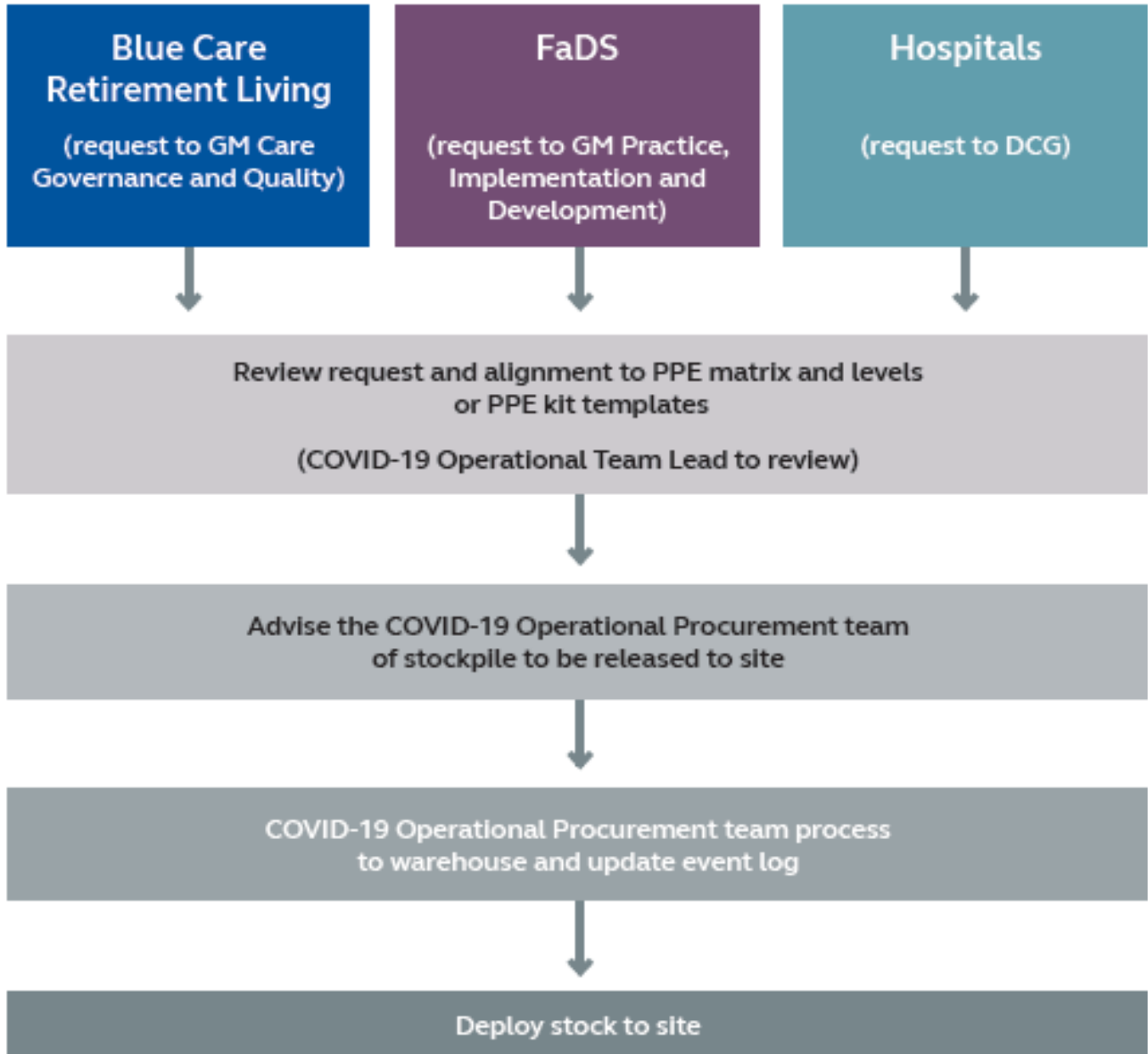
This document was developed in consultation with a range of participants and subject matter experts of who are listed in the below:

UnitingCare Operations Team	Operations Team Leads: Chris Foley and Karen Perkins Procurement Team: Gully Chaudhry, Kristy Allen, Kelsey Hawthorne Stream Leads: Donna Shkalla, Wendy Russell, Kim Teudt PPE Lead: Raylee Harris
Infection Diseases Physician	Dr Paul Bartley (The Wesley Hospital)
Infection Control Consultant	Katherine Taylor (The Wesley Hospital)

Requests for access PPE

To access the COVID-19 PPE stockpile please submit a request to your respective GM/DCG as per the flow chart below.

Please note, BAU ordering for all supplies, including PPE, should continue as per the standard procurement process. For any escalations contact the procurement team.



Prioritisation

The prioritisation for distributing break out kits is ongoing and the stock on hand determines how many kits can be distributed at any one time. Due to supply and stockpile limitations there has not been enough break-out kits to be distributed to all sites immediately. Therefore, a prioritisation process has been established (priority 1 to 8) for distribution:

Pack Name	Total	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6	Priority 7	Priority 8
Blue Care & AARCS Residential (53 facilities)	53	25	28						
Blue Care Community Services (5 kits per 7 clusters)	35		15	20					
Child Care Centres - Community Sites (3 sites)	3			1	2				
Community Based Services/Outreach Services - Community Sites (20 sites)	20				5	15			
Disability Services Supported Living - North Brisbane (18)	18			2	3	13			
Disability Services Supported Living - South (45 houses)	45			2	8	5	30		
Disability Services Supported Living - South West (20 houses)	20			2	3	15			
Domestic and Family Violence Refugee/Outreach - Residential Houses (2 houses)	2				2				
Homelessness Residential Service - Residential Houses (2 houses)	2		2						
Out of Home Care Residential Service - Residential Houses (24 houses)	24	4		10	10				
Retirement Living (39 villages)	39							20	19
	261	29	45	37	33	48	30	20	19

Priority table:

Priority	Justification
1	25 kits to Aged Care and Community Services (ACCS) including AARCS Residential: These were areas of concern by State Government for high community transmission. In addition to this packs were sent to areas with a high Indigenous population.
1	4 kits to Family and Disability Services (FADS) Out of Home Care Residential Service: These Out of Home Care residential facilities are in Regional locations with limited access to other sites who may have PPE. Young people who reside at the residence may not maintain social distancing and go missing from placement which places them at risk.
2	28 kits to ACCS and AARCS Residential: Distributed to remaining facilities that were geographically challenged.
2	15 kits to ACCS (Community Services): Priority given to this group of people given their age and potential for harm. First batch to more remote area clusters.
2	2 kits to FADS Homelessness Residential Service: This is a high-risk group of clients who are engaged in high risk behaviours in the community. This client group have the potential to both spread and catch the virus given their underlying health conditions and their connections with people in the Gold Coast area. They reside in a known hotspot.
3	20 kits to ACCS (Community Services): Priority given to this group of people given their age and potential for harm. Second batch to remaining Clusters.
3	1 kit to FADS Child Care Centres: These services are fully operational and require PPE in case a child who spikes a high temp and is suspected of Covid-19. Need to hold child in situ in isolation until parent arrives.

3	2 kits to Disability Services Supported Living (North Brisbane): These pack will ensure Disability Services have immediate access to PPE - the client group are people living in home residence they may not maintain social distancing and some struggle to understand the significance of the regulations put in place to prevent spread.
3	2 kits to Disability Services Supported Living (South): These pack will ensure Disability Services have immediate access to PPE - the client group are people living in home residence they may not maintain social distancing and some struggle to understand the significance of the regulations put in place to prevent spread.
3	2 kits to Disability Services Supported Living (South West): These pack will ensure Disability Services have immediate access to PPE - the client group are people living in home residence they may not maintain social distancing and some struggle to understand the significance of the regulations put in place to prevent spread.
3	10 kits to Out of Home Care Residential Services: These out of home care residences work with children who are highly traumatised and who frequently leave placement - there is a challenge they will not maintain social distancing and hand hygiene whilst away from placement - given the spread of houses in Ipswich and Toowoomba access by houses to these 10 packs will support a number of houses should an outbreak occur.
4	2 kits to FADS Child Care Centres: These services are fully operational and require PPE in case of a child who spikes a high temp and is suspected of Covid-19. Need to hold child in situ in isolation until parent arrives.
4	5 kits to Community Based Services/Outreach Services: These are services outreaching in the community and may need to support clients to access medical assistance or may be required to continue to support a client in the home if they are Covid-19 positive but not in hospital. This provides an initial stock for deployment across many program areas, across the State. The focus will be those continuing home visits in child protection and disability services teams.
4	3 kits to Disability Services Supported Living (North Brisbane): These kits will ensure Disability Services have immediate access to PPE - the client group are people living in home residence that may not maintain social distancing and some struggle to understand the significance of the regulations put in place to prevent spread.
4	8 kits to Disability Services Supported Living (South): These kits will ensure Disability Services have immediate access to PPE - the client group are people living in home residence that may not maintain social distancing and some struggle to understand the significance of the regulations put in place to prevent spread. Note: this will ensure a geographic spread is possible across all 45 Disability houses.
4	3 kits to Disability Services Supported Living (South West): These kits will ensure Disability Services have immediate access to PPE - the client group are people living in home residence they may not maintain social distancing and some struggle to understand the significance of the regulations put in place to prevent spread. Note: this will ensure a geographic spread is possible across all 18 Disability houses.
4	2 kits to Domestic and Family Violence Refugee/Outreach: This is a high-risk group of clients who are engage in high risk behaviours in the community. This client group have the

	potential to both spread and catch the virus given their underlying health conditions and their connections with people in the Brisbane area. They reside in a known hotspot.
4	10 kits to Out of Home Care Residential Service: These out of home care residences work with children who are highly traumatised and who frequently leave placement - there is a challenge they will not maintain social distancing and hand hygiene whilst away from placement - These additional packs will ensure each individual house will have access to PPE. Note in addition to 4 young people in this residential house there are an additional 8 staff rotating into the house to support the young people.
5	15 kits to Community Based Services/Outreach Services: These are services outreaching in the community and may need to support clients to access medical assistance or may be required to continue to support a client in the home if they are Covid-19 positive but not in hospital. This provides an initial stock for deployment across many program areas across the State. The focus will be those continuing home visits in child protection and disability services teams.
5	13 kits to Disability Services Supported Living (North Brisbane): These kits will ensure Disability Services have immediate access to PPE - the client group are people living in home residence that may not maintain social distancing and some struggle to understand the significance of the regulations put in place to prevent spread. Note: this will ensure a geographic spread is possible across all 18 Disability houses.
5	5 kits to Disability Services Supported Living (South): These kits will ensure Disability Services have immediate access to PPE - the client group are people living in home residence that may not maintain social distancing and some struggle to understand the significance of the regulations put in place to prevent spread. Note: this will ensure a geographic spread is possible across all 45 Disability houses.
5	15 kits to Disability Services Supported Living (South West): These kits will ensure Disability Services have immediate access to PPE - the client group are people living in home residence that may not maintain social distancing and some struggle to understand the significance of the regulations put in place to prevent spread. Note: this will ensure a geographic spread is possible across all 20 Disability houses.
6	30 kits to Disability Services Supported Living (South): These kits will ensure Disability Services have immediate access to PPE - the client group are people living in home residence that may not maintain social distancing and some struggle to understand the significance of the regulations put in place to prevent spread. Note: this will ensure a geographic spread is possible across all 45 Disability houses.
7	20 kits to Retirement Living: In 2 sites we offer full service accommodation which includes the provision of meals and cleaning. In addition, if a resident is in isolation or Covid-19 positive we will need to provide general care and assistance as required.
8	19 kits to Retirement Living: If a resident is in isolation or Covid-19 positive we will need to provide general care and assistance as required.

Supply stream

Limitations

During a global pandemic supply streams are severely impacted and there will be world-wide shortages. There will be competition for stock acquisition. Stock sourcing has been beyond our normal supply chains and contract vendors, which has resulted in impacts to quality assurance processes. To mitigate this risk, as part of the due diligence process all suppliers are required to provide certification for their products (where applicable).

Various leads and stakeholders have been engaged however there are concerns around their ability to deliver. Furthermore, price gouging is common and there have been rapid increases to cost and changing terms of trade. For example: payment prior to order and not on delivery.

Contracted suppliers

PPE stock from contracted suppliers is currently on an 'allocation' basis, meaning that the forecasted stock (based on last year's usage) is secure. However, the forecast does not take into consideration a global pandemic such as Covid-19. Therefore, purchasing additional stock from our normal suppliers has been problematic.

Break out kits

Kit content decision:

The kits were designed to provide Contact and Droplet Procedure protection when exposed to a patient suspected of having Covid-19. Contact and Airborne Procedures PPE are included where a patient has a confirmed diagnosis of Covid-19 or the patient is having an Aerosol Generating Procedure (AGP). The volume of stock that would be used to care for the patient/client during a 3-day period is based on the assumption that further outbreak kits would be received if continued care is required, or we would access the National PPE Stockpile. Alternatively, the assumption was based on if the patient's condition deteriorated, they would be transferred to hospital for advanced care.

Clinical regulatory authorities:

Clinical regulatory authorities reference information was used to develop the kits. A specification document was developed for purchasing Covid-19 PPE. The stockpile contents were limited to the current supply stream impacts which resulted in the acceptance of other (non-TGA) approved products such as ISO, EU and/or FDA approved (in order of preference).

Burn rate calculator

The Centre for Disease Control (CDC) has created a burn-rate calculator for PPE. This could be adapted for our business with accurate daily usage figures to take into consideration PPE used for Elective Surgery. The calculator will predict the number of days stock remaining and enable more effective co-ordination of sourcing PPE.

National stockpile

Justification:

We will require access to the National Stockpile when there is high domestic demand and service pressure delivery. This will include access to PPE and drugs. The resumption of Elective Surgery will also deflate current PPE stock levels, which could impact on the delivery of care for Covid-19 positive patients, if further stock cannot be procured.

Excess stock

Where operations return to business as usual and the stockpile remains, the priority will be to use the stockpile in the first instance before submitting requests for additional stock. It is understood that Clinicians may find the sourced stock not to their liking, however we need to ensure the stockpile is used as a priority to avoid wastage and exceeding use by dates.

The Operations Team will consider selling the stockpile or utilising it as business as usual stock for other areas of the business and not Hospitals.

Event log

As current advice and directives change around PPE and supply stream changes occur, an update will be provided on UnitingCare's response to those changes.

13 May 2020 Update

ACCS (which includes BlueCare) and FADS require training in use of PPE such as donning and doffing PPE and assistance with Infection Control Principles.

On Tuesday 19th May 2020, Clinical Nurse Manager Raylee Harris and other Care and Clinical Governance staff will form the team to visit an ACCS BlueCare site as a pilot to determine the most suitable training and processes for other sites. A small amount of PPE will be taken with the team to the site from the Stockpile, so that site specific local stock is not utilised.

There has been a delay in being able to source N95 and long-sleeved isolation gowns. Break-out kits to date have been distributed without these included. Aprons were substituted for long-sleeved gowns. UnitingCare have now sourced these gowns and will distribute 9000 of each to RACF based on 150 for Metro sites and 250 for Regional sites.

An Expression of Interest (EOI) is being advertised to source UnitingCare Nurses to form teams to deploy to RACF across Queensland and ARRCS to assist with PPE training and assistance with Infection Control Principles.

Cluster	Facility	Area	No. Sites	Masks	Gowns
Central Queensland	Capricorn	Metro	27	4050	4050
	Emerald Avalon	Regional	20	5000	5000
Fraser Coast	Gladstone Edenvale				
	Gracemere	North Queensland	Ingham Bluehaven		
	Mackay Homefield		Mareeba		
	Bundaberg Millbank		Mt Louisa		
Fraser Coast	Bundaberg Pioneer	South Coast	Arundel Woodlands Lodge		
	Bundaberg Riverlea		Brassall		
	Hervey Bay Masters Lodge		Elanora Pineshaven		
	Pinangba	Hollingsworth Elders Village		Flinders View Nowlanvil	
Pinangba	Ny-KU Byun Elders Village		Kirra		
	Shalom Elders Village		Labrador		
	Star of the Sea Elders Village		Tallebudgera Talleyhaven		
	North Coast	Hamilton Merriwee Court	South West	Kingaroy Canowindra	
North Coast	Kallangur Pilgrim		Lowood Glenwood		
	Kenmore		Toogoolawah Alkira		
	Lawnton Pinewoods		Toowoomba		
	Redcliffe	Metro South	Alexandra Hills		
	Rothwell Nazarene		Beenleigh Bethania Haven		
	Bli Bli		Carbrook Wirunya		
	Caloundra		Carina		
	Dicky Beach		Redland Bay Yarrabee		
	Gympie Grevillia		Springwood Yurana		
	Maleny Erowal		Sunnybank Hills Carramar		
	Warana Beachwood		Wynnum		

COVID-19 Personal Protective Equipment (PPE)

Directions for Blue Care and Family & Disability Services Staff

As at 7 April 2020

As the COVID-19 situation evolves, it has become apparent Personal Protective Equipment (PPE) levels are very low – based on our current usage. UnitingCare is currently working with our existing and new suppliers to ensure we continue to have adequate stocks.

It is vital and now necessary that we take appropriate action to ensure frontline staff and practitioners continue to have access to PPE throughout the entirety of the COVID-19 response.

We ask that every single staff member and practitioner considers the following actions to help preserve existing stocks of PPE.

We ask that you:

- Immediately limit the number of people involved in all clinical or care procedures only to essential operators.
- Carefully consider who is required in a room during all clinical or care procedures to limit the use of PPE. This will depend on the specific procedure and infection control requirements but should be kept to the absolute minimum.
- Staff and practitioners should only wear PPE required for the situation based on Infection Control principles.

We are in an unprecedented situation. What we would do in optimal circumstances is no longer sustainable or fit for purpose. We are all required to think innovatively as we respond to this challenge. We are taking advice from Infection Control experts from our hospital services.

Re-use of PPE in low risk situations for instance may be a better alternative than no PPE at all, allowing us to conserve PPE stocks to respond appropriately to known risk-situations. Remember soap and water effectively and efficiently kills this virus and in most circumstances is the best PPE we have.

It is important that we all work together and do what we can at an individual and team service level to ensure that our frontline staff members and practitioners have access to adequate PPE over the coming months with COVID-19 and other highly infectious diseases.

We have seen from the experience of our service counterparts responding to COVID-19 in countries overseas that PPE stocks deplete rapidly. It is essential that we learn from that and act now.

If you have any questions or further suggestions as to how we can continue to preserve PPE for our frontline staff members and practitioners please email businesscontinuity@ucareqld.com.au

Guide for Personal Protective Equipment (PPE) Matrix

- Careful management of the supply chain is required at all times, and monitoring and securely storing PPE stock is critical. PPE should be supervised by care workers and only used for clients under care worker direction.
- Strategies to reduce the use of PPE should not reduce the safety of care workers, and PPE should always be available to be used by those who require it.
- Unnecessary use of PPE should be avoided and training on use of PPE should only be used with expired stock.
- Consideration can be given to using alternative products and reuse of gowns may be considered for use in areas that currently use single use items.
- The use of plastic aprons can be used instead of long-sleeved disposable gowns where appropriate (care workers need to ensure they wash all exposed areas of hands and arms).
- Extended use is the practice of wearing the same PPE for repeated client interactions without removing and replacing the PPE. This may be considered where a local risk assessment of the situation is undertaken and staff have been trained in the appropriateness of extended use. This could be appropriate in a care setting where COVID-19 clients are cohort area.
- Surgical masks should be discarded if contaminated with blood or body fluids, not worn outside care area, removed before proceeding to care for clients other than those who are isolated for COVID-19 and removed when wet or damp. Surgical masks are designed to be worn for extended periods of time, expect care workers to remove or change mask for reasons such as taking toilet break or leaving care area. Masks should not be pulled down around the chin and neck and then re-worn. Hand hygiene must be adhered to before, and after removing a mask.
- P2 / N95 masks should only be used in care scenarios where there are aerosol procedures being undertaken e.g. suctioning a tracheostomy, administering a Ventolin nebuliser, treatment of a client with acute tuberculosis, cardio-pulmonary resuscitation and intubation of a client. There is no recommended maximum length of time that a P2/ N95 mask can be worn, however should be removed for reasons such as taking a toilet break or leaving the care area. Education and training on the use and changing of this type of mask must be provided to care workers if used extended. Hand hygiene must be adhered to before, and after removing a mask.
- Eye protection can consist of items that protect the wearer's eyes from sprays and splashes. This may be reusable safety goggles, these must be cleaned and disinfected before being re-used. Eye protection should not be worn outside the care area, be discarded or cleaned if visibly contaminated with blood or body fluids.

Source: Adapted from Queensland Health COVID19 general considerations for conserving personal protective equipment 7 March 2020.

Personal Protective Equipment (PPE) Matrix

		Test for COVID- 19	Social distancing	Handwash / hand gel	Non-sterile gloves	Goggles / protective eye wear	Disposable apron		Long sleeve gown		Surgical mask		P2 or N95 Mask	
							Single use	Reuse	Single use	reuse	Single use	Reuse	Single use	Reuse
Client has no temp/cold or flu like symptoms	Have not had close contact with a person who is a suspect case		✓	✓										
	Have had close contact with a person who is a suspect case	Only if becomes symptomatic	✓	✓	✓	✓		✓ For same patient				✓ For same patient		
	Waiting results for test with COVID-19 or travelled overseas in the last 14 days		✓	✓	✓	✓		✓ For same patient				✓ For same patient		

		Test for COVID- 19	Social distancing	Isolate	Handwash / hand gel	Non-sterile gloves	Goggles / protective eye wear	Disposable apron		Long sleeve gown		Surgical mask		P2 or N95 Mask	
								Single use	Reuse	Single use	reuse	Single use	Reuse	Single use	Reuse
Client has temp more than 37.5 degrees Celsius and has headache, sore throat, cough symptoms	Have had no contact with suspected or confirmed COVID-19 person.	Consider test for respiratory virus PCR	✓	✓	✓	✓	✓	✓				✓			
	Has had contact with suspected or confirmed COVID 19 person.	✓ + resp. PCR	✓	✓	✓	✓	✓	✓				✓			
Client is not suspected to have COVID-19	Requires Ventolin nebuliser		✓		✓			✓							
Client is suspected and awaiting test results for COVID-19	Requires Ventolin nebuliser		✓	✓	✓	✓				✓				✓	
Client is confirmed COVID-19	Requires care relating to activities of daily living e.g. toileting, showering		✓	✓	✓	✓	✓			✓				✓	
	Requires suctioning of tracheostomy		✓	✓	✓	✓	✓			✓				✓	
	Requires Ventolin nebuliser		✓	✓	✓	✓	✓			✓				✓	

COVID-19 Personal Protective Equipment (PPE)

Directions for UnitingCare Hospitals Staff

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It is vital and now necessary that we take appropriate action to ensure frontline staff and practitioners continue to have access to PPE throughout the entirety of the COVID-19 response.

We ask that every single staff member and practitioner considers the following actions to help preserve existing stocks of PPE.

We ask that you:

- Immediately limit the number of people involved in all clinical or care procedures only to essential operators.
- Carefully consider who is required in a room during all clinical or care procedures to limit the use of PPE. This will depend on the specific procedure and infection control requirements but should be kept to the absolute minimum.
- Staff and practitioners should only wear PPE required for the situation based on Infection Control principles.

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- Consideration can be given to using alternative products and reuse of gowns may be considered for use in areas that currently use single use items.
- The use of plastic aprons can be used instead of long-sleeved disposable gowns where appropriate (care workers need to ensure they wash all exposed areas of hands and arms).
- Extended use is the practice of wearing the same PPE for repeated client interactions without removing and replacing the PPE. This may be considered where a local risk assessment of the situation is undertaken and staff have been trained in the appropriateness of extended use. This could be appropriate in a care setting where COVID-19 clients are cohort area.
- Surgical masks should be discarded if contaminated with blood or body fluids, not worn outside care area, removed before proceeding to care for clients other than those who are isolated for COVID-19 and removed when wet or damp. Surgical masks are designed to be worn for extended periods of time, expect care workers to remove or change mask for reasons such as taking toilet break or leaving care area. Masks should not be pulled down around the chin and neck and then re-worn. Hand hygiene must be adhered to before, and after removing a mask.
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Source: Adapted from Queensland Health COVID19 general considerations for conserving personal protective equipment 7 March 2020.

Summary of Personal Protective Equipment (PPE) Required for Patient Care

Protection level	Personal Protective Equipment	Scope of Application	Additional
Level 1	<ul style="list-style-type: none"> Standard Precautions Transmission-Based Precautions for other non-COVID-19 reasons 	<ul style="list-style-type: none"> General wards (non COVID-19) 	<ul style="list-style-type: none"> Business as usual If patients develop fever and respiratory illness place surgical mask on patients and initiate droplet precautions in ward Proceed to moving patient to COVID-19 clinical area
Level 2	<ul style="list-style-type: none"> Surgical mask 	<ul style="list-style-type: none"> Pre-examination triage where patients with potential COVID-19 are presenting from community, e.g. Emergency Centre 	<ul style="list-style-type: none"> Work uniform Social distancing Patients triaged and moved to appropriate assessment area
Level 3	<ul style="list-style-type: none"> Surgical mask for droplet precautions N95 for aerosol generating procedures Long sleeve gown Goggles/face shield Gloves 	<ul style="list-style-type: none"> Patients in single rooms Mild cases in open bed wards, e.g. 4 bed bay Suspected cases of COVID-19 	<ul style="list-style-type: none"> Work uniform/scrubs as determined by facility In an open 2 or 4 bed bay a surgical mask only is worn outside of direct patient bed areas
Level 4	<ul style="list-style-type: none"> Surgical mask or N95 depending on patient acuity Long sleeve gown Surgical cap (optional) Goggles/face shield Gloves (Long cuff) - Change between patients with hand hygiene in between Plastic apron - change between patients (caution if wearing a face shield as changing apron may dislodge) 	<ul style="list-style-type: none"> Isolation ward area including isolated ICU, emergency department respiratory acute, designated wards Imaging examination When moderate cases can't be accommodated in single rooms in open wards 	<ul style="list-style-type: none"> Work uniform/scrubs Consider work shoes only Prepare before entering area (drink, eat, bathroom) Apply in donning area and keep on for whole time in area as tolerated Group work together and be prepared to be in the area for up to 4 hours but be aware of PPE fatigue Must have spotter for donning and doffing in designated areas
Level 5	<ul style="list-style-type: none"> N95 mask Long sleeve gown/coveralls Surgical cap Face shield over goggles Gloves x 2 (Long cuff) - remove second set of gloves immediately after procedure Plastic apron over gown - remove immediately after procedure by breaking neck and waist tie TOGA for Anaesthetist and intubation team ONLY 	<ul style="list-style-type: none"> Procedures in which there is potential of spray/splash of respiratory secretions and other bodily fluids such as tracheal intubation, tracheotomy, bronchoscopy, endoscopy Applies to staff directly within 1.8m of the aerosolising procedure Performing surgery Performing autopsy 	<ul style="list-style-type: none"> Work uniform/scrubs Consider work shoes only Must have spotter for donning and doffing in designated areas After performing high contamination procedure leave COVID-19 area to change PPE
Additional	<ul style="list-style-type: none"> Balaclava Shoe covers 	<ul style="list-style-type: none"> Operating Theatre COVID-19 Confirmed 	<ul style="list-style-type: none"> Consider additional measures for confirmed COVID-19 cases

Clinical Classification	Definition	Protection level
Mild Cases	No evidence of lower respiratory disease or other features of systemic compromise	Level 3
Moderate Cases	Lower respiratory tract symptoms - dyspnoea, cough, hypoxia corrected with low flow oxygen (SpO ₂ >94%, unless normal for that patient)	Level 3 Level 4 when moderate cases are not in single rooms
Severe Cases	Requirement for high flow oxygen or other organ support	Level 4 Level 5
Critical Cases	Respiratory failure, shock or multi-organ dysfunction	Level 4 Level 5