



Personal protective equipment for workers in community settings

Purpose

This document contains advice on the use of appropriate personal protective equipment (PPE) for community workers who have direct interaction with people who are confirmed or probable COVID-19, currently in isolation/quarantine or close contacts. This may include, but is not limited to, services such as home care residential services, homelessness support services, family violence and sexual assault services, child and family services, fire and emergency services. Separate advice is available for police and healthcare workers providing care in community settings.

Background

Severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) is the virus that causes coronavirus disease-19 (COVID-19). The primary way transmission occurs is through inhalation of respiratory droplets or aerosols and direct physical contact with an infected person. There is some evidence to support indirect transmission from contaminated objects and surfaces.

SARS-CoV-2 virus can survive on surfaces for several hours to a few days depending on the amount of virus landing on a surface, the surface type, the temperature and the humidity, however the virus is rapidly inactivated by alcohol, household bleach and other chemicals.

People exhibiting cold/flu like symptoms but who do not have any risk factors for exposure to COVID-19, should be managed as per your organisation's business as usual approach. The Department of Health will update advice if circumstances change.

Infection prevention and control principles

Routine infection prevention and control (IPC) practices should always be used in conjunction with your organisation's policies and procedures. These practices assist in creating a safe working environment for you and your clients.

Minimising the risk of COVID-19 transmission

The following actions can be taken to reduce the risk of spreading COVID-19:

- **get vaccinated against COVID-19 including the third dose**
- stay home if you are unwell and get tested
- practice physical distancing of 1.5 metres or more from other people
- improve ventilation in your vehicle by use of fresh air vents or open windows, where appropriate
- practice regular hand hygiene either by washing hands with soap and water or using an alcohol-based hand rub (ABHR)

- practice respiratory etiquette by covering your coughs and sneezes with your elbow or a tissue and placing used tissues straight into a bin, perform hand hygiene
- avoid touching your eyes, nose, and mouth
- regularly clean and disinfect frequently touched surfaces
- wear personal protective equipment (PPE) appropriately and correctly if required.

Hand hygiene

- Wash hands regularly with either soap and water for at least 20 seconds and dry them completely, preferably with clean, single-use paper towels or use an alcohol-based hand rub (AHBR) with a minimum of 60-80% alcohol (Appendix A).
- Hand hygiene should be performed before and after eating, after coughing or sneezing, after going to the toilet, when changing face masks and after touching potentially contaminated surfaces.
- Hand hygiene must always be performed after glove removal. Applying ABHR to gloves is not recommended and can compromise the integrity of the gloves.
- Please be aware that leaving ABHR in a vehicle is not recommended as high temperatures in a closed vehicle can damage the efficacy of these products.

Planning and preparation for visit

Organisations should consider how they can change normal business practices to avoid unnecessary contact in the provision of the essential service. Use of telephone or video call appointments to replace in-person visits should be considered before scheduling an in person visit.

If in-person visits are required, virtual contact (telephone/video call/text messaging) should be made prior to the appointment to perform a risk assessment.

If a person is confirmed or probable COVID-19, currently in isolation/quarantine or close contacts the visit should be postponed if possible, until the persons have completed isolation/quarantine.

If the visit is unable to be postponed, appropriate PPE is to be worn, 5 moments of hand hygiene adhered to and physical distancing of a minimum distance of 1.5m between individuals, is recommended if possible.

It is recommended that any client who is confirmed or probable COVID-19, currently in isolation/quarantine or a close contact, wear a mask when with others. Wearing a mask protects others by decreasing the spread of respiratory secretions, especially in settings where physical distancing cannot be maintained. Prior to your arrival request your client puts on a mask.

Personal protective equipment

PPE includes surgical masks, particulate filter respirators (PFRs), e.g. N95/P2, protective eyewear, gloves and protective garments e.g. aprons or long sleeve fluid repellent gowns. The type of PPE worn by workers in community settings will depend on the degree of contact they will have with a person who is a confirmed or probable COVID-19 case or under a quarantine direction.

Workers in community settings should receive training in the correct use of PPE and how to perform a risk assessment to determine the type of PPE they need to wear e.g. if they

can maintain a distance of more than 1.5m and not have physical contact with the client then a surgical mask and protective eyewear would be adequate. The need to don a gown or apron and gloves would be required if they are to provide hands on care to the client. It is important that PPE is only used when required and the appropriate PPE is selected based on the needs as outlined in Table 2.

Additional PPE for occupational safety and health purposes needs to be considered as per your organisation's policies.

Surgical masks

- Surgical masks are utilised to contain respiratory secretions of the wearer or to prevent droplet inhalation by the wearer.
- Surgical masks are single use and once removed are to be replaced with a new mask.
- Masks with ties should be provided for staff who wear a head covering for cultural reasons.
- Irrespective of mask type, staff should not touch the front of the mask or wear the mask incorrectly i.e. around the neck, under the nose or chin or on top of the head.
- Masks must be changed after four hours or sooner if they become moist, soiled, or if it is difficult to breathe through the mask.

Protective eyewear

- Protective eyewear e.g. combined mask/shield, visor or goggles, is to be worn
- Personal prescription spectacles are inadequate and are to be worn with additional protective eyewear
- Face shields labelled single use are to be disposed of after each use
- Reusable protective eyewear must be cleaned and disinfected after each use and used only by the same staff member and not shared between staff

Gowns/Aprons

- Plastic aprons or gowns that have cuffed wrists and tie at the back or side are suitable.

Gloves

- Gloves are not a substitute for hand hygiene – hand hygiene must be performed every time gloves are removed.
- Gloves should be worn when in contact with blood/body fluids.
- Gloves must not be sanitised using hand sanitiser or surface cleaner.
- Staff should avoid touching unnecessary objects when wearing gloves e.g. do not answer telephones or use a computer with gloves on.
- If gloves become contaminated during a task, they are to be removed immediately and disposed of in a rubbish bin and hand hygiene performed. New gloves can then be put on if required.

Particulate filter respirator

- If you choose to wear a respirator (P2 or N95), make sure it meets approved Australian and New Zealand standards. There are a variety of respirators (P2 or N95) available in the community, including counterfeits and those not designed for

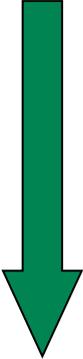
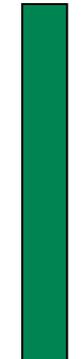
medical use (for example, industrial respirators). Make sure your respirator does not have a valve, as exhalation valves can allow infectious particles to escape.

- When wearing a respirator, it is important to choose one with the best fit and seal around your face. Once applied, you should fit check your respirator to ensure there are no leaks in the seal between the face and respirator. To do a fit check, cup your hands around the edges of the mask, breathe in and out, to feel if air is escaping from the sides of the mask, particularly near your eyes. If you feel a leak, adjust and try again. If you are unable to achieve a seal, try a different size or style.
- A respirator is designed for single use and can be worn up to 4 continuous hours. Replace your respirator if it becomes damp or soiled in this time. Respirators are not appropriate for use by people with facial hair, as this breaks the seal.

Donning and doffing personal protective equipment

- PPE is only protective when used correctly.
- Community workers should undergo training in the correct use of PPE and be confident in safely donning (putting on) and doffing (taking off) their PPE. Refer to Table 1 for donning and doffing sequence.
- Loose hair must be tied back securely prior to donning PPE.

Table 1: Donning and doffing sequence

Donning PPE (Putting On)	Doffing PPE (Taking Off)
 <ol style="list-style-type: none"> 1. Perform hand hygiene 2. Gown 3. Mask 4. Protective eyewear/visor 5. Perform hand hygiene 6. Gloves 	 <ol style="list-style-type: none"> 1. Gloves 2. Perform hand hygiene 3. Gown/apron 4. Perform hand hygiene 5. Protective eyewear/visor 6. Perform hand hygiene 7. Mask 8. Perform hand hygiene

Please refer to the [donning and doffing video](#).

Table 2: Recommended PPE

Criteria	Hand hygiene	Surgical mask	Particulate Filter Respirator (PFR)	Eye protection	Gloves	Protective garment (e.g. long-sleeved gown or apron)
						
Person who is not a confirmed or probable COVID-19, currently in isolation/quarantine or close contacts	✓	✓	✗	If required to prevent splash exposure	If required when in contact with blood or body fluids	
Confirmed or probable COVID-19, currently in isolation/quarantine or close contacts AND physical distance (greater than 1.5m) can be maintained at all times	✓	✓	✗	✓	If required when in contact with blood or body fluids	
Confirmed or probable COVID-19, currently in isolation/quarantine or close contacts AND physical distance (greater than 1.5m) cannot be maintained at all times	✓	✗	✓	✓	✓	✓

Disposal of PPE

Used PPE is to be placed in a plastic bag, tied securely and disposed of in the general waste stream. Perform hand hygiene after handling general waste.

Further information and resources can be accessed from the [Department of Health COVID-19 Website](#). The Department also provides detailed information for agencies on access to PPE over and above business-as-usual supply.

Appendix A: Hand hygiene poster



Government of **Western Australia**
Department of **Health**



How to wash your hands

With soap and water

Steps 1–4 below should take 40–60 seconds.

1

Wet hands,
then apply soap



2



Lather for at least 20 seconds.
Pay attention to the backs of
hands and fingers, fingernails
and the webbing between fingers

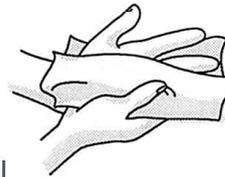
3

Rinse hands under
running water



4

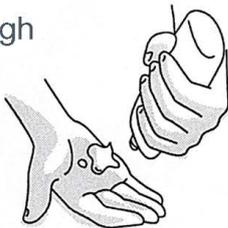
Dry hands with
a clean towel, or
fresh paper towel



With hand sanitiser

1

Apply enough
product to
cover
both hands



2

Rub all surfaces of both hands



3

Rub hands together until dry

Version Control

Version	Date	Updates / Changes
5	23 November 2020	<ul style="list-style-type: none">Document handed over from SHICC to PHEOC IPC December 2020
6	23 September 2021	<ul style="list-style-type: none">Updated list of those deemed 'community workers'Added links for hand hygiene, environmental cleaning and vaccinationAdded updated donning and doffing information (table)Removed Conservation of PPE
7	22 February 2022	<ul style="list-style-type: none">Comprehensive reviewUpdates to table and postersIncrease information on PPE and included PFR information

Last updated: 22 February 2022 - SHICC IPC V7

This document can be made available in alternative formats on request for a person with disability.

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