



Advice for use of personal protective equipment for non-healthcare workers in community settings

Purpose

This document contains advice on infection prevention and control and the use of appropriate personal protective equipment (PPE) during the COVID-19 pandemic for people working in community settings. This group includes, but is not limited to, WAPolice (WAPOL), Department of Fire and Emergency Services (DFES), Department of Education, Department of Communities and retail pharmacies. Separate advice is available for healthcare workers providing care in community settings.

This document reflects current advice in the setting of no community transmission of the SARS-CoV-2 virus in Western Australia (WA) and will be updated to reflect changing circumstances. The [Department of Health website](#) will hold the latest version of this document and should be checked regularly to ensure workers have the most recent information.

Precautions to prevent the spread of infection

Maintaining a physical distance from other people and performing routine infection prevention and control (IP&C) practices including effective hand hygiene, cough etiquette and respiratory hygiene, remaining home when unwell, in all settings, is the first line of defence to reduce transmission of COVID-19.

Routine infection prevention and control practices should always be used as per your organisations policies and procedures. These practices assist in creating a safe working environment for you and the individuals you interact with. Your manager can provide your organisation's policy/guidance on infection prevention and control.

The use of personal protective equipment (PPE) is recommended as an additional measure, at times, but does not replace the need to adhere to routine IP&C practices.

Physical distancing

Organisations should consider how they can change normal business practices to avoid unnecessary contact between people. 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, a virtual (telephone/video call/text messaging) contact should be made prior to the appointment to ensure the person does not meet [the confirmed, probable or suspect COVID-19 case definition](#).

If a person **does not** meet the case definition, physical distancing, with a minimum distance of 1.5m between individuals, is to be observed. If physical contact cannot be avoided, hand hygiene must be performed at the conclusion of the contact.

If a person **does** meet the case definition, the visit should be postponed or if unable to be postponed, appropriate PPE is to be used. They must be instructed to wear a surgical face mask. Any person who is under hotel or home quarantine on instructions from WA Police is to be treated as a probable case.

At any in-person meeting, irrespective of client status, greetings such as hand shaking or fist pumps, are to be avoided.

Hand hygiene

Effective hand hygiene practices are to be adhered to at all times. Regular hand hygiene with alcohol-based hand rubs (ABHRs), that contain between 60-80% alcohol or using soap and water is to be performed; both are acceptable. Personal use ABHRs should be carried by staff working in community settings. For more information refer to [Healthy WA](#)

Personal Protective Equipment (PPE)

PPE including surgical masks, eye protection, gloves and protective garment (eg long sleeve fluid repellent gown) are recommended for workers in community settings, when it is impracticable or inappropriate to maintain physical distancing from a person with a respiratory infection, including COVID-19 (see Table 1).

In WA, in the absence of COVID-19 community transmission, the routine use of masks in community settings is not currently indicated. However, it is recommended that persons with a respiratory infection, including COVID-19, wear a surgical mask or face covering e.g. reusable and home-made face masks. Wearing a mask protects others by decreasing the spread of respiratory secretions, especially in settings where physical distance cannot be maintained.

It is expected, that should community spread of COVID-19 occur in WA, routine use of masks in the community will be recommended. Masks do not replace other infection prevention practices e.g. hand hygiene, physical distancing, respiratory etiquette and staying home when unwell.

Correct order to put on and take off PPE

PPE is only protective when used correctly. Training is essential to ensure the correct process is followed and to ensure PPE is put on (donning) and taken off (doffing) in the correct order. An infographic is available [here](#).






Disposal of PPE

Used PPE can be contained in a plastic bag, tied securely and disposed of in the general waste stream. Perform effective hand hygiene after doffing PPE and handling the general waste.

Conservation of PPE

Globally, there are difficulties being experienced in sourcing PPE. As such, it is important that PPE only be used when required and the appropriate PPE is selected based on the needs as outlined in Table 1.

Table 1

Criteria	Hand hygiene	Surgical mask	Eye protection	Gloves	Protective garment (eg long sleeved gown)
					
Contact with a person who does not meet the definition of confirmed, suspect or probable COVID-19	✓	Not required	Not required	Not required	Not required
Contact with a person who does meet the definition of confirmed, probable or suspected COVID-19 AND physical distance (greater than 1.5m) can be maintained at all times	✓	✓	Person unable to wear mask ✓	Not required	Not required
Contact with a person who does meet the definition of confirmed, probable or suspected COVID-19 AND physical distance (greater than 1.5m) cannot be maintained at all times	✓	✓	✓	✓	✓

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

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

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