



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) for community workers who have direct interaction with people who are suspected/confirmed with COVID-19 or with people who have been directed to quarantine. This may include but is not limited to out of home care residential services, homelessness services, family violence and sexual assault services, child and family services, child protection or other essential community (non-health) services fire services, emergency service workers. Separate advice is available for police and 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. In this circumstance those people exhibiting symptoms of a cold but who do not have any risk factors for exposure, should be managed as per your organisation's business as usual approach. The Department of Health will update advice if circumstances change.

Precautions to prevent the spread of infection

You can prevent the spread of infection by maintaining physical distance from other people and performing routine infection prevention and control (IPC) practices. These include regular [hand hygiene](#), coughing and sneezing into your elbow (respiratory etiquette), keeping your [environment clean](#), remaining at home if unwell and getting [vaccinated](#) against COVID-19.

Routine IPC practices should always be used as per your organisation's 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 PPE is recommended as an additional measure at times but does not replace the need to adhere to routine IPC 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 contact (telephone/video call/text messaging) should be made prior to the appointment to ensure the person does not meet the confirmed or suspect [COVID-19 case definition](#).

If a person **does not** meet the confirmed or suspect case definition or is **not** under a direction to quarantine, physical distancing, with a minimum distance of 1.5m between individuals, is to be observed. If physical contact cannot be avoided, hand hygiene must always be performed at the end of the visit.

If a person **does** meet the confirmed or suspect case definition or **is** under a direction to quarantine, the visit should be postponed if possible, until the person's status is confirmed, or they have completed quarantine. Any person who is under hotel or home quarantine on instructions from WA Police is to be treated as a suspect case.

If the visit is unable to be postponed, appropriate PPE is to be worn. Specific advice for these visits can be obtained by contacting the IPC team at the Public Health Operations Centre (PHEOC) 9222 0221 or email pheoc@health.wa.gov.au.

Hand hygiene

Regular hand hygiene with alcohol-based hand rubs (ABHRs) that contain between 60-80% alcohol or using soap and water are acceptable. Personal use ABHRs should be carried by staff working in community settings. (ABHR is not to be left in a vehicle when vacant as potential high temperatures in a closed vehicle can damage the efficacy of the product). For more information refer to [Healthy WA](#)

Personal protective equipment

PPE including particulate filter respirators (PFRs), surgical masks, protective eyewear, gloves and protective garment (e.g. 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 who is suspected or confirmed COVID-19 or who is under a direction to quarantine. Additional PPE for occupational safety and health purposes needs to be considered as per your organisation's policies. See Table 2 below

In the event of community transmission of COVID-19, the wearing of masks in public will become mandatory.

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 fabric face 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.

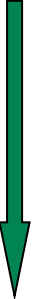

Masks do not replace other infection prevention practices e.g. hand hygiene, physical distancing, respiratory etiquette and staying home when unwell.

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 as outlined in Table 1.

Table 1 Donning and doffing sequence







| Donning PPE | | Doffing PPE | |
|---|--|---|--|
|  | Perform hand hygiene Gown Mask Protective eyewear/visor Perform hand hygiene Gloves |  | Gloves Perform hand hygiene Gown/apron Perform hand hygiene Protective eyewear/visor Perform hand hygiene Mask Perform hand hygiene |

Disposal of PPE

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

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.

Table 2 Recommended PPE

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

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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Version control

| Version | Date | Updates / Changes |
|---------|-------------------|--|
| 5 | 23 November 2020 | Document handed over from SHICC to PHEOC IPC December 2020 |
| 6 | 23 September 2021 | Updated list of those deemed 'community workers' Added links for hand hygiene, environmental cleaning and vaccination Added updated donning and doffing information (table) Removed Conservation of PPE |