



COVID-19 – Personal protective equipment (PPE) for Allied Health in Private Practice settings

Updated – 3 February 2022

OFFICIAL

In the changing COVID-19 environment, content is often being updated. To ensure you are aware of the most recent changes, all content updates and the date the document was last updated will be highlighted in yellow. Changes to this document may include rewording or reordering to improve readability / clarity of this guidance document. Minor changes may not be highlighted in yellow.

PPE for Allied Health in Private Practice Settings

This document aligns with the Victorian Department of Health's (the department) guidance document 'COVID-19 A guide to the conventional use of personal protective equipment (PPE)'

<<https://www.health.vic.gov.au/guide-conventional-use-ppe-covid-19-doc>>

This document should be read in conjunction with the following documents:

- COVID-19 Infection Prevention and Control Guideline (Word) <<https://www.health.vic.gov.au/covid-19-infection-control-guidelines>>
- Standard sequence for putting on (donning) and taking off (doffing) personal protective equipment (PPE) <<https://www.health.vic.gov.au/standard-sequence-putting-on-taking-off-ppe-covid-19-doc>>
- Victorian health service guidance and response to COVID-19 risks. <<https://www.health.vic.gov.au/covid-19/victorian-health-service-guidance-and-response-to-covid-19-risks>>
- Additional PPE resources including guidelines, fact sheets and posters are available on the Infection prevention control resources - COVID-19 tile under the PPE tab. <<https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19>>

Please note that this guide does not apply to PPE use in residential aged care facilities.

It should be noted that PPE is only one element of health care worker protection, and it is essential that the hierarchy of controls is implemented in its entirety to reduce the risk of COVID-19 transmission.

Other infectious diseases requiring PPE as part of transmission-based precautions are not addressed in this document. This document relates specifically to COVID-19, and services will still need to apply the standard precautions for other patient conditions as they did pre-COVID-19. This document does not replace those existing guidelines.

Allied Health Professionals

Table 1 outlines the recommended PPE for allied health professionals in private practice settings based on the current public health advice and as per the updated 'COVID-19 A guide to the conventional use

of personal protective equipment (PPE)' (January 2022): <<https://www.health.vic.gov.au/guide-conventional-use-ppe-covid-19-doc>>.

This includes, but is not limited to; private practice physiotherapists, occupational therapists, speech pathologists, optometrists, psychologists, podiatrists and community pharmacists.

- A disposable, surgical mask must be donned when directly treating patients. For allied health professionals, the only recommended exception for not wearing a mask is for those professions where clear enunciation or visibility of their mouth is required, such as speech pathology and audiology.
- Face shields are not a substitute for a mask or respirator. If a face shield is to be worn, this must always be in combination with a mask.
- Unless soiled or damp, clinicians may wear a mask or surgical gown up to a maximum of 4 hours. Gloves must be changed, and hand hygiene performed between every patient interaction.

In the context of allied health private practice, non-clinical staff includes, but is not limited to, reception staff and practice managers.

- Non-clinical staff who have public-facing roles (i.e. have direct contact and interactions with patients) must wear a surgical mask. This is irrespective of the use of a face shield or glass partitions in public facing areas. Cloth masks are not to be used.
- Non-clinical staff must maintain 1.5 m physical distancing from all others.

Patients/Clients

- Patients/Clients, as with all Victorians, are required to wear facial protection in accordance with current Victorian Government pandemic orders (<<https://www.health.vic.gov.au/covid-19/pandemic-order-register>>), unless a lawful exception applies including if a person is undergoing dental or medical care or treatment to the extent that such care or treatment requires no face covering to be worn. For more information on face mask requirements for Victorians please refer to the department's website: <<https://www.coronavirus.vic.gov.au/face-masks-when-wear-face-mask>>.

Higher level control measures and pre consultation planning

Information on Victoria's return to COVIDSafe settings for allied health are available via the Business Victoria website: <<https://www.coronavirus.vic.gov.au/coronavirus-sector-guidance-health-care-and-social-assistance>>.

PPE is only one element of infection prevention. It is essential that higher level controls are also implemented to reduce the risk of COVID-19 transmission within workplace settings.

Where practicable higher-level measures should be implemented by allied health professionals to eliminate, reduce and minimise exposure risk, and should be implemented in addition to the use of PPE. These measures include:

- Develop and implement operational policies and procedures to minimise transmission risk.
- Complete pre consultation risk assessment at entry to the service (eg. pre appointment screening) and consider most appropriate location of the screening station.
 - Individuals who have a positive screen for COVID-19 OR are awaiting the results of a SARS-CoV-2 test OR have tested positive and have not yet been cleared. Appointment should be deferred/delayed.
 - Individuals who present with symptoms consistent with COVID-19 OR are a known or suspected case: should not access face to face allied health services until they have been cleared. Consider implementing telehealth options as an alternative method of consultation.
- Ask patient/client to wear facial protection or surgical mask.

- Implement density limits relevant to the rooms size: <<https://www.coronavirus.vic.gov.au/coronavirus-sector-guidance-office-workplaces>>.
- Minimise the number of people present during the consultation to those essential to the consultation.
- Physical distancing. Maintain 1.5m distancing unless close contact is essential to the interaction.
- Ventilation. Where possible maximise ventilation and/or fresh air flows with open doors or windows. Refer to COVID-19: Ventilation principles and strategies to reduce aerosol transmission in community and workplace settings: <<https://www.health.vic.gov.au/covid-19-ventilation-principles-and-strategies-to-reduce-aerosol-transmission-in-community-and>>.
- Minimise and remove all clutter and items not essential to the consultation.
- Consider defining zones and surfaces that will be managed as clean or contaminated.
- Identify protected clean surfaces, likely contaminated surfaces with risk of contact and droplet contamination.
 - Professional clinics/rooms and institutions: Plan and implement cleaning/ disinfection methods between consultations, meetings, or case conferences. Establish donning and doffing stations in convenient and protected locations. Consider designating and preparing specific consultation rooms for high risk interactions.
 - Residential settings: Pre consultation risk assessment completed before every visit and consider the risk from other occupants. Limit time inside the dwelling and minimise contact with items and surfaces in the home. Only take essential items for the consultation into the home. Ensure all items taken into residential dwellings are cleaned and disinfected when leaving. Ensure resources for equipment cleaning/ disinfection, donning and doffing, and clinical waste receptacles for PPE are available.
 - Limit home visiting services wherever possible, and instead utilise Telehealth options. Where home visiting services are provided, the allied health professional should complete a risk assessment of the patient and the environment which they will be entering (i.e. the health status of other people who reside with the patient or who may be present during the visit). Based on this assessment, the allied health professional may elect to use a higher level of PPE than specified for the clinical indication of their visit.
- Environmental cleaning and disinfection: Regular scheduled cleaning and disinfection of frequently touched surfaces. General information on environmental cleaning requirements is outlined within the department's 'Coronavirus disease 2019 (COVID-19) - Infection Prevention and Control guideline': <<https://www.dhhs.vic.gov.au/covid19-infection-control-guidelines>>. Cleaning guidelines for workplaces is also available at <<https://www.health.vic.gov.au/coronavirus-cleaning-guidelines-for-workplaces-doc>>
- Tea rooms: provide COVID safe tea rooms and amenities. Refer to *COVID-19 Best practice approaches for safe staff amenities for health services*: <<https://www.health.vic.gov.au/covid-19-best-practice-approaches-for-safe-staff-amenities-for-health-services-doc>>.






General Guidance

- If providing services to third party providers (such as, residential aged care facilities or disability group accommodation), allied health professionals should contact the service provider directly to determine if face to face service delivery is required. Access to PPE guidance specific to these facilities is available via the department's website:

This guidance will be reviewed on a regular basis. Please check the Victorian Department of Health website for updates at the webpages listed above.

Table 1: Allied health: Implementing transmission-based precautions in the context of COVID-19:

The PPE guidance indicates the minimum recommendations.

	For use in private practice and community pharmacy settings	 Disposable gloves	 Disposable gown	 Surgical mask	 P2 / N95 respirator	 Eye protection (face shield where practical)
Tier 1 COVID-19 Respiratory (Droplet) precautions	<p><i>Non COVID-19 patient^{a,b}</i> <i>Settings that are not used for COVID-19 care^b</i></p> <ul style="list-style-type: none"> Non-patient facing interactions (e.g. visitors or general public) in non-clinical areas (e.g. administration or human resources). Clinical care and interactions^a (all settings) with less than 1.5m physical distance. Clinical and non-clinical care in community settings. 	SP ¹	SP	✓	X	SP
Tier 2 COVID-19 Respiratory (Airborne) precautions	<p><i>COVID-19 patient^{a,b}</i> <i>COVID-19 care settings⁷</i> <i>Patient rooms</i> <i>Wards and departments</i> <i>Streaming areas</i></p> <ul style="list-style-type: none"> Non-patient facing interactions (e.g., visitors or general public). Non-clinical interactions¹⁰ (e.g., ward clerk, reception, social work). <u>COVID-19² patient care in community care contexts</u> when a risk assessment indicates no risk of carer contamination with respiratory secretions: Clinical care provided in community settings. <p>NB: Tier 3 PPE must be worn when there is AGB, uncontrolled respiratory secretions, coughing or sneezing. e.g. voice interventions, swallowing assessments, paediatric consultations, etc.</p>	SP	SP	X	✓	SP ³ ✓ ⁴
Tier 3 COVID-19 Respiratory (Airborne plus Contact) precautions	<p><i>COVID-19 patient^{a,b}</i> <i>COVID-19 settings⁷</i> <i>Streaming areas</i> <i>Cohort isolation areas</i> <i>Red Zones</i></p> <ul style="list-style-type: none"> All clinical care with close patient contact including Aerosol generating procedures (AGP)¹¹/ Aerosol generating behaviours (AGB)¹² Clinical care without close patient contact and Personal care (e.g., dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs, or assisting with toileting, device care or use, and wound care) in acute, residential aged care and disability homes. <p>Wherever possible, AGPs should not be undertaken within private practice settings and other treatment alternatives should be considered. e.g. nebulisation where use of alternate administration devices is not possible, tracheostomy cannula inspection or change.</p>	✓	✓ ²	X	✓	✓

1. SP: Standard Precautions. Additional PPE is required when there is risk of exposure to other (non COVID-19) infectious conditions or blood/ body fluids.

2. Gown: Long sleeve preferred. Choose moisture resistance according to the risk of splash.

Launderable cloth gowns (or aprons) may be considered for interactions with low/ minimal risk of risk of blood or body fluid splash; and when there is minimal direct physical contact (e.g. observations, medication delivery).

3. Non patient facing interactions: Indirect Care and care that is not patient facing.

4. Patient facing interactions: Direct interactions with a patient including patient care/ clinical care/ conversation/ meal delivery and room cleaning.
5. Non COVID-19: The person receiving care is not a COVID-19 Confirmed case, not a Suspected case, not a Contact, or is not currently in Quarantine.
6. COVID-19: The person receiving care is a COVID-19 Confirmed case, is a suspected case, is a Contact, or is currently in Quarantine.
7. COVID-19 setting: A COVID treatment room, patient room, ward or streaming area (designated COVID-19 care area in a streaming hospital).
8. Patient: Has been use inclusively in this guideline to refer to all recipients of health and social care settings, including, as identified patients, residents, customers, clients or guests.
9. Clinical care/ clinical interaction: Includes direct care activities. Or can be social/ or indirect care that occurs inside the clinical settings (isolation room, patient room, ward cohort) or resident rooms.
10. Non-clinical interaction: Role or interaction is not patient facing (for example, Finance or Human Resources). Public facing roles and interactions (for example, reception, administration).
11. AGP: Aerosol generating procedures: Procedures performed on patients are more likely to generate higher concentrations of infectious respiratory aerosols.
12. AGB: Aerosol generating behaviours: Behaviours that are more likely to generate higher concentrations of respiratory aerosols (examples include coughing, yelling, sneezing).

Table 2: The standard sequence for putting on (Donning) and taking off (Doffing PPE)

Putting on (Donning)		Taking off (Doffing)	
Prior to entering room or zone 1. Gown 2. Mask or respirator* 3. Eye protection 4. Gloves	<i>* If an existing mask or respirator requires replacement during a donning sequence, this should be performed as the first step.</i>	1. Gloves 2. Gown 3. Eye protection 4. Mask/ Respirator*	Hand hygiene Must be performed between removal of each item of PPE when doffing. With particular attention after the removal of eye protection and face masks or respirators.

Table 4: Definitions

Term	Intended meaning including (but not limited to) listed examples
Bed zone	In residential care settings and inpatient settings includes, for example, bed, bed side chair, bedside locker and any equipment or devices attached to the patient. <i>In an allied health context this includes treatment surfaces chairs, plinths etc. as well as equipment used in the treatment or management of clients.</i>
Clinical care - <i>Direct care with close patient contact</i> <i>Direct care without close patient contact</i>	Direct care with close patient contact: The interaction is patient facing. Including, but not limited to, clinical care, medical treatment, nursing care, personal care, allied health services, meal delivery, and environmental room cleaning services. <ul style="list-style-type: none"> • Has less than 1.5 meters physical distance. • May or may not involve physical contact patient and/or with the patient bed zone. Direct care without close patient contact: the interaction is patient facing. <ul style="list-style-type: none"> • Is not closer than 1.5 meters physical distance. • Does not involve physical contact with the patient or with the patient bed zone¹¹. <i>For example, social work or psychology services.</i>
Community settings	Settings that are not within an acute healthcare/ hospital or health clinic. Examples include, but are not limited to, outpatient clinics, home based nursing services, district nursing, HITH, mental health services and MCH.
Isolation – single room	The separation and care of a person with an infectious condition with transmission-based precautions. Preferably involves the allocation of a single room and a bathroom that is not shared. Equipment is dedicated (or is washed and disinfected before use on the next patient).
Isolation – Cohort	The separation and care of a multiple people with the same infectious condition. In proportion to the number of cases the cohort area may be a room, corridor/wing, ward, floor, or entire building.
Resident room	Including bedrooms in residential aged care homes or disability houses.

Standard Precautions	Refer to <i>Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) Section 3.1 Standard and transmission based precautions</i> < https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019#block-views-block-file-attachments-content-block-1 >
Zones and zoning	To implement zones in acute care <i>Creating coronavirus (COVID-19) zones in acute care</i> < https://www.health.vic.gov.au/creating-coronavirus-zones-acute-care-covid-19-doc > To implement zones in residential aged care: Refer to <i>Creating COVID-19 zones in residential aged care facilities</i> ; < https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19 >

References

Best practice approaches for safe staff amenities for health services <<https://www.health.vic.gov.au/covid-19-best-practice-approaches-for-safe-staff-amenities-for-health-services-doc>>

Cleaning guidelines for workplaces <<https://www.health.vic.gov.au/coronavirus-cleaning-guidelines-for-workplaces-doc>>

Coronavirus disease 2019 (COVID-19) - Infection Prevention and Control guideline. 3 June 2021 (Version 6): <https://www.dhhs.vic.gov.au/covid19-infection-control-guidelines>

COVID-19 A guide to the conventional use of personal protective equipment (PPE) (January 2022) <<https://www.health.vic.gov.au/guide-conventional-use-ppe-covid-19-doc>>

COVID-19 Infection Prevention and Control Guideline (Word) <<https://www.health.vic.gov.au/covid-19-infection-control-guidelines>>

Department of Health, Victoria Coronavirus disease 2019 (COVID-19), *Case and contact management guidelines for health services and general practitioners* <<https://www.dhhs.vic.gov.au/coronavirus-case-and-contact-management-guidelines-health-services-and-general-practitioners>>

Face coverings: When to wear a face mask in Victoria: <https://www.coronavirus.vic.gov.au/face-masks-when-wear-face-mask>

Infection Control Expert Group *Guidance on the use of personal protective equipment (PPE) for health care workers in the context of COVID-19*, June 2021 <<https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19>>

Infection prevention control resources - COVID-19 tile under the PPE tab. <<https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19>>

National Health and Medical Research Council in collaboration with the Australian Commission on Safety and Quality in Healthcare *Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)* <<https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019#block-views-block-file-attachments-content-block-1>>

Personal protective equipment (PPE) for community service providers <<https://www.health.vic.gov.au/personal-protective-equipment-ppe-community-service-providers-prevention-covid-19-doc>>

Personal protective equipment (PPE) for residential aged care: <<https://www.dhhs.vic.gov.au/coronavirus-covid-19-factsheet-ppe-guidance-racf>>

Standard sequence for putting on (donning) and taking off (doffing) personal protective equipment (PPE) <<https://www.health.vic.gov.au/standard-sequence-putting-on-taking-off-ppe-covid-19-doc>>

Ventilation principles and strategies to reduce aerosol transmission in community and workplace settings

<<https://www.health.vic.gov.au/covid-19-ventilation-principles-and-strategies-to-reduce-aerosol-transmission-in-community-and> >

Victoria website: <<https://www.coronavirus.vic.gov.au/coronavirus-sector-guidance-health-care-and-social-assistance>>

Victorian health service guidance and response to COVID-19 risks. <<https://www.health.vic.gov.au/covid-19/victorian-health-service-guidance-and-response-to-covid-19-risks>>

To receive this document in another format phone 1300 651 160, using the National Relay Service 13 36 77 if required, or email COVID-19 Project Management Office Communications <COVID-19PMO-Communications@health.vic.gov.au>

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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Available at