

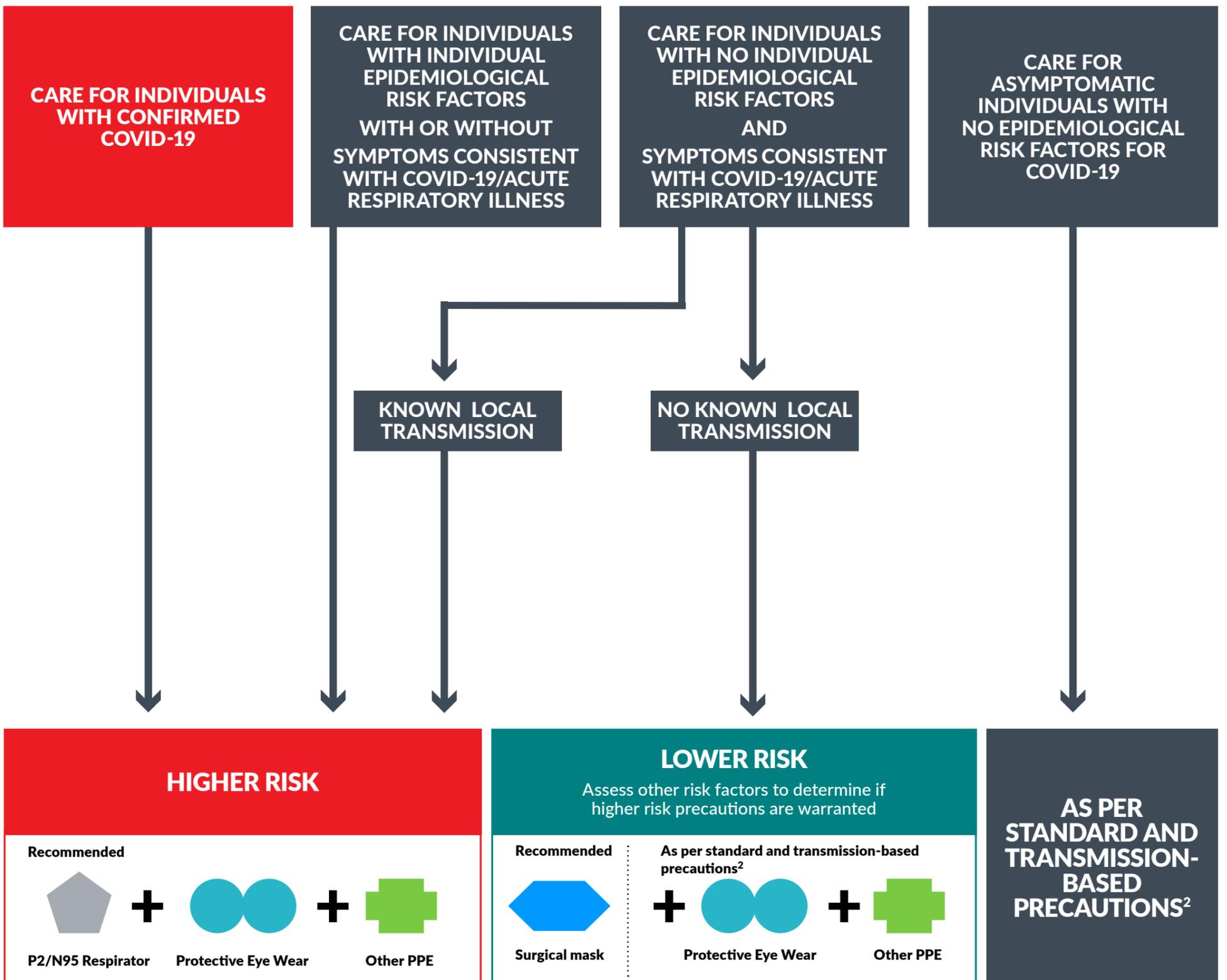
RESPIRATORY AND EYE PROTECTION FOR HEALTHCARE WORKERS DURING THE COVID-19 PANDEMIC

This decision aid was developed in August 2021 based on living recommendations from the Taskforce IPC Panel. It will be revised in the light of any new evidence or changes in the healthcare context.

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ASSESSMENT OF LEVEL OF SARS-COV-2 EXPOSURE RISK



Guiding principles

- Choosing the right type of respiratory and eye protection depends on the **level of risk of SARS-CoV-2 exposure**
- For a healthcare worker in a role that directly faces individuals who may be infected with SARS-CoV-2, infection risk varies with:
 - **epidemiological risk factors:** for the individual and in the population
 - **symptoms** consistent with COVID-19
 - **location** where increased generation of airborne particles is likely, in enclosed areas with low levels of ventilation, or where unexpected air movements may facilitate wider distribution of respiratory particles in the air (eg; opening of doors between spaces with different air pressure)
 - **closeness and duration of contact**
 - **adherence to transmission-based precautions** including safe use and removal of personal protective equipment (PPE)
- All healthcare workers providing direct patient care or working within the patient/client/resident zone for individuals with suspected or confirmed COVID-19 should have access to P2/N95 respirators
- Local public health authorities are the best source of current information about epidemiological risk factors.

EXAMPLE RISK SCENARIOS

HIGHER RISK SCENARIOS

Care for a confirmed COVID-19 case while considered infectious

Care for individuals with both epidemiological risk factors for, and clinical features of, COVID-19 prior to confirmation of COVID-19 status (consistent with CDNA guidelines definition of a suspected case)³

For example:

- Care for a symptomatic close contact of a confirmed COVID-19 case
- Care for a symptomatic individual in managed quarantine
- Prolonged GP consultation in a poorly ventilated room with a distraught mother, an infant and two children under 4, one of whom has visible rhinorrhea in an area of high local prevalence/transmission.

Care for individuals with epidemiological risk factors for COVID-19 but no current symptoms or atypical symptoms, especially where other factors increase risk

For example:

- Direct patient care for a close contact of a confirmed COVID-19 case, even in the absence of symptoms of COVID-19
- Nursing care for a patient with behavioural symptoms of dementia who has been transferred to a hospital from a residential aged care facility with a current COVID-19 outbreak, or from a facility in an area with high levels of local transmission
- Midwifery care for a woman in labour with an increased work of breathing, (including panting or accessorizing respiratory effort) or receiving inhalational analgesia, who has lived in a geographically localised area with elevated risk of local transmission in the previous 14 days
- Emergency care for an unconscious/trauma patient from an area of local prevalence/transmission
- Care for a patient requiring emergency surgery who has recently tested negative but is a close contact and has some symptoms suggestive of COVID-19 infection

LOWER RISK SCENARIOS

Care for individuals with symptoms without epidemiological risk factors, where other factors do not increase risk

For example:

- Care for a patient admitted to hospital with acute respiratory symptoms pending confirmation of COVID-19 status in the context of no known local transmission
- Care for a child presenting to a general practice with symptoms of an upper respiratory tract infection in the context of no known local transmission
- Care for a patient with a fever and other symptoms consistent with a provisionally diagnosed infective process ? e.g. appendicitis or a urinary tract infection in the context of no known local transmission
- Care for a patient in a community setting who has respiratory symptoms, in the context of no known local transmission
- Care for a patient with chronic respiratory symptoms in the context of no known local transmission

Care for individuals without symptoms and without epidemiological risk factors, even in the context of other factors that increase risk and no other communicable respiratory infection is suspected

For example:

- Intubation of a patient without clinical features of COVID-19 in the setting of no known local transmission
- Performing endoscopy on a patient without clinical features of COVID-19 in the setting of no known local transmission
- Care for a patient with behavioural symptoms of dementia in a facility without an COVID-19 outbreak in the setting of low levels of local transmission.

Care that involves very brief and controlled contact, regardless of symptoms or epidemiological risk factors

For example:

- Healthcare workers in a drive-through COVID-19 testing centre who have very brief controlled contact with suspected COVID-19 cases (and where those suspected cases are wearing a face mask for most of the time) in the context of no known local transmission.

Standard precautions²

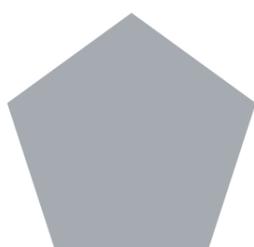
Use eye protection:

- during procedures that generate splashes or sprays of blood or body substances into face and eyes (2)
- when providing direct care or working within the patient/client/resident zone with individuals who have symptoms consistent with COVID-19 (1).
- for close or extended face-to-face contact with patients/clients/residents with clinical features suggestive of a respiratory infection (2)

Use other PPE:

- as specified in local workplace protocols

WHEN USING A P2/N95 RESPIRATOR

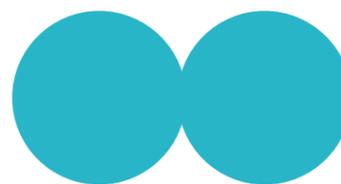


Ensure fit testing is completed before first use (2).

Perform a fit (seal) check properly each time they are used (2).

In situations where fit testing has not yet been carried out, and a P2/N95 respirator is recommended for use, a fit-checked P2/N95 respirator is preferred over a face mask.

CHOOSING AND USING EYE PROTECTION



Options for eye protection include:
Goggles/safety glasses/face shields

For information on how to choose the right type of eye protection, how to clean it, and how to remove it safely, see: 4.1.2 Eye Protection: practice principles (1).



Sources

1. Australian guidelines for SARS-CoV-2 infection prevention and control of COVID-19 in healthcare workers
2. The Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)
3. Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units, Version 4.3, 04 March 2021