Coronavirus (COVID-19) – PPE for Allied Health in Private Practice Settings

Update 30 March 2021

In the changing coronavirus (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.

PPE for Allied Health in Private Practice Settings

This document aligns with the Victorian Department of Health and Human Services' (DHHS) guide to the '*conventional PPE guide for use during the COVID-19 pandemic (22 February 2021)*' and '*PPE and its levels of protection*': https://www.dhhs.vic.gov.au/personal-protective-equipment-ppe-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. 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 '*Coronavirus (COVID-19) – A Guide to the conventional use of personal protective equipment (PPE) (22 February 2021)*'.

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

- The department recommends that all healthcare workers should utilise a disposable, Tier/Level 1 surgical mask 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.
- Clinicians should not use face shields as a substitute to mask wearing. If a face shield is to be worn, this should be in combination with a mask.
- Unless indicated by a higher risk of potential exposure, P2/N95 masks should not be worn for 'Tier 1 level' patient consultations/interactions.
- 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.
- A surgical mask should be worn in all patient-facing areas, but not in private offices or non-patient facing areas where physical distancing can be maintained.

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) should wear a Tier/Level 1 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 appropriate physical distancing from patients and members of the public.
- Patients/Clients
- Patients/clients are not legally required to wear a face mask when receiving care/services from an allied health professional. However, it is highly recommended that practice owners continue to request that their patients/clients wear a face mask when entering their premises, as part of the provisions of their COVID-safe business plans.

General Guidance

- General information on environmental cleaning requirements is outlined within the DHHS 'Coronavirus disease 2019 (COVID-19) - Infection Prevention and Control guideline': https://www.dhhs.vic.gov.au/covid19-infection-control-guidelines
- Allied health private practices should develop operational policies to minimise the risk of transmission. For example, policies and processes to ensure physical distancing and density quotients are maintained in treatment and office areas, and during coffee and lunch breaks.
- Allied health appointments should be deferred/delayed for 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. 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. They can however access allied services via Telehealth options.
- Information on Victoria's return to COVIDSafe settings for Allied Health is outlined in the '*Industry Restart Guidelines - Allied Health and other primary health services (26 February 2021)*': https://www.coronavirus.vic.gov.au/sites/default/files/2021-03/Industry Restart Guidelines - Allied Health | COVIDSafe Settings.pdf
- Allied health professionals in private practice should 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.
- 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 DHHS website:
  https://www.dhhs.vic.gov.au/aged-care-sector-coronavirus-disease-covid-19 - personal-protective-equipment-ppe
  https://www.dhhs.vic.gov.au/community-services-all-sector-coronavirus-covid-19 - personal-protective-equipment-ppe-for-community-service-providers

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

Table 1: Allied Health professionals in private practice settings - conventional use

TIER	For use in private practice and community pharmacy settings	Hand hygiene	Disposable gloves	Level 1 gown and plastic apron	Disposable gown	Surgical mask	P2/ N95 respirator mask^	Eye protection (Goggles or face shield)
Tier 0 – Standard precautions	Currently not applicable based on public health advice.	✓	As per standard precautions	As per standard precautions	As per standard precautions	As per standard precautions	✗	As per standard precautions
Tier 1 – COVID standard precautions	Care of exposure to all COVID negative[1] patients or clients.	✓	As per standard precautions	As per standard precautions	As per standard precautions	✓ Minimum Level 1	✗	As per standard precautions
Tier 2 – Droplet and contact precautions	Care or exposure to low-risk suspected[2] COVID patients or clients. *e.g. voice interventions, swallowing assessments paediatric consultations, etc.*	✓	✓	✓	✓ Level 2, 3 or 4	✓ Level 2 or 3	✗	✓ Face shield where practical
Tier 3 – Airborne and contact precautions	Low-risk suspected[2] COVID patients where; - There is a risk of AGBs[5]. - An AGP[6] needs to be performed Care/exposure/contact to high-risk suspected[3] patients/clients/residents and confirmed[4] COVID patients/clients/residents. 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.*	✓	✓	✗	✓ Level 2,3 or 4	✗	✓	✓ Face shield where practical

[1] COVID negative = A person who tests negative to a validated SARS-CoV-2 nucleic acid test, OR a person who is a cleared case, OR a person who screens negative and/or has no clinical or epidemiological risk factors for coronavirus.
[2] Low-risk suspected COVID-19 = Persons with symptoms that could be consistent with coronavirus (COVID-19) (for example, cough, sore throat, fever, shortness of breath or runny nose) but no epidemiological risk factors as listed in the high-risk definition**.**
[3] High-risk suspected COVID-19 = A person in quarantine for any reason (including being a close contact of a confirmed case of coronavirus or a returned traveler from overseas in the last 14 days) or a relevant interstate area with outbreaks (as defined by public health in the last 14 days) with or without a compatible clinical illness. This group is also referred to as "at-risk" OR a person with a compatible clinical illness who meets one or more of the following epidemiological risk factors in the 14 days prior to illness onset:

- Contact with a confirmed case or an exposure site as defined by public health
- Was employed in an area where there is an increased risk of coronavirus (COVID-19) transmission for example;
  - Hotel quarantine workers or any workers at ports of entry,
  - Aged care workers/healthcare workers working in a location where there are active outbreaks
  - Other high risk industries (such as abattoirs) where there are known cases or high levels of community transmission.
- Lived in or visited a geographically localised geographically localised area at high risk as determined by the public health unit.

[4] Confirmed COVID-19 = A person who tests positive to a validated SARS-CoV-2 test.
[5] AGBs = Behaviours that are more likely to generate higher concentrations of infectious respiratory aerosols. Examples include; persistent and severe coughing, screaming, shouting and women in active labour who exhibit heavy breathing and panting.
[6] AGPs = Procedures performed on patients are more likely to generate higher concentrations of infectious respiratory aerosols. Examples include: bronchoscopy, tracheal intubation, non-invasive ventilation (e.g. BiPAP, CPAP), high flow nasal oxygen therapy, manual ventilation before intubation, intubation, cardiopulmonary resuscitation, suctioning, sputum induction, nebuliser use.

References

Conventional use of PPE
https://www.dhhs.vic.gov.au/personal-protective-equipment-ppe-covid-19

PPE and its levels of protection
https://www.dhhs.vic.gov.au/personal-protective-equipment-ppe-covid-19

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

Coronavirus disease 2019 (COVID-19) - Infection Prevention and Control guideline. 26 October 2020 (Version 5)
https://www.dhhs.vic.gov.au/covid19-infection-control-guidelines

Personal protective equipment (PPE) for residential aged care
https://www.dhhs.vic.gov.au/ppe-guidance-residential-aged-care

Personal protective equipment (PPE) for community service providers
https://www.dhhs.vic.gov.au/ppe-community-service-providers-prevention-covid-19

Industry Restart Guidelines: Allied Health and other primary care services (26 February 2021)
https://www.coronavirus.vic.gov.au/sites/default/files/2021-03/Industry Restart Guidelines - Allied Health | COVIDSafe Settings.pdf