

Changes to COVID PPE

October 2022

SEPHU COVID-19 Weekly Situation Report

10/10/2022



Includes epidemiological data on cases reported until 11:55PM on the day prior to the reporting day. Data are refreshed at 8:30AM on the reporting day and are subject to change.

VICTORIA

2,624,424

Total cases

32,268

Ever hospitalised

5942

Deaths

8,704

New cases last 7 days

27,427

Aged care resident cases

2,715

Aged care resident deaths

SEPHU

710,518

Total cases

8,718

Ever hospitalised

1535

Deaths

2,167

New cases last 7 days

8,183

Aged care resident cases

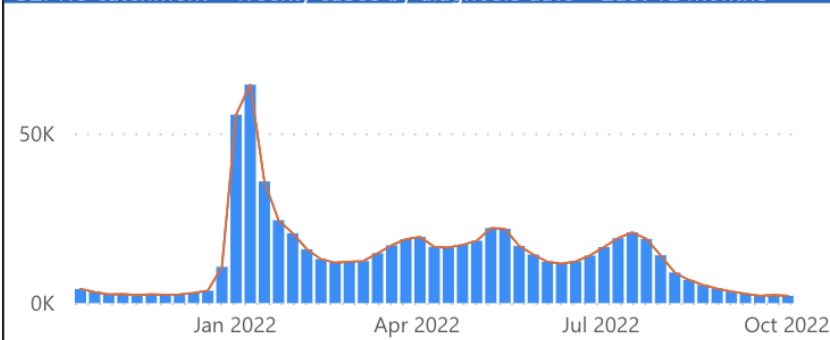
754

Aged care resident deaths

There is a lag in reporting of hospitalisations and deaths.

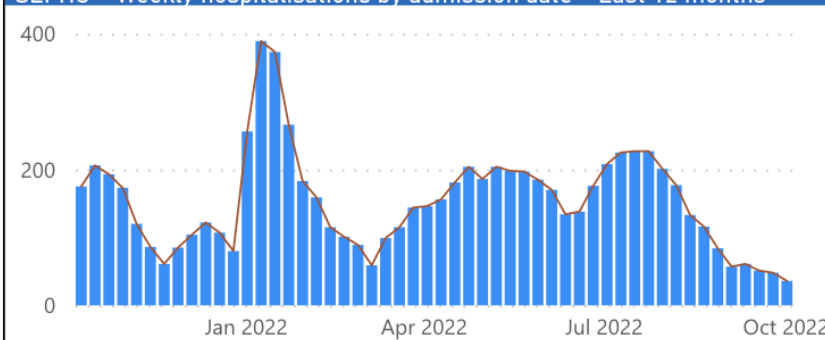
Aged care resident cases and deaths are cases linked to aged care outbreaks. Delta refers to Delta Variant of Concern (VOC). BA.1, BA.2, BA.2.75, BA.4 and BA.5 refer to sub lineages of Omicron. Other includes non-VOC, recombinant and unassigned. Case data uses Victoria's COVID-19 surveillance system data. 2020 Population data uses 2016 census data estimates.

SEPHU catchment - Weekly cases by diagnosis date - Last 12 months



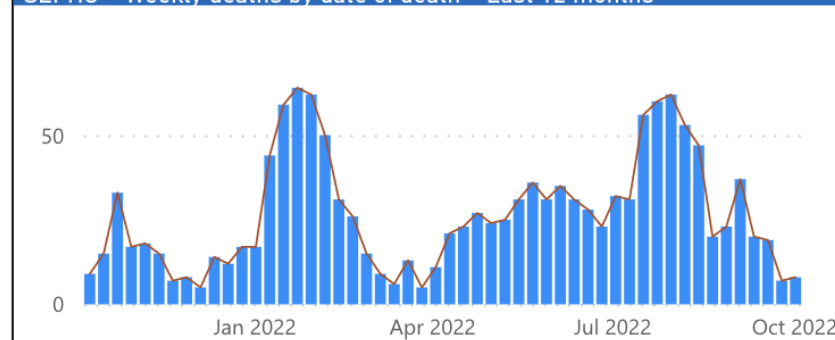
2,167 Last 7 days 2,382 Prev 7 days -9.0% % Weekly change

SEPHU - Weekly hospitalisations by admission date - Last 12 months



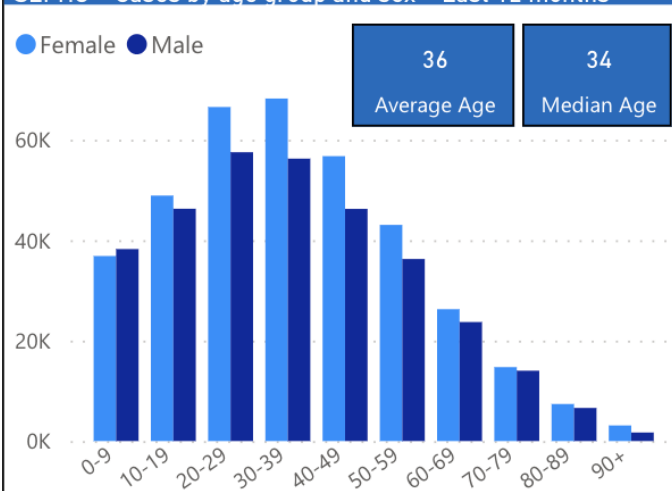
36 Last 7 days 48 Prev 7 days -25.0% % Weekly change

SEPHU - Weekly deaths by date of death - Last 12 months



8 Last 7 days 7 Prev 7 days 14.3% % Weekly change

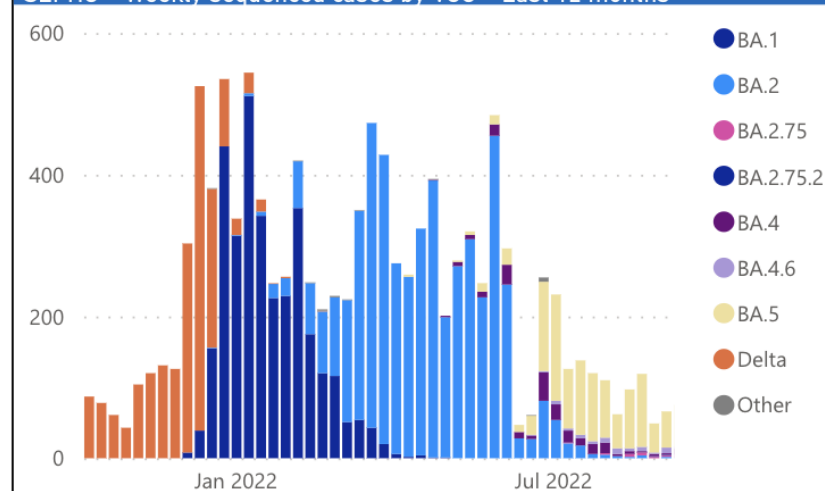
SEPHU - Cases by age group and sex - Last 12 months



SEPHU - Cases, Hospitalisation and Death rates by LGA - Last 12 months

LGA	2020 population	Total cases	Case rate per 100k	Hosp. rate per 100k	Deaths rate per 100k
Bayside (C)	107,541	40,455	37,618	349	84
Cardinia (S)	116,193	46,930	40,390	392	59
Casey (C)	364,600	146,388	40,150	455	58
Frankston (C)	143,338	56,184	39,197	386	57
Glen Eira (C)	158,216	63,574	40,182	403	82
Greater Dandenong (C)	168,362	57,346	34,061	623	121
Kingston (C) (Vic.)	167,293	64,909	38,800	423	72
Monash (C)	204,936	75,661	36,919	411	100
Mornington Peninsula (S)	168,862	62,108	36,780	381	76
Port Phillip (C)	116,476	44,466	38,176	382	35
Stonnington (C)	118,614	42,857	36,131	396	73

SEPHU - Weekly sequenced cases by VOC - Last 12 months



New Isolation requirements

- **HCWs**
 - No change
 - Test if unwell
 - Remain off work 7 days if COVID positive
 - If COVID negative, symptoms improved/no temperature can work
- **Community no longer mandated to isolate for a period of time**
 - Encouraged to isolate at home if unwell and test
 - Should not enter sensitive settings

Monash PPE changes from 11 October

- Move to N95 & standard precautions for all ED and COVID/sCOVID care
 - Simplified and safe
 - Minimum standard
 - Improved hand hygiene, decreased SABs, decreased CLABSI
- Move to surgical masks for non-COVID, non-sCOVID and non-ED care
 - Minimum standard – staff can choose to wear N95

PPE changes

- Changes reflect what we know about COVID
 - Lower community cases, high vaccination rates
 - Transmission risk (airborne)
 - Contact precautions not required routinely for COVID
- Current PPE issues
 - Affecting quality of care and patient safety
 - Increase in CLABSI/SAB with gloves and poor hand hygiene
 - Decreased entrance into room, decreased quality of care
 - Staff fatigue
 - Environmental impact

PPE changes

- Every patient interaction should be risk assessed
 - Standard precautions considered for all patients
- Risk areas where infection risk higher or status not known
 - Emergency departments – therefore N95 & standard precautions
- Potentially masks not needed in health service routinely
 - Await directions with new pandemic orders
- COVID is here to stay
 - COVID - another infection requiring transmission based precautions
- Supported by Monash Health PPE advisory committee
- Consultation across service – HSR briefing, Community etc
- Continue to assess HAIs

Patients and Visitors/Carers

	Current	Proposed October
Emergency Department	N95 (surgical mask if not tolerated)	No change
Inpatients (non-COVID)	Surgical mask when out of room	No change
Inpatients (COVID/sCOVID)	N95 when out of room	No change
Outpatients	Surgical mask	No change
Community based care	Surgical mask	No change
Visitor - inpatient visit	Surgical mask	No change
Visitor - ED visit	N95 (surgical mask if not tolerated)	No change
Visitor – Public spaces	Surgical mask	No change

HCWs

	Current minimum standard	New minimum standard
Patient caring/examining – COVID/sCOVID/Met	N95 plus droplet & contact precautions	N95 & standard precautions*
Patient facing – non-COVID/non-sCOVID/non-ED	N95	Surgical mask
Patient facing – ED	N95	No change
Public facing	Surgical mask	No change
Non-public facing	No mask required	No change

- * Standard precautions = risk assess need for PPE before entering the room of any patient
- Community care = respiratory symptoms = N95 & standard precautions

PPE guidance

Personal Protective Equipment minimum standards

Conventional use



Situation	Details	Hand hygiene	Disposable gloves	Disposable plastic apron/gown	Surgical mask	Fit tested P2 / N95 respirator ¹	Eye protection
Caring for non-COVID /sCOVID and non-ED patients	Surgical masks plus standard precautions	✓	As per standard precautions	As per standard precautions	✓	✗	As per standard precautions
Caring for COVID/sCOVID patients	N95 plus standard precautions	✓	As per standard precautions	As per standard precautions	✗	✓	As per standard precautions
Caring for Emergency Department patients							

Standard Precautions:

- Hand hygiene
- Use of personal protective equipment
 - gloves, masks, gowns, eye protection
- Routine environment and equipment cleaning
- Appropriate handling of sharps and waste
- Use of aseptic technique

Standard Precautions

These are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient.



Perform hand hygiene



Always clean equipment before and after use.



Use the appropriate level of Personal Protective Equipment (PPE)



Maintain aseptic technique



Physical distancing, wherever possible.



Always dispose of sharps safely



Follow respiratory hygiene and cough etiquette.



Handle and dispose of waste and used linen safely



Risk-assessment before any patient contact. If you cannot assess the situation, it's better to be prepared with PPE: **"if in doubt, don't go without"**.

Use of personal protective equipment

Gloves

- Hand hygiene preferred to gloves for patient safety
- Gloves to be used when potential risk of contact with blood or body fluids

Aprons / Gowns

- To be used when there is potential contact with blood or body fluids
- Aprons can generally be used unless:
 - anticipating significant exposure to large amounts of blood or body fluids

Eye Protection

- To protect against blood or body fluid exposure
- Consider in unwell patient coughing, AGPs, vomiting etc

Summary:

- N95 & standard precautions for all ED and COVID/sCOVID care and patients in airborne precautions
 - Simplified and safe
 - Minimum standard
- Surgical masks for non-COVID, non-sCOVID and non-ED care
 - Minimum standard – staff can choose to wear N95