



Coronavirus disease 2019 (COVID-19) – PPE for Allied Health in Private Practice Settings

Update **2 October 2020**

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

Other infectious diseases requiring PPE as part of transmission-based precautions are not addressed in this document.

Allied Health Professionals

Table 1 outlines the recommended PPE for allied health professionals in private practice settings as per the general guidance issued to all healthcare worker on **27 August 2020**.

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

- The department mandates that all healthcare workers must utilise a disposable, Tier/Level 1 surgical mask and eye protection when directly treating patients. For allied health professionals, the only lawful 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.
- **Tier/Level 1 masks are mandatory and must be worn at all times.**
- 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.
- PPE must be removed and disposed of when moving between clinical and non-clinical areas such as offices and break rooms - **noting that a surgical mask must be worn at all times.** PPE must then be donned before resuming clinical care.

Non-Clinical Staff

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

- The requirement for all non-clinical staff to wear a mask is outlined within the general guidance for issued to all healthcare workers on 1 August 2020.
- Non-clinical staff must maintain appropriate physical distancing from patients and members of the public and must 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.

- If needing to enter a clinical area for any reason, non-clinical staff must change their mask before returning to office areas.

Patients/Clients

- Requirements for the wearing of masks by patients are also included within the 'Face coverings: whole of Victoria' guidance. Unless otherwise required for their treatment or care, patients should wear a mask for the entirety of their appointment.
- As private businesses, allied health private practices can impose the wearing of a mask as a condition of entry to their premises.

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 professionals in private practice should limit home visiting services wherever possible, and instead utilise Telehealth options.
- 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/ppe-guidance-residential-aged-care>

<https://www.dhhs.vic.gov.au/ppe-community-service-providers-prevention-covid-19>

This guidance will be reviewed on a regular basis. Please check the DHHS 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	 Single use plastic apron with level 1 gown	 Disposable fluid-repellent gown	 Surgical mask	 P2/ N95 respirator mask [^]	 Eye protection
Tier 1 – Area of higher clinical risk	In areas where the person is NOT suspected ¹ or confirmed to have COVID-19.	✓	As per standard precautions	As per standard precautions	As per standard precautions	✓ Minimum Level 1	✗	✓ Face shield where practical
Tier 2 – Droplet and contact precautions	Limited contact, for short episodes of care, in a controlled environment with a person who is suspected¹ or confirmed to have COVID-19 <i>e.g. voice interventions, swallowing assessments, paediatric consultations, etc.</i>	✓	✓	✓	✓ Level 2, 3 or 4	✓ Level 2 or 3	✗	✓ Face shield where practical
Tier 3 – Airborne and contact precautions	Undertaking an aerosol generating procedure (AGP) on a person with suspected¹ or confirmed COVID-19 . Settings where suspected¹ or confirmed COVID-19 patients are cohorted, where frequent, prolonged episodes of care are provided. In uncontrolled settings where suspected¹ or confirmed COVID-19 patients are cohorted, to avoid the need for frequent changes of N95/P2 respirators. Settings where suspected¹ or confirmed COVID-19 patients are cohorted and there is risk of unplanned AGPs and/or aerosol generating behaviours. Wherever possible, AGPs should not be undertaken within private practice settings and other treatment alternatives should be considered. <i>e.g. nebulisation where use of alternate administration devices is not possible, tracheostomy cannula inspection or change.</i>	✓	✓	✗	✓ Level 2,3 or 4	✗	✓ Face shield where practical	

¹ Suspected includes a person in quarantine (e.g. close contact) or where a history cannot be obtained.

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: metropolitan Melbourne and Mitchell Shire guidance

<https://www.dhhs.vic.gov.au/face-coverings-covid-19#when-do-i-have-to-wear-a-face-covering>

Coronavirus disease 2019 (COVID-19) - Infection Prevention and Control guideline. 21 June 2020 (Version 2)

<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>