



Personal Protective Equipment (PPE) for the provision of mental health care

Applying “A guide for the conventional use of PPE” to mental health

Last updated: 4 June 2020

Source Guidance – a Qualifier

This guidance will provide examples of how ‘A guide to the conventional use of PPE’¹ and the ‘PPE for community services’² can be applied to the delivery of mental health care. These primary documents should be referred to regularly for updates as circumstances change in the pandemic.

Who is this guidance for?

The guidance applies to all mental healthcare workers, including nurses, doctors, allied health, lived experience workforce, psychosocial disability support workers and other staff that are in direct contact with mental health consumers.

It is relevant to mental health clinical and support service settings, and to care provided by individual healthcare workers, as well as multidisciplinary teams.

Mental healthcare may be delivered in a variety of settings including clinical inpatient mental health units and other medical and surgical wards; clinical specialist and primary community clinics; and community support or drop-in centres. Services may also be provided outside of centres and these may involve escorting consumers to appointments and social activities, supporting activities of daily living, visiting consumers and families in their homes, and attending to consumers in residential facilities, for example.

What personal protective equipment (PPE) is required?

The Department of Health and Human Services (the department) has provided guidance regarding conventional use for PPE; this guidance provide tables that should be referred to as the primary references to this document for mental health care delivery.

¹ The guidelines on the conventional use of PPE for healthcare workers can be found here <https://www.dhhs.vic.gov.au/coronavirus-covid-19-guide-conventional-use-personal-protective-equipment-ppe>

² Personal protective equipment for community services can be found here <https://www.dhhs.vic.gov.au/information-community-services-coronavirus-disease-covid-19#personal-protective-equipment-ppe-for-community-service-providers>

[A guide to the conventional use of PPE](#) outlines the appropriate use of personal protective equipment (PPE) for the Victorian health sector during this coronavirus 2019 (COVID-19) pandemic response. Standardising the use of PPE will ensure that health care workers are protected from infection whilst ensuring PPE is not inappropriately used during a time where worldwide demand for PPE is placing strain on supply chains. Whilst this advice is for the health care sector, it can be used to inform any local policy.

[PPE for community services](#) outlines PPE to use when a client has COVID-19 risk factors (in the community setting) in Table 1, and outlines PPE to use when a client doesn't have COVID-19 risk factors or has been cleared of COVID-19 (in the community setting) in Table 2.

Home visits and community clinic depot administration is included in [Appendix 1 \(Chief Psychiatrist's Clinical Practice Advisory Notice Bulletin\)](#).

The following table is taken from "[A guide to the conventional use of PPE](#)" and contextual application of the guidance to mental health settings is provided in the column titled "Further context- examples"

Table 2: Conventional use – contextual guide for mental health services

TIER	For use in	Further context – examples
Tier 0 – Standard precautions	For consumers assessed as low or no risk for COVID-19, that is, they do not meet the clinical criteria for COVID-19. Standard precautions are the minimum infection prevention and control practices that must be used at all times for all patients in all situations.	Hand hygiene before and after visit, minimising physical contact and appropriate physical distancing are standard precautions. PPE is only required when there is a risk of exposure to or splash from blood or bodily fluids. An assessment of this risk should be undertaken to determine the PPE required, which could include gloves, surgical mask, protective eye wear or gown/apron. Examples include: <ul style="list-style-type: none"> • Telehealth or telephone contact (no risk). • Consumers screened by telephone/video conferencing prior to face to face contact or if unable to occur by telephone/video conferencing prior to the visit screening occurs face to face in less than 15 minutes and determined to be low risk then community or home visit can occur to deliver required treatment. • In all settings, where staff are at risk due to the person being agitated/distressed (previously assessed as low or nor risk) and at risk of splashes from blood or bodily fluid. • All direct care for consumers assessed as low or no risk of COVID-19 (such as depot administration or physical examination). • Providing direct care to consumers who are assessed as low or no risk even if the consumer is unable to maintain the 1.5m physical distancing. • ECT on a consumer assessed as low or no risk of COVID-19, PPE may be required dependent on risk of blood or body fluid exposure/splash.
Tier 1 – Area of higher clinical risk	In the Emergency Department and Intensive Care Units where the person is NOT suspected or confirmed to have COVID-19 and is not in quarantine.	<ul style="list-style-type: none"> • Use of hand hygiene and a surgical mask. • Mental health staff doing assessments in the Emergency Department and Consultation Liaison Psychiatry staff doing assessments in Intensive Care.
Tier 2 – Droplet and contact precautions	Direct care or contact with a person who is suspected or confirmed to have COVID-19 or in quarantine.	<ul style="list-style-type: none"> • Use of hand hygiene, disposable gloves, disposable fluid repellent gown, surgical mask and eye protection • In all settings, consumers where a history cannot be obtained (due to intoxication or as a result of their mental illness) – treat as suspected COVID cases until history can be obtained from the consumer or family/carer. • Family members and visitors to a person with COVID-19 at a hospital (consider use of face shields).

TIER	For use in	Further context – examples
		<ul style="list-style-type: none"> • Direct care to person who has symptoms consistent with COVID-19 or are suspected or confirmed cases. • Community depot administration for consumer with suspected or confirmed COVID-19. • Consumer transfer within a facility of a confirmed or suspected COVID-19 case.
Tier 3 – Airborne and contact precautions	<p>Undertaking AGP (Aerosol Generating Procedure) on a person: with suspected or confirmed COVID-19; or where a history cannot be obtained.</p> <p>Note: Coveralls, double gloves, or head covers are not required when managing patients with COVID-19.</p>	<p>Cardiopulmonary resuscitation on a person with suspected or confirmed COVID-19 or where a history cannot be obtained, in addition:</p> <ul style="list-style-type: none"> • in the community call 000 or if in hospital call MET team. <p>ECT on a person with suspected or confirmed COVID-19 or where a history cannot be obtained.</p>

Additional References

- Please refer to this review for Management of acute behaviours of concern: https://www.aci.health.nsw.gov.au/___data/assets/pdf_file/0007/581425/28042020-Evidence-Check-Acute-Behavioural-Disturbance.pdf
- Practice advice to support young people in Care Services during COVID-19: <https://fac.dhhs.vic.gov.au/practice-advice-supporting-young-people-care-services-during-covid-19>
- COVID plan for disability services sector: <https://www.dhhs.vic.gov.au/coronavirus-covid-19-disability-services-sector-plan>
- COVID-19 Residential Aged Care Facilities Plan for Victoria <https://www.dhhs.vic.gov.au/covid-19-victorian-residential-and-aged-care-facility-plan>
- Coronavirus disease 2019 (COVID-19), Case and contact management guidelines for health services and general practitioners (DHHS), <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>

Where can I find out more information?

- For Victorian updates: coronavirus.vic.gov.au
- For national updates: health.gov.au/news/latest-information-about-novel-coronavirus
- For international updates: [who.int/emergencies/novel-coronavirus](https://www.who.int/emergencies/novel-coronavirus)
- WHO resources: https://www.who.int/health-topics/coronavirus#tab=tab_1