



Personal protective equipment for workers in community settings

This document contains advice on the use of appropriate personal protective equipment (PPE) for community workers who have direct interaction with people who are confirmed or suspected of having an infectious disease. This may include, but is not limited to, services such as home care residential services, homelessness support services, family violence and sexual assault services, child and family services, fire and emergency services.

Background

Transmission of infectious diseases (for example COVID-19, influenza) can occur in multiple ways. Contact transmission can occur from direct physical contact with an infected person and from indirect contact from contaminated items, objects and surfaces. Droplet and airborne transmission can occur from the inhalation of infectious respiratory droplets or aerosols. To prevent the transmission of these infections, infection prevention and control (IPC) measures such as the use of PPE is recommended. PPE must also be used at any time there is a risk of blood or body fluid exposure, regardless of the client's infection risks.

Infection prevention and control principles

Routine IPC practices should always be used in conjunction with your organisation's policies and procedures. These practices assist in creating a safe working environment for you and your clients.

The following actions can be taken to reduce the risk of spreading infections:

- get vaccinated against vaccine preventable diseases e.g. measles, influenza, COVID
- stay home if you are unwell
- practice physical distancing of 1.5 metres or more from other people
- improve ventilation in your vehicle and workplace by use of fresh air vents or open windows, where appropriate
- practice regular hand hygiene either by washing hands with soap and water or using an alcohol-based hand rub (ABHR)

- practice respiratory etiquette by covering your coughs and sneezes with your elbow or a tissue and placing used tissues straight into a bin, then perform hand hygiene
- avoid touching your eyes, nose, and mouth
- regularly clean and disinfect frequently touched surfaces
- wear PPE appropriately and correctly if required.

Hand Hygiene

- wash hands regularly with either soap and water for at least 20 seconds and dry them completely, preferably with clean, single-use paper towels or use an alcohol-based hand rub (ABHR) with a minimum of 60-80% alcohol ([Appendix A](#))
- hand hygiene should be performed before and after eating, after coughing or sneezing, after going to the toilet, when changing face masks and after touching potentially contaminated surfaces
- hand hygiene must always be performed after glove removal. Applying ABHR to gloves is not recommended and can compromise the integrity of the gloves
- please be aware that leaving ABHR in a vehicle is not recommended as high temperatures in a closed vehicle can damage the efficacy of these products.

Planning and preparation for visit

Organisations should consider how they can change normal business practices to avoid unnecessary contact during the provision of the essential service. Use of telephone or video call appointments to replace in-person visits should be considered before scheduling an in person visit.

If in-person visits are required, virtual contact e.g. telephone/video call/text messaging, should be made prior to the appointment to perform a risk assessment. If a person is confirmed or symptomatic of an infectious disease the visit should be postponed, if possible, until the person is well enough to visit or deemed not infectious.

If the visit is unable to be postponed, appropriate PPE is to be worn, hand hygiene adhered to and physical distancing of a minimum distance of 1.5m between individuals, is recommended.

It is recommended that any client who is confirmed or symptomatic of a respiratory disease, wear a mask when with others. Wearing a mask protects others by decreasing the spread of

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respiratory secretions, especially in settings where physical distancing cannot be maintained. Prior to your arrival request your client puts on a mask.

Personal protective equipment

PPE includes surgical masks, particulate filter respirators, e.g. N95/P2, protective eyewear, gloves and protective garments e.g. aprons or long sleeve fluid repellent gowns. The type of PPE worn by workers in community settings will depend on the degree of contact they will have with a person who is a confirmed or symptomatic of an infectious disease.

Workers in community settings should receive training in the correct use of PPE and how to perform a risk assessment to determine the type of PPE they need to wear e.g. if they can maintain a distance of more than 1.5m and not have physical contact with a client who has a respiratory illness, then a surgical mask and protective eyewear would be adequate. The need to put on a gown or apron and gloves would be required if they are to provide hands on care to the client. It is important that PPE is only used when required and the appropriate PPE is selected based on the needs as outlined in Table 2.

Additional PPE for occupational safety and health purposes needs to be considered as per your organisation's policies.

Surgical Masks

- surgical masks are used to contain respiratory secretions of the wearer or to prevent droplet inhalation by the wearer
- surgical masks are single use and once removed are to be replaced with a new mask
- masks with ties should be provided for staff who wear a head covering for cultural reasons
- irrespective of mask type, staff should not touch the front of the mask or wear the mask incorrectly i.e. around the neck, under the nose or chin or on top of the head
- masks must be changed after four hours or sooner if they become moist, soiled, or if it is difficult to breathe through the mask.

Protective eyewear

- protective eyewear consists of combined mask/shield, visor or goggles
- personal prescription spectacles are not considered as protective eyewear and are to be worn with additional protective eyewear

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- face shields labelled single use are to be disposed of after each use
- reusable protective eyewear must be cleaned and disinfected after each use, used only by the same staff member and not shared between staff.

Gowns/aprons

- plastic aprons or fluid repellent gowns that have cuffed wrists and tie at the back or side are suitable to protect clothing.

Gloves

- gloves are not a substitute for hand hygiene, hand hygiene must be performed every time gloves are removed
- gloves should be worn when in contact with blood/body fluids
- gloves must not be sanitised using ABHR or surface cleaner
- staff should avoid touching unnecessary objects when wearing gloves e.g. do not answer telephones or use a computer with gloves on
- if gloves become contaminated during a task, they are to be removed immediately and disposed of in a rubbish bin and hand hygiene performed. New gloves can then be put on if required.

Particulate filter respirator

- When wearing a particulate filter respirator i.e. a P2 or N95, make sure it meets approved Australian and New Zealand standards. There are a variety of respirators available in the community, including counterfeits and those not designed for medical use e.g. industrial respirators. Make sure your respirator does not have a valve, as exhalation valves can allow infectious particles to escape
- When wearing a respirator, it is important to choose one with the best fit and seal around your face. Once applied, you should fit check your respirator to ensure there are no leaks in the seal between the face and respirator. To do a fit check, cup your hands around the edges of the mask, breathe in and out, to feel if air is escaping from the sides of the mask, particularly near your eyes. If you feel a leak, adjust and try again. If you are unable to achieve a seal, try a different size or style
- A respirator is designed for single use and can be worn up to 4 continuous hours. Replace your respirator if it becomes damp or soiled in this time.
- Respirators are not recommended for use by people with facial hair, as this breaks the seal. However, workers with a medical or religious exemption from removing facial hair may use an approved [beard cover technique](#).

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Donning and doffing personal protective equipment

- PPE is only protective when used correctly
- Community workers should undergo training in the correct use of PPE and be confident in safely donning (putting on) and doffing (taking off) their PPE. Refer to Table 1 for donning and doffing sequence
- Loose hair must be tied back securely prior to donning PPE.

Table 1: Donning and doffing sequence

Donning PPE (Putting On)		Doffing PPE (Taking Off)	
	<ol style="list-style-type: none"> 1. Perform hand hygiene 2. Gown 3. Mask 4. Protective eyewear/visor 5. Perform hand hygiene 6. Gloves 		<ol style="list-style-type: none"> 1. Gloves 2. Perform hand hygiene 3. Gown/apron 4. Perform hand hygiene 5. Protective eyewear/visor 6. Perform hand hygiene 7. Mask 8. Perform hand hygiene







Please refer to the [donning and doffing video](#) or refer to this [link](#) for correct sequence for donning (putting on) and doffing (taking off) PPE poster.

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Table 2: Recommended PPE

CRITERIA	 Hand hygiene	 Surgical mask	 N95/P2 mask	 Eye protection	 Gloves	 Fluid resistant gown or plastic apron
Person who is currently well and not exhibiting any signs or symptoms of infection	✓	✗	✗	If required to prevent splash exposure	If required to prevent splash exposure	If required to prevent splash exposure
Person who is currently well but has been in contact with someone who is unwell Or Person who has recently visited a WA Health confirmed exposure site	✓	✓	✗	If required to prevent splash exposure	If required to prevent splash exposure	If required to prevent splash exposure
Person who is unwell, suspected or confirmed to have an infectious disease	✓	✗	✓	✓	✓	✓

Disposal of PPE

Used PPE is to be placed in a plastic bag, tied securely and disposed of in general waste. Ensure appropriate PPE is worn when handling waste e.g. gloves, face mask and gown. Perform hand hygiene after handling general waste.

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Appendix A: Hand Hygiene Poster

How to wash your hands

With soap and water
Steps 1–4 below should take 40–60 seconds.

1 Wet hands, then apply soap 	2 Lather for at least 20 seconds. Pay attention to the backs of hands and fingers, fingernails and the webbing between fingers 
3 Rinse hands under running water 	4 Dry hands with a clean towel, or fresh paper towel 

With hand sanitiser

1 Apply enough product to cover both hands 	2 Rub all surfaces of both hands 
	3 Rub hands together until dry 

healthywa.wa.gov.au/protectyourself

[How to wash your hands](#)

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Version Control

Version	Date	Updates / Changes
1	2025	New document.

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