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Document Code:	Keeping Safe During COVID: Information on PPE for Members in Australia

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Audience: RANZCP members in Australia

Summary / Key message

- Psychiatrists can undertake consultations via telehealth where clinically appropriate. Read more about [the RANZCP telehealth tools and advice here](#). Information on MBS telehealth items can be under the RANZCP COVID FAQ.
- If psychiatrists continue to undertake appointments face-to-face, they should undertake a risk assessment.
- Follow respective state guidance regarding use of masks, when seeing patients face to face. This advice is variable depending on the risk of community transmission in different states
- PPE (with N95/P2 masks) must be worn when seeing patients who are a suspected or confirmed case of COVID-19. N95/P2 masks must be worn after fit testing and fit checking.

Overview

The RANZCP wishes to support the health and wellbeing of members and their patients during the COVID-19 pandemic. During this time psychiatrists and trainees are continuing to provide mental health care and will need to ensure their safety and that of patients through appropriate infection control measures. This information will continue to be updated as the COVID situation evolves.

Health and safety measures will depend on where psychiatrists and trainees practice. Our members work across many clinical settings including hospitals (in both general and psychiatric settings), private practice, prisons and public health services.

The RANZCP recommends taking reasonable measures to manage the risk of infection or transmission of COVID-19. This includes following the advice and recommendations of your health service, the Australian Chief Medical Officer and the relevant Health Departments in your State or Territory.

Psychiatrists can undertake consultations via telehealth where clinically appropriate. Read more about [the RANZCP telehealth tools and advice here](#). Information on MBS telehealth items can be under the RANZCP COVID FAQ.

Prior to **any** appointment or interaction with a patient an appropriate risk assessment should be undertaken to determine the patient's risk of COVID-19. For those members working for a health service these patient screenings should be undertaken upon admission or entrance to the facility.

If a patient presents with risk factors, any outpatient face-to-face consultation should be deferred and instead undertaken via telehealth. The RANZCP acknowledges that in the many acute settings, telehealth consultations may not be possible, and the appropriate use of PPE may be required. In these situations, the advice of your health service provider **must** be followed.

Why are psychiatrists at risk of COVID-19?

Psychiatrists and trainees are at a unique risk of COVID-19 due to:

- The duration of time spent with patients and the proximity of contact. It may take an hour or more in a small consulting room to fully assess a patient and provide appropriate advice and care.
- People with severe mental illness are more likely to have significant physical health conditions that have been neglected. Psychiatrists sometimes must take an active role in ensuring these physical health problems are addressed, which may include physical examinations.
- Patients with COVID-19 who have been admitted to infectious disease settings may have comorbid psychiatric illnesses and/or may be suffering from neuropsychiatric sequelae of the COVID-19, such as encephalitis that requires a psychiatric opinion.
- Patients with COVID-19 who have been admitted to other medical settings (e.g. acute surgical wards) requiring a psychiatric opinion.
- Patients with severe mental illness being more likely to suffer from poor self-care and hygiene.
- Patients with severe mental illness often have impaired or no insight into their medical issues. Often while unwell, they may have placed themselves at risk of contracting COVID-19 infection in the community, or be unable to act on the information that health authorities have provided,
- Patients with severe mental illness are more likely to have dysregulated, impulsive and unpredictable behaviours. Such behaviours may include shouting, inadvertent spitting during conversations, poor awareness of social distance and boundaries, making COVID-19 social distancing less reliable and even unrealistic.
- Emergency departments and medical and surgical wards frequently involve emergency assessments of patients who are agitated or show a behavioural disturbance.

For these reasons, guidance and advice to psychiatrists and trainees depend on the clinical setting and patient characteristics.

How do I undertake a risk assessment?

In all settings managed by health services, a risk assessment should be undertaken for all patients (whether inpatients or in the community). These processes are available to protect all staff, including psychiatrists and trainees.

If you continue to undertake appointments face-to-face you should undertake a risk assessment.

This includes when arranging the appointment by phone and then again upon the patient arriving at your practice.

Relevant questions to ask include:

- Have you travelled overseas in the last 14 days?
- Do you have a fever or 38C or more or a history of suggestive fever (night sweats etc)?
- Do you have any respiratory infection (e.g. cough, shortness of breath, sore throat)?
- Have you been in contact with a confirmed or suspected case of COVID-19?

If a patient answer in the affirmative to any of these Covid-19 risk questions do not conduct a face-to-face appointment but instead undertake a telehealth consultation.

What is PPE and when do I use it?

From 11:59pm on Wednesday 22 July people in metropolitan Melbourne and Mitchell Shire must wear a face covering when leaving home, this includes while at work. Psychiatrists working in these areas should continue to conduct appointments via telehealth. In circumstances where face-to-face consultations continue, a mask must be worn.

Personal Protective Equipment (PPE) assists in preventing the transmission of infectious diseases like COVID-19. PPE can include things like masks, goggles, face shields, disposable gowns and gloves.

The decision to use PPE is made in the context of the risk of the patient having COVID-19. The availability and supply of PPE in Australia is a secondary consideration. The RANZCP acknowledges that the evidence surrounding the use of PPE varies across the world and has changed over time. In this context, the decision to use PPE must include and respect the wishes of the psychiatrist/trainee and their perception of safety and risk.

The RANZCP recommends the NSW [Clinical Excellence Commission resource on Personal Protective Equipment as a comprehensive guide](#) on donning and doffing PPE, together with basic protective precautions in healthcare settings. Other helpful information can be found in the 'Resources' section below.

PPE (with N95/P2 masks) must be worn when seeing patients who are a suspected or confirmed case of COVID-19.

PPE should also be routinely used in high-risk situations in settings such as:

- Aged care and other group residential settings
- Correctional Facilities
- Detention Centres
- Emergency Departments
- Inpatient Facilities
- Patient homes.

See below for more information on working in high-risk settings.

RANZCP members and trainees should continue to monitor and follow advice issued by the Australian Chief Medical Officer and the Department of Health, as well as their employer or health service. The RANZCP will keep its members informed of the current national guidance on PPE.

What if I want to continue face-to-face appointments?

During the current State of Disaster in Victoria telehealth remains the preferred option for all psychiatric consultations. If telehealth is not possible all psychiatrists and trainees must wear PPE when conducting face-to-face appointments.

The RANZCP strongly recommends that psychiatrists do not undertake face-to-face consultations with patients who are a suspected or confirmed case of COVID-19. If such consultations are undertaken face to face (e.g. in inpatient settings), then appropriate PPE must be worn. This includes N95/P2 masks which have been fit tested / checked.

However, the RANZCP acknowledges that asymptomatic community transmission is occurring and that the use of PPE remains, ultimately, the decision of the clinician. The RANZCP also recognises, acknowledges and respects the individuals wishes for their safety and their family's safety.

If you continue to conduct face-to-face appointments with patients there are a range of practical measures, you can take to ensure the safety and hygiene of your practice:

- Frequently wash your hands ([See the Australian Department of Health Website](#))
- Make hand sanitiser available in your waiting and consulting rooms
- Practice physical distancing ([Social distancing for coronavirus from the Australian Department of Health](#))
- Remove as many items from your waiting and consulting rooms as possible
- Frequently clean and sanitise door handles, chairs, couches, toys etc.
- Use tissues when coughing or sneezing and dispose of immediately.

What if I must to work in a high-risk setting?

Many psychiatrists work in settings where the risk of infection and transmission of COVID-19 are higher. These high-risk settings are described above.

In these situations, PPE should be used in adherence to the requirements and advice of your employer, health service or facility you are attending. Psychiatrists or trainees may elect to use their own supplied PPE in such situations should appropriate PPE not be provided.

It should also be communicated to patients that PPE, social distancing and other precautionary measures are for their own safety and are temporary. We would also recommend:

- Encouraging the patient to practice hand hygiene prior the consultation
- Discussing the treatment delivery options and concerns with the patient
- Keeping the consultations as short as possible.

What if I work with high-risk patients?

In the most acute settings patients with mental illness may present with co-occurring COVID symptoms or diagnosis. This may include complex patients, such as those demonstrating challenging behaviour and dysregulation associated with psychosis, mania or drug and alcohol intoxication. There may also be cases where patients present with challenging behaviours and reduced capacity, such as within services for dementia or intellectual disabilities

In these acute settings psychiatrists and trainees must follow the advice and guidance of their health service.

The RANZCP is seeking advice from, and advocating to, Government for further guidance on appropriate PPE for psychiatrists and trainees who provide care to high-risk patients. This includes specific guidance on upholding the human rights of the most vulnerable.

Where can I access PPE?

Psychiatrists working in public services, such as inpatient units or community mental health settings, should be able to access PPE via their employing health service. Where psychiatrists are having difficulty accessing PPE, they should raise this with their employer or health service in the first instance.

The RANZCP supports the decisions of individual clinicians to use their own supplied PPE in instances where it is not supplied.

Private psychiatrists working in hospital settings should be able to access PPE through their employer. Psychiatrists managing their own private practices will need to order PPE through a medical supplier.

The RANZCP understands access to PPE is an ongoing issue and will continue to advocate for appropriate and equitable access to PPE for psychiatrists across all settings.

Resources

[The Australian Health Protection Principle Committee \(AHPPC\) Statement Guidance on the use of personal protective equipment in hospitals during COVID-19 outbreak](#)

[Department of Health \(Australia\) Information on the use of surgical masks](#)

[Department of Health \(Australia\) Revised advice on non-inpatient care of people with suspected or confirmed COVID-19, including use of personal protective equipment \(PPE\)](#)

[Department of Health \(Australia\) Interim recommendations for the use of personal protective equipment \(PPE\) during hospital care of people with COVID-19.](#)

[Clinical Excellence Commission \(NSW Government\) Personal Protective Equipment](#)

[UK Royal College of Psychiatrists COVID-19: Personal Protective Equipment](#)

Disclaimer:

This COVID-19 relevant document is a resource to support members' clinical practice but should not be a substitute for individual clinical judgement. The RANZCP endeavours to ensure that information is accurate and current at the time of preparation, but takes no responsibility for matters arising from changed circumstances, information or material that may have become subsequently available. This document has been approved via a rapid review, as delegated by the RANZCP Board.

REVISION RECORD

Contact: Executive Manager, Practice, Policy and Partnerships Department

Date	Version	Approver	Description
06/2020	1.0	EM	Information sheet developed in response to the COVID pandemic
09/2020	2.0	EM	Update to Information sheet developed in response to the COVID pandemic
12/2020			NEXT REVIEW

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