



## Distribution of PPE through PHNs: Tranche 4, surgical masks and P2/N95 respirators for general practice, community pharmacy, and allied health *Guidance on the supply of masks from the National Medical Stockpile (NMS) for General Practice (including Aboriginal Community Controlled Health Services), community pharmacy, and allied health through Primary Health Networks (PHNs)*

Updated advice as of 5 August 2020

This guidance is provided to ensure consistent and transparent management of the limited supply in the fourth tranche. It was updated on 5 August 2020 to reflect changes in advice on mask wearing in the context of increased community transmission of COVID-19.

### Surgical masks

#### Intended use of surgical masks

Surgical masks supplied in this tranche are intended for general practices and, when no local commercial supply is available, allied health and community pharmacies:

- for the protection of health professionals and practice/pharmacy staff who are required to have contact with patients at a distance of less than 1.5 metres in areas where there may be community transmission of COVID-19 (see relevant jurisdictional websites to identify these areas), and where local public health directions recommend masking in all clinical settings
- for the protection of health professionals and practice/pharmacy staff in direct contact with people presenting with fever and/or respiratory symptoms. Symptoms include cough, sore throat and/or shortness of breath (irrespective of level of community transmission)
- for provision to people who are suspected or confirmed to have COVID-19 where the patient is not already wearing a mask. This is for the protection of other patients and staff, and of the public while the patient returns home.

#### Eligibility to access surgical masks

GP Respiratory Clinics, General Practices, including Aboriginal Community Controlled Health Services (ACCHS)

As supplies are limited, PHNs are distributing surgical masks to practices with demonstrated need, including:

- where there is no local supply available commercially
- where practices are in a location where there may be community transmission of COVID-19
- where practices have an unusual number of patients presenting with respiratory symptoms.

**Please note:** PHNs are now able to distribute stocks to after-hours GP home visiting services, Medical Deputising Services (MDS), and Nurse Practitioner owned or led primary care practices in their area.

## Community pharmacies

Community pharmacies are eligible to access the supply for their staff to use when there is no available commercial supply, and:

- their staff are required to be in direct contact with patients/clients at less than 1.5 metres, and there may be community transmission of COVID-19 in their area
- they have significant contact with people presenting with fever or respiratory symptoms (irrespective of level of community transmission of COVID-19).

Masks distributed through PHNs **cannot be sold as commercial stock**. Anyone found to be onselling masks will be charged full cost for all stock and no further provisions will be made.

## Allied health

Allied health professionals are now eligible for limited access to the supply for their staff when there is no available commercial supply and they are working in higher-risk clinical areas and with higher risk vulnerable patients or in areas where there may be community transmission of COVID-19. Given the diverse nature of the allied health sector, when determining whether allocation of masks is appropriate, PHNs have been asked to consider the following:

- local transmission patterns of COVID-19 and local public health recommendations for mask wearing in clinical settings
- the extent to which the allied health professional can manipulate their environment or practice method to minimise the chance of transmission. For example, due to the nature of their work, a diagnostic radiographer cannot easily change their mode of practice or environment. A dietitian or psychologist may be able to continue to provide services through telehealth.

In areas where there is no evidence or suspicion of community transmission, PHNs should consider:

- the likelihood of the worker having direct or close contact with high-risk patients who are presenting with fever and/or respiratory symptoms. For example, a respiratory physiotherapist working with patients with cough, sore throat and/or shortness of breath, as compared to an exercise physiologist who is likely to be working with well individuals
- the relative vulnerability of the patients that the allied health professionals are treating. For example, where the allied health professional is routinely treating patients who are immunocompromised, or those who are elderly or disabled.

There remains an assumption that allied health professions will, where possible, not see patients with respiratory symptoms or at a higher risk of COVID-19 unless required to as part of their core business, regardless of the local epidemiology of COVID-19. For example, an optometrist may be able to defer seeing a patient with respiratory symptoms until that person is well.

## Quantities

Generally, requesting providers will be allocated:

- GP Respiratory Clinics, General Practices and ACCHS: **two boxes (100 masks) for each clinic within the practice or ACCHS**
- After-hours GP home visiting services, MDS, and Nurse Practitioner owned or led primary care practices: **one box (50 masks) per practice/service**
- Community pharmacy: **one box (50 masks) per community pharmacy**
- Allied health: **one box (50 masks) per practice**

However, depending on remaining stocks, PHNs have flexibility to increase the allocation based on practice size or other demonstrated need. This particularly applies to areas of high need and/or lack of availability of other services (such as remote locations).

## Process for accessing the supply of surgical masks

General practices, community pharmacies and allied health practices with demonstrated need should contact the relevant PHN in their region to request access to the supply. A list and contacts of PHNs is available at

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/PHN-Locator>

## P2/N95 respirators

As part of the continued response to the COVID-19 outbreak, the Department of Health has supplied PHNs with an additional allocation of P2/N95 respirators.

### Intended use of P2/N95 respirators

For routine primary care procedures, including specimen collection, surgical masks are effective. When specimen collection is undertaken they should be worn with other PPE as appropriate (gown, gloves and eye protection). P2/N95 respirators are only required for aerosol generating procedures. See the relevant factsheet at

[www.health.gov.au/resources/publications/coronavirus-covid-19-guidance-on-use-of-personal-protective-equipment-ppe-in-non-inpatient-health-care-settings-during-the-covid-19-outbreak](http://www.health.gov.au/resources/publications/coronavirus-covid-19-guidance-on-use-of-personal-protective-equipment-ppe-in-non-inpatient-health-care-settings-during-the-covid-19-outbreak)

If GPs lack the appropriate PPE to undertake contact and droplet precautions for clinical assessment and specimen collection from patients with suspected COVID-19, they should refer cases to appropriate collection centres or Emergency Departments.

### Eligibility to access the supply of P2/N95 respirators

**PHNs are asked to conserve stocks of P2/N95 respirators as far as possible.**

Distribution of P2/N95 respirators should be limited to general practices, including ACCHS, who need to assess suspected COVID-19 cases because of the unavailability of nearby dedicated respiratory clinics or Emergency Departments (e.g. in some rural and remote communities). Such practices need to have isolation facilities and other appropriate infrastructure, staff competent in use of PPE, and a pandemic plan. P2/N95 respirators should only be used with other PPE (gowns, gloves, and eye protection).

### Advice for residential aged care facilities

If Commonwealth funded aged care providers are experiencing shortages and are unable to obtain masks from any other source, the National Medical Stockpile may be in a position to provide a small supply. This is to supplement existing supplies for aged care providers, including DVA aged care providers.

All requests will be considered, and, if appropriate, approval will be given to dispatch stock from the states and territories. States and territories may distribute National Medical Stockpile supplies to Commonwealth funded aged care providers, on behalf of the Commonwealth.

After a facility has explored alternative supply options, they may request supply from the National Medical Stockpile by emailing [AgedCareCOVIDPPE@health.gov.au](mailto:AgedCareCOVIDPPE@health.gov.au). This request will be reviewed and triaged based on need and urgency, with priority given to aged care providers where there has been a confirmed or suspected case of COVID-19. Facilities may be contacted for further information about their request to determine priority, and may also be requested to reimburse the Stockpile at cost depending on circumstances

### Advice for NDIS providers

If NDIS and disability support providers are experiencing shortages and are unable to obtain masks from any other source, the National Medical Stockpile may be able to provide a small supply.

After disability support providers have explored alternative supply options, they can submit a request for supply from the National Medical Stockpile by emailing [NDISCOVIDPPE@health.gov.au](mailto:NDISCOVIDPPE@health.gov.au)

All requests will be reviewed and triaged based on urgency, with priority given to disability support providers and self-managing participants where there is a confirmed or suspected case of COVID-19. Providers may be contacted for further information about their request to determine priority. Providers may also be requested to reimburse the NMS at cost depending on circumstances. For care workers to protect themselves and the vulnerable people with disabilities they are caring for it is important to undertake the training available at [covid-19training.gov.au](https://covid-19training.gov.au).

## More information

For the latest advice, information and resources, go to [www.health.gov.au](https://www.health.gov.au)

Call the **National Coronavirus Health Information Line on 1800 020 080**. It operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

The phone number of each state or territory public health agency is available at [www.health.gov.au/state-territory-contacts](https://www.health.gov.au/state-territory-contacts)