RBWH Hospital
COVID-19 Response Plan
14th October 2021

Metro North
Hospital and Health Service

Queensland
Government

Contents

Introduction

1.1 Situation

In December 2019, China reported cases of viral pneumonia caused by a previously unknown pathogen that emerged in Wuhan, China. The pathogen was identified as a novel (new) coronavirus (recently named Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)), which is closely related genetically to the virus that caused the 2003 outbreak of Severe Acute Respiratory Syndrome (SARS). SAR-CoV-2 causes the illness now known as Coronavirus disease (COVID-19). Currently, there is no specific treatment against this new virus. Several vaccines have been developed to combat COVID-19. Three (3) vaccines are currently Therapeutic Goods Administration (TGA) approved for use within Australia, Pfizer Comirnaty and Astra Zeneca COVID-19 and Moderna vaccine.

1.2 Purpose

The purpose of this pandemic response plan is to ensure continuity of health services and minimise the community impact within Metro North Hospital and Health Service (Metro North HHS) of COVID-19 and outline the response plan for Royal Brisbane and Women's Hospital (RBWH).

The strategic objectives of this plan are to:

- Minimise risk to staff responding to COVID-19 through appropriate training, Personal Protective Equipment (PPE) and infection control practices

- Minimise the transmission of COVID-19 within the Metro North HHS community and within healthcare settings through proactive identification and testing, effective infection control activities, and community messaging

- Determine appropriate measures to increase capacity to meet demand during the pandemic

- Ensure the HHS maintains its critical services continuity

- Maximise health outcomes for people with COVID-19.

NOTE: This plan is a working document and will be revised as processes are changed or information becomes available.

1.3 Scope

This pandemic response plan covers the Royal Brisbane and Women's Hospital (RBWH) response to COVID-19 to ensure the continued delivery of critical clinical services to existing patients, the Metro North HHS community and other health services where requests for assistance have been received and accepted and should be read in consultation with the RBWH Emergency and Disaster Response Plan. This plan is supplementary to the Metro North Health COVID-19 Response Plan which is updated regularly and provides details on state and federal government policy decisions impacting service provision.

Key information has been included in this document however there are several Service Line or Unit subplans that sit underneath this.

2.0 Overview of RBWH and Critical Infrastructure

The RBWH catchment has a large metropolitan hospital with approximately 900 beds located at Herston, 7 kilometres north of the Brisbane Central Business District (CBD). The RBWH is the largest hospital in the Metro North Hospital and Health Service.

There is 156 general practices in the RBWH catchment including 586 general practitioners. This represents 171 general practitioners per 100,000 people. There are total of 2,000 residential aged care places in the catchment representing 53 residential aged care places per 1,000 people over the age of 65.

There are 14 private hospitals in the catchment, 4 with overnight beds and 10 with day surgery facilities, none of which are accepting admissions from positive or quarantined individuals.

Metro North Health jurisdiction contains the critical infrastructure of the Brisbane domestic and international airports and the Port of Brisbane north and south side terminals. Metro North manages the reception of arrivals into the airport

including screening, communication and hotel quarantine requirements and facilitates access to medical treatment from the Port of Brisbane.

3.0 Partners and Stakeholders

RBWH Directorate has a range of local partners and stakeholders who RBWH will work with to deliver on this response plan and continue to provide high level healthcare to the local community. These partners and stakeholder include:

Metro North Health (MNH) Board	MNH Public Health
MNH Streams	NeoResQ
RBWH Clinical Council	RBWH Foundation
General Practitioners	Community Pharmacies
Queensland Ambulance Service	Private Hospitals
Non-government organisations (NGO)	Academic and university partners
Commercial car parking operators	Ronald McDonald House
Queensland Police Service (QPS) liaison service	QPharm
Queensland Fire and Emergency Services	Retrieval Services
Australian Defence Force	Campus partners / Academic institutions

4.0 Roles and Responsibilities

The Department of Health leads the overall response to a pandemic within Queensland and will coordinate and direct response requirements at a system level. Metro North Health will coordinate and lead the implementation of response requirements at the Health Service level and will support directorates. RBWH will work within this framework and deliver a facility response and frontline services to Queenslanders.

4.1 Command

The Hospital Commander for RBWH has been delegated by the Executive Director to the RBWH Director RBWH COVID-19 Service with RBWH Deputy Executive Director assuming command at Tier 2 Response.

COVID-19 related questions, queries or concerns are to be escalated through service lines / directorates / or streams to the RBWH IMT for decision.

4.2 Communication

All incident communication is to be via RBWH EOC account EOC-RBWH@health.qld.gov.au and Metro North EOC account, EOC-MetroNorth@health.qld.gov.au.

RBWH IMT provides an internal Situational Report (Sitrep) to service lines, directorates, streams and the Metro North HEOC when changes occur at timings determined by the Hospital Commander.

Consistent staff communication is critical using multi modes, including online platforms, Microsoft Teams, staff forums, Vidcasts and Marketing and Communication messaging, the RBWH uses the Executive Director platform for all staff communications.

Communication directed to patients and visitors is escalated to the RBWH IMT to be approved by the MN IMT. Information will only be disseminated by MN.

Signage requests to be directed to the RBWH IMT. In most occasions MN HEOC will determine consistent signage across the Health Service.

4.3 Reporting

RBWH is required to report on admitted positive, suspected / probable cases, intubated and ventilated patients, Fever Clinic and vaccination numbers to Metro North HEOC. The timing of reports is based on the current level of response required.

Other reporting requirements will be managed by the RBWH IMT as they arise.

Service lines, directorates and streams will be asked to contribute to reporting where required.

5.0 Response

The RBWH COVID-19 Response Plan considers the response from Tier 0 to Tier 3. Tier 4 and 5 are considered at a whole-of-Health Service level.

5.1 Tier 0: Prevent local transmission, prepare or maintain

Governance	Personnel	Fever Clinic	ICU
▪ RBWH COVID-19 Service Line stood up ▪ IMT active – The principles of scalability and adaptability are utilised. ▪ RBWH EOC activated – IMT numbers reflect current workloads and responsibilities. ▪ Review of documents to support the response. ▪ Review and assessment of clinical area infrastructure to meet the pandemic requirements – e.g., isolation, negative pressure rooms, overflow wards, air flow. ▪ Service Lines to revise response plans detailing actions required in line with the RBWH plan. ▪ Implementation and oversight of QHealth and MN directions. ▪ Planning for changes to models of care within Tier structures.	Staff: ▪ All staff to be vaccinated for COVID-19 as per requirements in Health Employment Direction ▪ Staff working in COVID-19 wards to not work in other locations in a roster period. Visitors ▪ do not attend if unwell, as per CHO Hospital Entry Direction Volunteers ▪ do not attend if unwell, complete volunteer checklist, risk assess roles, engaged as appropriate Consumer representation ▪ complete Consumer COVID checklist, risk assess roles	▪ Managed by ETC. ▪ Adjacent or external to ETC – scalable capacity based on demand. o Need to accommodate queues – including signage, queue monitors, shade / wet weather, hydration, and sunscreen considerations, bathroom. ▪ ETC workforce supported by CMORE / Administration and Nursing / Allied Health.	▪ Maintain BAU ▪ Utilise 4 single rooms for COVID-19 confirmed, probable, suspected or quarantine patients. ▪ Preparation for division of unit into COVID-19 pods ▪ Separate check in Qld code for ICU. ▪ MERT responsibilities – ICU nursing staff as first responders with support from ICU medical as requested.
		ETC	**Communications**
		▪ Dedicated Respiratory area in ETC, meeting current criteria for management in isolation. ▪ Preparation of access, egress and flow processes for positive or suspect patients into and through department during surge / outbreak. Access Air Purifiers / Scrubbers to expand capacity in ETC	▪ Switchboard messages and scripts ▪ MN HIC messaging ▪ RBWH ED messaging ▪ Situation Reports ▪ Staff Forums ▪ MN approve online content. ▪ RBWH specific site for COVID -19 documents / guidelines

Inpatient COVID-19	PPE	Service Operations	Facility

▪ Implement requirements as per Designated COVID-19 Hospital Network Direction
▪ Check in Qld code for COVID-19 ward
▪ Staff in bubble to be
  ○ Fully vaccinated
  ○ Fit Tested
  ○ Undergo surveillance screening
▪ All confirmed patients are to be managed in 6C / Wattlebrae (16) + 6AS
▪ Suspected / probable / hotel quarantine COVID-19 patients also require isolation as per relevant International Arrivals / Border Direction
▪ Minimise movement of inpatients within wards or across the hospital, use portable x-rays and ultrasounds where able.
▪ Patient transfer within hospital as per Procedure for intrahospital transfer
▪ All blood collection and ancillary services managed within the COVID-19 ward areas.
▪ Birth suite – capacity for 1 COVID-19 confirmed patient
▪ Surveillance screening program – create and maintain database of records.
	▪ PPE use in accordance with Queensland Health Pandemic Response Guidance, personal protective equipment in Healthcare delivery document.
	▪ Daily PPE stock numbers reported to MN
	▪ Weekly stocktake / reporting and meeting with MN HEOC.
	▪ Maintain area for PPE storage for items on allocation
	▪ Human resources to manage restricted PPE supplies
	▪ Maintain ordering, supply and distribution process.
	▪ Prepare and keep on hand cages of PPE for delivery to clinical areas when PPE requirements change.
		▪ Implement hypervigilant screening/ testing.
		▪ All non-urgent review appointments to be done virtually.
		▪ Consider patients wearing masks for OPD clinics where social distancing is not possible.
		▪ Increase procedural and outpatient clinic activity as per MN CE Direction
		▪ Utilise flexible theatre templates.
		▪ Outsource activity where appropriate.
		▪ Outreach services to continue.
		▪ Pharmacy – maintain 6 months' supply of pharmacy stocks (based on usual supply).
		▪ Consider allocation of CT scanner for suspected, probable or confirmed COVID-19 patients.
			▪ Concierge during Business hours
			▪ Planning for changing physical space for surge requirements – ICU increase capacity, ETC increase capacity, change inpatient areas to create COVID-19 inpatient spaces.
			▪ Signage at entrances alerting patients, visitors and staff of Hospital restrictions, COVID-19 wards, Directional – fever clinic, vaccination clinic
			▪ Entrances/Exits – separate staff entrances, sanitising stations at all entrance.
			▪ Check in process via 'Check in QLD' app – process for capture of non-electronic check in.
			▪ Security – increase numbers to support Fever clinic, vaccination clinic, Concierge.
			▪ Cleaning - frequent touch point areas
			▪ Food, linen and waste services – assess processes with expert advisor.
			▪ Shipping containers – onsite storage to create capacity in clinical areas. Currently houses equipment, PPE, with register. Flex space for furniture etc. 5 on DJMB roof, 3 behind ETC, 2 RMH.
			▪ Mortuary capacity – secured additional off site refrigerated container.
			▪ Maintenance and testing of equipment purchased to support expansion of services

	Meetings	**Education / Training**	
	▪ As per MN Chief Executive direction. ▪ Adhere to social distancing ▪ Virtual meetings where able ▪ RBWH IMT twice per week – currently Tuesday and Friday. ▪ MN IMT twice per week – currently Tuesday and Friday. ▪ COVID-19 Service Line Operational meeting – weekly	▪ No restrictions – social distancing to be observed. ▪ PPE training for all staff. ▪ Fit test training for relevant staff ▪ Assess and review PAPR protocols, cleaning and training. ▪ Development implementation and management of upskilling education programs for ICU / ETC to increase skilled clinicians in specialist areas. ▪ Training for use of specialised equipment for COVID-19 response	

5.2 Tier 1: Limited community transmission

Governance	Personnel	Fever Clinic	ICU
▪ Tier 0+ ▪ Review IMT staffing requirements ▪ RBWH EOC activated – consideration as to number of staff required in space as to location. Rooms utilised in this response are the Executive Boardroom and the ED Meeting Room. ▪ Review of compliance with QHealth and MN directions. ▪ Review COVID-19 clinical management / accommodation processes against numbers of and / or projected admissions.	▪ Tier 0+ Staff: ▪ PPE wearing as per QH PPE risk level ▪ All staff fit tested for two (2) P2/N95 masks ▪ minimise staff movement across wards and facilities ▪ develop staff teams and minimise contact between teams ▪ consider roles that can work remotely - Work from home as per MNH Chief Executive direction ▪ discourage congregation in tearooms and other shared spaces ▪ enact staff management plans Volunteers and consumers: ▪ engage in low risk roles, onsite arrangements as per visitor directions Visitors – as per CHO Direction Students – as per CHO Direction	▪ Tier 0+ ▪ Determine process to scale up and down operations based on need. ▪ Planning for moving of Fever Clinic offsite to utilise area in ETC for assessment and Triage of COVID-19 acute presentations during surge / outbreak	▪ Tier 0 + ▪ Preparation for division of unit into COVID-19 pods – as per RBWH ICS Escalation Matrix ▪ Planning for creating additional capacity into unused pod areas and Post Anaesthetic Care Unit. ▪ MERT responsibilities – ICU nursing staff as first responders with support from ICU medical as requested.
		ETC	**Communications**
		▪ Tier 0+ ▪ Review utilisation of Respiratory area in ETC to determine if current processes effective. ▪ Preparation of access, egress and flow processes for positive or suspect patients into and through department during surge / outbreak.	▪ Tier 0 + ▪ Communications – each change in tier review public and internally facing communications to ensure they reflect the current status.
Inpatient COVID-19		**PPE**	**Meetings**
▪ Tier 0 + ▪ Activation additional areas in 6AS and 6AN as per demand ▪ Planning for expansion to 8AS / 8AN ▪ Planning and up-skilling staff in recent treatments for patients with COVID-19 e.g. monoclonal antibodies ▪ Review COVID-19 ward staffing models considering staff welfare and short-term relocation out of COVID-19 ward		As per Tier 0 + ▪ PPE use in accordance with Queensland Health Pandemic Response Guidance, personal protective equipment in Healthcare . ▪ Maintain hand cages of PPE for delivery to clinical areas when PPE requirements change. ▪ Stocktake and reporting as per MN HEOC requirement	As per Tier 0 + ▪ As per MN Chief Executive direction. ▪ Virtual meetings where able ▪ RBWH IMT twice per week – currently Tuesday and Friday. ▪ MN IMT – based on need.
Service Operations		**Facility**	**Education / Training**

	▪ Tier 0 + ▪ CCS - Cryopreservation of all donors prior to planned BMT ▪ WNS – activate Service Line COVID-19 response plan ▪ Screening of patients occurring ▪ Outpatient change all bookings to check in online ▪ SMS messaging prior to attendance ▪ Cancellation of patient education in line with visitor restrictions. ▪ Suspension of planned activity as per CE Direction	As per Tier 0 + ▪ Review access and egress requirements within restrictions including lock down of entrances ▪ Concierge at key entrances. Hours extended to 7days from 6am – 7pm. Using administration, security, non-clinical nursing staff, executive to staff. ▪ Change / increase signage to reflect changes. ▪ Security – maintain ▪ CCTV – authority to sensor lock doors – such as level 6 walkway. ▪ Cleaning - frequent touch point cleaning plus increase yellow clean teams	▪ Discretionary suspension of non-essential training where they impact on clinicians' time to respond to COVID-19 ▪ Adhere to social distancing ▪ Essential training to be delivered virtually where able ▪ Continue PPE training ▪ Continue PAPR training ▪ Continue OVP training ▪ Continue infection control training ▪ Continue ICU upskilling ▪ Commence identification of nursing staff to assist in specialist units such as dialysis and SCN/NICU

5.3 Tier 2: Moderate community transmission

Governance	Personnel	Fever Clinic	ICU
As per Tier 1	Tier 1 + ▪ Identification of vulnerable staff and work from home arrangement – **NOTE**: not to occur without authorisation from the Chief Executive. ▪ Consideration of redeployment of staff to areas with higher activity in this phase e.g. Fever Clinic, Concierge, Staff entrances	Maintain Tier 1 capability plus: ▪ Implement HHS plans to move fever clinics away from ETC	Additional beds within ICU (between bays) (54) • Where clinically appropriate, defer complex elective surgery requiring post HDU / ICU management. • Expand ICU capacity within build environment. • Identify potential additional capacity for ICU ventilated beds in alternative clinical areas

Inpatient COVID-19	Training	ED	Meetings
As per Tier 1 +: ▪ Expand COVID-19 wards to 8AS and 8AN as per demand ▪ Planning for expansion to 8BS (20), 8BW (18), 8BN (20)	As per Tier 1: ▪ Cancel non-essential training ▪ Essential training via online platforms where possible – social distancing to be observed ▪ Continue upskilling workforce to manage COVID positive patients	▪ As per Tier 1 – ▪ Activation of separate assessment are for COVID-19 patients presenting to ETC. ▪ Use of Rapid Antigen Testing	As per tier 1 plus: ▪ Cancellation of non-essential meetings

		Service Operations	Facility
		As per Tier 1 plus: • Activate ward based models of care Establishment of COVID-19 medical teams Surgery: • Surgery and Outpatient planned activity as per CE Direction Online education for patients – e.g. Maternity Outpatients	As per tier 1 plus: • Facility restricted access and visitor exemption process Concierge – as per Tier 1 Plus: • Increase staffing to concierge and staff entrances to manage restrictions and access to facility • Masks for staff and visitors as per Mask Direction

5.4 Tier 3: Moderate community transmission

Governance	Personnel	Fever Clinic	ICU
As per tier 2	As per Tier 2	As per Tier 2 plus: Activate relocation of Fever Clinic off site	▪ Use of beds external to ICU (26 – HDU, PACU, Burns unit) ▪ Maintain service for life threatening conditions ▪ All available ventilation and alternative bed locations used
		ED	**Meetings**
		As per Tier 2 +: ▪ Consider use of fast track and cold for extended respiratory section +14 (30)	As per Tier 2
Inpatient COVID-19	**Training**	**Service Operations**	**Facility**
As per Tier 2 plus: ▪ Expand to 8BS (20), 8BW (18), 8BN (20) as per demand	As per Tier 2	Elective surgery: • Emergency Surgery only • Consider moving procedures to private hospitals Outpatient departments • Consider repurposing for Fast track model of care to support ETC expansion • This space may be required for pop up hospital ward – Needs to align to MNHHS plan for Private Hospital/other more appropriate clinical space Pharmacy • Increase hours of operation weekends and shifts • Change in ward pharmacist requirements as per plan	As per Tier 2 plus: • Increase staffing ratios • Use of non-traditional bed spaces • 24-hour Concierge ▪ ↑ cleaning

5.5 RBWH COVID-19 Service

5.1 Introduction

Adult patients >16yrs of age who have tested positive to COVID-19 may need to be managed in acute in-patient wards if their condition requires clinical interventions and / or monitoring that cannot be performed in the community, including via the virtual ward.

A tiered response to COVID-19 ward care is planned. Clinical care is under the COVID Service, with expansion of the COVID Service occurring as required with release of staff from other clinical areas.

Guiding documents – This document is to be read in conjunction with:

RBWH Emergency and Disaster Response Plan

Queensland Health Pandemic Response Guide (PPE Risk Matrix Table 3)

COVID-19 needs of First Nations People

Metro North infection prevention and control guidelines

Communicable Diseases Network Australia (CDNA) Series of National Guidelines (SoNG) Coronavirus Disease 2019

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5.2 COVID pathways

COVID-ward escalation

- When at full capacity, WB and 6AS / 6AN pods offer a total of 73 acute in-patient beds in an isolated environment within RBWH.
- Expansion of COVID-wards outside of WB and 6AS / 6AN is planned on level 8.
- As patient numbers increase, it is expected that COVID positive patients could potentially be admitted into non-COVD ward beds for specific subspecialty care not related to their COVID status. As such, as tier 3, 4 and 5 escalation levels are reached, all clinical areas of the hospital, including other non-COVID wards, may be required to care for specific individual COVID positive patient needs. Please refer to local RBWH Service plans as to management pathways of this subgroup of COVID positive patients if required.

- As patient numbers increase, it is also expected that COVID positive patients could potentially be admitted into non-COVD ward beds prior to their COVID status being confirmed. As such, as tier 4 and 5 escalation levels are reached, all clinical areas of the hospital, including other non-COVID wards, may be required to utilize COVID precautions in all aspects of routine clinical care to account for this risk. Local rapid testing pathways are in development to help mitigate this issue.

RBWH COVID-19 Bed Capacity			
Clinical area	Rooms type and options	Number of patients	Staffing
Wattlebrae	Negative pressure	8	Infectious Diseases nursing and medical staff Specialist medical teams as required e.g. Burns, Maternity, Mental health
	Standard single rooms with unshared ensuite	8	
	Full capacity	16	
6AS	Standard single room with unshared ensuite	5	Infectious Diseases nursing and medical staff Specialist medical teams as required e.g. Burns, Maternity, Mental health Medical staff: Consultant staffing will be drawn from x2 General Medical units initially, then via by SMO's made available from reduction in elective care. Expanded RMO staffing will be drawn from x2 General Medical units initially, then from all specialty services. Medical care in acute (non-elective) clinical areas will be maintained by specialist SMO's in these areas. Nursing Staff: Expanded nursing staff will be drawn from x2 General Medical units initially, then via staff made available from reduction in elective care Administration staff: Expanded administration staff will be drawn from x2 General Medical units initially, then via staff made available from reduction in elective care Allied Health staff: Expanded allied staff will be drawn from staff made available from reduction in elective care
	Single room with ensuite outside of room door (2 bed bay)	4	
	All types of rooms with a single patient in room	13	
	All single rooms PLUS 2 patients in 4 bed bay	17	
	Full capacity • 4 patients in each 4-bed bay (4) • 2 patients in each 2-bed bay (4) • 1 patient in each single room (5)	29 16 8 5	
6AN	Standard single room with unshared ensuite	4	
	Single room with ensuite and **no** door on room (4 bed bay)	6	
	All types of rooms with a single patient in room	10	
	All single rooms PLUS 2 patients in 4 bed bays	16	
	Full capacity • 4 patients in each 4-bed bay (6) • 1 patient in each single room (4)	28 24 4	
Tier 0/2		73	
8AS	Standard single room with unshared ensuite	6	TBC

	Single room with ensuite and **no** door on room (4 bed bay)	6	
	All types of rooms with a single patient in room	12	
	All single rooms PLUS 2 patients in 4 bed bays	18	
	Full capacity • 4 patients in each 4-bed bay (6) • 1 patient in each single room (6)	<mark>30</mark> 24 6	
8AN	Standard single room with unshared ensuite	6	TBC
	Single room with ensuite and **no** door on room (4 bed bay)	6	
	All types of rooms with a single patient in room	**12**	
	All single rooms PLUS 2 patients in 4 bed bays	18	
	Full capacity • 4 patients in each 4-bed bay (6) • 1 patient in each single room (6)	<mark>30</mark> 24 6	
Tier 2/3		**ADD 60 beds**	
8BN	Standard single room with unshared ensuite	6	**TBC**
	Single room with ensuite and **no** door on room (4 bed bay)	6	
	All types of rooms with a single patient in room	**12**	
	All single rooms PLUS 2 patients in 4 bed bays	18	
	Full capacity • 4 patients in each 4-bed bay (6) 1 patient in each single room (6)	<mark>30</mark> 24 6	
8BS	Standard single room with unshared ensuite	6	**TBC**
	Single room with ensuite and **no** door on room (4 bed bay)	6	
	All types of rooms with a single patient in room	**12**	
	All single rooms PLUS 2 patients in 4 bed bays	18	
	Full capacity • 4 patients in each 4-bed bay (6) 1 patient in each single room (6)	<mark>30</mark> 24 6	

Tier 3/4		ADD 60 beds	
ICU	Negative pressure rooms	4	
	Pod 3 and 4 standard bed space	18	
	Pod 3 and 4 additional capacity (infill beds)	24	
	Pods 1-4	48	
	PACU non-COVID satellite ICU (TBC)		
	Full capacity	48	
ETC	Multipurpose negative pressure room	1	
	Respiratory acute	7	
	Resus bay	2	
	Fast track (single room PLUS 3 bed open area)	9	
	Fever clinic tent - Staging area for known positives from Tier 2	Unknown capacity	
		19	

5.3 RBWH Service Line COVID-19 Plans

Plans are currently being updated and links will be added when available (links to be added)

- Internal Medicine Services
    - Wattlebrae
    - 6AS/6AN
- Critical Care and Clinical Support Services
    - Specialist Outpatients Services
    - Intensive Care Services
    - Emergency and Trauma Centre
- Surgery and Perioperative Services
- Cancer Care Services
- Women's and Newborn Services

5.4 RBWH Workforce Plans

- Medical

- Nursing and Midwifery

- Allied Health

- Administrative

- Support Services

6.0 PPE for staff

PPE use and escalation will also be determined based on assessment of risk of community transmission of COVID-19. The Pandemic Response Guidance: Personal protective equipment outlines the definitions of risk and recommendations for PPE use in healthcare settings.