Government of Western Australia
Department of Health

Policy Frameworks
MP 0133/20
Effective from: 5 February 2021

Identification and Use of Personal Protective Equipment in the Clinical Setting During the Coronavirus (COVID-19) Pandemic Policy

1. Purpose

The purpose of the *Identification and Use of Personal Protective Equipment in the Clinical Setting During the Coronavirus (COVID-19) Pandemic Policy* is to provide advice on the appropriate use of Personal Protective Equipment (PPE) to assist in the prevention of patient to patient or patient to staff member transmission of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in Western Australia (WA) during the COVID-19 pandemic. Additional guidance is provided in Coronavirus Disease - 2019 (COVID-19) Infection Prevention and Control in Western Australian Healthcare Facilities and Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) (external site).

The intent of the Policy is to ensure:

- PPE requirements are appropriate to the extent of community transmission in WA during the current phase of the COVID-19 pandemic
- staff members are trained in the use of PPE, so it is used appropriately
- staff members are provided with PPE that is appropriate for use and provides them with adequate protection.

The use of PPE is only effective when used in conjunction with other prevention strategies as outlined in the National Institute for Occupational Safety and Health (NIOSH) Hierarchy of Controls.

The advice contained in this Policy will be subject to change if community transmission is detected in WA.

The use of PPE for other infective illnesses requiring transmission-based precautions is not outlined in this Policy. Please refer to existing policies and procedures for other situations.

This Policy is a mandatory requirement under the *Public Health Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act 2016*.

2. Applicability

This Policy is applicable to all Health Service Providers.

To the extent that the requirements contained within this Policy are applicable to the services purchased from contracted health entities, Health Service Providers are responsible for ensuring these requirements are accurately reflected in the relevant contract and managed accordingly.

3. Policy requirements

Health Service Providers must adhere to the following Policy requirements.

3.1 During the COVID-19 pandemic, PPE for the care of patients who do not meet the confirmed, probable or suspected case definitions for COVID-19 must be in accordance with the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019).

3.2 Standard precautions must be applied during the care of patients at all times. This includes compliance with the '5 Moments' for hand hygiene and a risk assessment to determine the level of PPE required, if any, for all patients.

3.3 As part of standard precautions, PPE should be considered if staff members are likely to be exposed to potentially infectious materials including blood and other bodily fluids e.g. wearing a surgical mask, eye wear.

3.4 Standard, contact and droplet precautions are required as a minimum standard for all patients who are confirmed, probable or suspected cases of COVID-19.

3.5 Standard, contact and airborne precautions are required for patients who are confirmed, probable or suspected cases of COVID-19 if they

- are undergoing aerosol generating procedures (AGPs)
- have severe disease such as those admitted to intensive care units
- require prolonged episodes of care and adequate physical distancing cannot be maintained during clinical encounters
- by nature of their condition, mental state or age exhibit challenging behaviours e.g. aggression, screaming, shouting and adequate physical distancing during clinical encounters cannot be maintained.

3.6 All staff members must be trained in the correct use of PPE. This includes identification of the correct PPE and correct donning and doffing sequences. The correct sequence for donning and doffing PPE is outlined in the Related document Personal and Protective Equipment (PPE) poster.

3.7 The PPE that is to be used in specific settings and circumstances is outlined in the Related document *Appendix 1: Requirements for Personal Protective Equipment*. Only PPE that is TGA approved or approved by the Health Support Services COVID-19 Substitution Committee must be used.

3.8 Health Service Providers are responsible for communicating to all staff members any changes to this policy.

3.9 Health Service Providers are responsible for ensuring a quantitative fit-test is performed on all staff identified as high risk for exposure to pathogens transmitted by the airborne route or where there may be an increased risk of disease transmission when aerosol generating procedures are performed.

3.10 Health Service Providers are required to keep a register of all staff tested including date, time, respirator brand, style, size and the result for each respirator tested.

3.11 Health Service Providers are responsible for ensuring an action plan is initiated i.e. alternative airborne protection via a PAPR or re-deployment if the fit testing process is unsuccessful in identifying a suitable respirator from available supplies.

4. Compliance monitoring

Health Service Providers are responsible for monitoring and ensuring compliance with the Policy.

5. Related documents

The following documents are mandatory pursuant to this Policy:

- Appendix 1: Requirements for Personal Protective Equipment
- Personal and Protective Equipment (PPE) poster

6. Supporting information

The following information is not mandatory but informs and/or supports the implementation of this Policy:

- Coronavirus Disease - 2019 (COVID-19) Infection Prevention and Control in Western Australian Healthcare Facilities
- National Institute for Occupational Safety and Health (NIOSH) Hierarchy of Controls
- Donning and Doffing Personal Protective Equipment PPE video

7. Definitions

The following definition(s) are relevant to this Policy.

Term	Definition
Aerosol generating procedures (AGPs)	Are those procedures that promote the generation of fine airborne particles (aerosols) that may result in the risk of airborne transmission of disease.
Airborne precautions	A set of practices used to prevent transmission of infectious agents that are spread by the airborne route via particles in the respirable size range that remain infective over time and distance. Airborne precautions include the use of a PFRs, in addition to fluid repellent gown, gloves and protective eyewear and the patient is accommodated in a negative pressure isolation room (NPIR) when possible.
Confirmed case of COVID-19	CDNA case definitions need to be accessed to ensure current criteria are referenced. Currently, the definition of a confirmed case of COVID-19 is:

	• A person who tests positive to a validated specific SARS-CoV-2 nucleic acid test OR • has the virus isolated in cell culture with PCR confirmation using a validated method OR • undergoes a seroconversion to or has a significant rise in SARS-CoV-2 neutralising or IgG antibody level.
Contact Precautions	A set of practices used to prevent transmission of infectious agents that are spread by direct or indirect contact with the patient or the patient's environment which cannot be contained by standard precautions alone. Contact precautions include the use of gloves with an apron or fluid repellent gown (dependant on the degree of risk of contact with blood and body fluids).
Droplet Precautions	A set of practices used to prevent transmission of infectious agents that are spread by infectious agents transmitted by respiratory droplets i.e. large particle droplets > 5 microns. Transmission via large droplets requires close contact as the droplets do not remain suspended in the air and generally only travel short distances. Droplet precautions include the use of a surgical mask and eye protection.
Fit Check	A fit check is the minimum standard at the point of use for staff using P2 or N95 respirators. No clinical activity shall be undertaken until a satisfactory fit check has been achieved. It involves a check each time a mask is put on to ensure the respirator is properly applied, that a good seal is achieved over the bridge of the nose and mouth and there are no gaps between the face and respirator.
Quantitative Fit Test	A quantitative fit test is a validated method to determine whether the type of respirator being worn provides an adequate seal with a person's face. The testing is done while a person is wearing a respirator attached to a testing unit and carrying out a number of physical movements.
Particulate Filter Respirators (PFRs)	PFRs used in WA are the P2 or N95 respirators that filter at least 94 percent of 0.3 micron particles from the air. Both PFRs are appropriate for use with airborne precautions.
Powered Air Purifying Respirators (PAPR)	Powered air-purifying respirators (PAPRs) are an alternative to PFRs for the care of patients requiring airborne precautions and should only be used by those trained and who are deemed competent in their use.
Probable case of COVID-19	CDNA case definitions need to be accessed to ensure current criteria are referenced. Currently, the definition of a probable case of COVID-19 is: • A person who has detection of SARS-CoV-2 neutralising or IgG antibody AND has had a compatible clinical illness AND one or more of

	the epidemiological criteria (see suspected case definition).
Prolonged episodes of care	Direct face to face contact with duration 15 minutes or more with an individual in a healthcare facility where physical distance cannot be maintained.
Standard Precautions	Standard precautions are the work practices required to achieve a basic level of infection prevention and control. The use of standard precautions aims to minimise, and where possible, eliminate the risk of transmission of infection.
Suspected case of COVID-19	CDNA case definitions need to be accessed to ensure current criteria are referenced. Currently, the definition of a suspected case of COVID-19 requires the presence of clinical **AND** epidemiological criteria: • Clinical criteria: fever 37.5 ºC or greater or history of fever OR acute respiratory infection OR loss of smell or loss of taste. • Epidemiological criteria: in the 14 days prior to illness onset: ▪ Close contact with a confirmed or probable case; ▪ International travel or travel on a cruise ship; ▪ Healthcare, aged or residential care worker and staff with direct patient contact; ▪ People who have lived or travelled through a geographically localised area with elevated community transmission In WA, asymptomatic individuals in quarantine as directed by WA Health or by WA Police are to be managed in accordance with the suspected case definition.
Significant community transmission	When a significant number of new COVID-19 cases are occurring in the community. The number of cases required to meet this definition will vary depending on the context and will be defined by public health authorities.

8. Policy contact

Enquiries relating to this Policy may be directed to:

Title: COVID-19 CE, Health Operations

Directorate: State Health Incident Coordination Centre

Email: COVID19.HealthOperations@health.wa.gov.au

9. Document control

Version	Published date	Effective from	Review date	Effective to	Amendment (s)
MP0133/20	9 April 2020	9 April 2020	May 2020	24 April 2020	Original version
MP0133/20 v.2.0	24 April 2020	24 April 2020	May 2020	14 May 2020	Amendment details summarised at Appendix 2
MP0133/20 v.3.0	14 May 2020	14 May 2020	June 2020	05 June 2020	
MP0133/20 v.3.1	05 June 2020	05 June 2020	June 2020	08 July 2020	
MP0133/20 v.4.0	08 July 2020	08 July 2020	January 2021	24 August	
MP0133/20 v.5.0	24 August 2020	24 August 2020	February 2021	21 December 2020	
MP0133/20 v 6.0	5 February 2021	5 February 2021	July 2021	Current	

10. Approval

Approval by	Nicole O'Keefe Assistant Director General Strategy and Governance Division, Department of Health
Approval date	9 April 2020

Appendix 1: Requirements for Personal Protective Equipment

General Requirements

In relation to section 3.1 the following requirements must be fulfilled.

Standard precautions: are required for all patients at all times and this shall include appropriate use of PPE following a risk assessment of the patient's provisional diagnosis and any proposed procedure.

PPE includes: disposable gloves, protective clothing (fluid repellent gowns or aprons), protective eyewear (safety goggles, face visors/shields) and masks (surgical mask or a P2 or N95 respirator).

Use of boots or shoe covers is not recommended unless gross contamination is anticipated or required as standard attire e.g. operating theatre or trauma room.

A head covering can be worn, as part of standard operating theatre attire or when performing a sterile/aseptic procedure or to secure hair. Disposable head coverings are preferable, however if fabric, they must be laundered daily.

Aerosol Generating Procedures

In relation to section 3.5 the following examples are illustrative of a range of AGPs:

Instrumentation or surgical procedures on the respiratory tract including:

- insertion or removal of endotracheal tube
- intentional or inadvertent disconnection/reconnection of closed ventilator circuit
- high frequency oscillatory ventilation (HFOV)
- open oropharyngeal or tracheal suctioning
- upper respiratory instrumentation or surgery
  - e.g. bronchoscopy, tracheotomy, ear nose throat surgery
- surgical or post mortem procedures on respiratory tract involving high-speed devices
- intercostal catheter insertion for relief of pneumothorax
- thoracic surgery that involves entering the lungs.

Other procedures that can generate respiratory aerosols

- manual or non-invasive ventilation (NIV);
  - bi-level positive airway pressure ventilation (BiPAP)
  - continuous positive airway pressure ventilation (CPAP)
- collection of induced sputum
- high flow nasal oxygen (HFNO)
- diagnostic instrumentation of the upper digestive tract, including transoesophageal echocardiography
- cardiopulmonary resuscitation (CPR).

Clinical Scenarios for PPE Use

In relation to section 3.4, 3.5 and 3.6, the following requirements must be fulfilled.

1: The patient who does not meet the definition of confirmed, suspected or probable COVID-19 in the setting of no or limited community transmission

Given the low incidence of COVID-19 in WA, standard precautions are sufficient for patients who do not meet the definition of confirmed, probable or suspected COVID-19. Transmission-based precautions are required for patients with or suspected to have transmissible infections other than COVID-19.

As part of standard precautions, PPE should be considered if staff members are likely to be exposed to potentially infectious materials including blood and other bodily fluids e.g. wearing a surgical mask, eye wear and gloves when undertaking a procedure where exposure to respiratory secretions is expected to occur.

A P2 or N95 respirator is not necessary when performing AGPs on patients who do not meet the definition of confirmed, probable or suspected cases of COVID-19.

Aprons or fluid repellent gowns are only required in situations where there is risk of exposure to blood, body substances, and other potentially infectious material. In other situations, an apron or gown is not required.

2. The patient who meets the definition of confirmed, suspected or probable COVID19 in the setting of no or limited community transmission

Evidence suggests that SARS-CoV-2 is predominately spread by respiratory droplets and fomites. As such, standard, contact and droplet precautions are required as a minimum standard. This includes:

- gloves
- surgical mask
- protective eyewear
- protective clothing i.e. fluid repellent gown

For those patients undergoing AGPs or have severe disease such as those admitted to ICU, or are requiring prolonged episodes of care or who by nature of their condition, mental state or age exhibit challenging behaviours AND physical distance cannot be maintained, standard, contact and airborne precautions are required. This includes:

- gloves
- a P2 or N95 respirator that has undergone a fit check
- protective eyewear
- protective clothing i.e. fluid repellent gown

The need for nebulisers in confirmed, probable or suspected COVID-19 patients must be considered and alternative medication administration devices (e.g. spacers) used where possible.

Boots, shoe covers, and head coverings are not routinely required for confirmed, probable or suspected COVID-19 patients.

Probable or suspected COVID-19 patients who have returned a negative PCR test result or no longer meet the case definition can be managed as per standard precautions unless they are on transmission-based precautions for other reasons. The same applies to confirmed cases that

have been cleared of COVID-19 by a Public Health Physician, Infectious Diseases Physician or Clinical Microbiologist.

3. The patient in the setting of significant community transmission

It the setting of significant community transmission of SARS-CoV-2, recommended PPE guidelines will be modified. It is expected that this will include routine use of surgical masks and protective eyewear in healthcare environments when physical distancing cannot be maintained.

In this event, these changes will be communicated to all staff members.

Powered air-purifying respirators (PAPR)

PAPRs are an alternative to P2 or N95 respirators for the care of selected patients requiring airborne precautions.

They do not provide greater protection than a correctly worn P2 or N95 respirator that has undergone a fit check. They may be considered for use from a comfort perspective when a staff member is required to remain in a confirmed COVID-19 patient's room for extended time periods.

In relation to section 3.6 and 3.9, the following additional requirement must be fulfilled:

- PAPRs must be TGA-approved and approved for use by the Health Service Provider
- Health Service Providers using PAPR must have a training program in place
- PAPRs must only be used by staff members trained in their use, including donning and doffing
- PAPRs must be reprocessed after each use in accordance with the manufacturer's instructions and/or local guidelines.

Patient PPE Use

Patients attending clinical settings who meet the confirmed, probable or suspected COVID-19 case definitions OR have any acute respiratory symptoms OR fever where no other source is identifiable, shall be given a surgical mask and instructed how to don this appropriately. Masks must remain in place whilst outside the patient room.

If transfer of a patient with confirmed, probable or suspected COVID-19 is required, they shall wear a surgical mask during transfer if tolerated, instructed to follow cough etiquette and respiratory hygiene. If this is not possible, staff transferring the patient should wear appropriate PPE as per 3.5.

Table 1 Recommended PPE

Standard and transmission-based precautions shall be used for all patients with or suspected to have infections other than COVID-19.

Patient Scenario	Criteria	Hand hygiene	P2 orN95 mask	Surgical mask	Eye protection, face visor/ shield, safety goggles	Gloves	Fluid repellent gown
Patient who does not meet the definition of confirmed, suspected or probable COVID-19 (low or no community transmission)		✓	**As per standard precautions**	**As per standard precautions**	**As per standard precautions**	**As per standard precautions**	**As per standard precautions***
Patient who is confirmed, probable or suspected COVID-19 patient ** (low or no community transmission)	All patients (excluding patient groups below)	**As per standard precautions**	✘	✓	✓	✓	✓
Patient who is confirmed, probable or suspected COVID-19 patient (low or no community transmission)**	• Are undergoing AGPS • Have severe disease e.g. those admitted to intensive care units • Require prolonged episodes of care and adequate physical distancing cannot be maintained. • Who by nature of their condition, mental state or age exhibit challenging behaviours e.g. aggression, screaming, shouting, and adequate physical distancing cannot be maintained.	**As per standard precautions**	✓	✘	✓	✓	✓

* Aprons or long-sleeve fluid repellent gown should be used in situations when there is a risk of exposure to blood, body substances, and other potentially infectious material. Long-sleeve fluid repellent gowns must be used with confirmed, probable or suspected COVID-19 patients

**Asymptomatic individuals in quarantine, as directed by WA Health or WA Police are to be managed as per confirmed, probable or suspected COVID-19 patients

Appendix 2: Document Control

Version	Published date	Effective from	Review date	Effective to	Amendment (s)
MP0133/20	9 April 2020	9 April 2020	May 2020	24 April 2020	Original version
MP0133/20 v.2.0	24 April 2020	24 April 2020	May 2020	14 May 2020	Major Amendment details summarised below

The following additions and clarifications have been made:

1) Standard and contact precautions are required when managing all at risk patients
2) Standard contact and airborne precautions must be used when:
   - managing all critically unwell patients with confirmed or suspected COVID-19
   - undertaken any aerosol generating procedures in patients with confirmed or suspected COVID-19
3) Standard contact and airborne precautions should be used, in asymptomatic patients in the setting of limited community transmission, in patients undergoing specific airway or upper digestive tract (aerodigestive) procedures with prolonged risk of aerosol generation. Standard contact and droplet precautions should be used in remaining patients without confirmed COVID-19 infection or symptoms suggestive of COVID-19 undergoing other aerosol generating procedures
4) Routine pre-operative testing is not routinely recommended, particularly if emergency procedures are required, and does not replace the need to pre-operative screening for symptoms or recent exposures. Testing of asymptomatic patients prior to surgery is only approved for limited number of patients undergoing specific aerodigestive procedures where prolonged aerosol exposure is expected
5) The use of droplet precautions for all clinical encounters is not recommended in the setting of very limited community transmission. Examples of specific encounters involving very close face to face contact for prolonged periods are included. Additional PPE should be considered for those in these specific situations
6) Amendment to section 3.5 Role of COVID-19 testing to include:
   As at the date of this revision of the Policy, the Chief Health Officer has given approval in writing pursuant to the Directions to the following approved persons:
   a) medical practitioners to request a test in respect of patients about to undergo any surgical procedure involving:
      i. the upper and lower airway, oral cavity or upper digestive tract where aerosolisation of tissue is expected (by written approval dated 24 April 2020);
      ii. Category 1 cancers involving mucosal surfaces of the upper airway or aerodigestive tract (by written approval dated 24 April 2020)
   b) to conduct a test outside of the requirements of the Directions:
      i. none outside the requirements of the Directions.

The following deletions have been made:

1) The list of procedures associated with prolonged exposures to aerosols has been removed in favour of a description of the types of procedure where there remains a risk
2) The description of potential SWAT teams has been removed as this will be informed by local resources

3) Donning and Doffing instructions have been replaced by a new Related document.

MP0133/20 v.3.0	14 May 2020	14 May 2020	June 2020	05 June 2020	Major Amendment details summarised below

The following additions, clarifications and deletions have been made in alignment with Australian Health Protection Principle Committee as per the Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units recommendations:

1) Standard contact and airborne precautions should only be used in confirmed, probable or suspected cases of COVID-19 who are undergoing AGPs
2) The previous use of airborne precautions for all prolonged AGPs has been removed
3) Further clarity has been provided in the Decision Tree with regard to patients not meeting case definitions (previously referred to as UNKNOWN COVID-19 patient)
4) The list of AGPs has been modified
5) The previous recommendation for mask use for specific outpatient settings has been removed.

The following changes have also been made:

6) The role of COVID-19 Testing has been removed from section 3.0 Policy Requirements
7) Definitions populated at section 7.0
8) Inclusion of a new Related document *Appendix 1: Requirements for Personal Protective Equipment*. Appendix 1 includes Clinical Scenarios for PPE Use, Use of PPE in specific situations and Table 1: Recommended PPE in accordance with the Decision Tree
9) Inclusion of new Supporting information *Donning and Doffing Personal Protective Equipment PPE Video*.

MP0133/20 v.3.1	05 June 2020	05 June 2020	June 2020	08 July 2020	Minor Amendment details summarised below

Minor Amendment to correct the hyperlink to Supporting information document *Coronavirus Disease - 2019 (COVID-19) Infection Prevention and Control in Western Australian Healthcare Facilities*.

MP0133/20 v.4.0	08 July 2020	08 July 2020	January 2021	24 August 2020	Major Amendment details summarised below

The following additions and clarifications have been made:

- Inclusion of 'no or limited community transmission'

Section 3 in policy requirements:

- Paragraph included advising PPE for consideration if staff are likely to be exposed to potentially infectious materials
- Use of 'scenario' to replace 'categories'
- Simplification of Decision Tree

Section 7 in definitions:

- Definition of 'Airborne precautions' includes accommodation of patient in a negative pressure isolation room where possible
- Amended 'COVID-19 Case Definition' to 'Confirmed, probable or suspected case of COVID-19' and addition of consideration of asymptomatic individuals in self-quarantine in WA
- Addition of definitions for 'Fit Checked' and 'Powered Air Purifying Respirators (PAPR)'
- Addition of 'fit-checked' in relation to a P2 or N95 respirator

Appendix 1 in requirements for personal protective equipment:

- Clarification of PPE requirements for confirmed patients that have been cleared of COVID-19 by a Public Health Physician, Infectious Diseases Physician or Clinical Microbiologist
- Clarification that PAPRs do not provide greater protection than a correctly fit-checked P2 or N95 respirator for patients requiring airborne precautions
- Addition of 'and other sites' in section 'Use in Emergency Departments'
- Alignment of Table 1 to scenarios and definitions.

The following deletions have been made:

Section 1 in purpose:

- Dot point 'patients received appropriate care' removed
- Statement 'Additional PPE requirements will be considered and communicated if sustained or widespread community transmission is detected' removed

Appendix 1 in requirements for personal protective equipment:

- Scenario 'The symptomatic patient or asymptomatic patient patients in mandatory self-isolation' has been removed as this point is adequately addressed by Scenario 2
- Guidance maintenance of distance when performing AGPs on non-COVID-19 patients in the ICU removed as not always practicable
- Guidance to use aprons or long-sleeve gown where there is a risk of exposure to blood, body substances, and other potentially infectious materials removed as is appropriately addressed in recommended transmission-based precautions
- Removal of widespread community transmission from Table 1.

MP0133/20 v.5.0	24 August 2020	24 August 2020	February 2021	Current	Major Amendment details summarised below

The following additions, clarifications and deletions have been made:

- Pre-purpose statement has been removed

Section 1 Purpose:

- It now states that use of PPE is only effective when used in conjunction with other prevention strategies as outlined in the *National Institute for Occupational Safety and Health (NIOSH) Hierarchy of Controls* (included also as new Supporting information document at section 6)

Section 3 Policy requirements:

- The scenarios previously included in Section 3.7 and the Decision tree have been removed

- Three additional scenarios have been listed at section 3.5 where airborne precautions are required for patients who are confirmed, probable or suspected cases of COVID-19 if they:
    - have severe disease such as those admitted to intensive care units
    - require frequent and/or prolonged episodes of care and adequate physical distancing cannot be maintained during clinical encounters
    - by nature of their condition, mental state or age exhibit challenging behaviours e.g. aggression, screaming and shouting and adequate physical distancing during clinical encounters cannot be maintained
- Requirements 3.3 and 3.4 consolidated into 3.5 and requirements 3.8 and 3.9 removed

Section 7 Definitions:

- Given the importance of the CDNA case definitions, definitions for a suspected, probable and confirmed case of COVID-19 have now been included. Definitions for prolonged episode of care and significant community transmission have been included

Appendix 1 Requirements for Personal Protective Equipment:

- Under Clinical Scenarios for PPE Use and Table 1 Recommended PPE, reference to specific clinical scenarios previously included in section 3.7 have been replaced with additional requirements in support of section 3.4, 3.5 and 3.6. Additional statements include the predominant mode of COVID-19 spread and detail about the new indications for airborne precautions
- Requirements under Use in the Intensive Care Units (ICUs), Use in Emergency Departments and other sites, Use in Operating and Procedure Rooms including Endoscopy Suites and Management of aggressive patients (including mental health setting) have been removed as these are now included in the broader policy requirements.

MP0133/20 v.6.0	5 February 2021	5 February 2021	July 2021	Current	Minor Amendment details summarised below

The following additions have been made to the Policy to incorporate the introduction of quantitative fit-test of respirators used by high risk staff at WA public hospitals.

Section 3 Policy Requirements:

3.9 Health Service Providers are responsible for ensuring a quantitative fit-test is performed on all staff identified as high risk for exposure to pathogens transmitted by the airborne route or where there may be an increased risk of disease transmission when aerosol generating procedures are performed.

3.10 Health Service Providers are required to keep a register of all staff tested including date, time, respirator brand, style, size and the result for each respirator tested.

3.11 Health Service Providers are responsible for ensuring an action plan is initiated i.e. alternative airborne protection via a PAPR or re-deployment if the fit testing process is unsuccessful in identifying a a suitable respirator from available supplies.

Section 7 Definitions

Definition of a quantitative fit test has been added.

This document can be made available in alternative formats on request for a person with a disability.