



Personal Protective Equipment in Healthcare Facilities Policy

1. Purpose

The *Personal Protective Equipment in the Healthcare Facilities Policy* sets out the requirements for a respiratory protection program and the appropriate use of personal protective equipment (PPE). The use of PPE is only effective when used in conjunction with other infection prevention strategies as described in this policy. This will assist in the prevention of patient to patient or patient to staff transmission of acute respiratory illnesses (ARI), including the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2/COVID-19) in Western Australian healthcare facilities (HCF). This policy focuses on protecting health care workers (HCWs) from transmissible respiratory pathogens and does not cover exposure to other workplace contaminants i.e., smoke, chemicals etc.

The advice contained in this policy, has been modified over time to adapt to the emergence of data on transmissibility and the advent of more highly transmissible variants of the SARS-CoV-2 virus and to allow for adoption of these requirements for other infections transmitted via the respiratory route.

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

This policy is consistent with the *Work Health and Safety Act 2020* and the following Standards:

- the Australian/New Zealand Standard: Selection use and maintenance of respiratory protective equipment (AS/NZS1715:2009)
- the Australian/New Zealand Standard: Single-use face masks for use in healthcare (AS/NZS 4381:2015)
- the Australian/New Zealand Standard: Respiratory protective devices (AS/NZS 1716:2012)
- the Australian/New Zealand Standard: Protective eyewear 1336:2014 and Prescription protective eyewear (AS/NZS 1337.6:2012)

2. Applicability

This policy is applicable to all Health Service Providers.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or Health Service Provider. The State of Western Australia or Health Service Provider contract manager is responsible for

ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

3. Policy Requirements

Health Service Providers must:

- 3.1. have local policies and procedures requiring staff to apply standard precautions to patients at all times. This includes compliance with the '5 Moments for hand hygiene' and a risk assessment to determine the need for transmission-based precautions, the level of PPE required, including when aerosol generating procedures are performed or patients that display aerosol generating behaviours.
- 3.2. ensure staff providing care to patients admitted to a HCF who are suspected or known to have an ARI are managed under transmission-based precautions (contact and/or droplet and/or airborne precautions), including the recommended PPE as per the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*.
- 3.3. implement a respiratory protection program that aligns with the Australian/New Zealand Standard 1715:2009 Selection use and maintenance of respiratory protective equipment. The program must include:
 - 3.3.1. staff training in the correct use of PPE, including identification of the correct PPE to be used, the correct donning and doffing sequences and a practical assessment component at least annually for those staff required to wear a respirator or alternative respiratory protection e.g., powered air purifying respirator (PAPR).
 - 3.3.2. a risk assessment framework for staff providing care in high and low risk areas within the HCF.
 - 3.3.3. the requirement for a quantitative fit test to be performed on all staff risk assessed as required to wear a particulate filter respirator (PFR), e.g., staff who are at risk of exposure to pathogens transmitted via the droplet or airborne route. The fit test is to be performed:
 - as soon as possible on commencement of employment or transition to a new role where a PFR may be required
 - based on the HCF risk assessment framework
 - at least once every two years
 - when a new brand / model of PFR is required to be used due to PFR recall or no longer being available
 - when there is a significant change in the wearer's facial characteristics e.g., facial surgery, substantial change in body weight, that may alter the facial seal of the PFR
 - when the wearer is unable to achieve a fit check with the recommended PFR.
 - 3.3.4. an exemption process for persons who are unable to remove facial hair due to a medical condition or religious observance and the subsequent fit test is performed using an approved beard cover technique.

- 3.3.5. maintain a register of all staff who have undergone a fit test including date, time, PFR brand, model, size and the result for each respirator tested.
- 3.4. advise all staff that they are required to know the PFR brand, model and size for which they have achieved an adequate fit test and ensure this is available in their area of work.
- 3.5. advise all staff regarding the requirement for monitoring, treating and reporting all PPE related skin damage.
- 3.6. develop an alternative management plan for any staff member, who is risk assessed as required to wear a PFR and is unable to achieve a satisfactory fit to any of the available PFRs. This may include use of alternative respirator e.g., PAPR, elastomeric respirator or re-deployment.
- 3.7. use PPE approved by the Therapeutic Goods Administration (TGA) and relevant Australian /New Zealand Standards.

4. Compliance Monitoring

The Communicable Disease Control Directorate, on behalf of the System Manager, will require Health Service Providers to produce an annual report on the number of staff fit tested each year, the number who achieve a satisfactory fit and the number who failed and required alternative management.

5. Related Documents

The following are mandatory pursuant to this policy:

- [Personal and Protective Equipment \(PPE\) poster](#)
- [Donning and Doffing Personal Protective Equipment PPE video](#)
- [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#)

6. Supporting Information

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

- [Respiratory Protection Guidelines for Western Australian Healthcare Facilities](#)
- [Coronavirus Disease - 2019 \(COVID-19\) Infection Prevention and Control in Western Australian Healthcare Facilities](#)
- [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#)
- [Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. – version 2. Sydney: ACSQHC; 2021.](#)

7. Definitions

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

Term	Definition
Aerosols	Consist of microscopic particles < 5 microns in size that are the residue of evaporated droplets and produced when a person coughs, sneezes, shouts, or sings. These particles can remain suspended in the air for prolonged periods of time and can be carried on normal air currents in a room or beyond, to adjacent spaces or areas.
Aerosol generating behaviours (AGBs)	Behaviours that are likely to generate higher volumes of respiratory secretions and thus increase the risk of transmission via aerosols e.g., shouting, spitting, screaming, women in active labour who exhibit heavy breathing and panting.
Aerosol generating procedures (AGPs)	Procedures that promote the generation of fine airborne particles (aerosols) that may result in the risk of airborne transmission of disease.
Airborne precautions	Practices used to prevent the transmission of pathogens spread by the airborne route via particles in the respirable size range that remain infective over time and distance. Airborne precautions require the use of a PFR, protective eyewear and other PPE as required as per standard precautions. The patient is accommodated in a Negative Pressure Isolation Room when possible.
Contact precautions	Infection prevention practices used to prevent the transmission of pathogens 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 resistant gown (dependant on the degree of risk of contact with blood and body fluids) and other PPE as required per standard precautions.
COVID-19 case	CDNA case definitions need to be accessed to ensure current criteria are referenced.
Droplet precautions	Practices used to prevent transmission of pathogens that are spread by respiratory droplets i.e., large particles > 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 protective eyewear and other PPE as required as per standard precautions.
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 PFR attached to a testing unit while performing a number of physical movements and talking exercises.

Health Service Provider	A Health Service Provider established by an order made under section 32(1)(b) of the <i>Health Services Act 2016</i> and may include North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, Western Australia Country Health Service, East Metropolitan Health Service, PathWest, Quadriplegic Centre and Health Support Services.
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)	A respirator that uses a power source to force ambient air through a high efficiency particulate air filter (HEPA) prior to inhalation. 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.
Respirator	Equipment that is designed to prevent the inhalation of hazardous/infectious material. In WA public hospitals the most common devices are PFRs, PAPRs and elastomeric respirators. The term is identical to respiratory protective equipment and respiratory protective device used in other jurisdictions.
Staff	Any person whose activities involve the provision of care either direct or indirect to patients or clients in a healthcare or laboratory setting and includes those who are employed, honorary, contracted, on student placement or volunteering at the facility. The term is generally applied to all persons working in a hospital or healthcare service.
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.
Transmission based precautions (TBPs)	Practices used in addition to standard precautions to prevent transmission of infection. TBPs include contact, droplet and airborne precautions and are used for patients known or suspected to be infected or colonised with epidemiologically important or highly transmissible pathogens. They are implemented based upon the mode of transmission of the pathogen.

8. Policy Contact

Enquiries relating to this policy may be directed to:

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9. Document Control

Version	Published date	Effective from	Review date	Amendment(s)
MP 0172/22	5 August 2022	5 August 2022	August 2025	Original version
MP 0172/22 v.1.0	04 August 2023	04 August 2023	August 2026	Policy amendments as listed below.
<ul style="list-style-type: none"> • Title of policy amended. • Inclusion of relevant legislation and Standards within the purpose section. • Policy requirement section 3.2 updated to replace COVID-19 specific documentation with acute respiratory illness and care of patients under transmission-based precautions in line with the Australian Guidelines for the Prevention and Control of Infection in Healthcare. • Policy requirement section 3.3.2 updated to include a risk assessment framework as part of the respiratory protection program. Policy requirement section 3.3.3 annual repeat fit test updated to the risk assessment but cannot exceed two years. • Removal of definitions no longer relevant to the policy. • Transfer of Coronavirus Disease - 2019 (COVID-19) Infection Prevention and Control in Western Australian Healthcare Facilities from related documents to supporting information. • Removal of 'WA Health COVID-19 Framework for System Alert and Response' from related documents. • Removal of Australian New Zealand Standards from supporting information and included in the purpose section. • Supporting Information document: 'Respiratory Protection Guidelines for Western Australian Healthcare Facilities' updated. • Removal of references from the supporting document section. 				

10. Approval

Approval by	Nicole O'Keefe, Assistant Director General, Strategy and Governance Division, Department of Health
Approval date	2 August 2022

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