



Identification and Use of Personal Protective Equipment in the Clinical Setting Policy

1. Purpose

The *Identification and Use of Personal Protective Equipment in the Clinical Setting Policy* sets out the requirements for a respiratory protection program and the appropriate use of personal protective equipment (PPE). This will assist in the prevention of patient to patient or patient to staff transmission of infectious respiratory diseases, including the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2/COVID-19) in Western Australian healthcare facilities.

The use of PPE is only effective when used in conjunction with other infection prevention strategies as described in the Policy Requirements at section 3.

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 supersedes MP 0133/20 *Identification and Use of Personal Protective Equipment in the Clinical Setting During the Coronavirus (COVID-19) Pandemic Policy*.

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 that require staff to apply standard precautions to all 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 for when aerosol generating procedures are performed.
- 3.2. ensure staff providing care to those patients admitted to a WA healthcare facility who are COVID-19 positive OR have symptoms of COVID-19 wear PPE as stipulated in the [WA Health COVID-19 Framework for System Alert and Response \(SAR\)](#) and as described in the [Coronavirus Disease - 2019 \(COVID-19\) Infection Prevention and Control in Western Australian Healthcare Facilities](#).
- 3.3. ensure staff providing care to patients admitted to a WA healthcare facility who are not diagnosed with COVID-19 infection but are known or suspected to be infected with other infectious agents spread via airborne transmission e.g. measles, tuberculosis, are cared for under contact and airborne precautions as per their local infection prevention and control policies.
- 3.4. ensure staff providing care to those patients admitted to a WA healthcare facility who are not diagnosed with COVID-19 infection but are known or suspected to be infected with other infectious agents spread via droplet transmission e.g. influenza, meningococcal infection, are to be managed under contact and droplet precautions as per local policies.
- 3.5. 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:
 - 3.5.1. 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.
 - 3.5.2. a quantitative fit test performed on all staff risk assessed as required to wear a particulate filter respirator (PFR) that requires a fit test, e.g. staff who are at risk of exposure to pathogens transmitted by the 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
 - at least annually
 - when a new brand / model of PFR is required to be used
 - when there is a significant change in the wearer's facial characteristics e.g. facial surgery, 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
 - 3.5.3. 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.

- 3.5.4. 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.
- 3.6. 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.
- 3.7. advise all staff regarding the requirement for monitoring, treating and reporting all PPE related skin damage.
- 3.8. 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 airborne protection e.g. powered air purifying respirator, elastomeric respirator or re-deployment.
- 3.9. use PPE approved by the Therapeutic Goods Administration (TGA) and relevant Australian / New Zealand Standards as described at section 6.

4. Compliance Monitoring

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

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 documents are mandatory pursuant to this Policy:

- [Coronavirus Disease - 2019 \(COVID-19\) Infection Prevention and Control in Western Australian Healthcare Facilities](#)
- [WA Health COVID-19 Framework for System Alert and Response \(SAR\)](#)
- [Personal and Protective Equipment \(PPE\) poster](#)
- [Donning and Doffing Personal Protective Equipment PPE video](#)

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](#)
- ICEG [Guidance on the use of personal protective equipment \(PPE\) for healthcare workers in the context of COVID-19](#)
- Department of Health [Minimising the risk of infectious respiratory disease transmission in the context of COVID-19 the hierarchy of controls](#)
- Standards Australia *Selection use and maintenance of respiratory protective equipment* (AS/NZS 1715:2009).
- Standards Australia *Single-use face masks for use in healthcare* (AS/NZS 4381:2015)
- Standards Australia *Respiratory protective devices* (AS/NZS 1716:2012)

- Standards Australia *Protective eyewear 1336:2014 and Prescription protective eyewear (AS/NZS 1337.6:2012)*
- [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(external site\)](#)

7. Definitions

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

Term	Definition
Aerosols	Are 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)	Are 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)	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	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 NPIR when possible.
Confirmed case 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 requires laboratory definitive evidence.
Contact precautions	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 positive	Applies to confirmed (PCR positive) and probable (RAT positive) cases as per CDNA case definitions and is not a recent case.
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 check	A fit check is the minimum requirement at the point of use for staff using PFRs. 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 PFR 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. Also known as a user seal check.
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 under section 32 of the <i>Health Services Act 2016</i> and may include North Metropolitan Health Service (NMHS), South Metropolitan Health Service (SMHS), Child and Adolescent Health Service (CAHS), WA Country Health Service (WACHS), East Metropolitan Health Service (EMHS), PathWest, Quadriplegic Centre and Health Support Services (HSS).
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)	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 COVID-19	CDNA case definitions need to be accessed to ensure current criteria are referenced. A probable case is a person has tested positive to SARS-CoV-2 by rapid antigen testing.
Respirator	Equipment that is designed to prevent the inhalation of contaminated air. In WA public hospitals the most common devices are particulate filter respirators, powered air purifying respirators and elastomeric respirators. The term is identical to respiratory protective equipment and respiratory protective device used in other jurisdictions.
Staff	For the purposes of this policy, staff means – (a) persons employed in a health service provider by an employing authority pursuant to the <i>Health Services Act 2016</i> and includes: (i) the chief executive of the health service provider; (ii) a health executive employed in the health service provider; (iii) a person employed in the health service provider under section 140 of the <i>Health Services Act 2016</i> ; (iv) a person seconded to the health service provider under section 136 or 142 of the <i>Health Services Act 2016</i> ; (b) persons engaged under a contract for services by a health service provider pursuant to the <i>Health Services Act 2016</i> .
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:

Title: Infection Prevention Policy and Surveillance Unit

Directorate: Communicable Disease Control Directorate

Email: CDCD.Director@health.wa.gov.au

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

10. Approval

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

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

© Department of Health 2022

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.