



Respiratory Personal Protective Equipment Policy

1. Purpose

The *Respiratory Personal Protective Equipment Policy* (this policy) establishes the requirements for a respiratory protection program and the appropriate use of personal protective equipment (PPE) for staff in Western Australian (WA) healthcare facilities.

The purpose of this policy is to protect staff members from transmissible respiratory pathogens and does not cover exposure to other workplace contaminants such as smoke and chemicals. The use of PPE is only effective when used in conjunction with other infection prevention strategies described in this policy that assist in preventing the transmission of acute respiratory illness (ARI) between patients and staff.

This policy is consistent with the *Work Health and Safety Act 2020* and the following [Standards Australia](#) documents:

- AS/NZS 1715:2009 Selection use and maintenance of respiratory protective equipment
- AS/NZS 4381:2015 Single-use face masks for use in health care
- AS/NZS 1716:2012 Respiratory protective devices
- AS/NZS 1336:2014 Eye and face protection - Guidelines
- AS/NZS 1337.6:2012 Personal eye protection - Part 6: Prescription eye protectors against low and medium impact.

This policy is to be read in conjunction with [MP 0134/20 National Safety and Quality Standards Accreditation Policy](#) and supports recommendations within the following documents:

- Australian Commission on Safety and Quality in Health Care [National Safety and Quality Health Service \(NSQHS\) Standards](#)
- National Health and Medical Research Council (NHMRC) [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#) (2019).

Inclusion of students in this policy is in accordance with [MP 0026/16 Student Clinical Placement Agreement Policy](#) which outlines the minimum requirements for Health Service Providers to facilitate clinical placements.

This policy is a mandatory requirement for Health Service Providers 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.

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 ensure:

- 3.1 The requirements of the NSQHS *Preventing and Controlling Infections Standard* are met, including local policies and procedures requiring staff to apply standard precautions to all patients at all times and perform a risk assessment to determine the need for transmission-based precautions.
- 3.2 Staff providing care to patients admitted to a healthcare facility who are suspected or known to have an ARI are managed under transmission-based precautions.
- 3.3 A respiratory protection program is implemented that aligns with AS/NZS 1715:2009: *Selection, use and maintenance of respiratory protective equipment* and must include:
 - 3.3.1 a local risk assessment is undertaken to identify staff members who will require the use of respiratory protection i.e. particulate filter respirator (PFR) when providing care to patients under droplet or airborne precautions including when an aerosol generating procedure is performed or when a patient exhibits an aerosol generating behaviour.
 - 3.3.2 staff member training in the correct use of PPE, including identification of the correct PPE to be used, the correct donning and doffing sequence and a practical assessment to be undertaken as soon as practicable following commencement of their employment to the health service.
 - 3.3.3 a quantitative fit test performed on all staff members who are required to wear a PFR.
 - 3.3.4 the quantitative fit test is to be performed:
 - as soon as possible on commencement of employment or transition to a role where a PFR is required
 - at least once every two years and include assessment of correct PFR application and fit check procedure
 - when a new brand / model of PFR is required to be used due to PFR recall or existing PFR is no longer available
 - when there is a significant change in the wearer's facial characteristics that alters the facial seal of the PFR e.g. facial surgery or substantial change in body weight
 - when the wearer is unable to achieve a fit check with the recommended PFR.

3.3.5 maintenance of a register of all staff members who have undergone a fit test that includes the date, time, PFR brand, model, size and the result for each respirator tested.

3.3.6 a process for staff members who are unable to remove facial hair due to a medical condition or religious observance and a fit test is performed using an approved beard cover technique.

3.4 All staff members are advised they are required to know the PFR brand, model and size for which they have achieved a fit test and ensure this is available in their area of work.

3.5 All staff members are advised of the requirement for monitoring, treating and reporting of all respiratory PPE related skin damage.

3.6 An alternative management plan (including a different fit test assessor) for any staff member, who is risk assessed as required to wear a PFR and is unable to achieve a satisfactory fit test to any of the available PFRs. This may include use of an alternative respirator e.g. PAPR, elastomeric respirator or re-deployment.

3.7 Identify core staff members who will undergo annual training including the application of infection prevention and control principles and assessment in the use (identification, donning and doffing sequences) of enhanced PPE to support the education and training of other staff at a point in time when enhanced PPE may be required to manage patients with a high consequence infectious disease (HCID).

3.8 All staff receive education and training in the use of enhanced PPE prior to caring for patients who have a HCID.

3.9 A register of enhanced PPE staff trainers is required to be maintained.

3.10 All PPE used is approved for use by the Therapeutic Goods Administration and relevant Australian / New Zealand Standards.

4. Compliance Monitoring

The Infection Prevention Policy and Surveillance Unit, on behalf of the System Manager, will monitor compliance with this policy by requiring Health Service Providers to produce an annual report at the end of each financial year, which includes a copy of their respiratory protection program (RPP) and evidence on the number of staff members:

- fit tested each year on commencement of employment
- fit tested second yearly
- who failed a fit test and required alternative management
- identified as Staff trainers for enhanced PPE.

The System Manager may also request additional information to ensure alignment with policy requirements such as PFR brands most frequently failing or staff developing respiratory PPE related skin damage.

5. Related Documents

The following are mandatory pursuant to this policy:

- [Standards Australia](#) AS/NZS 1715:2009: Selection use and maintenance of respiratory protective equipment.

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](#)
- [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](#)

7. Definitions

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

Term	Definition
Aerosol generating behaviour (AGB)	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 procedure (AGP)	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.
Enhanced personal protective equipment (PPE)	Enhanced PPE is used for high-consequence infectious diseases and includes specialised equipment designed to protect staff from highly contagious pathogens. This PPE includes the addition of powered air-purifying respirators, double gloves, wimple (hood), boot covers and fluid resistant gowns. It provides comprehensive barrier protection for Staff to mucosal surfaces, skin and clothing.
Fit check	A fit check is the minimum standard at the point of use for staff using a particulate filter respirator. No clinical activity must be undertaken until a satisfactory fit check has been achieved. It involves a fit check each time a particulate filter respirator is put on to ensure the particulate filter 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. 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 several physical movements and talking exercises.

High consequence infectious diseases (HCIDs)	Infectious diseases that are not established in the Western Australian population and whereby there is a potential for human-to-human or animal-to-human spread and the disease has a potential to impact healthcare systems and public health. Examples include viral haemorrhagic fevers, Middle East respiratory syndrome.
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.
Respiratory protection program (RPP)	A program to protect staff members against acquiring respiratory illnesses by minimising the risk of exposure to respiratory pathogens. This risk mitigation includes education and training in the correct application of a respirator.
Staff member	For the purposes of this policy, Staff member means any person employed: (a) 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> . (v) a person engaged under a contract for services by a Health Service Provider pursuant to the <i>Health Services Act 2016</i> .
System Manager	The term used for the Department Chief Executive Officer to reflect his role as being responsible for the overall management of the WA health system (see section 19 <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.
WA health system	<p>The WA health system is comprised of:</p> <ul style="list-style-type: none"> (i) the Department; (ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre and Health Support Services); and (iii) contracted health entities, to the extent they provide health services to the State.

8. Policy Contact

Enquiries relating to this policy may be directed to:

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9. Document Control

Version	Published date	Review date	Amendment(s)
MP 0172/22	5 August 2022	August 2025	Original version
MP 0172/22 v.1.0	04 August 2023	August 2026	Policy amendments as listed below.
<ul style="list-style-type: none"> • Title of policy amended. • Inclusion of relevant legislation 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 <u>Coronavirus Disease - 2019 (COVID-19) Infection Prevention and Control in Western Australian Healthcare Facilities</u> 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 Australian Guidelines for the Prevention and Control of Infection in Healthcare. • Removal of PPE poster and donning and doffing video from related documents to supporting information. • Removal of references including NSQHS from the supporting document section. 			
MP 0172/22 v.2.0	16 April 2025	April 2028	Policy review and amendments as listed below.

- Title of policy updated with the removal of 'in Healthcare Facilities'
- Purpose section updated to clarify intention to protect staff from respiratory pathogens, along with interactions with existing policies and standards. Removal of reference to SARS-CoV-2/COVID-19.
- Policy requirements section updated to require a PPE practical assessment on induction for those staff assessed as requiring a respirator.
- Addition of staff trainers for enhanced PPE.
- Compliance monitoring section amended to align with Policy Frameworks mandatory policy governance requirements.
- Definitions updated to include fit test, System Manager, WA health system, high consequence infectious disease, enhanced PPE and removal of definitions for aerosols, contact precautions, COVID-19 case.
- Changed the use of 'healthcare worker' to 'staff member' throughout the policy.

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

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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