

Personal Protective Equipment (PPE) Selection Policy Guideline

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Personal Protective Equipment (PPE) Policy Guideline

1. Policy Statement

The Department for Health and Wellbeing (DHW), as a Responsible Agency for the Crown, must take reasonably practicable steps to ensure that Local Health Networks (LHN)/SA Ambulance Service (SAAS)/Health Services (HS) have mechanisms and processes in place to ensure the safety of all persons in the workplace and that reasonable steps are taken to provide workers with safe working conditions including appropriate personal protective equipment (PPE).

SA Health workplaces will use the risk management process to establish effective mechanisms related to the identification, selection and use of PPE to control hazards and risks.

This policy guideline provides guidance on the selection and use of PPE during work related activities and compliance with PPE where the risk of exposure to physical, chemical and biological hazards including infectious diseases cannot be mitigated by other risk control measures.

2. Roles and Responsibilities

This policy guideline applies to all SA Health entities and workers, including employees, volunteers, contractors, labour hire workers, agency workers, students, carers and other persons providing a service on behalf of SA Health.

Exclusions – for reference to:

- Falls Protection Equipment refer to [SA Health Policy Guideline – Working from Heights Safety \(WHS\)](#).
- Radiation Protection – refer to [SA Medical Imaging - Ionising Radiation Management Plan](#).

The following roles and responsibilities are specific to this policy guideline and should be read in conjunction with the roles and responsibilities found within [SA Health Policy Directive – Roles, Responsibilities and Governance \(WHS\)](#):

2.1. Chief Executive, DHW

Will take reasonable practicable steps to:

- Develop and issue system-wide policies applying to Local Health Networks, SA Ambulance Service and the Department for Health and Wellbeing.

2.2. LHN Governing Boards

Will take reasonable practicable steps to:

- Exercise due diligence to ensure compliance with the intent of this policy guideline.
- Ensure effective clinical and corporate governance frameworks (where relevant) are in place to ensure the LHNs are compliant with this policy guideline.

2.3. Deputy Chief Executives (DHW), Chief Executive Officers (LHN/SAAS/HS)

Will take reasonable practicable steps to:

- Exercise due diligence to ensure compliance with the intent of this policy guideline.
- Provide financial and physical resources needed for the implementation and support of this policy guideline.
- Establish awareness and accountability for the implementation of this policy guideline.

2.4. Executive Directors/Directors/Chief Operating Officers

Will take reasonable practicable steps to:

- Exercise due diligence to ensure compliance with the intent of this policy guideline.
- Demonstrate an understanding of and a commitment to the systematic risk management process for the identification, selection and use of PPE.
- Ensure a respiratory protection program is implemented and maintained that includes the appointment of a program administrator in accordance with the requirements of AS/NZS 1715: 2009.
- Ensure a competency based program is established to ensure competency in fit-testing.
- Ensure the appropriate use of resources and processes to identify the requirements for PPE.
- Ensure local procedures or instructions are developed and implemented for the requirements and use of PPE in the workplace.
- Ensure that workplace managers (or equivalents) have the knowledge, skills and ability to determine the training needs of workers to ensure that the correct PPE is selected and used.

2.5. Managers

Will take reasonable care to:

- Ensure a safe work environment for all workers.
- Ensure workers are supplied and provided with appropriate PPE.
- Ensure workers are aware of safe work procedures and instructions for use of PPE developed for identified areas of risk and monitor compliance.
- Investigate all incidents of PPE failure and breaches on the Safety Learning System (SLS) and take action as appropriate.
- Provide workers with adequate direction, support and training regarding the use of PPE.
- Maintain records of PPE training undertaken by workers.
- Ensure that mechanisms are in place to identify PPE requirements and ensure workers are consulted on its selection and use.
- Monitor the effectiveness of PPE and its use to ensure appropriate levels of protection are provided and maintained.
- Ensure workers are fit-tested to P2/N95 respirators where required, and assist with fit-testing coordination as necessary.
- Where powered air purifying respirators (PAPR) is required and used by workers ensure appropriate training, fit-testing (where indicated for particular PAPR) and equipment is cleaned, reprocessed and maintained in accordance with manufacturers' requirements.
- Retain procurement documentation for the purchase of PPE relevant to your workplace.

2.6. Workers

Will take reasonable care to:

- Ensure their own health, safety and wellbeing in the workplace.
- Assist line managers with the risk assessment and identification of appropriate PPE where required.
- Attend PPE training including donning and doffing.
- Comply with any reasonable instruction, training and safe work procedure when required to use PPE within the workplace.
- Use PPE in accordance with policies, procedures and guidelines.
- Do not intentionally misuse or damage PPE.
- Maintain and clean (where required) PPE in accordance with manufacturers instruction and local procedures.
- Report all incidents of PPE failure and breaches on the Safety Learning System (SLS).
- Notify line managers if PPE is found to be unsuitable for use e.g. does not fit correctly or you have an adverse reaction using it.

2.7. LHN/SAAS/DHW Work Health Safety & Injury Management (WHSIM) Team (including Clinical Worker Health/Staff Health Nurses)

Will take reasonable care to:

- Provide specialist advice and guidance with respect to the implementation of this policy guideline.
- Assist in the delivery of information, direction and support to workers in fulfilling their responsibilities outlined within this policy guideline.
- Provide advice in relation to the purchase of PPE including P2/N95 respirators, gloves and gowns as necessary.
- Liaise with Infection Prevention and Control Practitioners in the appropriate PPE to be used in the prevention of transmission of infectious diseases.
- Assist in the delivery of PPE training as required e.g. donning and doffing.
- Undertake fit-testing of workers to ensure the correct fit and wear of P2/N95 respirators, where undertaken by Clinical Worker Health/Staff Health.
- Assist in the investigation and appropriate corrective action for incidents related to PPE.

2.8. Respiratory Protection Program Administrators (LHN/SAAS)

Will take reasonable care to:

- Ensure appropriate procedures are developed, instruction and training is established in relation to respiratory protection equipment including its use, maintenance, cleaning/disinfection and storage where required.
- Ensure the respiratory protection program equipment is used in accordance with the manufacturer's instructions.
- Ensure competency of fit testers by developing and implementing a competency based training and assessment program.

2.9. Infection Control Teams (LHN/DHW)

Will take reasonable care to:

- Provide specialist advice and guidance with respect to the implementation of this policy guideline.
- Provide advice in relation to the purchase of PPE including P2/N95 respirators, powered air purifying respirators (PAPR), gloves, eye protection and gowns as necessary.
- Ensure local procedures and instructions are developed for the prevention of transmission of infectious diseases in the workplace.
- Assist in the investigation and appropriate corrective action for incidents related to PPE.
- Facilitate and assist in the delivery of PPE training as required e.g. donning and doffing.

2.10. Procurement & Supply Chain Management (DHW)

Will take reasonable care to:

- Provide advice and support to ensure WHS is incorporated into the procurement of PPE.
- Ensure conformance of PPE to Australian or equivalent standards.
- Provide advice and information on PPE availability and supply when required.
- Ensure PPE supply is sourced and maintained.

3. Policy Requirements

Personal Protective Equipment (PPE) is any clothing or equipment a worker uses to minimise health and safety risks in the workplace that cannot be controlled or eliminated by other risk control measures, as per the hierarchy of controls. PPE provides protection or shielding between the hazard and the worker when exposed to:

- Hazardous chemicals/dangerous goods.
- Infectious agents including infectious diseases and blood & bodily fluids (BBF).
- Dust, fumes or particles (e.g. viral particulates).
- Radiation (ionizing and non –ionizing) ultraviolet or solar radiation.
- Hazardous noise.
- Flying objects (e.g. when using machinery with moving parts).
- Environmental factors (e.g. extreme temperatures).

While PPE works best when you use it to supplement higher-level control measures, PPE is one of the least effective methods for controlling risk to health and safety and must not be relied on alone to satisfy hazard requirements. When selecting and implementing a combination of control measures it's important that you consider whether any new risks might be introduced as a result.

PPE must be used where there are no other practical risk control measures available and when identified through risk assessment.

3.1. The use of PPE in the Prevention of Transmission of Infection

The use of PPE must be routine practice for all workers when there is a risk of exposure to blood (including dried blood), all other body substances, secretions and excretions (excluding sweat), regardless of whether they contain visible blood i.e. standard precautions.

In accordance with the *Work Health and Safety Regulations 2012* (SA) it is the responsibility of each worker to be familiar with and comply with protective measures at all times when there is an identified risk of exposure to infectious agents.

PPE refers to a variety of barriers, used alone or in combination, to reduce the risk of acquiring and transmitting potentially infectious microorganisms.

Selection of PPE should be based on the risk of transmission of potentially infectious microorganisms to the worker from:

- Exposure to blood and body substances during activity (standard precautions).
- Contamination from infectious microorganisms via the contact, droplet or airborne route (transmission-based precautions).

When a disease agent/status is unknown, a symptom-based approach is used to reduce the risk of transmission to the worker and to other patients. For example, if a patient presents with vomiting or diarrhoea or respiratory symptoms (e.g. coughing, sneezing and fever) then the appropriate precautions should be implemented immediately, rather than waiting for a definitive diagnosis.

PPE items used as part of standard and transmission based precautions include: aprons, gowns, gloves, masks, respirators, face and eye protection.

Further information regarding the use of standard and transmission based precautions can be found on the SA Health website: www.sahealth.sa.gov.au/infection_prevention.

For specific PPE items required for transmission-based precautions refer to the relevant disease in the [SA Health Infection Control Management of Infectious Diseases Summary Table](#) available on the website.

3.2. Identifying the need for PPE

The identification of the need for PPE is determined through the risk management process that includes the following steps:

- Identification of the hazard, task or activity (e.g. administering cytotoxic drugs).
- Assessing the risk of the hazard, task or activity.
- Controlling the risk by implementing the most effective and reasonably practicable control measures.
- Reviewing the control measures to ensure their effectiveness.

For more information refer to [Attachment 1: Identifying the need for Personal Protective Equipment \(PPE\) Flowchart](#).

3.3. Selection, Purchase and Accessibility of PPE

Consideration should be given to the following when selecting PPE:

- Selected to minimise risk to health and safety.
- The PPE is fit for purpose for the task, including compatibility with other PPE.
- Workers that have allergies to latex or to other products should be provided with alternative PPE/products.
- Correctly fitted and appropriate PPE should not affect or restrict tasks or the adoption of safe postures and actions.
- PPE must be appropriate to the task by providing adequate protection from the identified hazard and it must meet the requirements of relevant standards and codes of practice.

Purchase of PPE

Risk assessments must be conducted as part of the procurement process to determine that a particular type of PPE is appropriate for the work task/hazard. WHS considerations must be evidenced and taken into account when procuring PPE.

Prior to the purchase of PPE advice should be sought from the Purchasing Officers, WHSIM professionals, Worker Health/Staff Health, Infection Prevention and Control Services and relevant tender panels.

Accessibility of PPE

When a task and/or area has been identified as requiring mandatory use of PPE it must be identified with signs that alert workers and comply with WHS legislation. For example, Infection Control in areas providing care and hearing protection in high noise areas such as workshops.

PPE to be used by workers in the workplace must be:

- Readily available and accessible.
- Visible.
- Stored appropriately to ensure it is clean and ready for use.

3.4 Types of PPE

3.4.1. Hand protection (gloves)

Gloves must be worn for protection from hazards such as: infectious agents, sharp objects, chemicals, radiation and extreme temperatures. The type of glove will vary, dependent on the hazard and nature of the task; a range should be available to accommodate individual worker needs. There are some conditions where gloves are not permitted, for example some machinery operation.

The following should be considered when gloves are required for use:

- Hand hygiene must be performed with either soap and water or alcohol rub, before and after glove use.

- Moisturising lotion should be made available and applied as required.
- Assess the need for an inner glove lining or barrier cream where prolonged use of waterproof gloves is envisaged.
- For gloves to be used with chemicals or for potential exposure to toxic drugs (e.g. cytotoxic) during preparation and administration consult the relevant chemical's safety data sheet (SDS) for advice on the type of glove to use. Reference may be made to the [SA Health Safe Handling- Cytotoxic drugs and related waste – A risk management guide for South Australian Health Services](#).

Gloves and Laboratory Work

Laboratory procedures may expose workers hands to both chemicals and biohazards. In these circumstances consideration must be given to the type of work undertaken when selecting the glove for use. Disposable nitrile surgical-type gloves must be used during general laboratory work, particularly when blood or body fluids and other biohazards are being handled or when exposure includes chemicals. For example, nitrile gloves are generally recommended for handling cytotoxic drugs and may be appropriate for use in laboratory settings when handling patient specimens.

For further guidance reference may be made to *AS/NZS 2243.3.2010 Safety in laboratories- Microbiological Safety and Containment*.

Gloves and Prevention of Infection Transmission

Gloves can protect both patients and workers from exposure to potentially infectious microorganisms that may be carried on the hands. As part of standard precautions they are used to prevent contamination of workers hands when:

- Anticipating direct contact with blood or body substances, mucous membranes, non-intact skin and other potentially infectious material.
- Handling or touching visibly soiled or potentially contaminated patient-care equipment.

Key considerations in glove selection will include potential exposure to blood and bodily fluids and the potential contact with non-intact skin, mucous membranes or sterile sites.

For further information refer to [Appendix 2: Glove Risk Assessment Table](#).

The following are types of glove used in infection prevention:

Non-Sterile single use gloves are available in a variety of materials and consist of the following:

- Nitrile (synthetic alternative to latex and should be used in preference NRL).
- Natural rubber latex (NRL). Note: it is recommended that the use of latex products is eliminated except where no alternative product is available or it is cost prohibitive.

Single use disposable sterile gloves are worn when there is contact with sterile instruments or normally sterile parts of the body.

Double Gloving

Double gloving is a recommended practice in operating theatres and is the process of wearing two sets of gloves to protect against injury from sharps or the transmission of blood-borne infections that can occur in the event of glove perforation. A second pair of gloves protects the inner pair and should not impact surgical performance.

Routine glove changing, preferably every two hours, is recommended for all surgeries, and is essential for procedures involving intensive work on bones or when operating on high-risk cases.

Double gloving is required for the preparation of cytotoxic drugs and other hazardous drugs in Pharmacy. Routine glove changing, preferably every 30 minutes is recommended. Reference may be made to the [SA Health Safe Handling- Cytotoxic drugs and related waste – A risk management guide for South Australian Health Services](#).

For further information refer to [Australian College of Perioperative Nurses \(ACORN\) standards](#) and [Infection Prevention and Control in Health Care Guideline 2019](#).

Reusable utility gloves are indicated for non-patient care activities such as cleaning of contaminated equipment or surfaces, general cleaning duties and instrument cleaning in sterilising services departments.

It is recommended that:

- Gloves must be worn as a single use item for each invasive procedure, contact with non-intact skin, mucous membranes or sterile sites and if the activity has been assessed as being an exposure risk to blood and bodily fluids.
- Gloves must be removed and hand hygiene performed before leaving a patient's room or area.
- **Single use disposable gloves** must not be reused i.e. washed or alcohol based hand rub applied for subsequent reuse.
- **Single use disposable gloves** must be changed:
 - Between episodes of care for different patients.
 - Between each episode of clinical care on the same patient to prevent cross contamination of body sites e.g. mouth care followed by wound care.
 - When the integrity of the glove has been compromised e.g. ripped or torn.
- **Single use disposable sterile gloves** must be worn during contact with sterile sites:
 - Procedures requiring aseptic technique where key parts and/or sites are touched directly (e.g. when a non-touch technique cannot be achieved).
- Care should be taken when **removing and disposing of gloves** to not contaminate the hands after gloves are removed and hand hygiene is performed in accordance with [SA Health Hand Hygiene Policy Directive](#).
- Gloves should be discarded into a designated container for waste to contain the contamination.

Specific guidance can be found in *Section 3 Standard and transmission-based precautions* of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)*.

3.4.2. Eye and face protection (goggles, face shields, laser safety eyewear)

Goggles and safety glasses prevent injury to eyes. Face shields and visors prevent injury to eyes, nose and mouth from hazards including dust, flying particles, chemicals, radiation (visible and invisible) and potentially infectious blood or body fluids. Normal prescription glasses DO NOT provide adequate protection. Workers requiring reading glasses should seek additional eye protection which does not interfere with the worker's vision, yet provides an appropriate barrier to hazards.

Workers must wear protective eyewear for any procedure where they may be exposed to hazards or hazardous situations, or where stated in the safe work procedure.

Eye protection must comply with relevant standards or guidelines, and provide the level of protection required e.g. laser safety, infection prevention and control.

Workers who wear contact lenses and work with chemical substances, should be aware of the following potential hazards:

- Contact lenses may adhere to the eye.
- Contact lenses may absorb chemicals and concentrate them on the surface of the eye.
- Contact lenses may interfere with emergency flushing procedures by trapping fumes or solids.
- If a worker is unconscious following an injury, rescue personnel may be unaware the contact lenses are in place.

Refer to the chemical SDS for safety information regarding contact lens wear.

Face Shields/Visors

Single use or reusable face shields/visors may be used in addition to single use face masks, as an alternative to protective eyewear. A face shield provides protection to other parts of the face as well as the eyes. Face shields extending from chin to crown provide better face and eye protection from splashes and sprays.

Splash resistance for face shields must meet the requirements of the *AS 1337.1 Personal Eye Protection – Eye and Face protectors for occupational applications Appendix V*.

Laser Eye Protection

Protective eyewear in the form of appropriately filtering optics can protect the eyes from the reflected or scattered laser light with a hazardous beam power, as well as from direct exposure to a laser beam. Protective eyewear must be selected for the specific type of laser, to block or attenuate in the appropriate wavelength range. Laser Protective Eye Wear (laser safety glasses) must be worn by laser users as identified in current local procedures.

Reference may be made to the following Standards:

- AS/NZS 4173:2018 - *Safe use of lasers and intense light sources in health care*.
- AS/NZS 1337.4:2011 - *Eye and face protection: Filters and eye protectors against laser radiation (laser-eye-protectors)*.
- Australian College of Perioperative Nurses, *Standards for Perioperative Nursing in Australia Clinical Standards, 16th Edition, 2020*.

For further guidance refer to [Appendix 3: Face and Eye Protection Risk Assessment Table](#) and also available from manufacturers and suppliers.

3.4.3. Single Use Face Masks (surgical masks)

Single use face masks are not classified as respiratory protective equipment but provide a barrier to splashes and droplets impacting the wearer's nose, mouth and respiratory tract.

Single use face masks are measured on 3 performance metrics Bacterial Filtration, Fluid resistance (resistance to penetration by synthetic blood) and breathability (Differential Pressure). (Breathability of masks is tested by measuring the differential air pressure on either side of the test article).

Table 1: Performance Metrics Single Use Face Mask

Levels	Bacterial Filtration Efficiency	Differential Pressure	Fluid Resistance
Level 1	≥ 95%	< 4.0 mm H ₂ O/cm ²	80mm Hg
Level 2	≥ 98%	< 5.0 mm H ₂ O/cm ²	120mm Hg
Level 3	≥ 98%	< 5.0 mm H ₂ O/cm ²	160mm Hg

Table 2: Mask Level Descriptors

Level 1	Single use face masks are for general purpose medical procedures where the wearer is not at risk of blood body fluid exposure/splashes or to protect the worker or the patient from droplet exposure to microorganisms. This level in healthcare environments will be mainly used as source control.
Level 2	Single use face masks are used in areas where minimal blood droplet exposure may possibly occur or droplet exposure to microorganisms.
Level 3	Single use face masks are to be used for all surgical procedures, major trauma first aid or in any area where the health care worker is at risk of blood and bodily fluid splash or droplet exposure to microorganisms.

Reference: AS/NZS 4381:2015 Single Use Face Masks

3.4.4. Respiratory Protection (P1, P2, P3, PAPR, N95 or other equivalent standard)

Respiratory protection is used to prevent inhalation and contact with hazardous substances including dusts, gases, vapours and infectious pathogens transmissible by the airborne route or when performing aerosol generating procedures, or for pathogens where the transmission route is uncertain.

Facial Fit is a prime factor in obtaining good protection when utilising half or full face-piece respiratory protection including disposable particulate filter respiratory protective devices. Respirators incorporating close-fitting face-pieces rely on facial fit to prevent inward leakage of contaminants. Full or half face-pieces and some powered air purifying respirators (PAPR) **require males to be clean shaven** about the cheeks, neck and jaw to prevent inward leakage of contaminants.

The selection of respiratory protection equipment is influenced by the following:

- The contaminant.
- Task.
- Operator.
- Equipment limitation.

Particulate filter respiratory protective devices are classified according to their ability to filter particles according to their size. There are several classifications of respirator based on their filtration efficiency, which are governed by different national and international standards. For most practical purposes the different classifications are considered equivalent, e.g. P2, FFP2, N95, KN95 would all be expected to achieve a similar level of protection.

Table 3: Respirator Filter Classification As per Australian Standard 1715 Selection, use and maintenance of respiratory protective equipment

Filters	Indications for use
P1	Used for protection against mechanically generated particles, for example silica and chrysotile. Not used in health environments.
P2	Used for protection against thermally generated particles and includes metal fumes, infectious diseases transmissible by the airborne route or where aerosol generating procedures (AGP) are undertaken.
P3	Used for protection against highly toxic or highly irritant particles.

For further information refer to AS/NZS 1715:2009 Selection, use and maintenance of respiratory protective equipment.

Respiratory Protection in Infection Prevention and Control

Particulate Filter Respiratory Protective Devices (P2/N95 or equivalent standards e.g. FFP2, KN95).

Particulate filter respirators are designed to be tight-fitting. Their performance relies almost entirely on ensuring a good seal between the respirator and the wearer's face. If there is not a good seal, the device fails. Air leaks around respirator edges and the wearer will not achieve the level of protection needed to protect their health. The respirator must be a suitable size for the person's face. Facial hair and facial piercings must not interfere with the safe use of a respirator. Workers who have facial hair (including a 1–2 day beard growth/stubble) must be aware that an adequate seal cannot be guaranteed between the respirator and the wearer's face.

Workers must undergo a respirator fit-test before they first start wearing a respirator to determine which respirator fits optimally and is able to provide the highest level of protection. Repeat fit-testing should also be considered if a mask type or style has been discontinued or if there have been changes to an individual's facial structure, for example facial surgery and weight fluctuations.

Fit-testing measures the effectiveness of the seal between the respirator and the individual wearer's face. Fit-testing is required for all tight-fitting respirators, including disposable P2/N95 respirators. Where possible it is recommended that workers are fit tested to a minimum of 2 available masks - a primary and a backup.

Fit-testing does not guarantee that a respirator will not leak during future use and does not replace the need for fit checking to ensure a good seal. Workers should only use the type and size of mask that they have been fitted to. All respirators must be self 'fit-checked' each time they are donned prior to entry to environment.

A correctly fitted P2/N95 respirator must be used when attending to all patients with confirmed or suspected serious diseases transmitted by the airborne route such as measles, chickenpox or active pulmonary tuberculosis and when performing high risk aerosol generating procedures such as bronchoscopy on patients with a confirmed airborne disease or whose infectious status is unknown or unconfirmed.

P2/N95 respirators or equivalent with valves should not be used as there is a risk of exhaled air, from wearers who are infected containing viral particles. P2/N95 respirators with an exhalation valve should not be worn during pandemics, influenza outbreaks or similar.

Fit-tested Particulate Filter Respiratory Protective Devices (P2/N95 or equivalent standards e.g. FFP2, KN95.) are required for the preparation of cytotoxic drugs and other hazardous substances in Pharmacy. Reference may be made to the [SA Health Safe Handling- Cytotoxic drugs and related waste – A risk management guide for South Australian Health Services](#).

Surgical P2/N95

A surgical P2/N95 is a particulate filter respiratory protective device that also provides protection to splashes from blood and bodily fluids.

Surgical P2/N95 respirator should be worn by workers requiring respiratory protection while performing surgery or other tasks that may expose them to high velocity streams of bodily fluid or conducting work in a sterile field. A face shield should also be worn to provide protection to the face.

Powered Air Purified Respirator (PAPR)

PAPRs use a rechargeable battery pack to power an air blower. The blower pulls contaminated air into the particulate filter (Note: for use as protection against Infectious diseases in health care a P2 filter is required). PAPRs can be used where workers have beards. They are not to be used in oxygen deficient environments.

When fitted with a P2 or P3 particulate filter it can be used for respiratory protection from airborne disease, but is not recommended for general use.

Some of the newer generation of PAPRs require workers to be clean shaven and to be fit-tested, however it's recommended to check with the manufacturer's information and instructions to determine the requirements prior to use.

PAPRs must be selected in-conjunction with Infection Prevention and Control and WHS Practitioners to ensure reusable devices can be adequately cleaned, maintained and is fit for purpose. Where PAPR is required for highly infectious diseases and cannot be adequately cleaned consideration should be given to the use of disposable equipment

For further information relating to selection of use of Respiratory Protective Equipment and filters refer to *AS/NZS 1715:2009 Selection, use and maintenance of respiratory protective equipment*.

3.4.5. Hearing Protection (ear plugs)

In areas of identified high noise hazard (e.g. workshops) ensure that hearing protection is provided and worn, and appropriate signage is in place in accordance with *AS 1319:1994 (R2018)*.

Types of hearing protection include a variety of disposal and re-useable ear plugs, ear muffs or ear canal caps. The selection made will be based on the outcome of a risk assessment in relation to the level of noise, and frequency of exposure. Personal hearing protectors should be selected and maintained in accordance with *AS/NZS1269.3: 2005 Occupational noise management – hearing protector program*.

For more information refer to [SA Health Policy Guideline - Hearing and Noise Management](#) and current LHN/HS procedures.

3.4.6. Clothing and Protective Garments (gowns and aprons)

Protective clothing is either reusable or disposable. It is used to protect or replace the workers street clothes or uniform when undertaking specific tasks.

Where protective clothing is used it should be removed before leaving the work area, and should not be worn in areas where food is consumed.

Aprons and Gowns for Infection Prevention

Protective clothing (aprons or gowns) is recommended to be worn by all workers when:

- There is a risk of exposure to blood, body substances, secretions or excretions (excluding sweat).
- There is anticipated close contact with the patient, materials or equipment which may lead to contamination of the skin, uniforms or clothing with infectious microorganisms.
- To protect the patient from contact with potentially contaminated uniforms or clothing. Reference should be made to local procedures.

Gown Levels

The Association of the Advancement of Medical Instrumentation (AAMI) is a recognized collaborative organisation that develops international standards. AAMI has established a classification system for healthcare protective apparel based on their liquid barrier performance ANSI/AAMI PB70:2012. The Standard specifies a consistent basis for testing and labelling of protective apparel, thus providing an understanding of the efficacy of different gown levels against penetration by liquid or liquid borne micro-organisms.

When choosing gowns the desired level of protection is based on the risk of exposure to blood and bodily fluids and the amount of fluid an individual may be potentially exposed to.

The level of barrier protection is from 1-4 with level 1 providing the least protection and level 4 the highest. Level 4 gowns are also tested for protection against penetration by blood borne pathogens.

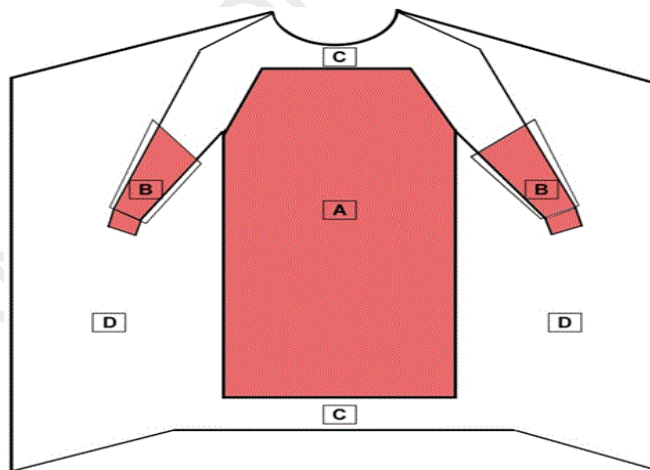
Critical Zones

The critical zones include those areas where direct contact with blood, body fluids and other potentially infectious materials is most likely to occur, although areas outside of the critical zones can inadvertently be splashed or sprayed as well.

Surgical Gowns

The entire front of the gown is required to have a barrier level of at least level 1 and the critical zones as shown below comprises areas A and B, the back of the surgical gown (area D) may be non-protective.

Image 1: Surgical Gown Critical Zones

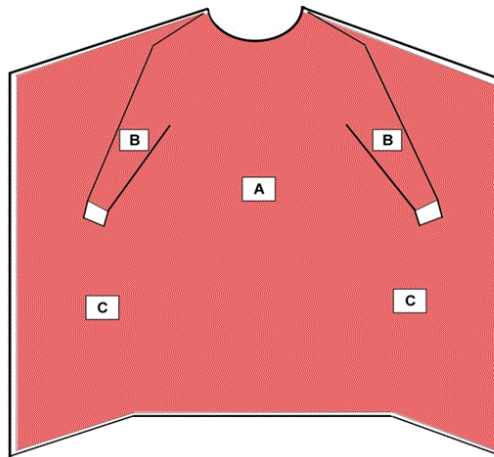


Reference: FDA Medical Gowns - personal protective equipment

Isolation Gowns

Isolation gowns are non-sterile and are worn to protect healthcare workers' clothing and exposed body areas during procedures and patient-care activities when anticipating contact with, blood, bodily fluids and other micro-organisms. Isolation gowns may be rated from level 1-4.

Image 2: Critical Zones of an isolation gown identified



Reference: FDA Medical Gowns - personal protective equipment

For more information refer to [Appendix 1: Gown Risk Assessment Table](#) including relevant Infection Control guidelines developed for specific infectious diseases.

3.4.7. Footwear

Inappropriate footwear can lead to an increase likelihood of slipping or tripping that could lead to falls, and painful foot, leg and back conditions, especially if work involves sustained standing or walking.

Footwear to prevent slips, trips and falls and prevent foot disorders and other injuries, should have a dense rubber non slip sole, have a low broad heel (a suggested maximum height is 5cm) and adequately support the heel to prevent the feet slipping out when walking, for example, laboratory workers must wear non – slip, flat, fully covered shoes which cover the dorsum of the foot.

Safety footwear may be required dependent on the nature of work conducted, for example workers who work with machinery, or any other worker, in accordance with award provisions.

When supplied with safety footwear, workers must wear them at all times.

Enclosed shoes must be worn where there is a risk of foot injury from objects that may fall during the work operations in the area or if trolleys are used, for example:

- laboratory environments.
- kitchens.
- hospital wards.
- warehouses.
- medical records.

Note: A risk assessment conducted by your business unit will be able to define the type of closed footwear that is suitable for your work environment.

Footwear worn in hospital theatre areas must comply with ACORN Standards (2020) in that they:

- provide full protection (e.g. closed top).
- have no holes or vents.
- are easily cleaned.
- are slip resistant.
- are antistatic.

Footwear worn in patient areas other than theatre should have a non-penetrating sole, an enclosed upper and sufficient height of the upper to protect the foot from needle stick injuries and exposure to blood and body fluids.

It is recommended that work areas, where there may be a risk of injury to feet, establish LHN/HS/BU safe work procedure regarding the type of footwear required based on a risk assessment of the type of work conducted.

3.4.8. Head Protection

Head protection, such as a safety helmet, must be worn where there is a possibility a person may:

- be hit on the head by a falling object.
- strike their head against a fixed object or other material capable of causing injury.
- make contact with electrical hazards.

3.4.9. Other protective items (skin protection)

All workers must be educated in the correct manner to preserve skin integrity. Should worker skin integrity be compromised, for example with cuts, abrasions or wounds the worker must seek advice from Departmental Managers/Infection Control Nurses/Clinical Worker Health Nurses or similar to cover/dress the area prior to work commencement.

A risk assessment should be undertaken when outdoor work is being performed to determine the risk controls to be implemented. Skin protection is required when outdoor work is being performed and includes the provision and use of sun protective work clothing, sun protective hats, sunglasses, sunscreen and insect repellent.

Refer to the relevant Australian Standards listed within [Attachment 2](#) and to local procedures.

3.5. Inspection, Cleaning & Maintenance

Where PPE is in use, routine inspection, cleaning and maintenance is required.

PPE should be stored in clean, sealed containers, such as plastic tubs with lids to prevent continual exposure to air, or other environmental factors e.g. direct sunlight, that may compromise the effectiveness of the equipment including filters and cartridges.

The wearer is required to inspect PPE prior to use, for signs of penetration or other damage due to impact, rough treatment or unauthorized alterations which may reduce the degree of safety originally provided.

It is recommended that the wearer:

- Avoid the use of cleaning agents that are likely to scratch surfaces, particularly lenses of eye protection equipment.
- Check integrity before use of disposable particulate filter respiratory protective devices.
- Check every time before use of non-disposable respirators, to ensure the integrity of the device, that the device has been cleaned as per manufacturer's instructions, filters/cartridges or air supply are in place and replaced as necessary and batteries are charged.
- Clean/decontaminate all re-useable PPE in accordance with the manufacturer's instructions; in the absence of instructions seek advice from the manufacturer or infection prevention and control services.
- Some reusable items can be cleaned with a suitable disinfectant wipe, allowed to dry and then wiped over with an alcohol wipe.

3.6. Education, Training and Supervision








Where PPE is required to minimise the risk of exposure to hazard, worker induction and training must be provided and should cover the following topics:

- Fitting.
- Inspection prior to use for faults and integrity.
- Use, including donning and doffing.
- Cleaning/decontamination.
- Disposal.
- Maintenance.
- Storage.

4. Implementation and Monitoring

Implementation of this policy guideline will be monitored via the DHW/LHN/SAAS Internal Audit Programs.

5. National Safety and Quality Health Service Standards

							
National Standard 1 Clinical Governance	National Standard 2 Partnering with Consumers	National Standard 3 Preventing & Controlling Healthcare-Associated Infection	National Standard 4 Medication Safety	National Standard 5 Comprehensive Care	National Standard 6 Communicable Disease Safety	National Standard 7 Blood Management	National Standard 8 Recognising & Responding to Acute Deterioration
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Definitions

Blood and body fluid (BBF) means: blood (including dried blood), all other body substances, secretions and excretions (excluding sweat) regardless of whether they contain visible blood; non-intact skin; and mucous membranes.

Fit-testing means: is defined in the Australian/New Zealand Standard 1715 2009 as a validated method for matching P2/N95 respirators with an individual's facial shape, but has not been widely applied in Australia. Despite increased awareness and demand, in the context of COVID-19, **fit-testing** of all healthcare professionals, who may need to use P2/N95 respirators, will be difficult due to limited supplies and range of types/sizes available.

Fit Checking means: the process that HCWs perform each time a respirator is donned to check that a good facial seal is achieved i.e. the respirator is sealed over the bridge of the nose and mouth and that there are no gaps between the respirator and face.

Pathogens means: a bacterium, virus or other microorganism that can cause disease

Personal Protective Equipment means: any device or clothing worn by a worker to control a level of risk that cannot be controlled or eliminated.

Powered Air-Purifying Respirators (PAPR) means: a device incorporating a half face piece or head covering which provides the wearer with air filtered through a powered filtering unit, comprising a filter or filters and an electrically operated blower unit

Reference may also be made to the [SA Health Work Health Safety Injury Management System – Glossary and Terms](#) for clarification of any general terms used throughout this policy guideline.

7. Associated Policy Directives/Policy Guidelines & Resources

[Attachment 1 – Identifying the Need for Personal Protective Equipment \(PPE\) Flowchart](#)

[Attachment 2 – PPE Guidelines and Additional Resources Fact Sheet](#)

[Policy Directive – Hand Hygiene](#)

[Policy Directive – Hazard Identification and Risk Management \(WHS\)](#)

[Policy Directive – Roles, Responsibilities and Governance \(WHS\)](#)

[Policy Directive – Work Health, Safety and Injury Management \(WHSIM\)](#)

[SA Health Infection Control Management of Infectious Diseases Summary Table](#)

[SA Health Safe Handling- Cytotoxic drugs and related waste – A risk management guide for South Australian Health Services](#)

Work Health and Safety Act 2012 (SA)

Work Health and Safety Regulations 2012 (SA)

8. Document Ownership & History

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01/10/2015	V2.0	Portfolio Executive	Formally reviewed in line with scheduled timeline for review. Update WHS legislation.
01/07/2012	V1.0	Portfolio Executive	Original PE approved version.

Appendix 1

Table 1: Gown or Apron Risk Assessment

Key considerations are:		
<ul style="list-style-type: none"> > Selection of gowns or aprons must be based on the risk of contamination of clothing or skin of healthcare workers by patients' blood, body fluids, secretions or excretions to penetrate through to clothes or skin 		
Apron / Gown Type Required	Blood and Body Fluid Exposure Risk	Examples The examples listed are not meant to be inclusive for every situation that may be encountered in any health facility.
Apron (impervious)	Protects clothes when: <ul style="list-style-type: none"> > Moderate risk of exposure to blood and body fluids is anticipated > Minimal contact with the patient and the environment is anticipated > May be used underneath a gown to provide further protection from blood and bodily fluids when a gown of a higher level is unavailable 	<ul style="list-style-type: none"> > Empty drain / catheter > Connection / disconnection during haemodialysis > Leg ulcer dressing in outpatients / primary health care setting
Gown Level 1 Minimal Fluid	Protects clothes or skin when: <ul style="list-style-type: none"> > Minimal risk of exposure to blood and bodily fluids or irrigation fluid is anticipated 	<ul style="list-style-type: none"> > Basic care standard hospital medical unit > Simple excisional biopsy > Excision of lumps > Ophthalmological procedures > Simple ear nose and throat procedures
Gown Level 2 Low Fluid Moderate or extensive contact with the patient or the environment during contact precautions	Protects clothes or skin when: <ul style="list-style-type: none"> > Risk of exposure to blood and body fluids or irrigation is low 	<ul style="list-style-type: none"> > Blood draw from a vein in intensive care units > Pathology Lab > Tonsillectomies , adenoidectomies > Minimally invasive surgery > Endoscopic gastrointestinal procedures > Simple orthopaedic procedures , during which tourniquets are used > Open hernia repair > Interventional radiology or other catheter laboratory procedures > Dental Procedures
Gown Level 3 Moderate Fluid	Protects clothes or skin when: <ul style="list-style-type: none"> > Risk of exposure to blood and bodily fluids is moderate 	<ul style="list-style-type: none"> > Arterial blood draw , Inserting an IV > Emergency room > Trauma > Mastectomies > Arthroscopy
Gown Level 4 <ul style="list-style-type: none"> > Provides greater resistance to soaking than a level 3 gown > Provides protection against penetration by blood borne pathogens 	Protects clothes or skin when: <ul style="list-style-type: none"> > Risk of exposure to large volumes of blood , bodily fluids or irrigation is high 	<ul style="list-style-type: none"> > Any procedure in which the surgeons hands and arms are in a body cavity > Orthopaedic procedures during which tourniquets are not used > Open cardiovascular or thoracic procedures > Trauma procedures > Caesarian sections

Appendix 2

Table 2: Glove Risk Assessment

<p>Key considerations are:</p> <ul style="list-style-type: none"> > Is a sterile or non-sterile glove required? > Who is at risk (you or the patient)? > What is the potential exposure to blood, body fluids (BBF), secretions or excretion? > Will there be contact with non-intact skin or mucous membranes? > Are you or the patient allergic/ sensitive to natural rubber latex (NRL)? <p>Types of materials: Latex (NRL), NRL alternative e.g. nitrile (both provides optimal protection against BBF exposure), Polythene gloves are not suitable for clinical use and are generally used for food handling, preparation and serving.</p>		
Glove Type Required	Blood and Body Fluid Exposure Risk	Examples
Non-sterile	<ul style="list-style-type: none"> > Risk of exposure to blood and body fluids is anticipated > Contact with non-intact skin or mucous membranes is anticipated 	<ul style="list-style-type: none"> > Venepuncture > Vaginal examination > Dental examination > Emptying a urinary catheter bag > Nasogastric aspiration
Sterile	<ul style="list-style-type: none"> > Contact with normally sterile sites or clinical devices where sterile or aseptic conditions must be maintained 	<ul style="list-style-type: none"> > Urinary catheter insertion > Complex dressings (when a key site or part needs to be touched) > Central venous line insertion dressing > Lumbar puncture > Dental procedures requiring a sterile field
Reusable utility glove	<ul style="list-style-type: none"> > Indicated for non-patient care activities 	<ul style="list-style-type: none"> > Handling or cleaning of contaminated equipment or surfaces > General cleaning duties > Instrument cleaning in sterilisation units

Appendix 3

Table 3: Face and Eye Protection Risk Assessment

Key considerations are:		
> What is the potential exposure to blood, body fluids, secretions or excretions? Will the procedure generate splashes or sprays of blood, body fluids, secretions or excretions? Will the procedure generate potentially infectious aerosols?		
Eye Protection Required	Blood and Body Fluid Exposure Risk	Examples
None. Not required unless caring for a patient on droplet or respiratory precautions.	Risk of exposure to blood and body fluids is NOT anticipated i.e. routine patient care	<ul style="list-style-type: none"> > General examination (e.g. medical, physiotherapy, nursing) line observations > Assistance with ADLs
Protective eyewear or full length face-shield	Procedures that generate minimal to moderate exposure to blood and body fluids	<ul style="list-style-type: none"> > Dental procedures > Nasopharyngeal aspiration > Emptying a wound or catheter bag > Removal of wound drain, urinary catheters or feeding tubes
Face Protection – Single Use face Mask Required	Blood and Body Fluid Exposure Risk	Examples
Level 1 mask	Where risk of exposure to blood and body fluids, spray and or droplets are produced is– low	<ul style="list-style-type: none"> > Suitable for patient or visitor use as source control > to use when transporting a patient on droplet or airborne precautions (if this does NOT compromise the patient's breathing)
Level 2 mask	Where risk of exposure to blood and body fluids ,spray and or droplets is low to moderate	<ul style="list-style-type: none"> > Procedures that generate splashes or sprays of large droplets of blood, body substances, secretions and excretions > Procedures requiring a surgical technique > Routine care of patients on droplet precautions
Level 3 mask	Where risk of exposure to blood and body fluids, spray and or droplets is moderate to high	<ul style="list-style-type: none"> > For all surgical procedures, major trauma first aid or in any area where the health care worker is at risk of blood or body fluid splash > Procedures that generate splashes or sprays of large droplets of blood, body substances, secretions and excretions
P2/N95 Respirator (equivalent standards e.g. FFP2, KN95)	P2 /N95 respirators are designed to help reduce the wearer's respiratory exposure to airborne contaminants such as particles, gases or vapours. Procedures that involve aerosolisation of particles that may contain specific known pathogens– <i>for use by the healthcare worker. Not for use by the patient or visitors</i>	<ul style="list-style-type: none"> > Routine care of patients on airborne precautions > When performing high risk aerosol generating procedures such as bronchoscopy on patients with a confirmed airborne disease or whose infectious status is unknown or unconfirmed
Surgical P2/N95 Respirators	A surgical P2/N95 respirator is a respirator that also provides protection to splashes from blood and bodily fluids.	<ul style="list-style-type: none"> > Surgical respirators should be worn by workers requiring respiratory protection while performing surgery or other tasks that may expose them to high velocity streams of bodily fluid or conducting work in a sterile field. (A face shield should also be worn to provide protection to the face).
PAPR	Used where workers have beards or a higher level of protection is required.	<ul style="list-style-type: none"> > When fitted with a P2 or P3 filter it can be used for respiratory protection from airborne disease. > The PAPR when fitted with GP2 filters is available for use in Emergency Departments for protection from organic vapours.

Flowchart: Identifying the Need for Personal Protective Equipment (PPE)

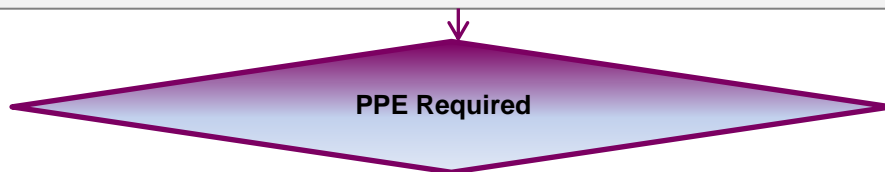
Identifying the need for PPE

PPE requirements may be determined from the identification of hazards associated with:

- > Trial, purchase or use of plant or equipment
- > Trial, purchase or use of a chemical substance, or a drug where the risk of spillage may affect the health and safety of works. E.g. cytotoxic drugs; anaesthetic drugs
- > Exposure prone procedures. E.g. caring for the patients diagnosed or suspected of having acute respiratory systems, active respiratory Tuberculosis, Multi-resistant organism (MROs)
- > Investigating reported hazards or work related incidents
- > Review of a safe work procedure that identifies a new or existing hazard which may be managed by the use of PPE

Reference may be made to:

- > [Table 1: Gown or apron risk assessment](#)
- > [Table 2: Glove risk assessment](#)
- > [Table 3: Face and eye protection risk assessment](#)



Consider if PPE interim measures are required before more effective controls can be established:

- > If other controls are impossible or not completely effective
- > During maintenance or clean up
- > In emergencies

Work involving chemicals:

- > The safety data sheet (SD) must be consulted before selecting PPE
- > The SDS will indicate whether PPE is necessary and if so what is required



Use the Hierarchy of Risk Control to identify the highest level of risk control possible

Hierarchy of Risk Control Principles

Most Effective ↑ Least Effective	ELIMINATION	Where practicable remove the hazardous process or substance
	SUBSTITUTION	Change to a less hazardous or non-hazardous process or substance
	ENGINEERING CONTROLS	Use barriers such as safety cages/screens/remote controls to provide a barrier to the hazard
	ADMINISTRATIVE CONTROLS	Implement Safe Work Procedures (SWP), provide induction, instruction and training Refer to SA Health WHSIM Procedure – Development and maintenance of SWP
	PPE	Use of equipment or clothing as required to protect workers from exposure to workplace hazards Examples of PPE include ear muffs, respirators, face masks, hard hats, gloves, aprons and protective eyewear

Attachment 2

Factsheet: Personal Protective Equipment (PPE) Guidelines and Additional Resources

The purpose of this fact sheet is to provide a listing of current guidelines and resources in relation to PPE.

1. General Requirements Occupational Protective Clothing

AS/NZS 501.2:2006	Occupational protective clothing - General requirements
AS/NZS 501.1:2008	Occupational protective clothing - Guidelines on the selection, use, care and maintenance of protective clothing
AS/NZS ISO 2801:2008 (R2016)	Clothing for protection against heat and flame - General recommendations for selection, care and use of protective clothing
AS/NZS 2243.3:2010	Safety in laboratories- Microbiological Safety and Containment
SA Health	COVID 19 Personal Protective Equipment Matrix and Infection Control Recommendations
SA Health	Training Tool for the Correct Use of Personal Protective Equipment Respiratory Mask Fit-Testing
SA Health	Infection Control Management of Infectious Diseases Summary Table

2. Hand Protection

AS/NZS 2161.1:2016	Occupational protective gloves - Selection, use and maintenance
AS/NZS 2161.2:2005 (R2016)	Occupational protective gloves - General requirements
AS/NZS 2161.3:2005 (R2016)	Occupational protective gloves - Protection against mechanical risks
AS/NZS 2161.4:1999 (R2016)	Occupational protective gloves - Protection against thermal risks (heat and fire)
AS/NZS 2161.5:1998	Occupational protective gloves - Protection against cold
AS/NZS 2161.7.1:1998 (R2016)	Occupational protective gloves - Protection against cuts and stabs by hand knives - Chainmail gloves and arm guards
AS/NZS 2161.8:2002 (R2016)	Occupational protective gloves - Protection against ionizing radiation and radioactive contamination
AS/NZS 2161.10.2:2005 (R2016)	Occupational protective gloves - Protective gloves against chemicals and micro-organisms - Determination of resistance to penetration
AS/NZS 2161.10.3:2005 (R2016)	Occupational protective gloves - Protective gloves against chemicals and micro-organisms - Determination of resistance to permeation by chemicals
National Health and Medical Research Council / Australian Commission on Safety and Quality in Healthcare	Australian Guidelines for the prevention and Control of Infection in Healthcare
SA Health	Hand Hygiene Policy Directive

SA Health	Hand Hygiene Clinical Guideline
SA Health	Safe Handling- Cytotoxic drugs and related waste – A risk management guide for South Australian Health Services.
Tanner J, Parkinson H	Double gloving to reduce surgical cross-infection. Cochrane Database of Systematic Reviews 2006; Journal Website

3. Eye and Face Protection

AS/NZS 1067.1:2016	Sunglasses and fashion spectacles
AS 1067.2:2016	Sunglasses and fashion spectacles – Test Methods
AS/NZS 4173:2018	Safe use of lasers and intense light sources in health care
AS/NZS IEC 60825.1:2014	Safety of laser products - Equipment classification and requirements
AS/NZS IEC 60825.14:2011	Safety of laser products - A user's guide
AS/NZS 1338.2:2012	Filters for eye protectors-Filters for protection against ultraviolet radiation
AS 1337.1	Personal Eye Protection – Eye and Face protectors for occupational applications Appendix V.
AS/NZS 1337.4:2011	Eye and face protection Filters and eye protectors against laser radiation (laser- eye – protectors)
Australian College of Perioperative Nurses	Standards for Perioperative Nursing in Australia Clinical Standards 16th Edition 2020

4. Single Use Face Masks (surgical masks)

AS 4381:2015	Single-use face masks for use in health care
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5. Respiratory Protection

AS/NZS 1716 :2012	Respiratory Protective Devices
AS/NZS 1715:2009	Selection, use and maintenance of respiratory protective equipment
AS ISO 16972:2015	Respiratory Protective Devices – Terms , definitions , graphical symbols and units of measurement
SA Health	Respiratory Protection Against Airborne Infectious Diseases Clinical Guideline

6. Hearing Protection (ear plugs)

AS/NZS 1269.0:2005 (R2016)	Occupational noise management - Overview and general requirements
AS/NZS 1269.1:2005 (R2016)	Occupational noise management - Measurement and assessment of noise immission and exposure
AS/NZS 1269.2:2005 (R2016)	Occupational noise management - Noise control management

7. Clothing and protective garments (gowns, aprons, thermal, hi vis vests/clothing)

American National Standard ANSI/AAMI PB70:2012	Liquid Barrier performance and classification of protective apparel and drapes intended for use in health care facilities
AS 4399:2020	Sun protective clothing - Evaluation and classification
AS/NZS 4543.3:2000	Protective devices against diagnostic medical X-radiation - Protective clothing and protective devices for gonads

8. Footwear

AS 2210.3:2019	Personal protective equipment - Safety footwear (ISO 20345:2011, MOD)
AS/NZS 2210.1:2010	Safety, protective and occupational footwear - Guide to selection, care and use

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