



“A consistent approach to PPE training ... this is especially important in consideration of pandemic preparedness”

HCW PPE training programs in Australia and New Zealand hospitals – a survey

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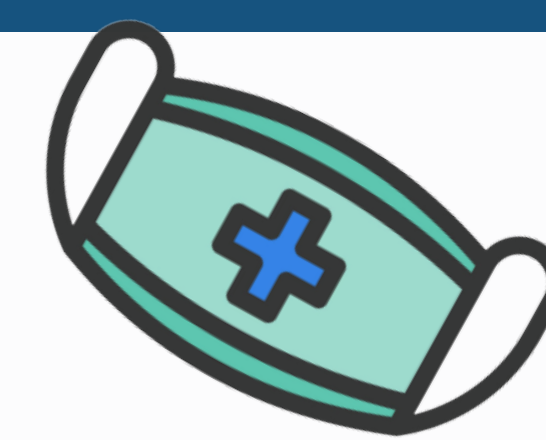
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Background

- The current Ebolavirus Disease (EVD) outbreak in the DRC emphasises the ongoing need for routine and high-level PPE training.
- Sub-optimal use of PPE, has contributed to hospital outbreaks of other emerging infectious diseases, including MERS¹.
- Little is known about PPE training programmes in Australasia, which vary between hospitals and jurisdictions.

1. Lee et al. BMC Infectious Diseases (2017) 17:498 DOI 10.1186/s12879-017-2576-5

Objectives

To assess and document the nature of PPE training within Australia and New Zealand.

Methods

Online survey distributed using email listings via IPCNC, ACIPC and Australasian Society for Infectious Diseases from 09 Sept - 20 Oct 2019.

Representative Participant Comments

Routine PPE training & auditing

- “Most effective learning is from hands on practice enhanced by the use of UV marking technology”
- “We have used supplier reps to provide donning and doffing in-services”
- “We audit PPE availability. It is difficult to monitor compliance”
- “Discussion at orientation re donning & doffing but very limited time for this”

High-level PPE training

- “Ebola specific training takes a long time to train individuals”
- “We do not receive any funding/training for ongoing competency and therefore, the competencies of the trained staff have lapsed”
- “We have recently reviewed our PPE re VHF and saved the expired stock for training purposes”

A national programme/standards for PPE training

- “Yes a national standard would be good for consistency”
- “I would support national training from a nationally recognised unit that could provide tools and resources”
- “YES. I'm sick of reinventing the wheel for IPC”
- “The challenge is getting the allocated time for staff to achieve training requirements”

Raising the profile of IPC

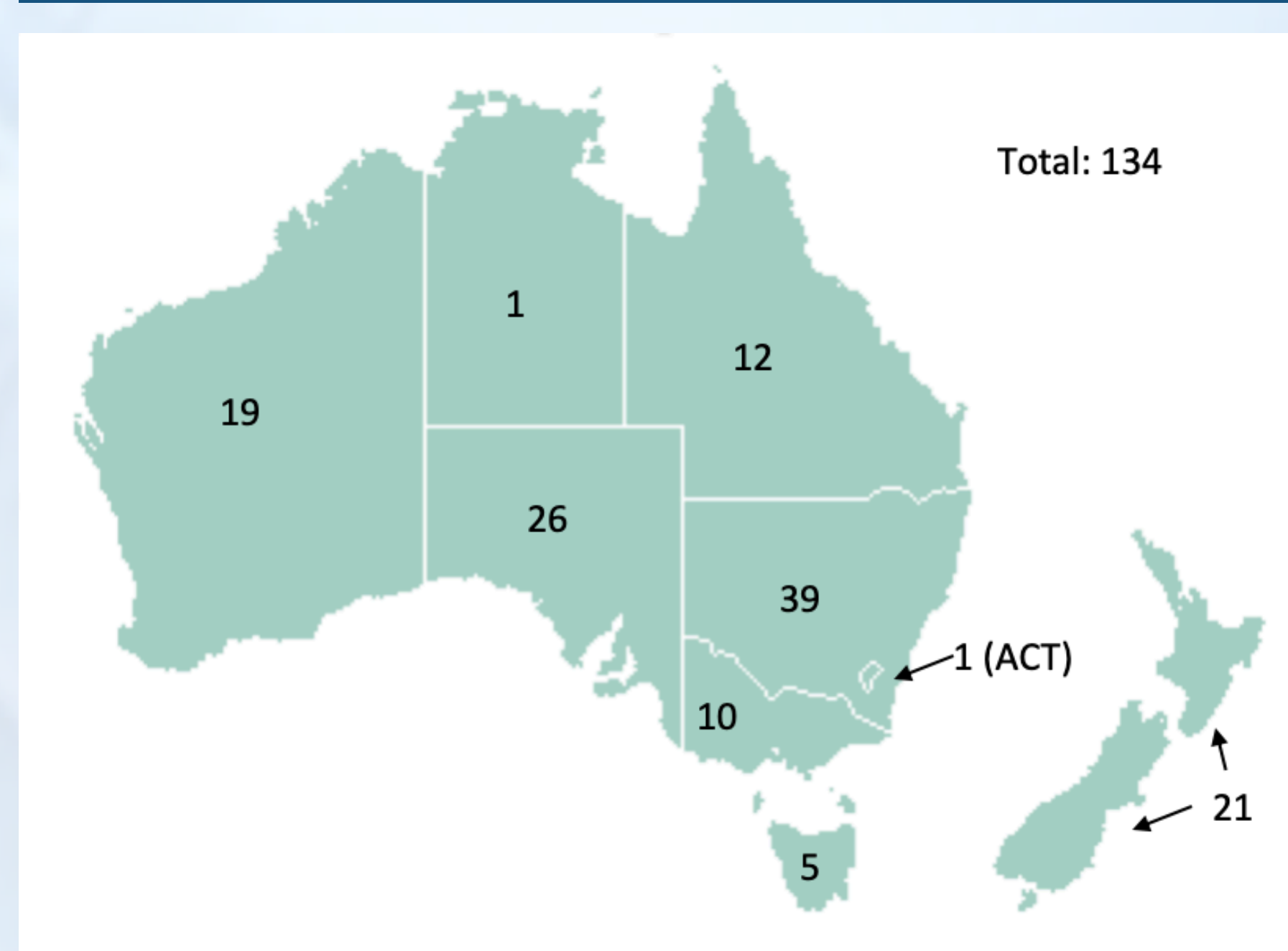
- “If the IP&C standards were the same legislative standards as for health and safety standards it would be taken much more seriously”
- “The IPC profile does need to be raised especially in smaller rural facilities where allocated EFT is next to none and staff have more than 1 role”

Conclusions

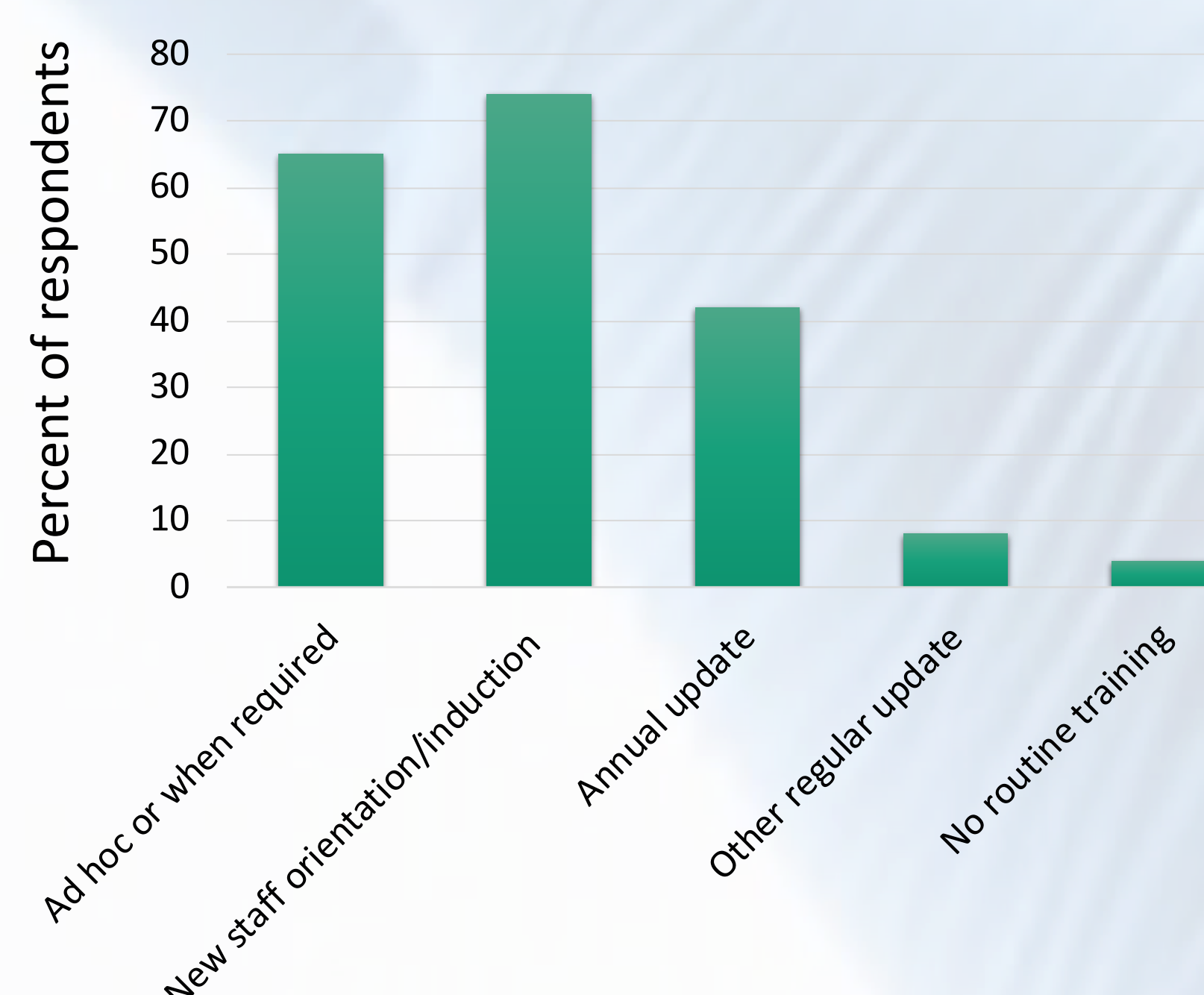
- Training in routine PPE is common in healthcare facilities but often brief, infrequent and not always monitored.
- Training is primarily delivered by ICPs in the classroom with many respondents seeking good online tools.
- The majority of respondents were in favour of standardising routine PPE training in Australia and NZ.
- High-level PPE is limited to larger facilities but types of PPE and training methods used are variable.

Results

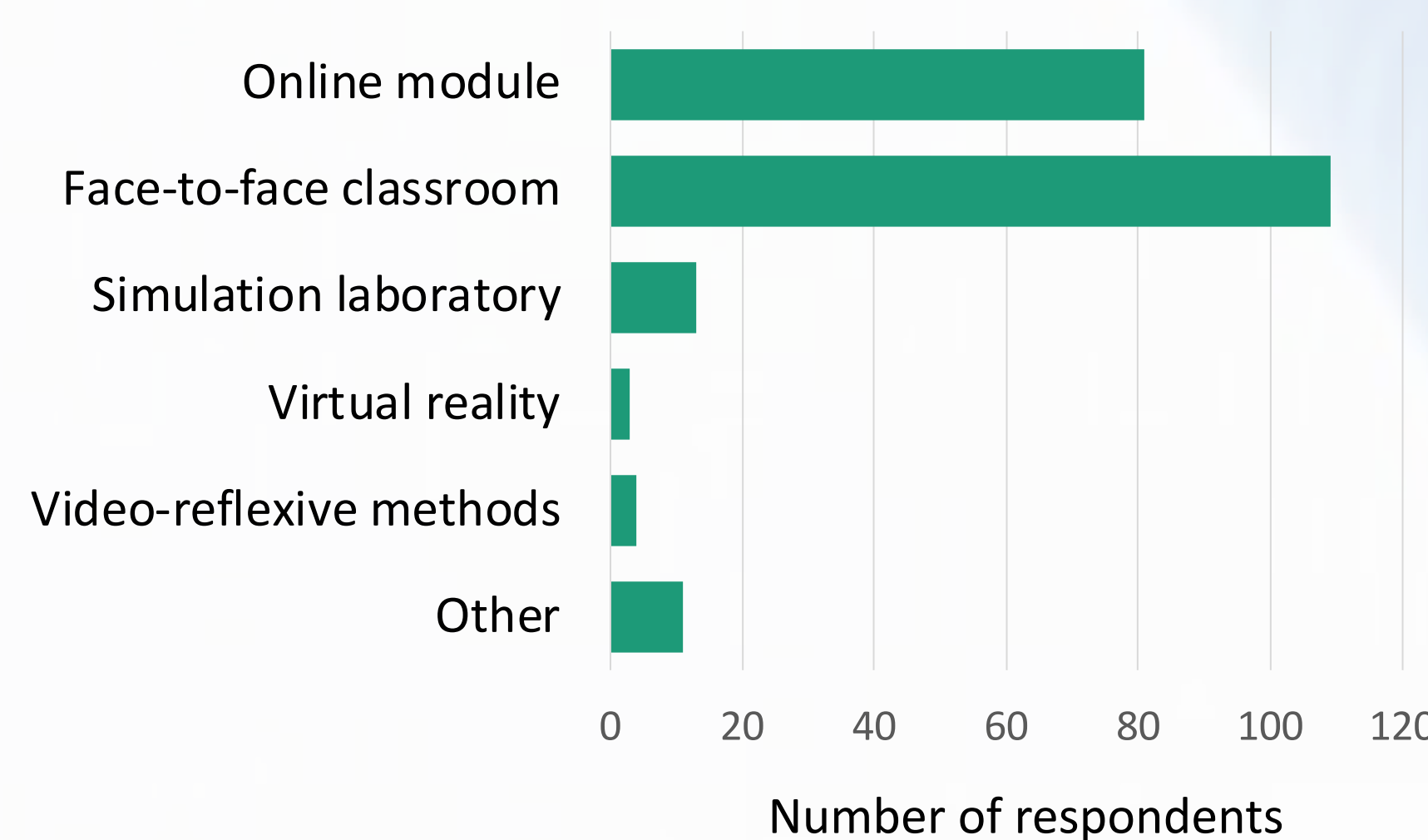
Number of respondents by geographical location



Frequency of training for routine PPE



Methods of training for routine PPE



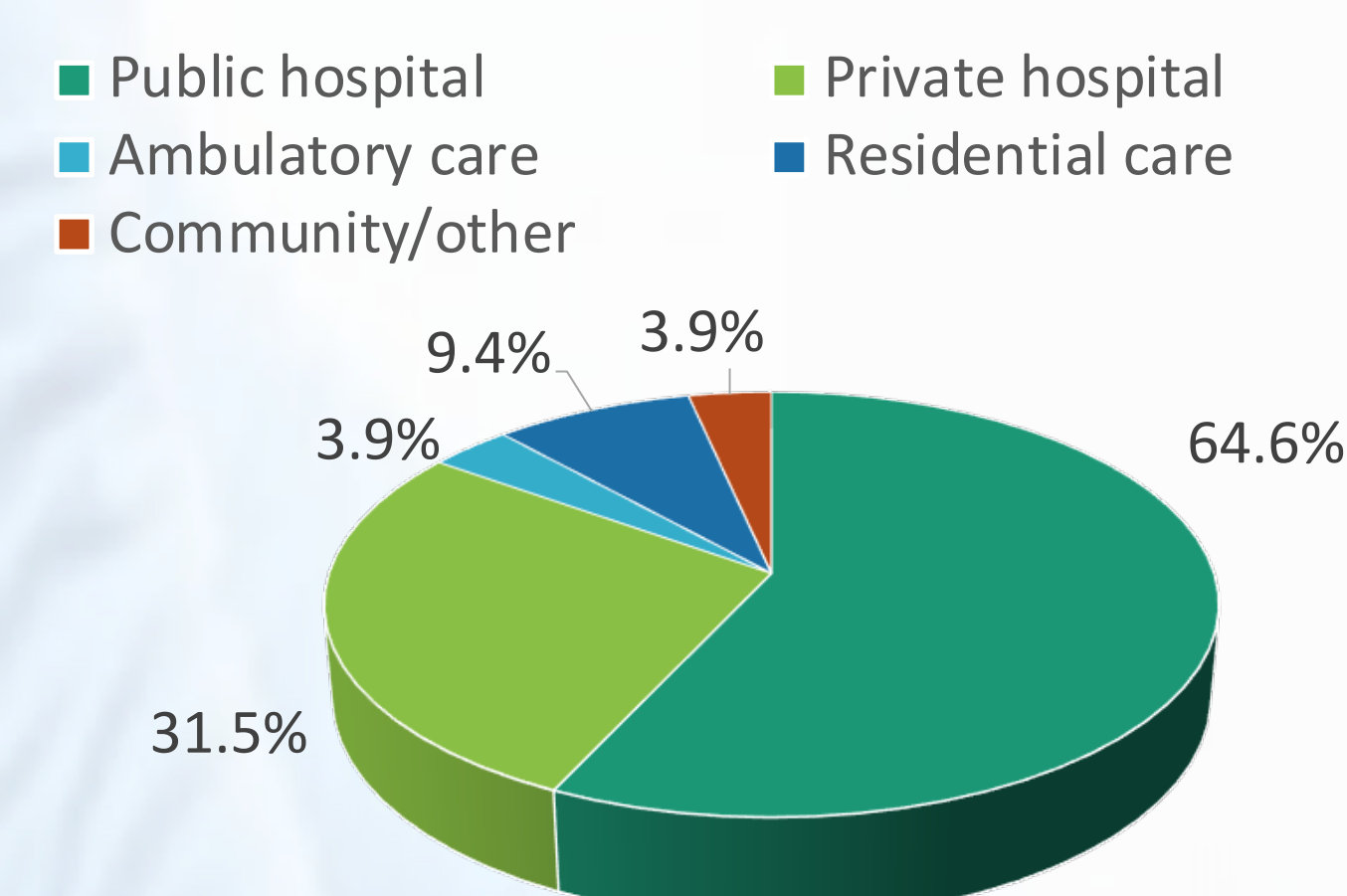
Who is trained?

- Twice as many nurses and support workers are trained compared to doctors and allied health workers.
- The majority of medical staff trained are junior doctors and medical students.

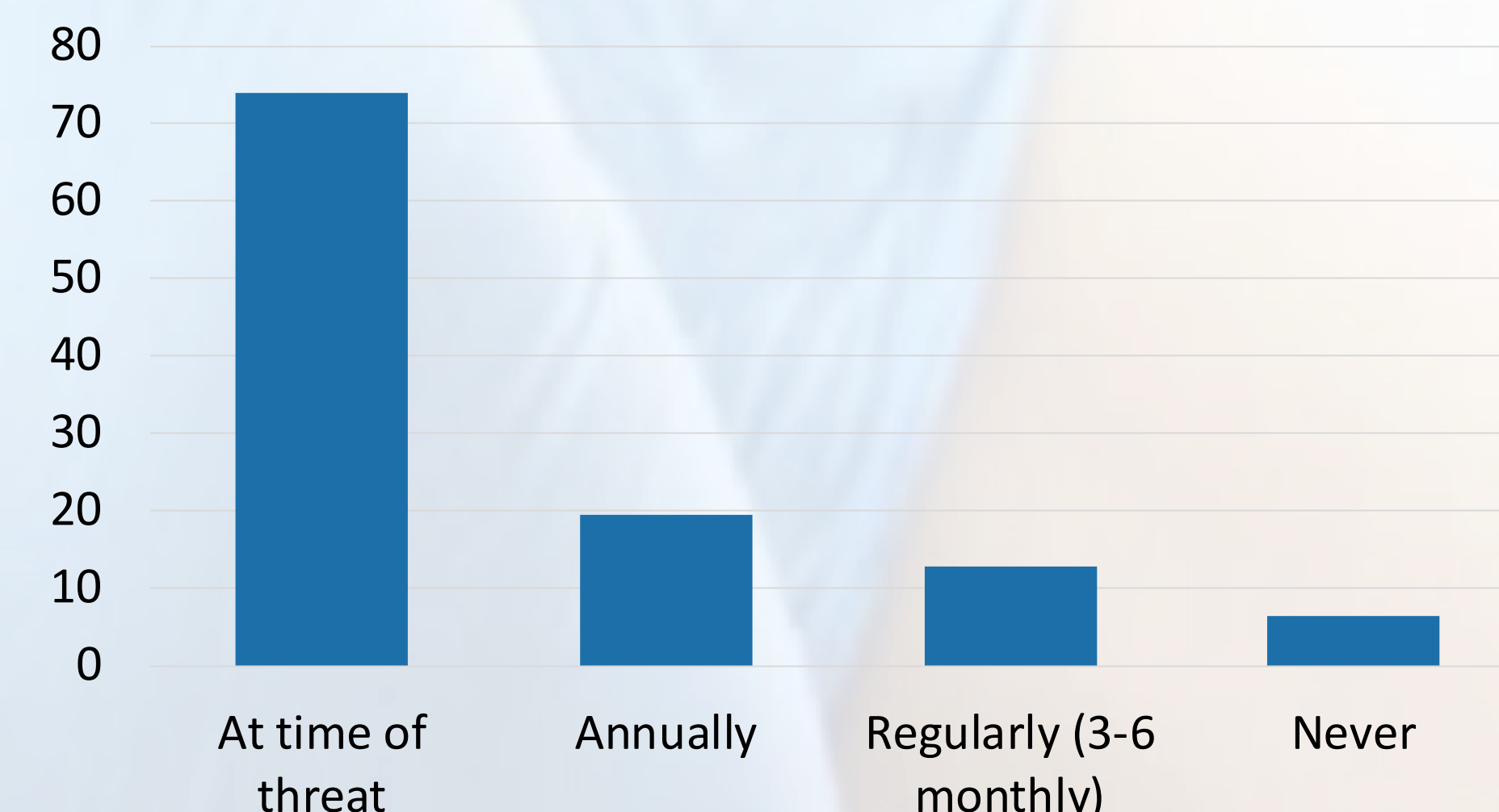
Auditing PPE

- ✓ 63% do audits
 - 30% annually
 - 30% 6 monthly
 - 28% more frequently
- ✓ 90% of audits undertaken by IPC
- ✓ 90% developed own audit tool

Responses by type of facility



Frequency of training for high-level PPE



- 43 respondents stated that high-level PPE training was provided at their facility.
- 50% of these facilities had a dedicated group of clinicians responsible for the training.

Frequency of high-level PPE items used for training



Thank you to everyone who participated in this research. The results will be used with any ongoing work in this area of infection prevention and control. Please contact Ruth Barratt on 0468 352 335 ruth.barratt@Sydney.edu.au for more information.