

Personal protective equipment (PPE) – 4th May 2020

In response to COVID-19, personal protective equipment (PPE) is vital to protecting frontline workers and vulnerable people. It includes masks, gloves, goggles and gowns. The Australian Government is investing \$1.1 billion in the purchase of additional PPE stocks. There is a worldwide shortage of PPE and in Australia this has been exacerbated by the drawing down of stocks, particularly masks, to help respond to the recent bushfires. All efforts are being made to source new supplies of all kinds of PPE as quickly as possible and to generate new supply from Australian-based manufacturing facilities.

Nonetheless, it is important that we conserve the stocks we have so that we are able to respond, no matter what happens overseas. The Government has a plan for distributing PPE to facilities and workers for whom they are most needed, based on expert modelling undertaken for this purpose. The Government's highest priority is to ensure access to masks and other PPE for health and aged care workers – people who have a high risk of close contact with COVID-19 cases. At this time, the Government is only supplying P2 and surgical masks from the National Medical Stockpile to workers at the highest risk of exposure. Other forms of PPE will be made available once additional supplies are received. The Government is currently prioritising distribution of supplies to places that are most in need, including:

- Public hospitals (supporting the states and territories), general practices, community pharmacies and other frontline settings.
- Residential aged care facilities because of the vulnerability of residents to severe illness and death from the virus.

The Government is keeping the groups to whom masks are being made available under constant review. New announcements about availability and distribution methods are expected as new stocks arrive, as well as in the event that stocks are depleted. **Everyone seeking access to masks from the National Medical Stockpile should first check whether commercial stocks are locally available.**

a) GPs, pharmacies, and Aboriginal Controlled Community Health Organisations

To help us plan our distribution of masks issued by the Australian Government from the National Medical Stockpile (NMS), we ask that general practices, ACCHO and community pharmacy complete this online [PPE Request Form](#) so that we can determine the requirements for your service. Please find more information below.

Practices have been reminded that PPE issued from the National Medical Stockpile (NMS) is to top-up their supply in the event they are unable to obtain PPE from their usual supplier, not to take the place of their usual stores orders.

Our General Practice Improvement Team (GPIT) is using a contactless delivery service whereby practices are contacted when the team member arrives and a safe drop is completed at the practice's front door. This means you may receive a phone call from a team member advising you they are outside your practice with your supplies. You will need to send a staff member to collect them. Thank you for your continued assistance with the delivery efforts.

b) Allied Health

Allied health professionals are now eligible for limited access to the supply for the use of their staff when there is no available commercial supply and they are working in higher-risk clinical areas, and with higher risk vulnerable patients.

This is a one - **off allocation**

Given the diverse nature of the allied health sector, when determining whether allocation of masks is appropriate, PHNs have been asked to consider:

- The likelihood of the worker having direct or close contact with high-risk patients who are presenting with fever and/or respiratory symptoms. For example: a respiratory physiotherapist working with patients with cough, sore throat and/or shortness of breath, as compared to an exercise physiologist who is likely to be working with well individuals
- The extent to which the allied health professional can manipulate their environment or practice method to reduce the chance of transmission. For example: due to the nature of their work, a diagnostic radiographer cannot easily change their mode of practise or environment, whereas a dietitian or psychologist may be able to continue to provide services through telehealth.
- The relative vulnerability of the patients that the allied health professionals are treating. For example: where the allied health professional is routinely treating patients who are immunocompromised, or those who are elderly or disabled.

There remains an assumption that allied health professions will, where possible, not see patients with respiratory symptoms or at a higher risk of COVID-19 unless required to as part of their core business (for example: an optometrist can defer seeing a patient with respiratory symptoms until that person is well).

The Department of Health have developed a guide to assist PHNs in prioritising limited resources to allied health.

Speech pathologists
Respiratory physiotherapists
Sonographers
Diagnostic radiographers
Orthotists/prosthetists
Other physiotherapists
Podiatrists
Occupational therapists
Exercise physiologists
Osteopaths
Orthoptists
Audiologists
Optometrists

c) NDIS and disability providers

Access to masks for these sets of care workers is being kept under review and may be considered as more stocks become available and if risks increase. In the interim, the best way for care workers to protect themselves and the people they are caring for is to undertake the training available at covid-19training.gov.au Allied health workers: Access to masks for allied health workers is also being kept under review and may be considered as more stocks become available and if risks increase. If they were to be made available, they would be prioritised first to those allied health workers whose work entails close physical contact with their patients and only when the intervention is strictly necessary and urgent. Allied health workers who continue in routine work should maintain strong infection prevention and control procedures, including social distancing, good respiratory hygiene, frequent handwashing and regular cleaning of surfaces. If PPE is not available for interventions requiring close physical contact, allied health workers should reconsider the need for the intervention.

d) Aged care providers (residential, in home and community care)

If Commonwealth funded aged care providers are experiencing shortages and are unable to obtain masks from any other source, the National Medical Stockpile may be in a position to provide a small supply to supplement existing supplies. All requests will be considered, and if appropriate, approval will be given to dispatch stock from the states and territories who are distributing Stockpile supplies to Commonwealth funded aged care providers.

After you have explored alternative supply options, you may request supply from the Stockpile by emailing AgedCareCOVIDPPE@health.gov.au. This request will be reviewed and triaged based on need and urgency, with priority given to aged care providers where there has been a confirmed case of COVID-19. You may be contacted for further information about your request to determine priority. You may also be requested to reimburse the Stockpile at cost depending on circumstances.