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Results of RACP Members' Survey on personal protective equipment (PPE) access and use

August 2020

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 18,000 physicians and 8,500 trainee physicians, across Australia and New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

Executive summary

On 30 July 2020 the RACP distributed a voluntary survey to all its practising Australian based members on their use of and access to PPE. Members had until close of business 3 August to complete the survey. There were 677 responses to this survey and the completion rate was 98%.

Key findings of the survey:

- 20% of full time public hospital based members are reporting as having to source their own appropriate PPE (note that we are not able to determine if they are unable to access PPE that is specified by the AHPPC or Vic Health guidelines, or if they are sourcing PPE that is additional to what is currently recommended). This share is broadly similar for Victoria only responses.
- Approximately 45% of respondents say they have limited or no access to N95/P2 masks for their needs. Almost 11% have no access. The Victoria only results for these shares is broadly similar.
- Approximately 22% of respondents across all settings say they have either limited (18.7%) or no (3.5%) access to surgical masks. The share of those who say they have limited or no access to surgical masks is significantly lower in Victoria (14.8%).
- When responses are segmented to full time public hospital and full time private practitioner in the community responses, there are some significant differences in access between these two categories. 13.3% of respondents working as full-time public hospital employees reported limited or no access to surgical masks compared to more than half of full time private practitioners. Almost a quarter of respondents working as full time private practitioners have had to privately source some of their PPEs from overseas.
- More than 40% of respondents who have reported having to privately source their own PPEs say they will need alternative sources of supply due to shortages or price increases from their current sources. The Victoria only result for this is broadly similar. The equivalent figure for full time private practitioners across all settings is approximately 70 per cent.
- Less than 61% of respondents reported having had recent workplace training in the use of PPE. The share of respondents reporting recent workplace training was slightly higher in Victoria (67.1%).
- Written comments to the survey raised the following issues of concern and recommendations:
    - Stress caused by inconsistent directions on PPE and disparity across health care workers
    - Private practitioners not being assisted in terms of access to the national stockpile
    - Poor health organisation procedures (e.g. not fitting masks) or being over-protective of PPE
    - Essential to have consistent advice and standard guidance and to know these are regularly reviewed and updated
    - Concerned about poor quality of some PPE
      Criticisms of leadership (within organisations and at government levels) because of many of the other concerns raised above (e.g. insufficiently concerned with healthcare worker welfare, inconsistent standards, inadequate support for safety and training, etc).
    - Need for a national registry of infected healthcare workers

What governments need to do urgently:

- Commit to a target of zero occupationally acquired healthcare worker Covid-19 infections
- Ensure frontline health care workers have access to necessary PPE (in public and private hospitals as well as residential aged care settings)

- Ensure physicians and paediatricians working in private practice in the community are able to access the National Medical Stockpile for their PPE requirements

- Provide transparent information about reserves in the National Medical Stockpile, including by jurisdiction

- Report nationally and by jurisdiction on health care workers testing positive to Covid-19 by jurisdiction, age group, occupation, primary workplace, and whether the infection was occupationally acquired.

- Extend PPE requirements for the use of N95 masks to aged-care facilities.

1. Introduction and respondent demographics

Access to appropriate Personal Protective Equipment (PPE) during the COVID-19 outbreak is a concern for RACP members who work in the frontlines of healthcare service delivery. On 30 July 2020 the RACP distributed a voluntary survey to all its practising Australian based members on their use of and access to PPE. Members had until close of business 3 August to complete the survey. There were 677 responses and the completion rate was 98%. **Table 1** summarises some of the key demographics of the respondents.

While the majority of the survey questions focused on the need for and access to PPE in work settings and training provided in work settings on PPE use, the survey also included a question on whether respondents had contracted the COVID-19 virus. All but two of the 16 questions in the survey were multiple choice, but within the multiple-choice questions, some had options to provide additional written responses. Survey respondents were informed before starting the survey that their responses would be deidentified and the results shared for general publication.

This document reports on the results of this survey, with results reported in all settings, for full-time public hospital employees and full-time private practitioners in the community, as well as for Victoria only.

Note that due to rounding and because some multiple-choice questions allowed respondents to choose more than one option, numbers may not add up to 100% for some of the results.

Table 1: Respondent demographics

	% of respondents
Practice setting	
Full time private practice in the community	8.6
Full time hospital (public)	40.3
Full time hospital (private)	3.1
Part time private practice in the community	20.2
Part time hospital (public)	39
Part time hospital (private)	14.2
Other	5.5
State/Territory	
ACT	2.5
NSW	25.2
QLD	14.4
WA	6.4
SA	4.3
NT	1.2
Tasmania	1.5
Victoria	46.4
Practice location	
Metropolitan	84.3
Inner regional	10.6
Outer regional	7.9
Remote	2.4
Very remote	0.7
Specialties (only those with 5% or more share listed)	

Internal medicine	22.8
Paediatrics and child health	19.1
Geriatric medicine	9.5
Thoracic medicine	8.4
Endocrinology	6.4
Cardiology	5.3
Infectious disease medicine	5.0
Palliative medicine	5.0

2. Survey results

2.1 Access to PPE

Table 2a: Access to PPE[1]

	All settings (%)	FT public hospital (%)	FT private in the community (%)
Surgical masks			
I have sufficient access for my needs	74.8	85.2	42.1
I have limited access for my needs	18.7	12.9	36.8
I have no access and require access	3.5	0.4	17.5
I do not require this type of PPE	3.0	1.5	3.5
N-95 masks/p2 masks			
I have sufficient access for my needs	36.9	48.3	16.7
I have limited access for my needs	34.0	37.6	38.9
I have no access and require access	10.6	4.4	27.8
I do not require this type of PPE	18.5	9.6	16.7
Cloth masks			
I have sufficient access for my needs	17.4	15.0	16.7
I have limited access for my needs	10.2	4.1	24.1
I have no access and require access	8.6	7.5	25.9
I do not require this type of PPE	63.7	73.4	33.3
Gloves			
I have sufficient access for my needs	87.9	95.9	59.6
I have limited access for my needs	7.7	3.3	24.6
I have no access and require access	1.4	0.0	7.0
I do not require this type of PPE	3.0	0.7	8.8
Gowns			

[1] The specific survey question asked was **'What best describes your access to PPE in the current environment?'**

I have sufficient access for my needs	60.9	77.1	21.4
I have limited access for my needs	20.1	20.3	23.2
I have no access and require access	6.8	1.5	35.7
I do not require this type of PPE	12.2	1.1	19.6
Face visors			
I have sufficient access for my needs	37.8	47.1	22.8
I have limited access for my needs	28.1	30.1	22.8
I have no access and require access	14.6	11.8	29.8
I do not require this type of PPE	19.5	11.0	24.6
Eye goggles			
I have sufficient access for my needs	40.3	54.8	19.6
I have limited access for my needs	26.8	29.0	21.4
I have no access and require access	9.8	5.9	26.8
I do not require this type of PPE	23.1	10.3	32.1

Table 2b: Access to PPE (Victoria only)[2]

	All settings (%)	FT public hospital (%)	FT private in the community (%)
Surgical masks			
I have sufficient access for my needs	83.9	89.7	52.2
I have limited access for my needs	12.9	9.6	30.4
I have no access and require access	1.9	0.0	13.0
I do not require this type of PPE	1.3	0.7	4.3
N-95 masks/p2 masks			
I have sufficient access for my needs	35.9	46.3	17.4
I have limited access for my needs	35.6	38.2	43.5
I have no access and require access	11.7	7.4	21.7

[2] The specific survey question asked was **'What best describes your access to PPE in the current environment?'**

I do not require this type of PPE	16.8	8.1	17.4
Cloth masks			
I have sufficient access for my needs	23.4	20.1	18.2
I have limited access for my needs	8.9	3.7	22.7
I have no access and require access	6.6	6.0	18.2
I do not require this type of PPE	61.1	70.1	40.9
Gloves			
I have sufficient access for my needs	89.8	96.3	52.2
I have limited access for my needs	6.2	3.0	21.7
I have no access and require access	0.7	0.0	4.3
I do not require this type of PPE	3.3	0.7	21.7
Gowns			
I have sufficient access for my needs	63.1	80.1	17.4
I have limited access for my needs	21.4	18.4	30.4
I have no access and require access	5.2	1.5	30.4
I do not require this type of PPE	10.4	0.0	21.7
Face visors			
I have sufficient access for my needs	51.1	59.6	21.7
I have limited access for my needs	24.6	24.3	26.1
I have no access and require access	13.3	10.3	26.1
I do not require this type of PPE	11.0	5.9	26.1
Eye goggles			
I have sufficient access for my needs	46.6	60.3	13.0
I have limited access for my needs	25.1	22.8	30.4
I have no access and require access	9.0	7.4	26.1
I do not require this type of PPE	19.3	9.6	30.4

Table 3a: Sources of private supply of PPE (if any) used in capacity as healthcare service provider[3]

	All (%)	FT Public hospital (%)	FT private in the community
Local businesses (e.g. pharmacies, medical supply stores, hardware stores, other retail)	35.2	18	72.4
Online businesses	29.3	18.8	56.9
Overseas orders	11.9	6.6	24.1
N/A I have not had to source my own PPE	51.1	66.2	8.6
Other (please specify)	4.2	3.7	12.1

Table 3b: Sources of private supply of PPE (if any) used in capacity as healthcare service provider (Victoria only)[4]

	All (%)	FT Public hospital (%)	FT private in the community (%)
Local businesses (e.g. pharmacies, medical supply stores, hardware stores, other retail)	34.5	19.9	69.6
Online businesses	31.9	20.6	65.2
Overseas orders	14.7	8.8	34.8
N/A I have not had to source my own PPE	47.6	62.5	8.7
Other (please specify)	4.5	1.5	17.4

Examples of written comments provided for 'other' sources:

Made decisions to reduce clinical exposure to reduce risk for me and my team (e.g. 1 doctor only seeing the patient or only examining if needed or every second day or waiting until end of ward round to see potential or actual COVID patients etc) so rest of ward round is not potentially contaminated by our clothing etc

Made my own and colleagues masks

Made by family

home made masks

[3] The specific survey question asked was **'In your capacity as a healthcare service provider, have you had to privately source any of your own PPE during the pandemic from any of the following? (please tick all that apply)'**

[4] The specific survey question asked was **'In your capacity as a healthcare service provider, have you had to privately source any of your own PPE during the pandemic from any of the following? (please tick all that apply)'**

Gift from builders, GP friends, builders

Home business

Staff and family manufacture of cloth masks

Family making cloth masks

Online medical groups who have ordered in bulk

AMA WA

patients have donated some supplies including masks and scrubs

Have purchased, but not required to use as yet.

online purchase: touted as N95 but in fact were poor imitations

Table 4a: Respondent rating of reliability of private supply of PPE sourced in their capacity as healthcare service provider[5]

	All (%)	FT Public hospital (%)	FT private in the community (%)
They are sufficient to meet my needs for the long term	14.3	11.5	16.1
I need alternative sources of supply – there are shortages/delays already	27.6	20.2	50.0
I need alternative sources of supply - current sources are too expensive	15.9	12	19.6
I don't know	42.1	56.3	14.3

[5] The specific survey question asked was **'If you have had to privately source some of your own PPE in your capacity as a healthcare service provider, how reliable do you think these sources of supply are?'**

Table 4b: Respondent rating of reliability of private supply of PPE sourced in their capacity as healthcare service provider[6] (Victoria only)

	All (%)	FT Public hospital (%)	FT private in the community (%)
They are sufficient to meet my needs for the long term	16.3	15.6	9.1
I need alternative sources of supply – there are shortages/delays already	23.3	13.5	50.0
I need alternative sources of supply - current sources are too expensive	16.7	15.6	22.7
I don't know	43.8	55.2	18.2

Table 5a: Responses to the question 'If you work in a public hospital, have you had to source your own PPE during the pandemic?'

	All (%)	FT Public hospital (%)
Yes	19.7	20.5
No	63.3	79.5
N/A I only work in private settings	17	0

Table 5b: Responses to the question 'If you work in a public hospital, have you had to source your own PPE during the pandemic?' (Victoria only)

	All (%)	FT Public hospital (%)
Yes	21.0	20.1
No	65.0	79.9
N/A I only work in private settings	13.9	0.0

[6] Respondents were told to only answer this question if they had to privately source PPEs in their capacity as a healthcare service provider. The specific survey question asked was **'If you have had to privately source some of your own PPE in your capacity as a healthcare service provider, how reliable do you think these sources of supply are?'**

2.2 Training in PPE use

Table 6a: Training in the use of PPE received in capacity as a healthcare service provider[7]

	All (%)	FT Public hospital (%)	FT private in the community (%)
I was trained as a trainee but not since	13.2	8.1	32.8
I have regular training in my facility	14.1	23.2	5.2
I have had some training in the past prior to this year	11.7	11.4	22.4
I have had recent training in 2020	60.8	64	32.8
Other (please specify)	10.1	5.1	15.5

Table 6b: Training in the use of PPE received in capacity as a healthcare service provider[8] (Victoria only)

	All (%)	FT Public hospital (%)	FT private in the community (%)
I was trained as a trainee but not since	12.5	8.1	39.1
I have regular training in my facility	14.7	22.1	4.3
I have had some training in the past prior to this year	8.9	11.0	17.4
I have had recent training in 2020	67.1	67.6	34.8
Other (please specify)	7.7	3.7	17.4

Examples of written comments provided for 'other':

DIY looking at DOH online webinar

Have been involved in the training of PPE for our hospital

From YouTube

I had to complete an online module on donning and doffing of PPE

[7] The specific survey question asked was **'What best describes the training you have received in the use of PPE in your capacity as a healthcare service provider?'**
[8] The specific survey question asked was **'What best describes the training you have received in the use of PPE in your capacity as a healthcare service provider?'**

Online video in use of PPE

Used and advised on PPE for industry. Trained by occupational hygienists training is available including video demonstrations to view at any time

Online video self sought

Have completed online training only

It's in our domain to advise on PPE as Occ Physicians

Only after I insisted, it was not easy to get trained. I was told there was not enough PPE to "waste" it on training

I watched videos

Self-inform

FAFOEM & DPH training covered this is huge detail

Self education via various online portals

Email instructions only

Wall posters

I have access to training videos but no face to face or mandatory training

During my term in emergency I was invited to regular refresher and assessments for different grades of PPE. This has not occurred on the ward rotations and did not occur at all at a different hospital when rostered as a relief

Respondents were also asked to describe the quality of the training they received in the use of PPE in their capacity as a healthcare service provider. This was a question requiring a written response. Approximately 12% of written responses did not provide a rating or sufficient description. Of the remainder that did:

- 9.7% described their training as excellent
- 29% described their training as very good, good or fairly good
- 27.9% described their training as satisfactory or adequate
- 12.3% described their training as basic/fair or limited/poor
- 5.1% described their training as inadequate

Of those who described their training, 61.9% stated that it took the form of an online recording and 30.2% stated it involved both online recording and a physical demonstration.

Main issues raised in these written responses were:

- Lack of updates to training as requirements changed
- Lack of flexible training times e.g. if on a day the person did not work, they would miss out on the training
- Inconsistent messages
- Reliance on video without actual checking or demonstrations

Quotes

Not adequate - we had to learn by telling others how to don/doff due to limited PPE. Could not try yourself. First time doing this was with a suspected COVID patient

No updates to training though when new equipment introduced

No practical training, have never had a fit testing of N95 masks in my entire career.

I asked my organisation regarding the document of PPE from the Australia Commission on Safety and Quality in Health Care in May 2020 which indicated Protection for vulnerable patient groups during COVID-19 that I should be wearing a surgical mask, disposal gloves and disposable plastic apron. I was advised the following:

> *"We are strictly following the Victorian DHHS guidelines with regard to PPE use. Currently there is no recommendation to wear masks/aprons/gloves for routine patient care on non-COVID wards."*

Each service used a different "preferred method" to don and doff

Very good (after I insisted). But most doctors at my institution have had a video only and are utterly hopeless. I observe constant self-contamination and contamination of clean areas. There should be PPE spotters to check donning and doffing. Also there is no fit testing of N95 masks although I have been told there are a few small masks available- lack of small masks specifically disadvantages women

Educational videos are good. However there are no formal guidelines for "covid positive patient - use this", "covid suspect - use this". The guidelines are for "aerosol precautions", "droplet precaution" with no formal written instruction regarding indication (is this for legal protection reasons???). I have been told off for asking if I can wear my own mask (ID professor rang my boss and then rang me).

Other questions

Respondents were asked if they had tested positive to COVID-19 during the course of this pandemic. 5 people (0.75% of respondents) answered yes and 4 out of the 5 were located in Victoria.

The final question in the survey asked respondents for any other (written) comments. We received comments on a diverse range of subjects relating to PPE and respondents' workplaces in light of the COVID-19 outbreak. The key categorizable comments are as follows:

- 18.1% commented on the need for changes to PPE guidelines including consistency, the need to review PPE advice more often and greater standardisation of advice.
- 16.5% criticised their employer organisation's advice on wearing of PPE in different areas of the organisation (e.g. hospital wards etc) or cited flaws in the leadership advice
- 15.7% commented on PPE sourcing difficulties
- 6% found their organisation protective of PPE in the sense of overly rationing its use

Some key concerns and recommendations raised in the comments include:

  - Stress caused by inconsistent directions on PPE (not based on evidence) and disparity across health care workers
  - Private practitioners not being assisted in terms of access to the national stockpile
  - Poor health organisation procedures (e.g. not fitting masks) or being over-protective of PPE
- Critical of leadership (within organisations and at government levels)
- Essential to have consistent advice and standard guidance and to know these are regularly reviewed and updated
- Concerned about poor quality of some PPE
- Need for a national registry of infected healthcare workers

Quotes

I feel highly unsupported by my hospital. Staff have clearly expressed concern that the level of PPE offered is insufficient and it of the standard provided for similar situations at other institutions. The response from the ceo has been to chastise us and attempt to vilify is for requesting PPE. I am in an unsafe working environment and feel unsupported and vulnerable.

I am deeply disappointed by the lack of PPE available to the respiratory registrars in Victoria that are actively working in the covid wards. The fact they need to source it secretly from the crash cart is very disappointing

Very upset about this issue. Very upset about not being allowed to wear my own mask and protect myself because "we want to keep the hospital feel safe etc". No one will care if I get sick +/- long term lung damage. Very upset about ID department attitude and ID professor contacting my boss etc after I asked I can wear own mask/ questioning why we are asked to see COVID patients in surgical masks

PPE is crucial. No health care worker should be asked to worked without PPE. Junior staff in training face more pressure to do so, which is negligent and amounts to workplace harassment and bullying. There is definitely a need to establish a registry for HCWs who contact COVID through work exposure and I believe we need to take the initiative regarding this and not rely on politicians

Community physicians need a clear way to access PPE. Currently as we are not hospitals or primary health - there is no clear pathway

Private community specialist practices have been and continue to be completely unsupported regarding PPE. A glaring failure of federal and state health services. Public hospital PPE policy has at times been dictated by PPE availability rather than what is actually best practice.

Remote healthcare services are at the bottom of the pecking order in Australia, but often providing care to the most vulnerable groups. We expect better.

Out of hospital specialist doctors should also be provided N95 Masks in pandemics. The government needs to plan an appropriate stockpile

We need a national registry of health care workers affected in pandemics . WA is collating and reviewing all HCW with COVID. A national registry maintained specifically (? by a body such as the Aust Commission Quality and safety in Health Care or similar body) would be useful here. Jurisdictional data obviously important source, but they have competing priorities, and this is a national issue for HCW . This body could have oversight to gather additional info, standardise, arbitrate, focus on surveillance of infections in this cohort - would seem critical, with oversight by ICEG potentially. A great role for a federal CDC which doesn't exist, but in the absence of that, would be great for the Colleges to lobby to resource such a registry. And suggest need to act soon...

surgical masks currently supplied in acute medical unit I work in are very poor quality, do not seal around my nose and slip down face when talking. Access to n95 masks and mask with visors serverly limited. Goggles almost impossible to find on ward. In the case of covid re-emergence in WA community I will likely purchase my own goggles. I also feel mask fitting should be made mandatory in all states and territories ASAP.

Community outreach team from the hospitals need to have PPE readily available. Currently, there is no guaranteed adequate full PPE supply for the staff who do nursing home outreach around Gold Coast region. This is a pressing issue as nursing homes are high risk areas for outbreak and we need to protect our HCW.

One training session where I pointed out wiping down eye protection and putting it back on the trolley for the next user was poor practice, and that they should instead be put in a bucket of cleaner and returned to circulation after a day (to account for human error etc). Was told this is not necessary and was dismissed. I have a background in microbiology and know a lot about prevention of contamination. The practice still has not been changed.

If you work a lot of evening/night shifts (common in paeds training in SA) and missed out on a daytime refresher/mock simulations earlier in the year then no additional face-to-face training has been provided or offered so far.

Each service used a different "preferred method" to don and doff; there were risks I identified (eg: wiping down and sharing the eye goggles between people/ surfaces used etc); gave feedback and received little confidence training altered for others; also- for swabbed isolated patients the transfer of equipment (eg stethoscopes) into rooms and handling of meal trays seems to be a source of risk (again... have flagged concerns)

Surgical masks were initially not provided or withheld from my outpatient dept deemed not required because the risk was "low". In April I made a formal complaint and they then were provided for staff working with children closer than 1.5 meters and at risk of secretions spread. now we have adequate supplies but every order is scrutinised and all PPE in the hospital is counted every Monday morning via all in the hospital QARS audit system

The current national guidance is appallingly weak, compared to that undertaken in China and the US. They are wearing full suits and sealed goggles.

Quality of surgical face masks varies greatly per brand available. Within the same box, some surgical face masks suboptimal, and slip down your nose while talking. Quality products made in Australia would be better.

The hospital is very worried that PPE supplies will be stolen and keeps supplies locked away which means that the PPE is not accessible when required. It is demeaning to have to beg for a mask. This results in PPE not being used correctly. A penny might be saved by not having the PPE easily available however if there is transmission it will be seen to be a false economy