There have been several recent reports of healthcare workers’ (HCWs’) inconsistent and suboptimal adherence, less than 60%, to recommended infection control precautions including the use of respiratory personal protective equipment. This pattern was most recently documented during the H1N1 outbreak. Both the Occupational Safety & Health Administration (OSHA) and Centers for Disease Control and Prevention/Healthcare Infection Control Practices Advisory Committee (CDC/HICPAC) stated that based on the evidence there appears to be marginal compliance by HCWs with respiratory protection guidelines and that, day to day compliance is left to the individual employee and employer. In addition, OSHA warns that given the emergence of “new infectious diseases that affect both patients and HCWs, compliance with recommended infection control practices is an increasingly important issue.” This presentation will highlight the findings from a series of acute care hospital studies from 2009-2012 that evaluated respiratory protection programs (RPPs) and HCWs’ use of respiratory protection. Selected results from over 100 hospitals in five regions of the U.S., 1500 HCWs and 300 observations indicate that: respiratory protection program (RPP) plans exist on paper, HCWs are not donning and doffing respirators properly, N95 respirators are most commonly used for TB and HCWs are infrequent N95 respirator users and recall fit test at hire with minimal updates.

In addition, the presentation will overview two initiatives to develop a monograph and national toolkit of resources, tools and best practices to reinforce RPPs and proper use practices.