

What PPE should I be wearing and when?

1. When should I be wearing PPE?

General principles:

PPE is worn to protect you from the respiratory secretions of patients, principally coughing and sneezing within 2m of you. Otherwise, proximity to a patient is not a risk unless you have direct physical contact with body fluids (urine, faeces, blood).

Remember: PPE NEVER removes the need for thorough and frequent hand and forearm hygiene or social distancing.

When should I be wearing PPE?

- In ward areas when in direct contact with a patient, less than 2m distant. Risk assess likelihood of accidental contact/encounters when still on ward but outside of bays or side rooms, this may need you to continue wearing a mask and eye protection
- In A&E (see specific local guidelines)
- In critical care areas (see specific local guidelines)
- In theatres (see specific local guidelines)
- In out-patient clinics when in direct contact with a patient, less than 2m distant. Risk assess likelihood of accidental contact/encounters when still in the clinic area but not in your clinic room, this may need you to continue wearing a mask and eye protection
- For transfer of patients between clinical areas
- Security staff and reception staff at hospital entrances and clinic entrances should attempt to maintain 2m distancing, but if this is not possible, should be using mask and eye protection. Reception staff behind a screen do not require PPE
- Staff working in retail areas (Toms, Shepherds Hall) should attempt to maintain 2m distancing, but if this is not possible, should be using mask and eye protection

When should I not be wearing PPE?

- Away from clinical areas ie corridors, lifts, public areas, retail areas
Unless you are transporting a patient
- In office areas, though attempt to maintain social distancing
- In staff rest areas, though attempt to maintain social distancing
- You must not use Trust PPE outside of Trust buildings or of community visiting duties

2. What PPE should I be wearing?

Working in non-Critical Care settings:

- **Working close to patients:**

For direct patient care, working less than 2m from a patient, droplet precautions must be used.

This is: disposable gloves, disposable apron, fluid-resistant face mask, eye protection.

The same PPE is appropriate working in in A&E (excluding Resus), out-patients or performing patient transfers within the hospital.

Only if there is extensive splashing of blood or other body fluids e.g. a patient with uncontrolled vomiting, uncontrolled diarrhoea or bleeding, should a disposable long-sleeved gown be used rather than an apron. Other PPE remains the same.

Staff working in renal dialysis should be using a long-sleeved gown, gloves, fluid-resistant face mask and eye protection while putting patients on to and taking off dialysis, but for other interactions using disposable gloves, disposable apron, fluid-resistant face mask and eye protection. Dialysis staff may be able to use a long-sleeved disposable gown in a sessional manner, putting on a disposable apron over the top for each new patient encounter but leaving the long-sleeved gown on for the duration of a clinical session.

- **Working away from direct patient contact:**

When working in clinical areas away from direct patient contact (>2m), the fluid resistant mask and eye protection may be retained if there is a possibility of unexpected patient contact e.g. a patient wandering out of a room or bay, but gloves and apron should not be worn.

- **Aerosol-generating procedures:**

Staff performing **aerosol generating procedures** (AGPS) (see action card 8di) should use disposable gloves, a disposable long-sleeved gown a fit checked FFP3 respirator and eye protection. Where possible, perform AGPs in a single room. Only those staff needed to perform the AGP should be present and other staff should aim not to enter an AGP area for 20 minutes after completion of the AGP. If there is a clinical need to enter the area before this time elapses, staff must wear AGP PPE.

Physiotherapy and speech and language therapy (SALT) AGPs: a specific list of AGPs related to physiotherapy & SALT is available (action card 8dii). For these activities the physio/SALT staff should use a fit-checked FFP3 respirator and eye protection with disposable gloves and a disposable apron.

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Working in Critical Care settings and A&E Resus:

PPE use in these areas is SESSIONAL. This means you wear items for an extended period without discarding unless they become heavily soiled or damaged.

Staff should use: disposable gloves, a fit-checked FFP3 respirator, eye protection.

Staff will use either a long sleeved disposable gown for a session, with addition of a disposable apron on top for direct bedside activity, or a coverall, again, with addition of a disposable apron on top for direct bedside activity. The apron and gloves are changed between bedside activities BUT NOT the long sleeved gown or coverall.

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Other Patient-facing areas including community:

Staff delivering care in a patient's home should use disposable gloves, a disposable apron, a fluid resistant mask and eye protection. Use of long-sleeved gowns in the home care setting should almost never be necessary except for home births or delivering an aerosol-generating procedure.

If it's necessary for staff in community inpatient units to use a long sleeved gown (if there is excessive splashing of bodily fluids) they can use the gown for the duration of the clinical session, with a disposable apron on top which can be changed between patient encounters.

Some staff should never require more than face protection (fluid resistant mask and eye protection), these include retail and reception staff and transport drivers. Transport drivers may require a disposable apron to help patients in-to and out-of transport.

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