

# COVID-19

## Guidance on infection prevention and control for COVID-19

June 2020

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# Guidance on infection prevention and control for COVID-19

This updated guidance outlines the infection prevention and control advice for health and social care workers involved in receiving, assessing and caring for patients who are a possible or confirmed case of COVID-19.

This infection prevention and control advice is considered good practice in response to the COVID-19 pandemic. It is based on the best evidence available from previous pandemic and inter-pandemic periods and focuses on the infection prevention and control aspects of this disease only, recognising that a preparedness plan will consider other counter measures.

The main changes in this updated guidance are:

- Enhanced PPE recommendations for a wide range of health and social care contexts
- Inclusion of individual and organisational risk assessment at local level to inform PPE use
- Recommendation of single sessional (extended) use of some PPE items
- Re-usable PPE can be used. Advice on suitable decontamination arrangements should be obtained from the manufacturer, supplier or local infection control
- Guidance for when case status is unknown and SARS-CoV-2 is circulating at high levels
- Recommendation on patient use of face masks

**The World Health Organisation (WHO) has confirmed that this guidance is consistent with the highest levels of protection in the world for the procedures with the highest risk of transmission.**

**The emerging evidence base on COVID-19 is rapidly evolving. Further updates may be made to this guidance as new detail or evidence emerges.**

# About Coronavirus/COVID 19

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new strain of coronavirus first identified in Wuhan City, China in December 2019.

The incubation Period of COVID-19 is between 2 to 14 days, with an average of 5 days. This means that if a person remains well 14 days after contact with someone with confirmed coronavirus, they have not been infected.

## Signs and symptoms of COVID-19

The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:

- New continuous cough
- High temperature
- Anosmia (the loss of or a change in your normal sense of smell. It can also affect your sense of taste as the two are closely linked)

Generally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

## How COVID-19 is spread

From what we know about other coronaviruses, spread of COVID-19 is most likely to happen when there is close contact (within 2 metres or less) with an infected person. It is likely that the risk increases the longer someone has close contact with that person.

Respiratory secretions produced when an infected person coughs or sneezes containing the virus are most likely to be the main means of transmission.

There are 2 main routes by which people can spread COVID-19:

- Infection can be spread to people who are nearby (within 2 metres) or possibly could be inhaled into the lungs.
- It is also possible that someone may become infected by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching door knob or shaking hands then touching own face)

It is also possible that people can have no symptoms and still carry the infection without knowing they have it.

## Preventing spread of infection

There is currently no vaccine to prevent COVID-19. The best way to prevent infection is to avoid being exposed to the virus.

Public Health England (PHE) recommends that the following general cold and flu precautions are taken to help prevent people from catching and spreading COVID-19:

- **Cover your mouth and nose** with a tissue or your sleeve (not your hands) when you cough or sneeze. See Catch it, Bin it, Kill it:



The poster features a dark background with a glowing green hand being washed under a stream of water. The text is in white and green. The NHS logo is in the top right. The main headline is 'Coronavirus Wash your hands more often for 20 seconds'. Below this, it says 'Use soap and water or a hand sanitiser when you:' followed by a list of activities: 'Get home or into work', 'Blow your nose, sneeze or cough', and 'Eat or handle food'. At the bottom left, it says 'For more information and the Government's Acti...'. At the bottom right, there is a box that says 'CORONAVIRUS PROTECT YOURSELF & OTHERS'. A large green button at the bottom center says 'Download now at https://bit.ly/3aOfobU' with a hand cursor icon pointing to it.

HM Government

**NHS**

# Coronavirus

## Wash your hands more often for 20 seconds

Use soap and water or a hand sanitiser when you:

- Get home or into work
- Blow your nose, sneeze or cough
- Eat or handle food

For more information and the Government's Acti...

**CORONAVIRUS**  
**PROTECT YOURSELF & OTHERS**

Download now at <https://bit.ly/3aOfobU>

- Put used tissues **in the bin** straight away
- **Wash your hands with soap and water often** – use hand sanitiser gel if soap and water are not available. See hand washing guidance:

**HAND CLEANING TECHNIQUES**  
**How to handwash?**  
WITH SOAP AND WATER

**NHS**  
National Patient Safety Agency

0 Wet hands with water

1 Apply enough soap to cover all hand surfaces

2 Rub hands palm to palm

3 Rub back of each hand with the palm of other hand with fingers interlaced

4 Rub palm to palm with fingers interlaced

5 Rub with backs of fingers to opposing palms with fingers interlaced

6 Rub each thumb clasped in opposite hand using reciprocal movements

7 Rub tips of fingers in opposite palm in a circular motion

8 Rub each wrist with opposite hand

9 Rinse hands with water

10 Use elbow to turn off tap

11 Dry thoroughly with a single-use towel

12 Your hands are now safe

40-60 sec

www.npsa.nhs.uk/cleanyourhands

cleanyourhands®

**Download now at**  
<https://bit.ly/3dSUudP>

- **Try to avoid close contact** with people who are unwell
- **Clean and disinfect** frequently touched objects and surfaces
- Do not touch your eyes, nose or mouth **if your hands are not clean**

Home > COVID-19: guidance for employees, employers and businesses

Department for Business, Energy & Industrial Strategy | Public Health England

Guidance  
**Guidance for employers and businesses on coronavirus (COVID-19)**  
Updated 6 April 2020

Contents  
What you need to know  
Background  
Symptoms  
Key messages

**What you need to know**

- businesses and workplaces should encourage their employees to work at home, wherever possible

Read now at <https://bit.ly/3dZntwF>

The UK does not currently advise use of face masks outside of care settings, in line with PPE guidance:

Home > COVID-19: infection prevention and control (IPC)

Public Health England

Guidance  
**COVID-19 personal protective equipment (PPE)**  
Updated 6 April 2020

Contents  
1. Scope and purpose  
2. Rationale for updated guidance  
3. Main changes to previous

**1. Scope and purpose**

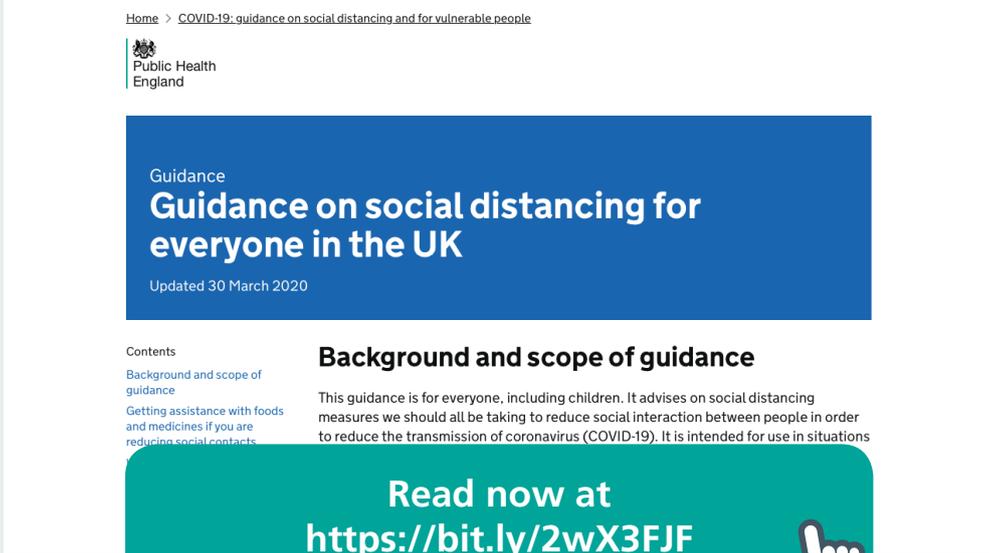
This revised guidance concerns use of personal protective equipment (PPE) by health and social care workers, in the context of the current COVID-19 pandemic. It supersedes previous PPE guidance. This guidance relates solely to considerations of

Read now at <https://bit.ly/3c0iCcu>

The best thing you can do to prevent the spread of the infection is to **Stay At Home**. Your household should also self-isolate for 14 days as per the current guidelines, and you should stay at home for 7 days, or longer if you still have symptoms other than cough or loss of sense of smell. Your household should only go out to go to work, for essentials such as food, to pick up medicines or healthcare.

## Social Distancing

The guidance on social distancing was published on 16th March and updated 23rd March.



The screenshot shows the Public Health England website page for 'Guidance on social distancing for everyone in the UK'. The page is updated as of 30 March 2020. It features a blue header with the title and update date. Below the header, there is a 'Contents' section with a link to 'Background and scope of guidance'. A large green button with a hand cursor icon contains the text 'Read now at https://bit.ly/2wX3FJF'.

Social distancing measures are steps you can take to reduce social interaction between people. This will help reduce the transmission of coronavirus (COVID-19). Depending on what role you have at work your employer may also implement social distancing measures but they are also important to be aware of when you are not at work.

They are to:

1. **Avoid contact with someone who is displaying symptoms of coronavirus** (COVID-19). These symptoms include high temperature and/or new and continuous cough
2. Avoid **non-essential use of public transport** when possible
3. **Work from home**, where possible. Your employer should support you to do this. Please refer to employer guidance for more information
4. **Avoid large and small gatherings in public spaces**, noting that pubs, restaurants, leisure centres and similar venues are currently shut as infections spread easily in closed spaces where people gather together.
5. Where you are coming into contact with other people **maintain a distance of 2 metres** between yourself and others
6. **Avoid gatherings with friends and family**. Keep in touch using remote technology such as phone, internet, and social media
7. Use telephone or online services **to contact your GP or other essential services**

Everyone should be trying to follow these measures as much as is practicable.

**If you are a care worker, social worker or other frontline worker who needs to continue to see our vulnerable resident's people may be extra vigilant before allowing people into their homes and you may be asked to take additional precautions such as using personal protective equipment (PPE) where necessary, as determined by your service manager.**

For some essential roles it will not be possible to maintain a distance of 2 metres. Each service will review those roles in the context of government guidance and take steps to follow measures as much as is practicable, for example, maintaining as much distance as possible in the context of the role being undertaken and making hand sanitizer available where employees don't have access to soap and water.

## Use of PPE where a person has no COVID-19 symptoms

COVID-19 is spread through respiratory droplets (e.g. coughing) or via surfaces.

**People without symptoms will not be coughing, so PPE intended to prevent respiratory droplets (e.g. masks) is not necessary.**

- If neither the worker nor the person receiving support are symptomatic, **then no PPE is required** above and beyond normal good hygiene practices - especially hand washing.
- Regular hand washing and cleaning surfaces and equipment that a non-symptomatic individual may have used/touched **are the key measures needed** to prevent further spread of infection.
- If staff believe there is a risk to themselves or the individuals they are caring for they need to contact their Line Manager / Team Leader to complete **an immediate risk assessment** (see below).

## Risk assessment during the Covid-19 pandemic

Before providing direct care to an individual, a risk assessment should take place. Please take the following steps:

### 1. Initial Risk assessment

- Where possible conduct an initial risk assessment by phone, or by some other remote triage process.
- This should be done prior to entering the person's home, work premises or clinical area.
- It can also be done at a distance of 2 metres on entering a premises for example in a care home review the person for symptoms before delivering care.

## 2. Assess the risk of virus transmission

- If an individual has no symptoms and is **NOT** being shielded then follow the advice above relating to *Use of PPE where a person has no COVID-19 symptoms*.
- If an individual is displaying any COVID-19 symptoms then follow the advice in the table on page 13.
- If you are unsure, is there evidence of sustained transmission of virus in that setting? If so, then follow guidance in the next section.

As part of the risk assessment you should also consider:

- **What procedures are going to be done?** If these involve personal contact within 2 metres consider use of PPE.
- **Is the staff member in a setting or role where they will be in frequent contact with people where their COVID-19 status is unknown?** Consider sessional PPE as per new guidance at page 10. If deemed necessary after the risk assessment, the worker should wear a fluid repellent surgical mask with or without eye protection, as determined by the risk assessment.
- **Use PPE depending on type of care provided and likely risk.** Examples include splashing, or any aerosol generating procedures (see below). PPE should only be used if care is provided within 2 metres of a person with COVID-19 symptoms.

## Types of PPE that may be used

The standard PPE to be used is:

- Fluid-repellent surgical mask (Type IIR)
- Gloves
- Apron
- Eye protection only if there is a risk of splashing bodily fluids in the eyes

## Aerosol Generating Procedures

Aerosol Generating Procedures (AGPs) is the name for a range of medical procedures which can increase the risk of infection – for example a tracheostomy procedure, cough inducing procedures.

The appropriate PPE for any aerosol generating procedure is:

- FFP3 mask
- Long-sleeve gown

Both should be disposable. If no long sleeve gowns are available, ensure arms are bare below the elbow and wash up to elbow.

**Note it is highly uncommon for any AGPs to happen outside of a hospital so use of this PPE will not be necessary for the majority of staff in social care.**

## Single session use of PPE

Fluid repellent (Type IIR) surgical masks (FRSM) and eye protection can be subject to single session use.

A single session refers to a period of time where a health and social care worker is undertaking duties in a specific clinical care setting or exposure environment. For example, a session might comprise a ward round, or taking observations of several patients in a cohort bay or ward.

A session ends when the health and social care worker leaves the clinical care setting or exposure environment. Once the PPE has been removed it should be disposed of safely. The duration of a single session will vary depending on the clinical activity being undertaken.

PPE needs to be put on immediately BEFORE an episode of care and removed immediately AFTER.

The order in which PPE needs to be removed is

1. Apron
2. Gloves
3. Mask/eye protection

PPE needs to be used properly and therefore:

### Masks should

- Be well-fitting covering both nose and mouth
- Not dangle around the neck after or between use
- Not be touched once in position
- Be changed when they become moist
- Be worn once then disposed of – hand hygiene should be performed after disposal

### Gloves must

- Be worn when providing direct care and exposure to blood and/or other body fluids is likely - including during equipment and environmental decontamination
- Be changed immediately following the care episode or the task undertaken

## Aprons must

- Be worn to protect uniform / clothes from contamination when providing direct care and during environmental and equipment decontamination.
- Be changed between patients and immediately after completion of a procedure/task.

The following video from Public Health England shows the correct ways to put on (donning) and take off (doffing) PPE.

Please make sure you watch it if you think you will be required to use PPE.



## Preventing spread at home as a frontline worker

The appropriate use of personal protective equipment (PPE) will protect staff uniform from contamination in most circumstances. It is best practice to change into and out of uniforms, or dedicated work clothing, at work and not wear them when travelling; this is based on public perception rather than evidence of an infection risk.

Uniforms should be transported home in a disposable plastic bag. After emptying contents, dispose of the bag into the household black bag waste stream.

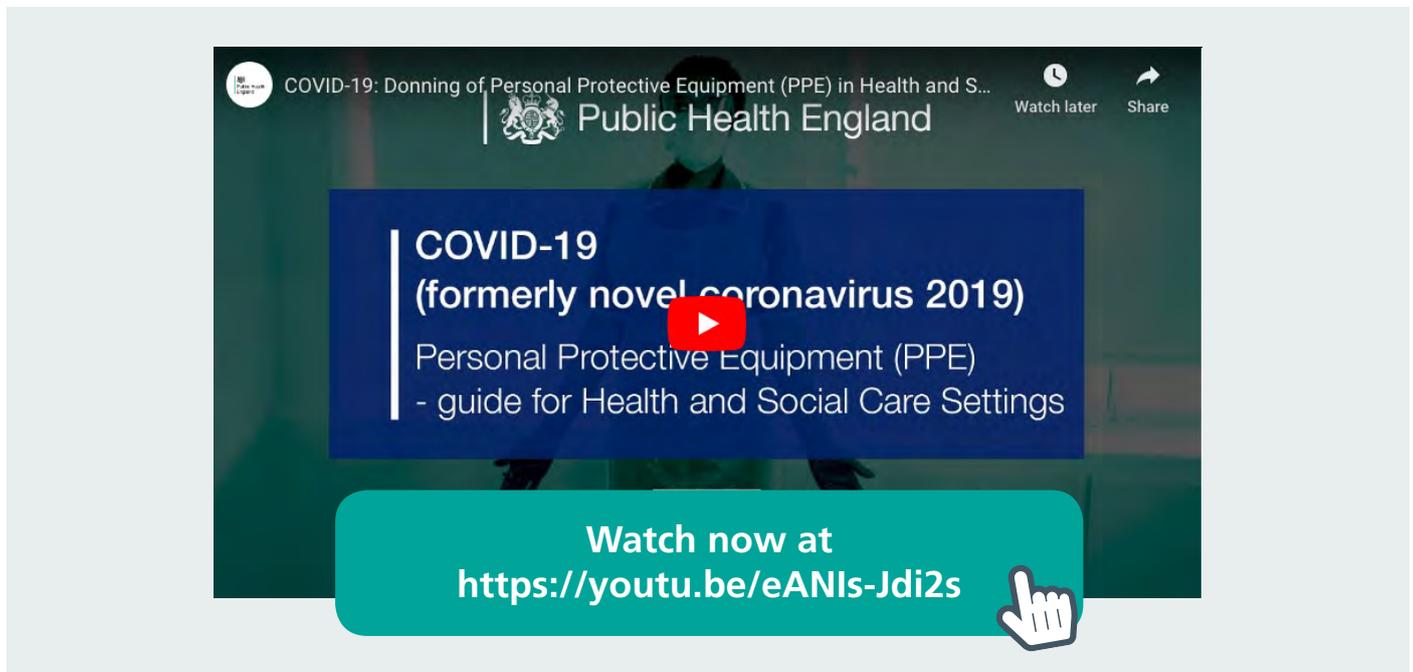
Uniforms should be laundered:

- Separately from other household linen;
- In a load not more than half the machine capacity;
- At the maximum temperature the fabric can tolerate, then ironed, line dried or tumbled-dried.

**NB. This does not apply to community health workers who are required to travel between patients in the same uniform.**

# Safe ways for working for all health and care workers

- Staff should be trained on donning and doffing PPE. Videos are available for training, such as here



- Staff should know what PPE they should wear for each setting and context.
- Staff should have access to the PPE that protects them for the appropriate setting and context
- Gloves and aprons are subject to single use as per SICPs with disposal after each patient or resident contact
- Fluid repellent surgical mask and eye protection can be used for a session of work rather than a single patient or resident contact
- Gowns can be worn for a session of work in higher risk areas
- Hand hygiene should be practiced and extended to exposed forearms, after removing any element of PPE
- Staff should take regular breaks and rest periods

**In addition to wearing PPE, clinicians should practice usual infection prevention and control measures, including environmental cleaning and hand hygiene to reduce the risk of onward transmission.**

# Recommended PPE for healthcare workers by secondary care inpatient clinical setting, NHS and independent sector








## Recommended PPE for healthcare workers by secondary care inpatient clinical setting, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-resistant gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtrating face piece respirator	Eye/Face protection <sup>1</sup>
Acute hospital inpatient and emergency departments, mental health, learning disability, autism, dental and maternity settings	Performing a single aerosol generating procedure <sup>2</sup> on a possible or confirmed case <sup>3</sup> in any setting outside a higher risk acute care area <sup>4</sup>	✓ single use <sup>5</sup>	✗	✓ single use <sup>5</sup>	✗	✗	✓ single use <sup>5</sup>	✓ single use <sup>5</sup>
	Working in a higher risk acute care area <sup>4</sup> with possible or confirmed cases <sup>3</sup>	✓ single use <sup>5</sup>	✓ single use <sup>5</sup>	✓ sessional use <sup>6</sup>	✗	✗	✓ sessional use <sup>6</sup>	✓ sessional use <sup>6</sup>
	Working in an inpatient, maternity, radiology area with possible or confirmed cases <sup>3</sup> – direct patient care (within 2 metres)	✓ single use <sup>5</sup>	✓ single use <sup>5</sup>	✗	✗	✓ sessional use <sup>6</sup>	✗	✓ sessional use <sup>6</sup>
	Working in an inpatient area with possible or confirmed cases <sup>3</sup> (not within 2 metres)	✗	✗	✗	✗	✓ sessional use <sup>6</sup>	✗	✓ risk assess sessional use <sup>6</sup>
	Working in an emergency department/acute assessment area with possible or confirmed cases <sup>3</sup> – direct patient care (within 2 metres)	✓ single use <sup>5</sup>	✓ single use <sup>5</sup>	✗	✗	✓ sessional use <sup>6</sup>	✗	✓ sessional use <sup>6</sup>
	All individuals transferring possible or confirmed cases <sup>3</sup> (within 2 metres)	✓ single use <sup>5</sup>	✓ single use <sup>5</sup>	✗	✗	✓ single or sessional use <sup>6</sup>	✗	✓ risk assess single or sessional use <sup>6</sup>
	Operating theatre with possible or confirmed cases <sup>3</sup> – no AGPs <sup>2</sup>	✓ single use <sup>5</sup>	✓ single use <sup>5</sup>	✓ risk assess single use <sup>5</sup>	✗	✓ single or sessional use <sup>6</sup>	✗	✓ single or sessional use <sup>6</sup>
	Labour ward/ana – 2nd/3rd stage labour vaginal delivery (no AGPs <sup>2</sup> – possible or confirmed case <sup>3</sup> )	✓ single use <sup>5</sup>	✓ single use <sup>5</sup>	✓ single use <sup>5</sup>	✗	✓ single or sessional use <sup>6</sup>	✗	✓ single or sessional use <sup>6</sup>
	Inpatient care to any individuals in the extremely vulnerable group undergoing shielding <sup>7</sup>	✓ single use <sup>5</sup>	✓ single use <sup>5</sup>	✗	✓ single use <sup>5</sup>	✗	✗	✗

**Table 1**

- This may be single or reusable face/eye protection/full face visor or goggles.
- The full list of aerosol generating procedures (AGPs) is within the PPE guidance (see AGPs) and is undergoing a further review at present.
- A case is any individual meeting case definition for a possible or confirmed case: <https://www.gov.uk/government/publications/coronavirus-2019-ncov-initial-investigation-of-possible-cases-investigation-and-initial-clinical-management-of-possible-cases-of-covid-19>
- Higher risk acute care areas include ICU/HDU, ED resuscitation areas, wards with non-invasive ventilation, operating theatres, endoscopy units for upper Respiratory, ENT or upper GI endoscopy, and other critical areas where AGPs are regularly performed.
- Single use refers to disposal of PPE or decontamination of reusable items (e.g. eye protection or respirator) after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
- A session refers to a period of time during which a procedure, task, or session is performed, as a result of which a procedure, task, or session is performed. A session ends when the healthcare worker leaves the care area.
- Risk assess:
  - For individual
  - For sessional
  - For individual
  - For sessional
- For shielding of patients and other individuals at risk of respiratory infection.

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# Recommended PPE for primary, outpatient and community care by setting, NHS and independent sector








## Recommended PPE for primary, outpatient and community care by setting, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-resistant coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtrating face piece respirator	Eye/Face protection <sup>1</sup>
Any setting	Performing an aerosol generating procedure <sup>2</sup> on a possible or confirmed case <sup>3</sup>	✓ single use <sup>5</sup>	✗	✓ single use <sup>5</sup>	✗	✗	✓ single use <sup>5</sup>	✓ single use <sup>5</sup>
Primary care, ambulatory care, and other non-emergency outpatient and other clinical settings (e.g. optometry, dental, maternity, mental health)	Direct patient care – possible or confirmed cases <sup>3</sup> (within 2 metres)	✓ single use <sup>5</sup>	✓ single use <sup>5</sup>	✗	✗	✓ single or sessional use <sup>6</sup>	✗	✓ single or sessional use <sup>6</sup>
	Working in reception/communal area with possible or confirmed cases <sup>3</sup> and unable to maintain 2 metres social distance <sup>8</sup>	✗	✗	✗	✗	✓ sessional use <sup>6</sup>	✗	✗
Individuals own home (current place of residence)	Direct care to any member of the household where any member of the household is a possible or confirmed case <sup>3</sup>	✓ single use <sup>5</sup>	✓ single use <sup>5</sup>	✗	✗	✓ single or sessional use <sup>6</sup>	✗	✓ risk assess single or sessional use <sup>6</sup>
	Direct care or visit to any individuals in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding <sup>7</sup>	✓ single use <sup>5</sup>	✓ single use <sup>5</sup>	✗	✓ single use <sup>5</sup>	✗	✗	✗
Community care home, mental health inpatient and other overnight care facilities (e.g. learning disability, hospices, prison healthcare)	Home births where any member of the household is a possible or confirmed case <sup>3</sup>	✓ single use <sup>5</sup>	✓ single use <sup>5</sup>	✓ single use <sup>5</sup>	✗	✓ single or sessional use <sup>6</sup>	✗	✓ single or sessional use <sup>6</sup>
	Facility with possible or confirmed cases <sup>3</sup> – and direct resident care (within 2 metres)	✓ single use <sup>5</sup>	✓ single use <sup>5</sup>	✗	✗	✓ sessional use <sup>6</sup>	✗	✓ risk assess sessional use <sup>6</sup>
Any setting	Collection of nasopharyngeal swabs <sup>9</sup>	✓ single use <sup>5</sup>	✓ single or sessional use <sup>6</sup>	✗	✗	✓ single or sessional use <sup>6</sup>	✗	✓ single or sessional use <sup>6</sup>

**Table 2**

- This may be single or reusable face/eye protection/full face visor or goggles.
- The full list of aerosol generating procedures (AGPs) is within the PPE guidance (see AGPs) and is undergoing a further review at present.
- A case is any individual meeting case definition for a possible or confirmed case: <https://www.gov.uk/government/publications/coronavirus-2019-ncov-initial-investigation-of-possible-cases-investigation-and-initial-clinical-management-of-possible-cases-of-covid-19>
- Higher risk acute care areas include ICU/HDU, ED resuscitation areas, wards with non-invasive ventilation, operating theatres, endoscopy units for upper Respiratory, ENT or upper GI endoscopy, and other critical areas where AGPs are regularly performed.
- Single use refers to disposal of PPE or decontamination of reusable items (e.g. eye protection or respirator) after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
- A session refers to a period of time during which a procedure, task, or session is performed, as a result of which a procedure, task, or session is performed. A session ends when the healthcare worker leaves the care area.
- Risk assess:
  - For individual
  - For sessional
  - For individual
  - For sessional
- For shielding of patients and other individuals at risk of respiratory infection.
- For collection of nasopharyngeal swabs.

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# Recommended PPE for ambulance staff, paramedics, first responders, other patient transport services and pharmacy staff








## Recommended PPE for ambulance staff, paramedics, first responders, other patient transport services and pharmacy staff

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-resistant coveralls/gown	Surgical mask	Fluid-resistant (Type IIR) respiratory mask	Filtering face piece respirator	Eye/Face protection <sup>1</sup>
Ambulance staff/paramedic/first responders/hospital critical care/ Helicopter Emergency Medical Service/ hospital transport services	Performing an aerosol generating procedure e.g. intubation, suctioning <sup>2</sup> on a possible or confirmed case <sup>3</sup>	✓ single use <sup>4</sup>	✗	✓ single use coverall <sup>5</sup>	✗	✗	✓ single use <sup>6</sup>	✓ single use <sup>7</sup>
	Direct patient care – possible or confirmed case <sup>3</sup> (within 2 metres)	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>	✗	✗	✓ single use <sup>6</sup>	✗	✓ single use <sup>7</sup>
	Driver conveying possible or confirmed case <sup>3</sup> in vehicle with a bulkhead, no anticipated direct care <sup>8</sup>	✗	✗	✗	✗	✓	✗	✗
Pharmacy staff/workers	Working in an area with possible or confirmed case <sup>3</sup> and unable to maintain 2 metres social distance <sup>9</sup>	✗	✗	✗	✗	✓ single or seasonal use <sup>10</sup>	✗	✗
	Working in an area with possible or confirmed case <sup>3</sup> and able to maintain social distancing	✗	✗	✗	✗	✗	✗	✗

**Table 3**

- This may be single or reusable face/eye protection/full face visor or goggles.
- The full list of aerosol generating procedures (AGPs) is within the IPC guidance (note AGPs are undergoing a further review at present).
- A case is any individual meeting case definition for a possible or confirmed case: <https://www.gov.uk/government/coronavirus-novel-coronavirus-2019-ncov-investigation-and-initial-clinical-management-of-possible-cases-of-novel-coronavirus-2019-ncov-infection>
- Single use refers to disposal of PPE or decontamination of reusable items e.g. use protection or respirator after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
- A single session refers to a period of time whilst a health care worker is undertaking duties in a specific care setting/episode environment e.g. on a ward round, providing ongoing care for patients. A session ends when the health care worker leaves the care setting/episode environment. Seasonal use should always be risk assessed and considered where there are high rates of hospital cases. PPE should be disposed of after each session or earlier if damaged, soiled, or uncontrollable.
- Non clinical staff should maintain 2m social distancing, through marking out a controlled distance; seasonal use should always be risk assessed and considered where there are high rates of community cases.
- In communal settings (e.g. in a bus or train) it is recommended that disposable or confirmed cases wear a surgical face mask if this can be tolerated. The aim of this is to reduce the disposal of reusable items and virus transmission. It is recommended that disposable or confirmed cases wear a surgical face mask if this can be tolerated. The aim of this is to reduce the disposal of reusable items and virus transmission.

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# Recommended PPE for Key LA roles and VCS



## Recommended PPE for Key LA roles and VCS

For the purpose of this guidance the term 'vulnerable' refers to those designated as vulnerable under the government's Shielding Guidance which can be found here: <https://bit.ly/2Vj19p>. The full list of those protected by the shielding guidance can be found elsewhere in this document.

Role	Context	Disposable gloves	Disposable apron	Face mask	Eye protection
Refuse collection	Collecting refuse bin/ refuse collection/street cleaners/	✓ 1	✗	✗	✗
Wardens	wardens	✓ 1	✗	✗	✗
Parks and landscapes	parks and landscapes	✗	✗	✗	✗
VCS/ food distribution, social workers/care staff visiting vulnerable residents	Delivering items/performing checks on residents in social isolation 2	✓ 1	✗	✗	✗
Social Workers/support workers/care management staff/BACES/OVs/ VCS	Visiting vulnerable residents in their own home 2	✓ 2,3	✓ 2,3	✓ 2,3	✓ 2,3,4
Residential Care/Home Care/ Extra Care staff working within Units supporting vulnerable Service Users/Children's and adults.	Note caveat above on government definition of 'vulnerable'. Staff should wear PPE dependent on the task they are undertaking.	✓ 1	✓ 1	✓ 1	✓ 1
Catering staff and cleaners in residential, schools and other council establishments supporting vulnerable users and community	Staff numbers should be kept to a minimum. Staff should practice social distancing whilst in the work place (see P7). Use appropriate PPE to task being undertaken	✗	✗	✗	✗
Mortuary staff	Use appropriate PPE according to task being undertaken. 5 Social distancing as much as practicable in the workplace where appropriate (see P7).	✓ 5	✓ 5	✓ 5	✓ 5
Crematoriums and burials/ drivers and staff supporting in bereavement and mortuary setting including admin staff	Practice social distancing (see P7). Keep contact with relatives to a minimum. Use detergent wipes to clean equipment used (pens etc) and hand hygiene between each meeting. Meetings should take place in a well-ventilated room with windows open.	✗	✗	✗	✗
Registrar staff supporting community	Minimum numbers of staff to be working to maintain the service. Practice social distancing as much as practicable (see P7). Wear usual protective equipment provided for the role only (if any). Social distancing as much as practicable whilst working (see P7)	✗	✗	✗	✗
Highway maintenance staff, sign shop, CCTV/HDU drivers, street lighting	Wear usual protective equipment provided for the role only (if any). Practice social distancing as much as practicable (see P7). If transporting individuals to medical appointments, please refer to the guidance in the chart on p16.	✗	✗	✗	✗
General drivers/delivery drivers /PTS drivers etc		✗	✗	✗	✗

- Dependent on items being handled/tasks to be undertaken-undertake risk assessment on the need gloves. Change and wash hands before taking breaks. Discard at the end of each shift.
- These visits should only take place if case of absolute need. Telephone triage should be undertaken before visiting. If there is any risk of COVID-19 infection the visit should not take place unless there is an urgent need.
- If suspected or confirmed COVID-19 staff should be trained in how to put on and take off any PPE they are required to use.
- Only if working in close proximity and undertaking cough inducing procedure.
- Refer to most up to date industry specific guidance released by Health and Safety Executive.

Hand hygiene  
All staff should

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# Additional considerations, in addition to standard infection prevention and control precautions, where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen, NHS and independent sector








## Additional considerations, in addition to standard infection prevention and control precautions,

where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-resistant coverall/gown	Surgical mask	Fluid-resistant (Type B) surgical mask	Filtering face piece respirator	Eye/face protection <sup>1</sup>
Any setting	Direct patient/resident care assessing an individual that is not currently a possible or confirmed case <sup>2</sup> (within 2 metres)	✓ single use <sup>3</sup>	✓ single use <sup>3</sup>	✗	✗	✓ risk assess seasonal use <sup>4,5</sup>	✗	✓ risk assess seasonal use <sup>4,5</sup>
Any setting	Performing an aerosol generating procedure <sup>6</sup> on an individual that is not currently a possible or confirmed case <sup>2</sup>	✓ single use <sup>3</sup>	✗	✓ single use <sup>3</sup>	✗	✗	✓ single use <sup>3</sup>	✓ single use <sup>3</sup>
Any setting	Patient transport service driver conveying any individual to essential healthcare appointment, that is not currently a possible or confirmed case in vehicle without a bulkhead, no direct patient care and within 2 metres	✗	✗	✗	✓ single use <sup>3</sup>	✗	✗	✗

**Table 4**

- This may be single or reusable face/eye protection/full face visor or goggles.
- A case is any individual meeting case definition for a possible or confirmed case: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/> (Investigation into the initial clinical management of possible cases of Wuhan novel coronavirus with case definition)
- Single use refers to disposal of PPE or decontamination of reusable items (e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs))
- Risk assess refers to wearing PPE when there is an anticipated risk of contamination with splashes, droplets of blood or body fluids. **Where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid resistant surgical mask with or without eye protection as determined by the individual staff member for the care episode/single session.**
- A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/operative environment (e.g. on a ward round, providing ongoing care for inpatients). A session ends when the health care worker leaves the care setting/operative environment. Seasonal use should always be risk assessed and consider the risk of infection to and from patients, residents and health and care workers where COVID-19 is circulating in the community and hospitals. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
- The list of aerosol-generating procedures is available at: <https://www.gov.uk/government/publications/aerosol-generating-procedures>
- Ambulance service



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https://bit.ly/2VjSFhu


# COVID-19 Safe ways of working: A visual guide to safe PPE

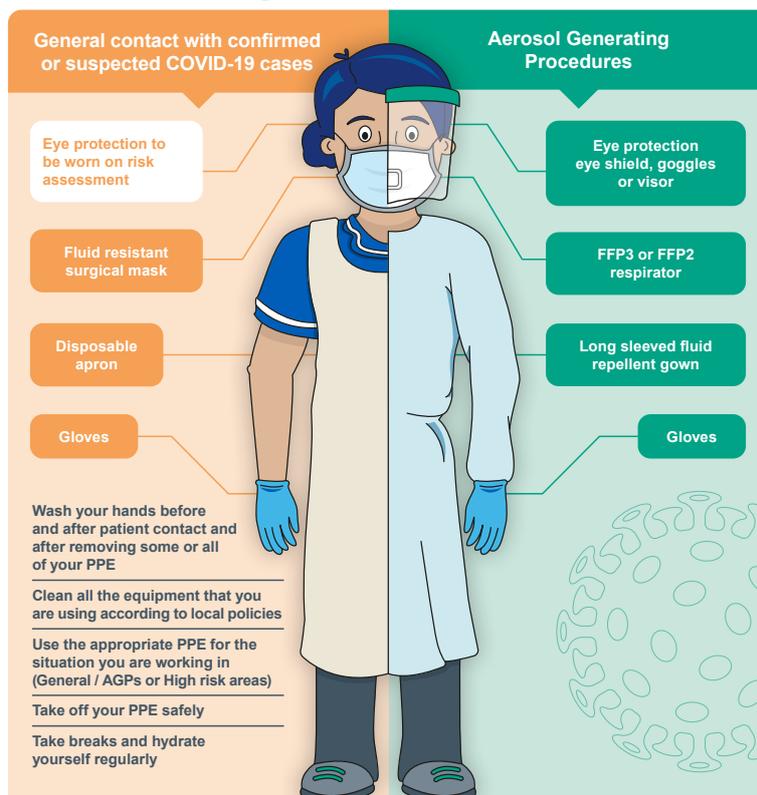


Public Health  
England



## COVID-19 Safe ways of working

# A visual guide to safe PPE



For more information on infection prevention and control of COVID-19 please visit:  
[www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)

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## When to use a surgical face mask or FFP3 respirator



Public Health  
England

### When to use a **surgical face mask** or **FFP3 respirator**

When caring for patients with **suspected or confirmed COVID-19**, all healthcare workers need to – prior to any patient interaction – assess the infectious risk posed to themselves and wear the appropriate personal protective equipment (PPE) to minimise that risk.

#### When to use a surgical face mask



**In cohorted area (but no patient contact)**

##### For example:

Cleaning the room, equipment cleaning, discharge patient room cleaning, etc

##### PPE to be worn

- Surgical face mask (along with other designated PPE for cleaning)

**Close patient contact (within one metre)**

##### For example:

Providing patient care, direct home care visit, diagnostic imaging, phlebotomy services, physiotherapy, etc

##### PPE to be worn

- Surgical face mask
- Apron
- Gloves
- Eye protection (if risk of contamination of eyes by splashes or droplets)

#### When to use an FFP3 respirator



**When carrying out aerosol generating procedures (AGP) on a patient with possible or confirmed COVID-19**

**In high risk areas where AGPs are being conducted (eg: ICU)**

##### The AGP list is:

- Intubation, extubation and related procedures such as manual ventilation and open suctioning
- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Bronchoscopy
- Surgery and post-mortem procedures involving high-speed devices
- Some dental procedures (such as high-speed drilling)
- Non-Invasive Ventilation (NIV) such as Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP)
- High-Frequency Oscillating Ventilation (HFOV)
- High Flow Nasal Oxygen (HFNO), also called High Flow Nasal Cannula
- Induction of sputum

##### PPE to be worn

- FFP3 respirator
- Long sleeved disposable gown
- Gloves
- Disposable eye protection

**Always fit check the respirator**

#### REMEMBER

- PPE should be put on and removed in an order that minimises the potential for self-contamination
- The order for PPE removal is gloves, hand hygiene apron or gown, eye protection, hand hygiene, surgical face mask or FFP3 respirator, hand hygiene

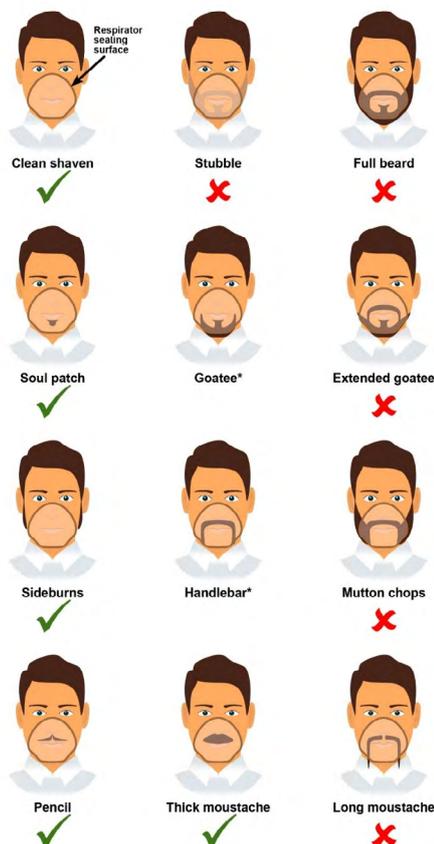
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## Facial hair and FFP3 respirators

### Facial hair and FFP3 respirators



\*Ensure that hair does not cross the respirator sealing surface

For any style, hair should not cross or interfere with the respirator sealing surface. If the respirator has an exhalation valve, hair within the sealed mask area should not impinge upon or contact the valve.

\*Adapted from The US Centers for Disease Control and Prevention, The National Personal Protective Technology Laboratory (NPPTL), NIOSH, Available at: <https://www.niosh.gov/ppt/npptl/>

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<https://bit.ly/2X243AZ>

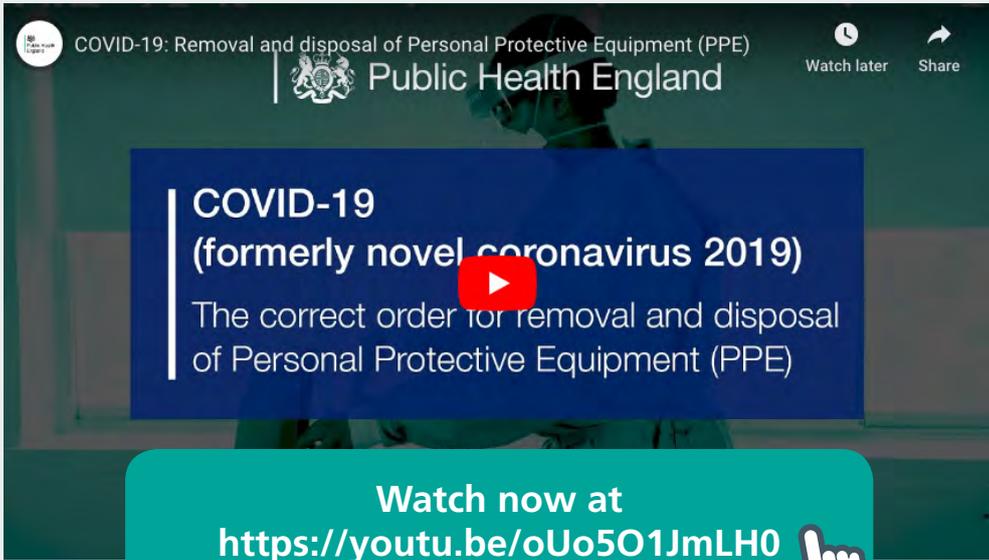


## Disposing of PPE correctly

All PPE that is used when encountering confirmed cases of COVID-19 is single-use only and should be changed immediately after each patient and/or following completion of a procedure or task.

PPE should be disposed of after use into the correct waste stream i.e. healthcare/clinical waste (this will require disposal via orange or yellow bag waste).

A video is also available here which shows staff the correct order of removal and how to dispose of it safely.

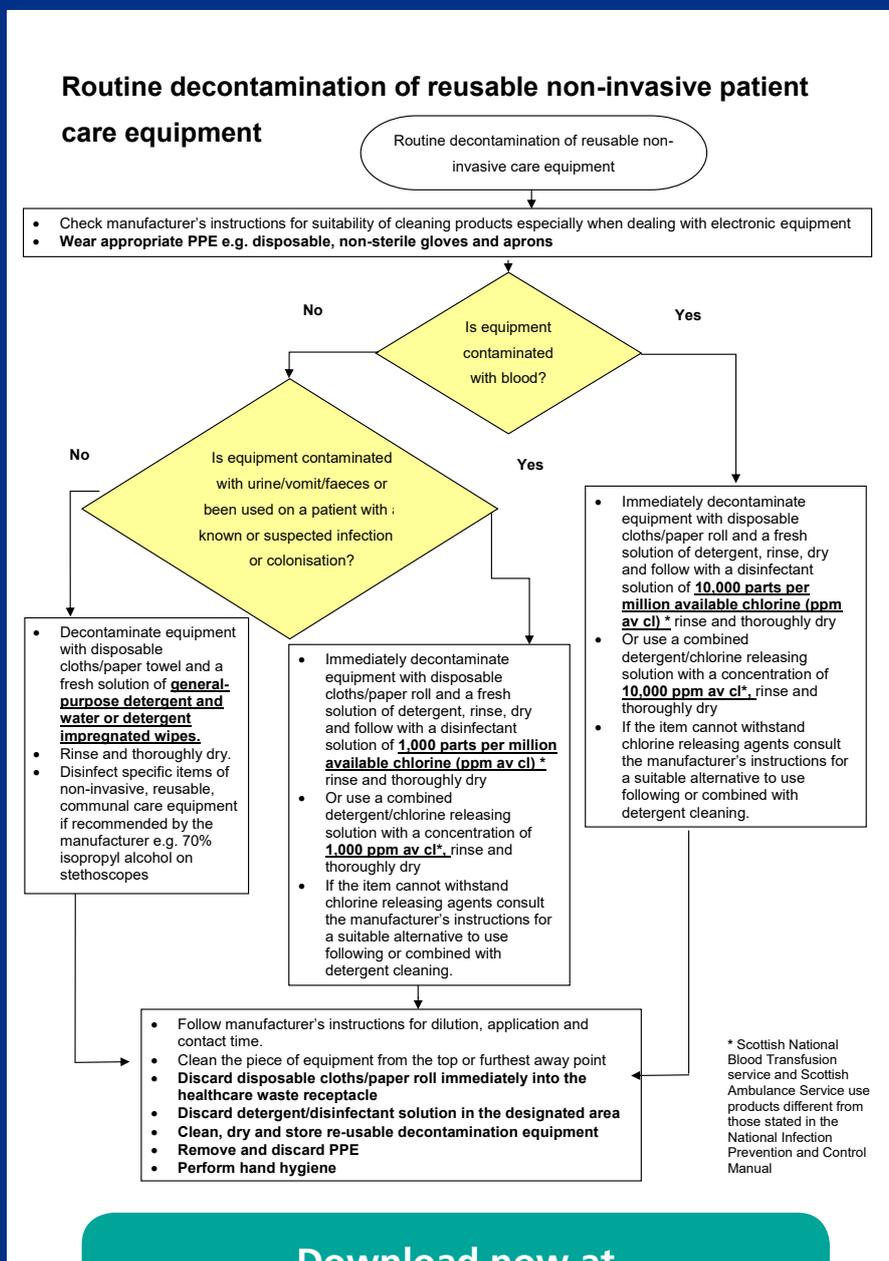


The image shows a YouTube video player interface. At the top left, there is a small circular logo with the text 'Public Health England'. To its right, the video title 'COVID-19: Removal and disposal of Personal Protective Equipment (PPE)' is displayed. Below the title is the Public Health England crest and the text 'Public Health England'. On the right side of the video player, there are two icons: a clock icon labeled 'Watch later' and a share icon labeled 'Share'. The main content of the video player is a dark blue rectangular box with white text. The text reads: 'COVID-19 (formerly novel coronavirus 2019)' in a large font, followed by 'The correct order for removal and disposal of Personal Protective Equipment (PPE)' in a smaller font. A red play button icon is centered over the text. Below the video player, there is a teal rounded rectangular button with white text that says 'Watch now at' followed by the URL 'https://youtu.be/oUo5O1JmLH0'. A white hand cursor icon is pointing at the URL.

COVID-19  
(formerly novel coronavirus 2019)  
The correct order for removal and disposal  
of Personal Protective Equipment (PPE)

Watch now at  
<https://youtu.be/oUo5O1JmLH0>

# Routine decontamination of reusable non-invasive patient care equipment



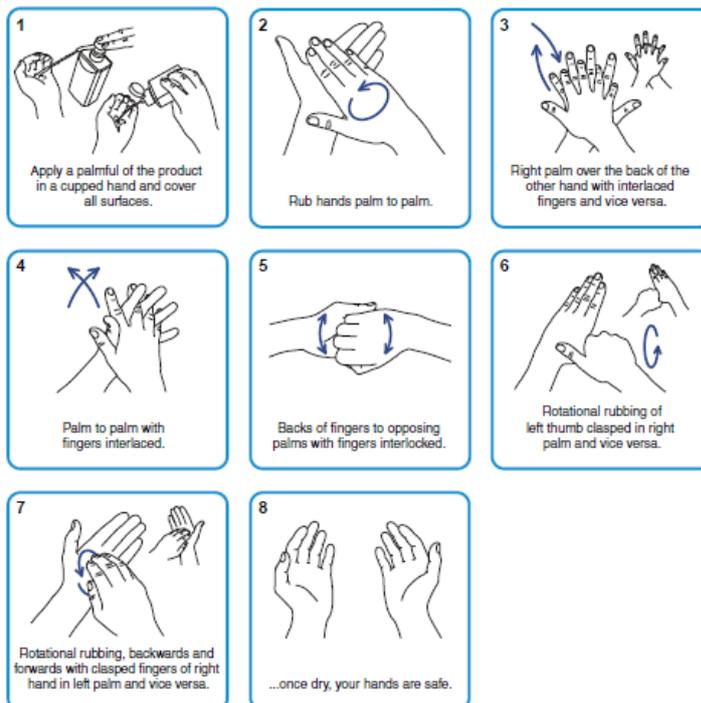
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## Best practice: how to hand rub

### Best Practice: how to hand rub

Duration of the process: 20-30 seconds.



From: COVID-19. Guidance for infection prevention and control in healthcare settings

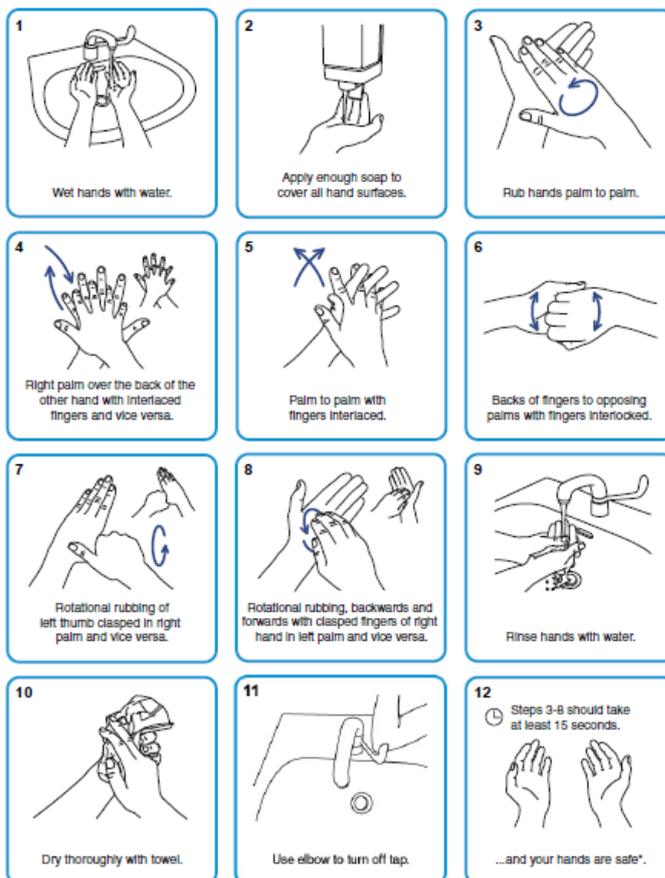
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## Best practice: hand wash

### Best Practice: how to hand wash

Steps 3-8 should take at least 15 seconds.



\*Any skin complaints should be referred to local occupational health or GP.

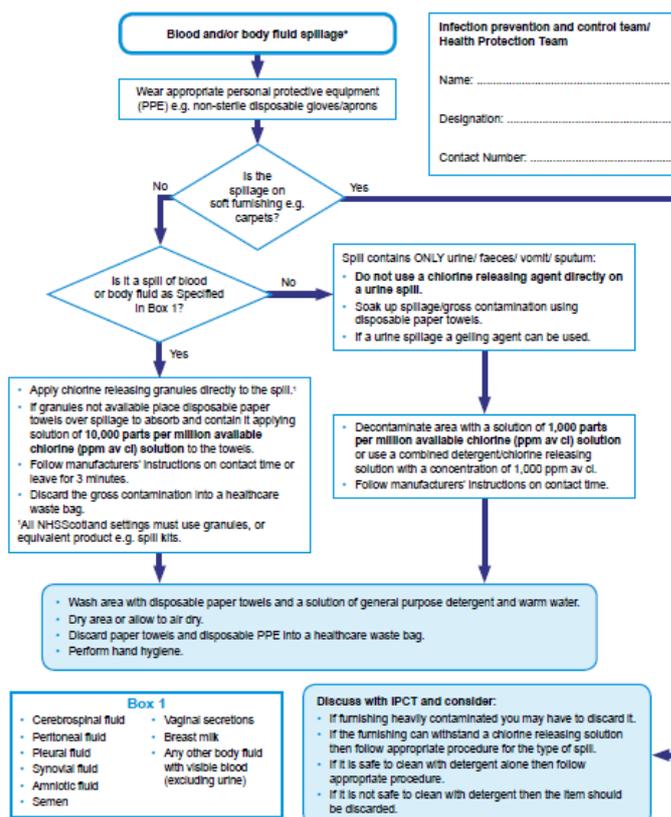
From: COVID-19. Guidance for infection prevention and control in healthcare settings

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# Best practice: management of blood and body fluid spillages

## Best Practice: management of blood and body fluid spillages



From: COVID-19. Guidance for infection prevention and control in healthcare settings

**Download now at**  
<https://bit.ly/2X2stud>

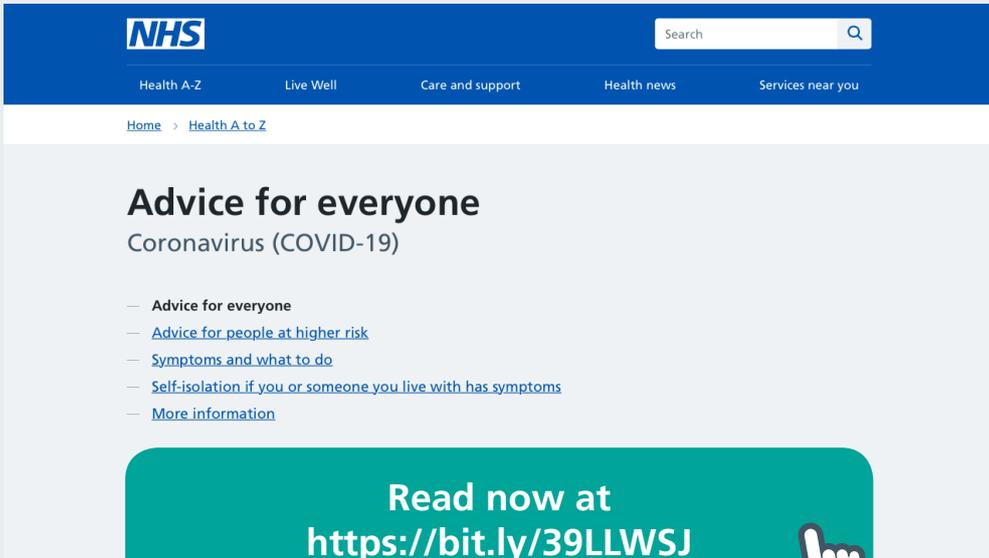
# Specific guidance for providers of residential care

This guidance is for registered providers of accommodation for people who need personal or nursing care. This includes registered residential care and nursing homes for people with learning disabilities, mental health and/or other disabilities.

It sets out key messages to support planning and preparation in the event of an outbreak or widespread transmission of COVID-19.

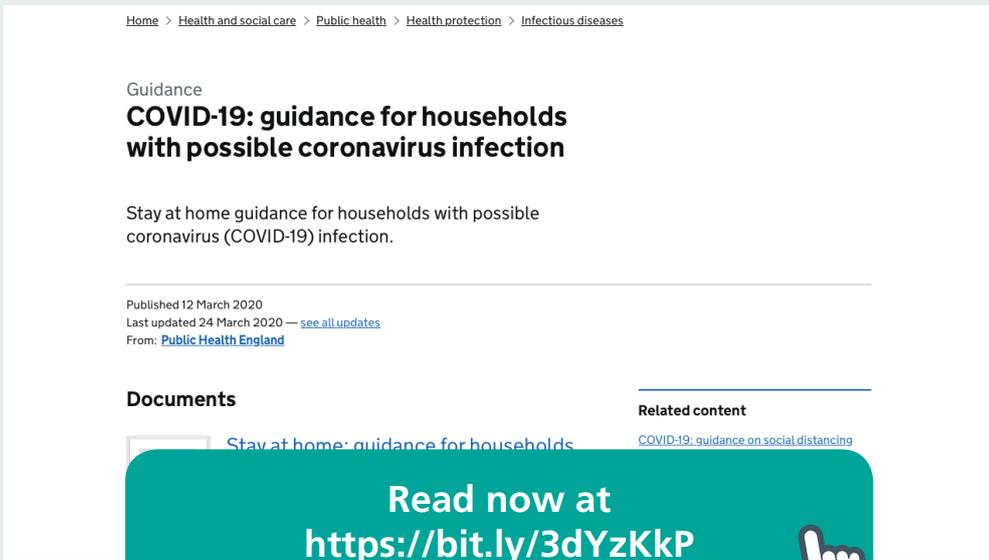
## If a member of staff is concerned they have COVID-19

If a member of staff is concerned they have COVID-19 they should follow the NHS guidance:



The screenshot shows the NHS website interface. At the top is the NHS logo and a search bar. Below the logo are navigation links: Health A-Z, Live Well, Care and support, Health news, and Services near you. A breadcrumb trail shows 'Home > Health A to Z'. The main heading is 'Advice for everyone' for 'Coronavirus (COVID-19)'. A list of links includes: 'Advice for everyone', 'Advice for people at higher risk', 'Symptoms and what to do', 'Self-isolation if you or someone you live with has symptoms', and 'More information'. A large teal button at the bottom says 'Read now at https://bit.ly/39LLWSJ' with a hand cursor icon pointing to it.

If they are advised to self-isolate at home they should follow the PHE guidance:



The screenshot shows a webpage with a breadcrumb trail: Home > Health and social care > Public health > Health protection > Infectious diseases. The main heading is 'Guidance COVID-19: guidance for households with possible coronavirus infection'. Below this is the sub-heading 'Stay at home guidance for households with possible coronavirus (COVID-19) infection.' The page also includes publication and update dates (12 March 2020 and 24 March 2020) and a link to 'see all updates'. There are sections for 'Documents' and 'Related content'. A large teal call-to-action button with a hand cursor icon is overlaid on the page, containing the text 'Read now at https://bit.ly/3dYzKkP'.

If advised to self-isolate at home, they should not visit or care for individuals until safe to do so.

## How care homes can minimise the risks of transmission

Care home providers should stop all visits to residents from friends and family. Medical staff and delivery couriers can still visit, but you should leave a hand sanitiser by the entrance and ask them to wash their hands as soon as they enter the building.

## If a resident has symptoms of COVID-19

Care homes are not expected to have dedicated isolation facilities for people living in the home but should implement isolation precautions when someone in the home displays symptoms of COVID-19 in the same way that they would operate if an individual had influenza. If isolation is needed, a resident's own room can be used. Ideally the room should be a single bedroom with en-suite facilities.

All staff will be trained in hand hygiene. Much of the care delivered in care homes will require close personal contact. Where a resident is showing symptoms of COVID-19, steps should be taken to minimise the risk of transmission through safe working procedures. Staff should use personal protective equipment (PPE) for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids. Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing, then eye protection will minimise risk.

Gloves and aprons should be changed between episodes of care however face masks can be used between residents for a session of care (see Table 2). Eye protection can be used between episodes of care but must be cleaned between each episode.

It is essential that used PPE is stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal. Care homes have well-established processes for waste management.

Clean frequently touched surfaces. Personal waste (such as used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal.

Do not shake dirty laundry before washing. This minimises the possibility of dispersing virus through the air. Wash items as appropriate in accordance with the manufacturer's instructions. Dirty laundry that has been in contact with an ill person can be washed with other people's items. Items heavily soiled with body fluids, such as vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.

Guidance has been published recommending action for all members of a household if one person is showing symptoms: <https://bit.ly/3dYzKkP>. This guidance does not normally apply to care homes because of the ability of care homes to provide isolation precautions for individuals living in the home.

Care homes can seek additional advice from their local Public Health England health protection teams. Testing of residents may be organised if care homes have several cases at a time.

## **Wearing personal protective equipment**

If neither the care worker nor the individual receiving care and support is symptomatic, then no personal protective equipment is required above and beyond normal good hygiene practices.

General interventions may include increased cleaning activity to reduce risk of retention of virus on hard surfaces, and keeping property properly ventilated by opening windows whenever safe and appropriate.

You can download all the latest comprehensive advice on how to work safely in care homes here: <https://bit.ly/3cTMYOZ>.

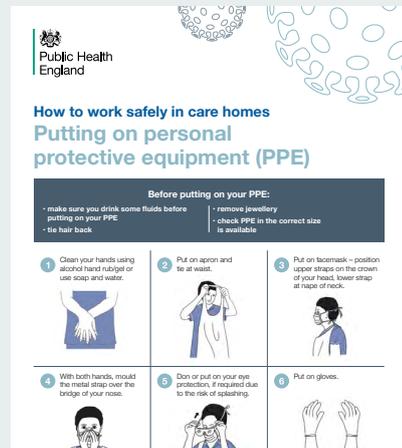
For the latest guidance on **putting on** PPE in a care home setting, please download this poster here: <https://bit.ly/2XoScvm>.

For the latest guidance on **taking off** PPE in a care home setting, please download this poster here: <https://bit.ly/2ymy1po>.

This video has also been produced to show you how best to put on and take off your PPE: <https://bit.ly/3cPOf9D>.



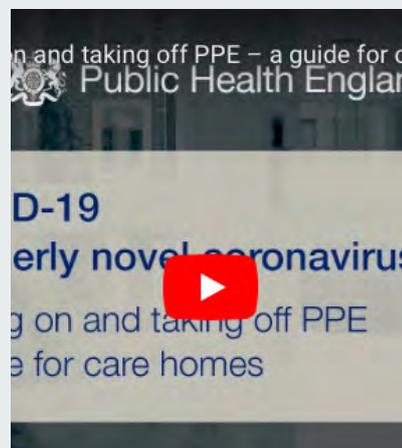
Read now at <https://bit.ly/3cTMYOZ>



Read now at <https://bit.ly/2XoScvm>



Read now at <https://bit.ly/2ymy1po>



Watch now at <https://bit.ly/3cPOf9D>

## Swabbing in care homes

### New definition of 'contact'

There is emerging evidence of asymptomatic and pre-symptomatic infections. We know a number of people are infectious in the period before symptom onset, hence the new contact definition of 48 hours before onset, to 7 days post onset. You can read more here:

<https://bit.ly/3706AyM>

Key to control is ensuring contacts are identified and excluded /cohorted promptly, if they develop symptoms they should then be tested. Please note that staff do not need to be excluded, if they have been wearing appropriate PPE while caring for patients.

### Re-swabbing - when to do it

Re-swabbing should occur if further symptoms develop. We know that viral RNA can be detected in PCR samples for up to 7 weeks following infection. However this is "old" virus and a not a driver of infections. If you continue to test people who have previously tested positive, and are not symptomatic, you are likely to find it for a number of weeks.

### Best practice in the management of asymptomatic staff

Asymptomatic staff who test positive should be excluded for 7 days from test result. You can read more here: <https://bit.ly/3gHgQAt>



Read now at  
<https://bit.ly/3706AyM>



Read now at  
<https://bit.ly/3gHgQAt>

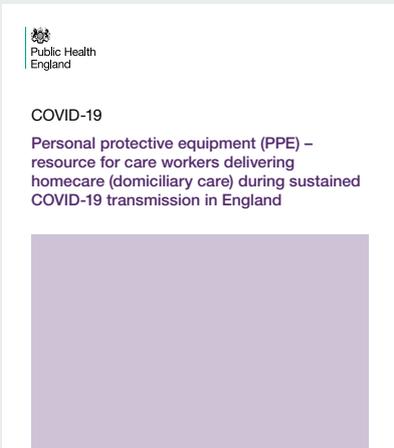


# Specific guidance for providers of home care (domiciliary care)

You can download all the latest comprehensive advice on how to work safely in a home care setting here: <https://bit.ly/2zc0bnJ>.

For the latest guidance on **putting on** PPE in a home care setting, please download this poster here: <https://bit.ly/2zmCZmv>.

For the latest guidance on **taking off** PPE in a home care setting, please download this poster here: <https://bit.ly/2zlmWpc>.



Public Health England  
 COVID-19  
 Personal protective equipment (PPE) – resource for care workers delivering homecare (domiciliary care) during sustained COVID-19 transmission in England

Read now at <https://bit.ly/2zc0bnJ>



Public Health England  
 How to work safely as a home carer  
**Putting on personal protective equipment (PPE)**

**Before putting on your PPE:**  
 This is the type of PPE needed when providing personal care which requires you to be in direct contact with the resident(s) (e.g. touching) or within 2 metres of a resident who is coughing.  
 - make sure you drink some fluids before putting on your PPE  
 - tie hair back  
 - remove jewellery  
 - check PPE is the correct size is available

- Clean your hands using alcohol hand rub/gel or soap and water.
- Put on apron and tie at waist.
- Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.
- With both hands, mould the metal strap over the bridge of your nose.
- Don or put on your eye protection, if required due to the risk of splashing.
- Put on gloves.



Public Health England  
 How to work safely as a home carer  
**Taking off personal protective equipment (PPE)**

- PPE should be removed in an order that minimises the risk of self-contamination  
 - Gloves, aprons (and eye protection if used) should be taken off in the resident's room area  
 - This is the type of PPE needed when providing personal care which requires you to be in direct contact with the resident(s) (e.g. touching) or within 2 metres of a resident who is coughing

- Remove gloves. Grasp the outside of glove with the opposite gloved hand, peel off. Hold the removed glove in the remaining gloved hand.
- Clean hands.
- Remove eye protection if worn due to risk of splashing. Use both hands to handle the straps by pulling away from face and discard or disinfect before using again.
- Remove your facemask once your care task is completed and before you take a break, eat a snack or change activities. Untie or break bottom ties, followed by top ties, and remove by holding the bottom.
- Remove apron. Unfasten or break apron ties at the neck and let the apron fall down on itself. Break ties at waist and hold apron in on least – do not touch the outside – this will be contaminated. Discard.
- Clean hands with soap and water.

Read now at <https://bit.ly/2zmCZmv>

Read now at <https://bit.ly/2zlmWpc>

# Frequently Asked Questions: on wearing Personal Protective Equipment (PPE)



Public Health  
England



## Frequently Asked Questions on wearing Personal Protective Equipment (PPE)

### What is PPE?

Personal Protective Equipment is what we use at work to protect ourselves (all health care workers) and our patients from coronavirus. The amount of PPE you need will depend upon where you work.

### Why do we have a new guide on PPE?

We are learning more about coronavirus every day. The new guide has been produced by experts from many different areas and takes into account this new knowledge.

### Does the WHO (World Health Organisation) support his guide?

The WHO has confirmed that the UK's guidance is consistent with the highest levels of protection in the world.

### Does all face-to-face patient contact put me at risk of catching coronavirus and should I wear PPE all the time?

Looking after patients means that we often have to get closer than 2 metres. What PPE you need to wear will depend upon where you work. We take your safety very seriously and you will be given clear instructions on what to wear in each area.



### What is an aerosol generating procedure (AGP)?

An AGP results in tiny droplets of fluid that become suspended in the air and may contain coronavirus which could then be breathed in. If you are working in an area where AGPs are performed, you will be given the right PPE to protect yourself and training to make sure you use it correctly.

### If I am on a COVID-19 ward but am not in direct contact with patients, do I need to wear PPE?

Yes, if you are on a COVID-19 ward more than 2 metres from a patient then you should wear a face mask and assess the need for eye protection.

If you are within 2 metres of a patient on a COVID-19 ward, you should use disposable gloves, a disposable apron and fluid-resistant surgical mask, with eye protection. If an AGP is to be performed you will need more protection and these procedures will not be performed until all staff in the area are safe. You will need to wear gloves, gown, an FFP3 mask (or FFP2) and eye protection.

### Can the virus land and stay on my hair? Do I need to wear a cap to cover my hair as well as recommended PPE?

The virus does not land and stay on hair for any length of time. Surgical hats or other headwear is not required for clinical staff apart from areas where they are normally worn such as operating theatres.

Download now at  
<https://bit.ly/2XfQRIL>

