

## PPE

This document is intended as a guide and is to supplement nationally produced guidance. It is produced to support common approaches in General Practice across Derbyshire. Legal requirements to comply with the appropriate legislation remains the responsibility of the employer. This guide replaces any preceding guidance.

It is recognised that in contexts where SARS-CoV-2 is circulating in the community at high rates, health and social care workers may be subject to repeated risk of contact and droplet transmission during their daily work. It is also understood that in routine work there may be challenges in establishing whether patients and individuals meet the case definition for COVID-19 prior to a face-to-face assessment or care episode <sup>1</sup>.

## SAFE WAYS FOR WORKING FOR ALL HEALTH AND CARE WORKERS

- staff should be trained on donning and doffing PPE. Videos are available showing [how to don and doff PPE for AGPs](#) and [how to don and doff PPE for non-AGPs](#)
- 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 or coveralls 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

PPE should be worn for all patient contacts (care, treatment, consultation) within 2 metres during high community rates of COVID-19. See Table below.

## Recommended PPE for primary, outpatient, community and social 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	Filtering 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>4</sup>	✗	✓ single use <sup>4</sup>	✗	✗	✓ single use <sup>4</sup>	✓ single use <sup>4</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 case(s) <sup>3</sup> (within 2 metres)	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>	✗	✗	✓ single or sessional use <sup>4,5</sup>	✗	✓ single or sessional use <sup>4,5</sup>
	Working in reception/communal area with possible or confirmed case(s) <sup>3</sup> and unable to maintain 2 metres social distance <sup>6</sup>	✗	✗	✗	✗	✓ sessional use <sup>5</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>3,7</sup>	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>	✗	✗	✓ single or sessional use <sup>4,5</sup>	✗	✓ risk assess single or sessional use <sup>4,5</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>8</sup>	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>	✗	✓ single use <sup>4</sup>	✗	✗	✗
	Home birth where any member of the household is a possible or confirmed case <sup>3,7</sup>	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>	✗	✓ single or sessional use <sup>4,5</sup>	✗	✓ single or sessional use <sup>4,5</sup>
Community and social care, care home, mental health inpatients and other overnight care facilities e.g. learning disability, hospices, prison healthcare	Facility with possible or confirmed case(s) <sup>3</sup> – and direct resident care (within 2 metres)	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>	✗	✗	✓ sessional use <sup>5</sup>	✗	risk assess sessional use <sup>4,5</sup>
Any setting	Collection of nasopharyngeal swab(s)	✓ single use <sup>4</sup>	✓ single or sessional use <sup>4,5</sup>	✗	✗	✓ single or sessional use <sup>4,5</sup>	✗	✓ single or sessional use <sup>4,5</sup>

Table 2

1. This may be single or reusable face/eye protection/full face visor or goggles.  
2. The list of aerosol generating procedures (AGPs) is included in section B.1 at: <https://www.gov.uk/government/publications/whu-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>. (Note AGPs are undergoing a further review at present)  
3. A case is any individual meeting case definition for a possible or confirmed case: <https://www.gov.uk/government/publications/whu-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-whu-novel-coronavirus-wncv-infection>  
4. A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round, providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment.  
5. Sessional 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 uncomfortable.  
6. Non clinical staff should maintain 2m social distancing, through marking out a controlled distance; sessional use should always be risk assessed and considered where there are high rates of community cases.  
7. Initial risk assessment should take place by phone prior to entering the premises or at 2 metres social distance on entering, where the health or social care worker assesses that an individual is symptomatic with suspected/confirmed cases appropriate PPE should be put on prior to providing care.  
8. Risk assessed use refers to wearing PPE when there is an anticipated/likely risk of contamination with spitashes, droplets or blood or body fluids.  
9. For explanation of shielding and definition of extremely vulnerable groups see guidance: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/878750/T2\\_poster\\_Recommended\\_PPE\\_for\\_primary\\_outpatient\\_community\\_and\\_social\\_care\\_by\\_setting.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary_outpatient_community_and_social_care_by_setting.pdf)  
accessed 6th May 2020

**Aerosol generating procedures (AGPs)** require enhanced PPE – gloves, gown, FFP3 respirator mask, and disposable eye protection (Level 3).

Procedures currently considered to be infectious AGPs for COVID-19 are

- intubation, extubation and related procedures, for example, manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract)
- tracheotomy or tracheostomy procedures (insertion or open suctioning or removal)
- bronchoscopy and upper ENT airway procedures that involve suctioning
- upper gastro-intestinal endoscopy where there is open suctioning of the upper respiratory tract
- surgery and post mortem procedures involving high-speed devices
- some dental procedures (for example, high-speed drilling)
- non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP)
- and Continuous Positive Airway Pressure Ventilation (CPAP)
- High Frequency Oscillatory Ventilation (HFOV)
- induction of sputum
- high flow nasal oxygen (HFNO)
- chest compressions as part of CPR <sup>2</sup>



## LEVEL 2 PPE INSTRUCTIONS



Public Health  
England

# Guide to donning and doffing standard Personal Protective Equipment (PPE)

## for health and social care settings

### Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.

- 1 Put on your plastic apron, making sure it is tied securely at the back.
- 2 Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin.
- 3 Put on your eye protection if there is a risk of splashing.
- 4 Put on non-sterile nitrile gloves.
- 5 You are now ready to enter the patient area.

### Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

- 1 Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove.
- 2 Perform hand hygiene using alcohol hand gel or rub, or soap and water.
- 3 Snap or unfasten apron ties the neck and allow to fall forward.
- 4 Once outside the patient room. Remove eye protection.
- 5 Perform hand hygiene using alcohol hand gel or rub, or soap and water.
- 6 Remove surgical mask.
- 7 Now wash your hands with soap and water.

Please refer to the PHE standard PPE video in the COVID-19 guidance collection:

[www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures](http://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures)

If you require the PPE for aerosol generating procedures (AGPs) please visit:

[www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures](http://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures)

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/877658/Quick\\_guide\\_to\\_donning\\_doffing\\_standard\\_PPE\\_health\\_and\\_social\\_care\\_poster\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster_.pdf)

Accessed 6th May 2020



Public Health  
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## Putting on (donning) personal protective equipment (PPE) for aerosol generating procedures (AGPs) – Gown version

### Use safe work practices to protect yourself and limit the spread of infection

- keep hands away from face and PPE being worn
- change gloves when torn or heavily contaminated
- limit surfaces touched in the patient environment
- regularly perform hand hygiene
- always clean hands after removing gloves

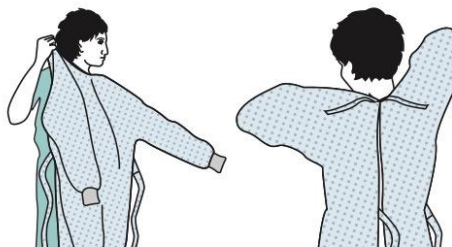
### Pre-donning instructions

- ensure healthcare worker hydrated
- tie hair back
- remove jewellery
- check PPE in the correct size is available

Putting on personal protective equipment (PPE). The order for putting on is gown, respirator, eye protection and gloves. This is undertaken outside the patient's room.

### Perform hand hygiene before putting on PPE

- 1 Put on the long-sleeved fluid repellent disposable gown -** fasten neck ties and waist ties.



- 2 Respirator.**

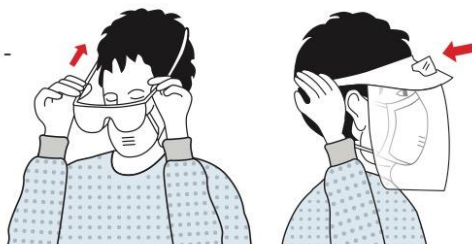
Note: this must be the respirator that you have been fit tested to use. Where goggles or safety spectacles are to be worn with the respirator, these must be worn during the fit test to ensure compatibility



Position the upper straps on the crown of your head, above the ears and the lower strap at the nape of the neck. Ensure that the respirator is flat against your cheeks. With both hands mould the nose piece from the bridge of the nose firmly pressing down both sides of the nose with your fingers until you have a good facial fit. If a good fit cannot be achieved **DO NOT PROCEED**

**Perform a fit check.** The technique for this will differ between different makes of respirator. Instructions for the correct technique are provided by manufacturers and should be followed for fit checking

- 3 Eye protection -** Place over face and eyes and adjust the headband to fit



- 4 Gloves -** select according to hand size. Ensure cuff of gown covered is covered by the cuff of the glove.





COVID-19



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## Removal of (doffing) personal protective equipment (PPE) for aerosol generating procedures (AGPs) – Gown version

PPE should be removed in an order that minimises the potential for cross contamination. Unless there is a dedicated isolation room with ante room, PPE is to be removed in as systematic way before leaving the patient's room i.e. gloves, then gown and then eye protection.

The FFP3 respirator must always be removed outside the patient's room.

Where possible (dedicated isolation room with ante room) the process should be supervised by a buddy at a distance of 2 metres to reduce the risk of the healthcare worker removing PPE and inadvertently contaminating themselves while doffing.

The FFP3 respirator should be removed in the anteroom/lobby. In the absence of an anteroom/lobby, remove FFP3 respirator in a safe area (e.g., outside the isolation room).

All PPE must be disposed of as healthcare (including clinical) waste.

### The order of removal of PPE is as follows:

#### 1 Gloves – the outsides of the gloves are contaminated

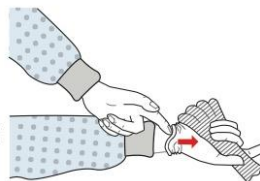
##### Firstly:

- grasp the outside of the glove with the opposite gloved hand; peel off
- hold the removed glove in gloved hand

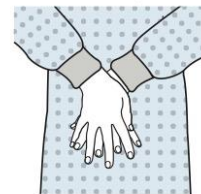


##### Then:

- slide the fingers of the un-gloved hand under the remaining glove at the wrist
- peel the remaining glove off over the first glove and discard



Clean hands with  
alcohol gel



#### 2 Gown – the front of the gown and sleeves will be contaminated

Unfasten  
neck then  
waist ties



Pull gown away from the neck and shoulders, touching the inside of the gown only using a peeling motion as the outside of the gown will be contaminated



Turn the gown inside out, fold or roll into a bundle and discard into a lined waste bin



#### 3 Eye protection (preferably a full-face visor) - the outside will be contaminated

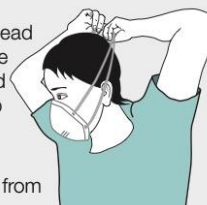
To remove, use both hands to handle the retraining straps by pulling away from behind and discard.



#### 4 Respirator – In the absence of an anteroom/lobby remove FFP3 respirators in a safe area (e.g., outside the isolation room). Clean hands with alcohol hand rub.

##### Do not touch the front of the respirator as it will be contaminated

- lean forward slightly
- reach to the back of the head with both hands to find the bottom retaining strap and bring it up to the top strap
- lift straps over the top of the head
- let the respirator fall away from your face and place in bin



#### 5

Wash hands  
with soap  
and water



<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures>

Accessed 6<sup>th</sup> May

## CARDIOPULMONARY RESUSCITATION

CPR during the COVID-19 pandemic is a challenging area with conflicting information from the Resus Council UK<sup>2</sup> and PHE (as advised by NERVTAG)<sup>3</sup>. Employers have legal obligations to their employees under Health and Safety legislation. Guidelines should reflect best practice based on the available scientific evidence rather than be driven by political or organisational factors<sup>4</sup>. Derby & Derbyshire LMC, GP Task Force and the Derbyshire GP Alliance agree with the statements from the Royal College of Physicians<sup>4</sup>, British Medical Association<sup>5</sup> and Resus Council UK<sup>6</sup>, as well as those from other local providers; and thus, recommend that chest compressions are a potential AGP.

Derby & Derbyshire LMC, GP Task force and the Derbyshire GP Alliance would recommend the adoption of the Resus Council UK Guideline for primary care<sup>7</sup>. See Appendix A for their flow chart.

This is a complex and difficult area and we would support individual healthcare workers making clinical judgements about resuscitation on the basis of the patient in front of them. This would take into account advanced care planning, the likelihood of success and the risks of the resuscitation on the rescuer, amongst other factors.

The Royal College of General Practitioners (RCGP) has provided ethical guidance on COVID-19 in primary care settings as those working in primary care will need to consider their responsibilities to patients, practices, themselves and family, friends and the public<sup>8</sup>.

Level 3 PPE is the safest option for health care workers when undertaking chest compressions and other resuscitation procedures on patients with suspected or confirmed COVID. However it is recognised that this may not be achievable in a primary or community care setting depending on the availability or otherwise of PPE. In the absence of Level 3 PPE, Level 2 PPE (if available) must be worn as a minimum for resuscitation events. This may have an influence on the healthcare workers decision how to act<sup>7</sup> (as this may change the risk to the rescuer). In addition, the Resus Council UK's statement for the general public should be considered<sup>9</sup>. It states that 'if there is a perceived risk of infection, rescuers should place a cloth/towel over the victim's mouth and nose and attempt compression only CPR and early defibrillation until the ambulance (or advanced care team) arrives'. It may also be reasonable to consider the application of a fluid resistant face mask to the victim in place of a cloth/towel.

In any situation when a person with suspected or confirmed COVID is/becomes unresponsive, it is important to minimise the risk of droplet transmission.

During the assessment<sup>7</sup>:

- Look for signs of life and normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the person's mouth
- Feel for a carotid pulse if trained to do so
- Shout for help early so potential helpers are aware of the situation. They should remain at a distance of >2 metres from the unresponsive person
- If a person is unresponsive and not breathing normally, call the ambulance service in accordance with local protocols
- When calling, state the risk of COVID-19 if appropriate
- If an AED is available nearby and/or if a helper can fetch the device, it should be collected immediately



## REFERENCES

1. <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe> - accessed 6th May 2020
2. <https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/statement-on-phe-ppe-guidance/> - accessed 6<sup>th</sup> May 2020
3. <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/phe-statement-regarding-nervtag-review-and-consensus-on-cardiopulmonary-resuscitation-as-an-aerosol-generating-procedure-agp> - accessed 6th May 2020
4. <https://www.rcpjournals.org/content/clinmedicine/early/2020/05/01/clinmed.2020-0143> - accessed 10<sup>th</sup> May
5. <https://www.bma.org.uk/advice-and-support/covid-19/ppe/covid-19-ppe-for-doctors> - accessed 6th May 2020
6. [https://www.resus.org.uk/\\_resources/assets/attachment/full/0/36491.pdf](https://www.resus.org.uk/_resources/assets/attachment/full/0/36491.pdf) - accessed 6th May 2020
7. <https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/primary-healthcare/> - accessed 12<sup>th</sup> May 2020
8. <https://elearning.rcgp.org.uk/mod/page/view.php?id=10557> – accessed 13<sup>th</sup> May 2020
9. <https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-community/> - accessed 6<sup>th</sup> May 2020



## APPENDIX A



Resuscitation  
Council UK

### Resuscitation of adult COVID-19 patients: primary care settings infographic

#### Consider treatment escalation and resuscitation decisions for all inpatients

①



Recognise cardiac arrest. Do not put your face near the patient's face to listen/feel for breath. Call 999, state the risk of COVID-19

②



Attach defibrillator if available – shock if indicated. Early restoration of circulation may negate the need for chest compressions and ventilations

③



If no PPE is available, the individual must decide the course of action. As a bare minimum, cover the patient's nose and mouth with a cloth if chest compressions are carried out in the home/public space. Ideally don at least non-AGP PPE (eye protection, gloves, disposable plastic apron and fluid resistant face mask) before commencing chest compressions.

Ventilations and further ALS measures should only begin when assistance has arrived wearing AGP PPE (eye protection, disposable gloves, coverall/gown, FFP3 mask). If not wearing AGP PPE, withdraw to a distance of at least 2 metres.

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