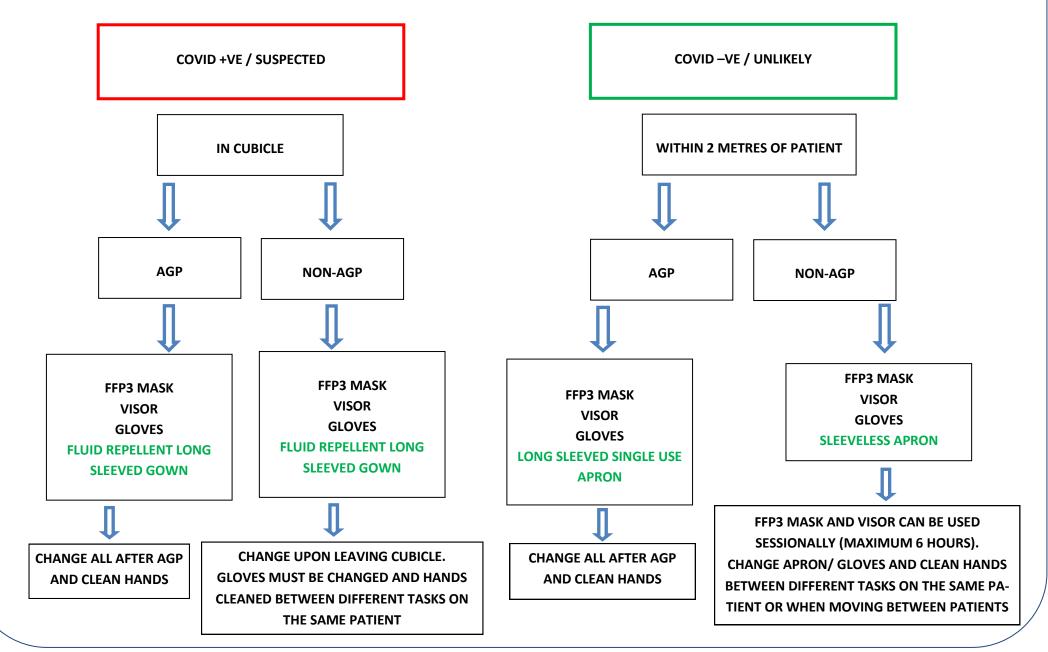
Personal Protective Equipment (PPE) Guidance for 4E/ICU Staff

When not near an ICU patient (see below) 💳 Type IIR surgical mask -

Change every 3 hours (i.e. on a sessional basis) or earlier if soiled/removed or moving from one clinical department to another.



Scenario	AGP	Non AGP
When reviewing patients on clinical areas other than ICU	FFP3 mask	Type IIR surgical mask
(when within 2 metres of the patient)	Visor	Visor or goggles
	Gloves	Gloves
	Fluid repellent long sleeved gown	Apron
When to change PPE	Change each item of PPE after each AGP	Change after each patient
MET attending ward patients	FFP3 mask	Type IIR surgical mask
(when within 2 metres of the patient)	Visor	Visor/goggles
	Gloves	Gloves
	Fluid repellent long sleeved gown	Apron
When to change PPE	Change each item of PPE after each AGP	Change after each patient

Aerosol Generating Procedures (AGPs)	Non-AGPs
Intubation, extubation and related procedures	Administration of pressurised humidified oxygen
Tracheotomy/tracheostomy procedures	
Manual ventilation	Administration of medication via nebulisation
Suctioning of the respiratory tract	
Bronchoscopy, upper ENT airway or upper gastro-intestinal endoscopy procedures requiring suctioning	
Non-invasive ventilation (NIV) e.g. Bi-level Positive Arway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP)	
Cardiopulmonary resuscitation	
Surgery which high-speed devices are used	
High-frequency oscillating ventilation (HFOV)	
High-flow nasal Oxygen (HFNO)	
Induction of sputum using nebulised saline	
Some dental procedures (e.g. high speed drilling)	

COVID-19 testing of admissions

All patients require a COVID-19 swab (nose and throat) - request on Medway as SYMPTOMATIC or asymptomatic as appropriate.

The following additional COVID-19 tests should be sent where relevant:

Tracheal aspirate for all patients that are intubated soon after admission (within first 24-48 hours)

Laryngectomy swab – newly admitted patients with laryngectomy

Tracheostomy swab - newly admitted patients with tracheostomomy

These tests are likely to have higher sensitivity for COVID-19 and negative results are required before considering patients COVID-19 negative.

For patients with clinical/radiological presentations consistent COVID-19, a single negative COVID-19 result is unlikely to be sufficient to exclude the diagnosis of COVID-19 hence in the event of a negative initial test, repeat specimens should be sent as above for testing. A decision to consider patients as COVID-19 should be made by the clinical team (and discussed with Microbiology where required).