

Summary PPE guidance for STHK staff (including Medirest and Vinci): what is required, where and when

Note: this document should be used in conjunction with the detailed guidance on personal protective equipment (PPE) requirements for specific infections/organisms are given in the [Trust's Infection Prevention Policies](#).

There is no longer requirement for universal mask wearing for staff when on Trust premises, including in acute admission areas and augmented care areas. However, based on personal preference or Health Work and Well Being risk assessment, for staff who do wish to continue to wear masks when at work in scenarios other than those described below, type IIR surgical masks will continue to be available in all clinical and non-clinical areas.

Setting	Disposable gloves	Disposable plastic apron	Disposable fluid resistant gown	Fluid-resistant (Type IIR) surgical mask	FFP3 mask	Eye protection (goggles/visor)
Clinical areas – NO aerosol generating procedures (AGPs)						
A. Patients with known or suspected COVID-19 or other respiratory infection	√ Single use	√ Single use	X Use only if risk of significant bodily fluid exposure	√ Single use	X	X Use only if risk of significant bodily fluid exposure
B. Patients with non-respiratory cross infection hazards e.g. MRSA, CDI, VRE, CPE (note that this is <u>not</u> an exhaustive list)	√ Single use	√ Single use	X Use only if risk of significant bodily fluid exposure	X	X	X Use only if risk of significant bodily fluid exposure
C. Delivery Suite – staff attending 2 nd /3 rd stage of labour	√ Single use	√ Single use	√ Single use if there is significant risk of bodily fluid exposure or instrumental deliveries	√ Single use if patient is known or suspected to have respiratory infection	X	√ Single use if significant risk of bodily fluid exposure
D. When on current COVID-19 outbreak wards (and not providing direct patient care)	X	X	X	√ Sessional use	X	X

Aerosol generating procedures (AGPs)

E. Known or suspected respiratory infection	✓ Single use	X	✓ Single use	X	✓ Single use	✓ Single use [Use visor NOT goggles]
F. Not known to have suspected or confirmed respiratory infection	✓ Single use	✓ Single use	X Use only if risk of significant bodily fluid exposure	X	✓ Single use	✓ Single use [Use visor NOT goggles]

Cardiopulmonary resuscitation (CPR)

G. CPR: First responder	✓ Single use	✓ Single use	X	X	✓ Single use	✓ Single use
H. CPR: Emergency Team	✓ Single use	✓ Single use NB: use gown instead if patient with known respiratory infection)	X Use instead of plastic apron only if patient with known respiratory infection	X	✓ Single use	✓ Single use [Use visor NOT goggles]

Non-clinical areas

I. Working in non-patient facing areas including offices	X	X	X	X	X	X
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Setting	Disposable gloves	Disposable plastic apron	Disposable fluid resistant gown	Fluid-resistant (Type IIR) surgical mask	FFP3 mask	Eye protection (goggles/visor)
Community settings						
J. Providing care in a patient's home in patients with known or suspected respiratory infection	√ Single use	√ Single use	X Use only if risk of significant bodily fluid exposure	√ Single use	X	X Use only if risk of significant bodily fluid exposure
K. Home birth – staff attending 2 nd /3 rd stage of labour	√ Single use	√ Single use	√ Single use if there is significant risk of bodily fluid exposure or instrumental deliveries	√ Single use if patient is known or suspected to have respiratory infection	X	√ Single use if significant risk of bodily fluid exposure

1. Correct use of FFP3 masks and respiratory hoods

1.1. Fit testing

Ensure you have been face fit tested for the mask you are using. Fit testing is available via key trainers in each clinical area or via the central fit testing service (call Ext 1781 or email fit.test@sthk.nhs.uk).

1.2. Valved/un-shrouded FFP3 masks and hoods

If a valved, un-shrouded FFP3 respirator is used then it should be accompanied by full face protection. For 3M 1873V and 8833 masks (shown below) or any other type of FFP3 mask **with a valve visible from the outside**, additional protection must be used to reduce the risk of droplet splashing onto the mask and also to reduce the risk to others by any droplets in the unfiltered exhaled breath. If you are wearing such a mask, **always wear a full face visor over the mask. Note that wearing a water repellent surgical mask over a valved FFP3 mask is no longer recommended.**



The respiratory hoods used in the trust also have unfiltered exhalation valves. If using a hood, **a type IIR surgical mask should be worn underneath the hood.**

1.3. Use of valved/unshrouded FFP3 masks or respirator hood for aseptic/sterile procedures

Valved/unshrouded FFP3 masks or hoods should only be worn for aseptic or sterile procedures if there is no alternative (i.e. the user does not fit any un-valved FFP3 mask). This is because there is a theoretical risk (albeit it small) of an FFP3 mask/hood with an exhalation valve exposing the patient to risk of potential contamination from normal bacteria present on the skin, mouth or respiratory tract of the operator due to condensation forming on the valve then leaking onto the aseptic/sterile field.

If a valved/unshrouded FFP3 or hood is worn for such procedures, be vigilant of condensation forming at the valve (more likely during prolonged periods of wear and/or during hot/humid weather). If there are signs of condensation, remove mask/hood immediately outside of the AGP area and replace with new mask (if using single use valved mask) or clean reusable mask/hood as below before donning again.

2. Single/Reusable/Sessional use PPE explained:

Single use PPE: dispose after each patient contact or episode of patient care.

Reusable PPE: decontaminate reusable items (e.g. eye protection or reusable FFP3 respirator) after each patient and/or following completion of a procedure. Goggles can be re-used and cleaned using 1000 parts per million chlorine (e.g. Chlorclean) or Sani-cloth Chlor (orange top) wipes. Some visors can be cleaned and reused. Please check each model before attempting to decontaminate/re-use.

Sessional use PPE:

For type IIR surgical masks this means, change every 3 hours or when moving from one clinical department to another.

PPE should be disposed of earlier if damaged, soiled, or uncomfortable.

Remove PPE before going on comfort breaks or visiting the toilet.

Avoid touching your face even when in PPE as much as possible – if you do, clean your hands.

ALWAYS clean hands after removing PPE.

Dispose of PPE as infectious waste (orange bin).

Do not come out of clinical areas in PPE (unless accompanying a patient to a different clinical area).

3. Aerosol generating procedures (AGPs)

Aerosol generating procedures (AGPs) are medical procedures that can result in the release of aerosols from the respiratory tract. The criteria for an AGP are a high risk of aerosol generation and increased risk of transmission (from patients with a known or suspected respiratory infection).

The NHS England [National Infection Prevention and Control Manual for England](#) defines the following as AGPs:

- Awake* bronchoscopy
- Awake* ear, nose, and throat (ENT) airway procedures that involve respiratory suctioning
- Awake* upper gastro-intestinal endoscopy
- Dental procedures (using high speed or high frequency devices, for example ultrasonic scalers/high speed drills)
- Induction of sputum
- Open respiratory tract suctioning
- Surgery or post-mortem procedures (like high speed cutting / drilling) likely to produce aerosol from the respiratory tract (upper or lower) or sinuses.
- Tracheostomy procedures (insertion or removal)

*Awake includes 'conscious' sedation (excluding anaesthetised patients with secured airway).

In addition, for practical purposes, the following are also considered AGPs:

- **Cardiopulmonary resuscitation (CPR)** – UK Health Security Agency (UKHSA)/NHS England (NHSE) guidance do not regard chest compressions as an AGP based on currently available evidence, however the Resuscitation Council UK (RCUK) states otherwise. This is reflected in the Trust PPE recommendations for CPR.
- **Tracheal extubation and intubation** – UKHSA)/NHSE guidance do not regard tracheal extubation and intubation in anaesthetised patient as AGPs. However, given the potential for the requirement for respiratory suctioning as well as most patients being extubated not being under anaesthesia, both tracheal intubation and extubation should be regarded as AGPs from a PPE point of view.

The following are **NOT** considered to be AGPs:

- Manual facemask ventilation
- Administration of pressurised humidified oxygen
- Non-invasive ventilation (NIV) including CPAP
- High flow nasal oxygen (HFNO)
- Insertion or removal of supraglottic airways

- Administration of Entonox
- Administration of medication via nebulization
- Taking a nasopharyngeal swab

Please seek advice from the Infection Prevention Team regarding any procedures listed above if you are unclear whether they are AGP or not.

4. PPE for cardiopulmonary resuscitation (CPR)

For all cardiac arrests the following procedure MUST be followed to ensure patient and staff safety:

1. Following recognition of a Cardiac Arrest, rescuer to commence chest compression only CPR wearing **an FFP3 mask, eye protection, plastic apron and gloves** whilst waiting for help to arrive.
2. First responder to attach defib pads and deliver shocks if indicated, once AED/Defib is passed into room/bay. First responder to recommence chest compressions whilst waiting for the emergency team's arrival.
3. Once emergency team has arrived and donned **gloves, FFP3 mask, visor and plastic apron (note: long sleeved gown only needed if the patient has a known respiratory infection)**, first responder to step out of the room prior to any ventilation/intubation/suction or any other AGPs are performed.

NO MORE THAN 5 TEAM MEMBERS to enter a room or bay whilst a cardiac arrest is in progress.

- Cardiac Arrest Trolley **MUST** stay outside the room – only defibrillator and pads to be taken into the room.
- One person to stay with the trolley outside the room as “Gatekeeper” wearing a surgical mask, plastic apron, gloves and eye protection.
- The Gatekeeper **must ensure emergency team don** long sleeved surgical gown, gloves, FFP3 mask and visor before entering the room and continuing advanced resuscitation including AGPs e.g. Intubation. **Full PPE x 5 stored in grab bag attached to the arrest trolley and in ward clean utility room.**
- The Gatekeeper is responsible for passing items from the trolley into the room as required by **finger-tip**.
- Disposable equipment must not leave the room until bagged for disposal.
- Blood samples are to be placed in a blue bag held by an external member (not the gatekeeper) they will complete a requisition form if required. In the case of ABGs this person (someone who can do ABG testing) should take the ABG sample to the nearest ABG machine available to carry out the testing wearing gloves.
- Non-disposable equipment – defibrillator, leads etc **must be cleaned as per infection prevention instructions** immediately to ensure equipment is available ASAP

Please direct any questions relating to the above procedure to paul.craven@sthk.nhs.uk