**Sussex Eye Hospital PPE/Infection Control Protocols COVID 19**

*(this protocol is subject to change)*

Most important is to regularly clean hands with sanitizer or wash hands for at least 20 seconds.

Please keep hands moisturised as this will be very harsh to skin.

Practise bare below elbows.

**Staff at Main Entrance**

The triage nurse responsible for assessing patients on entry at the main doors of SEH is to wear a surgical mask for all interaction with patients.

**Atttending Patients**

Consider mask for patients attending department

**Examining Asymptomatic Patient**

Type IIR mask

If touching patient/touching eyes

Gloves

Please ask the patient to wear a mask as well when there is prolonged contact e.g. for injections/laser/prolonged slit lamp procedures.

Change mask (not necessary if patient wearing mask as well) and gloves between patients – this is standard infection prevention for any infection risk, otherwise you risk transfer to the next patient, other staff or other areas of department.

Put on and take off with proper infection control techniques and hand washing. (Donning <https://www.youtube.com/watch?v=kKz_vNGsNhc> and Doffing <https://www.youtube.com/watch?v=oUo5O1JmLH0>videos and on whatsapp group)

Wipe everything down meticulously before and after eg slit lamp, any equipment, chair, door handles.

Clean keyboards/surfaces/phones (mobile and landline)/badge regularly

**COVID 19 suspect/confirmed**

Identify at front door

Immediately put mask on patient and instruct patient to perform hand hygiene.

Sit patient in ‘red’ room (currently W6)

(at some stage we need to allocate ‘red’ area (COVID suspect/positive) and ‘green’ area in Lower Ground Floor/Orthoptics/Pickford)

**Only see patient if absolutely necessary.**

Follow PHE posters displayed around department and use correct donning/doffing techniques.

 **Type FFP3 mask**, apron, gloves and goggles

 

**PPE in theatres**

See separate documents attached (to be updated)

**Extra Information Including Continuous Mask Wear and Scrubs**

Wearing a mask walking around department is not recommended unless in a COVID 19 cohort area. If you do wish to wear a mask then follow guidance highlighted (in detail from PHE COVID document) below. Avoid sometimes having mask dangling around neck and sometimes over nose and mouth. This puts you at higher risk of contaminating yourself if keep putting the mask over your face and removing it.

There is also no clear evidence as to how often masks should be changed but guidance highlighted below.

Please see information regarding scrubs/uniforms highlighted below.

Keep your distance from others in the department and practise regular hand hygiene and cleaning surfaces and equipment.

***From the Public Health England COVID infection control document with important details highlighted.***

**5.4 Personal Protective Equipment (PPE)**

All PPE should be:

**● single-use only;**

● changed immediately after each patient and/or following completion of a procedure or task; and

● disposed of after use into the correct waste stream i.e. healthcare/clinical waste (this may require disposal via orange or yellow bag waste; local guidance will be provided depending on the impact of the disease)

**5.4.3 Eye protection/Face visor**

Eye/face protection should be worn when there is a risk of contamination to the eyes from splashing of secretions (including respiratory secretions), blood, body fluids or excretions. An individual risk assessment should be carried out prior to/at the time of providing care.

**Regular corrective spectacles are not considered adequate eye protection.**

**5.6 Staff uniforms/clothes**

**Organisations may consider the use of theatre scrubs for staff who do not usually wear a uniform but who are likely to come into close contact with patients e.g. medical staff.**

**Healthcare laundry services should be used to launder staff uniforms. If there is no laundry facility available, then uniforms should be transported home in a disposable plastic bag. This bag should be disposed of into the household 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 or tumbled-dried.**

**NB. It is best practice to change into and out of uniforms at work and not wear them when travelling; this is based on public perception rather than evidence of an infection risk. This does not apply to community health workers who are required to travel between patients in the same uniform.**

**6.4 Personal protective equipment (PPE)**

**6.4.1 Fluid resistant (Type IIR) surgical face masks (FRSM)**

**Similarly, in primary care/outpatient settings it may be more practical for staff working in a segregated (COVID-19 patient) area to wear a FRSM for the duration they are in the patient area.**

**● A FRSM for COVID-19 should:**

**– be well fitted covering both nose and mouth;**

**– not be allowed to dangle around the neck of the wearer after or between each use;**

**– not be touched once put on;**

**– be changed when they become moist or damaged;**

**– be removed outside the patient room, cohort area or 1 metre away from the patient with possible/confirmed COVID-19; and**

**– be worn once and then discarded as healthcare (clinical) waste (hand hygiene must always be performed after disposal).**

**6.4.2 Filtering face piece (class 3) (FFP3) respirators**

**● be worn once and then discarded as healthcare (clinical) waste (hand hygiene must always be performed after disposal).**

**\*If wearing a FFP3 that is not fluid resistant, a full face shield/ visor must be worn**

**A FFP3 respirator, although ‘single use’, can be worn for as long as comfortable, for example for the duration of a ward round or providing clinical care.**

**Once separated from the face FFP3s must be discarded.**

**In the absence of an anteroom/lobby remove FFP3 respirators in a safe area (e.g. outside the isolation/cohort room/area).**

**All other PPE should be removed in the patient care area.**