

## COVID-19 Frequently Asked Questions about PPE

Please continue to check national PHE guidance on the COVID-19 pandemic for the most up to date information

### Keeping myself safe

Q. How do I keep myself safe?

A. To ensure you are fully protected you need to focus on more than just wearing certain items of equipment. It is also essential that you practice thorough hand washing, correct PPE donning and doffing and that environmental cleaning is of a high standard. Do not touch your face. Practice social distancing.

### Personal Protective Equipment (PPE)

Q. What is PPE?

A. PPE stands for Personal Protective Equipment.

Q. What are the different types of PPE available?

Infection Prevention Specialists including The World Health Organisation (WHO), Public Health England, The Healthcare Infection Society, The Infection Prevention Society, The Centres for Disease Control continue to base their advice on the assertion that transmission of SARS-CoV-2 is primarily through droplets and contact (including indirect contact with contaminated surfaces). Aerosols are likely to be generated through a small number of clinical procedures, but these are not the main way the virus spreads. Therefore the following PPE is recommended:

- PPE for assessment and general care
  - Fluid repellent surgical mask (FRSM)
  - Disposable plastic apron
  - Eye protection goggles/visor if you feel there is a risk of patient coughing, or splash or droplet exposure
  - Pair of gloves
- PPE for aerosol generating procedures (AGPs)
  - A fit-tested FFP3 respirator (carry out a “fit check” each time you wear one)
  - Pair of gloves (these should overlap the cuff of the gown sleeves)
  - Long sleeved fluid repellent gown or coverall
  - Full face visor

Q. Who do I contact if we are running low in PPE stock?

A. Contact [bsuh.covidstock@nhs.net](mailto:bsuh.covidstock@nhs.net)

### Aerosol Generating Procedures (AGPs)

Q. What are Aerosol Generating Procedures?

Procedures currently considered being potentially infectious AGPs for COVID-19 as provided by Public Health England (27 April 2020), 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)

Q. Is a Cardiopulmonary Resuscitation an AGP?

A. Currently there is a contradiction between Public Health England (PHE), who do NOT regard CPR as an AGP and the Resuscitation Council UK (RCUK) who do regard it as one. Clarity has been sought from both parties. PHE have, however, stated that 'Healthcare organisations may choose to advise their clinical staff to wear PPE for AGPs when performing chest compressions, but it is strongly advise that there is no potential delay in delivering this life saving intervention. The Trust's Clinical Pathway Group (CPG), responsible for issuing clinical guidance during this period, has directed that in light of contradicting guidance, that the RCUK view on this subject should be followed. The CPG has taken this a stage further and directed that ALL Cardiac Arrests will be treated in PPE for AGPs with the RCUK guidance on this subject being followed.

For more information, education or training on this please contact the Resuscitation Services ([bsuh.resuservices@nhs.net](mailto:bsuh.resuservices@nhs.net))

Q. Is the placement of a nasogastric tube insertion an AGP?

A. It is not included in the list of procedures by Public Health England therefore it is recommended that PPE for routine care should be worn for this procedure i.e. FRSM, eye/face protection, gloves and apron.

Q. Is colposcopy an AGP?

A. It is not included in the list of procedures by Public Health England.

Q. Do nebulisers create aerosols?

A. They are not included in the list of AGPs because the mist/aerosolisation that you can see is the nebulised medication, and not aerosolised respiratory secretions.

Q. Is diathermy an AGP?

A. There is no evidence for transmission of respiratory viruses through diathermy smoke diathermy is not included as an AGP by PHE.

**Masks**

Q. When should I wear a fluid repellent surgical mask (FRSM)?

A. Fluid repellent surgical masks (FRSM) should be worn for all patient contact (within 2 metre) whether the patient is thought to have COVID-19 or not. On wards where there are COVID-19 patients cohorted, a fluid repellent mask should be worn as soon as you walk onto the ward, with the addition of gloves, apron, and eye protection if required when within 2m of a patient.

Masks should be worn with the coloured (fluid repellent) side facing out.

You can keep your surgical mask on in between patients and when moving between clinical areas. Masks should be changed if they become moist or are difficult to breathe through, and please remember not to touch the exterior of the mask.

Masks should never be worn around the neck or put back on your face after you have taken it off.

Q. When should I wear a FFP3 respirator mask?

A. 'FFP' stands for Filtering Face Piece, and the 3 stands for the level of protection (3 being the highest). These masks are only recommended for use where there are aerosol generating procedures. Filtering face piece (FFP3) respirators should be worn at all times in high risk areas where AGPs are regularly undertaken in ward areas eg ITU, Resuscitation in ED.

In addition a FFP3 mask should be worn for AGPs on any suspected or confirmed COVID-19 patients.

In theatres, the PPE for AGPs including a FFP3 mask should be worn by all individuals within 2 metres of the AGP

Q. How long can I wear a FFP3 respirator mask for?

A. You can wear the mask continuously for as long as is comfortable and between patients.

You should remove the mask if:

- The mask becomes uncomfortable
- Breathing becomes difficult
- The respirator is damaged or distorted
- The respirator becomes obviously contaminated by respiratory secretions or other bodily fluids
- There is no longer an adequate seal around your face

***Always dispose of a face mask (surgical or FFP3) safely, ie without touching the front of it. You must clean your hands afterwards.***

Q. Can you ever wash disposable FFP3 masks?

A. No, they are currently single use and are likely to distort so that they no longer fit your face if they are washed. They must be disposed of appropriately in clinical waste bins after use.

Q. I have facial skin damage from wearing PPE, what should I do?

A. Please read “*Guidance for the Prevention and Management of Skin Damage beneath PPE*” on the Trust info-net

Q. Can we use FFP2 masks for AGPs?

A. The current PHE guidance states that FFP2 respirator masks offer protection against COVID-19 if FFP3 masks are not available.

Q. Can reusable respirators be used for AGPs?

A. Yes, these can be provided for individual staff members to wear, providing that person has been fit tested for the reusable respirator. Manufacturers instructions for cleaning and maintenance of the respirator must be followed.

Q. Do I need to be fit tested to use a FFP 3/2 or reusable respirators?

A. It is really important that the FFP3 masks fit, and provide an adequate seal to protect from airborne transmission of the virus. Everyone has a different shaped face, and so there are some people who will find that certain makes of mask won't fit them properly. It is important that even if you've been fit tested for one make, you carry out a repeat test for different ones. Fit testing can be booked via “IRIS”.

Q. Do I need to carry out a fit check?

A. Yes you need to carry out a fit check every time you wear a respirator mask to ensure it fits correctly

Q. What is the difference between a fit test and a fit check?

A. A fit test is carried out to ensure an adequate seal or fit in accordance with the manufacturers guidance. In contrast a fit check is necessary each time you put on a respirator mask to ensure an adequate seal has been achieved.

Q. Why do some FFP3 masks have a different expiry date?

A. Some products may appear to have out of date ‘use by/expiration’ dates or have relabelled ‘use by/expiration’ dates. These items have come from the National Pandemic store and have passed stringent tests that demonstrate they are safe. Any mask that is not up to standard will be destroyed and not distributed to NHS Trusts.

Q. I failed my Fit Test – what do I do?

A. If other types/brands of FFP3 masks are available then your fit tester will try them. If you still fail the test there are “Powerhoods” that can be worn to protect staff during AGPs. These are kept in “high risk” areas.

Q. Do patients need to wear face masks?

A. In common waiting areas or during transportation and where tolerable and appropriate in clinical areas, symptomatic patients may wear a surgical face mask. A surgical face mask should not be worn by patients if there is

potential for their clinical care to be compromised (such as when receiving oxygen therapy or a child/baby who is too small for the mask).

### **Eye and Face Protection**

Q. When should I wear eye/face protection?

A. You should wear eye/face protection whenever there is a risk of splashes from secretions (including respiratory secretions), blood, body fluids or excretions, or if you are participating in an AGP.

Q. What type of eye/face protection is available?

A. Full face visors (both single use and re-usable maybe supplied – check the package/box for information) and polycarbonate safety spectacles or equivalent are available. Some of the safety spectacles can be reused after wiping them thoroughly with Clinell/alternative disinfectant wipes.

Q. What should I wear when taking a combined nose/throat swab?

A. As this is not on the list of AGPs you should wear PPE designated for routine care i.e. FRSM, apron, eye protection and gloves

Q. I wear glasses, do they provide adequate eye protection?

A. No. Corrective glasses are not considered adequate eye protection, and you should always wear a visor or other disposable eye protection over your glasses when involved with an aerosol-generating procedure.

### **Gloves**

Q. Do I need to “double glove”?

A. Do not wear more than one pair of gloves at a time for care of suspected or confirmed COVID-19 patients. Adding extra layers of PPE make them more difficult to remove safely.

### **Sessional use of PPE**

Q. What is sessional use of PPE?

A. A single session refers to a period of time where a health care worker is undertaking duties in a specific clinical care setting or exposure environment e.g. a session might comprise a ward round or taking observations of several patients in a cohort bay or ward. A session ends when the HCW leaves the clinical care setting or exposure environment.

Q. Which PPE can be used sessionally?

A. FRSM, respirator masks, eye/face protection and long sleeved disposable fluid repellent gowns/coveralls can be used for a session of care. However, gloves and aprons are single use and must be changed after each patient contact and hand hygiene undertaken.

In COVID-19 cohort wards, a fluid repellent surgical mask should be worn as soon as you walk onto the ward, with the addition of gloves, apron, and eye protection if required when within 2 metres of a patient.

Q. I've seen some staff in the car park or in a corridor without patients, but they're wearing PPE. Do I need to do that?

A. No. If you don't have a patient with you, you don't as there is no requirement to wear PPE when you do not have patient contact. Some members of staff may have transported patients from an area like the discharge lounge to patient transport, and may not have had a chance to dispose of their PPE yet.

Where possible, you should dispose of PPE before leaving a clinical environment. If this is not possible – for example taking a patient to transport – you should go to the nearest clinical area and safely dispose of the PPE there, and then clean your hands.

### **Disposal of PPE**

Q. How do I safely dispose of used PPE?

A. Some PPE – including disposable masks and gloves – has been disposed of inappropriately in general waste and recycling bins in our hospitals. This is an infection prevention and control risk and may result in the Trust being fined. Please make sure that you dispose of PPE correctly by putting disposable equipment in clinical waste bins only before leaving a clinical area. Thank you for your co-operation.

## **Donations**

Q. What should I do with donations of PPE and other supplies?

A. All donations of PPE and other supplies are to be directed to the procurement department, to ensure they meet the required standards prior to use. If you require PPE please contact [bsuh.covidstock@nhs.net](mailto:bsuh.covidstock@nhs.net)

## **PPE advice for specific staff groups and other PPE related queries**

Q. What PPE should radiographers carrying out X-rays on suspected/confirmed cases be wearing?

A. For routine care wear a FRSM, eye/face protection, gloves and apron.

For undertaking an AGP wear a FFP3 respirator mask, face protection, full length fluid repellent gown/coverall and gloves

Q. What PPE should Allied Health Care workers (eg physiotherapists and occupational therapists) need to wear?

A. For routine care wear a FRSM, eye/face protection, gloves and apron.

For undertaking an AGP wear a FFP3 respirator mask, face protection, full length fluid repellent gown/coverall and gloves. In addition, in line with standard infection control precautions a risk assessment should be undertaken for exposure to blood or body fluids. Where extensive contact/exposure is anticipated such that a plastic apron does not provide adequate cover then a full length fluid repellent gown should be worn – this is not specific to COVID-19 as this risk assessment has been applied prior to 2020.

Q. What PPE should community staff wear and how do I dispose of it?

A. For routine care wear a FRSM, eye/face protection, gloves and apron.

For undertaking an AGP wear a FFP3 respirator mask, face protection, full length fluid repellent gown/coverall and gloves. Use the same arrangements as you would usually dispose of clinical waste in the community setting, as PPE is standard clinical waste.

Q. Do I need to worry about my neck and hair not being covered?

A. If you are concerned that splashing has occurred to your neck – wash with soap and water as you would with any part of your body that is not covered by PPE. The virus does not stay on hair for any length of time. Surgical hats or other head wear is not required by clinical staff apart from other areas where they are normally worn such as operating theatres.

Q. Do I need to wear scrubs?

A. Scrubs do not provide any extra protection from Covid-19. For staff who normally wear a uniform, scrubs are not required. For staff who do not have a uniform scrubs may be worn to allow for ease of laundering.

Q. How do I launder my uniform?

A. You should remove your uniform before travelling home, put your uniform into a disposable plastic bag. The bag should be disposed of in the household waste stream. Launder your uniform:

- 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 tumble dried.

Q. What do I do with my scrubs at the end of the day?

A. Remove scrubs at work and deposit in the designated laundry area

Q. Should I clean my shoes?

A. You should wear wipeable shoes and clean them with Clinell wipes only if they become grossly contaminated, and after finishing your shift. Always clean your hands after handling or cleaning your shoes.