**Covid-19 personal protective equipment in inpatient wards**

1. **Introduction**

This document outlines the procedure to follow when delivering care to patients on inpatient wards. This includes all areas where patients are awaiting routine or symptomatic screening results and follows the amber pathway guidance set out by PHE.

1. **Purpose/Scope**

This document informs staff of the personal protective equipment (PPE) required and the procedure for safely donning and doffing PPE on inpatient wards. In using the document staff should refer to the pictoral guides for donning and doffing in appendix 1.

**PPE requirements for aerosol generating procedures** are described in appendix 2.

1. **PPE Required**

The following must be worn by all those entering an inpatient ward environment:

* A standard plastic apron
* Eye protection in the form of a visor or reusable glasses/over glasses\*
* A clean fluid resistant surgical mask (FRSM)\*

\*Eye protection and FRSM can be worn on a sessional basis within the ward area; however aprons must be changed and hands cleaned between each patient contact.

\*Aprons can be removed when in an office/staff only area when undertaking administrative tasks. A supply of aprons and a PPE disposal bin must be able available in these areas for donning and doffing purposes.

**Gloves must also be worn** when there is known infection, or exposure to blood/body fluid, non-intact skin or mucous membranes is anticipated (e.g. assisting with personal cares). When using gloves the following must be applied:

* Put on before an invasive procedure and removed on completion
* Changed immediately after each patient, or after completing a procedure on the same patient
* Changed if torn or punctured
* Hands must always be cleaned following removal of gloves

Gloves are not required to be worn when undertaking administrative tasks for example using the telephone, using a computer or tablet, writing in the patient chart; giving oral medications\*; distributing or collecting patient dietary trays\*

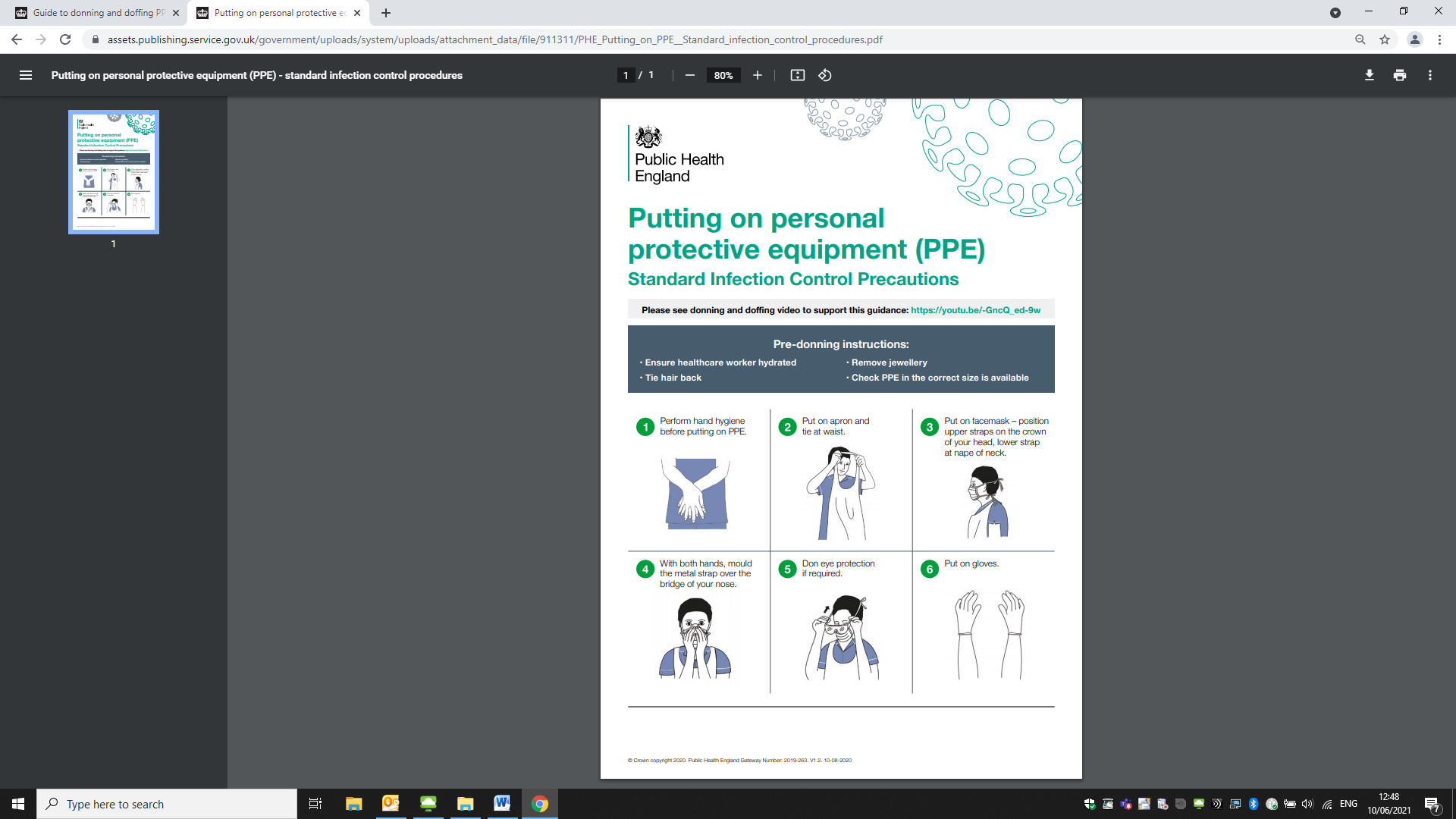
\*unless known infection

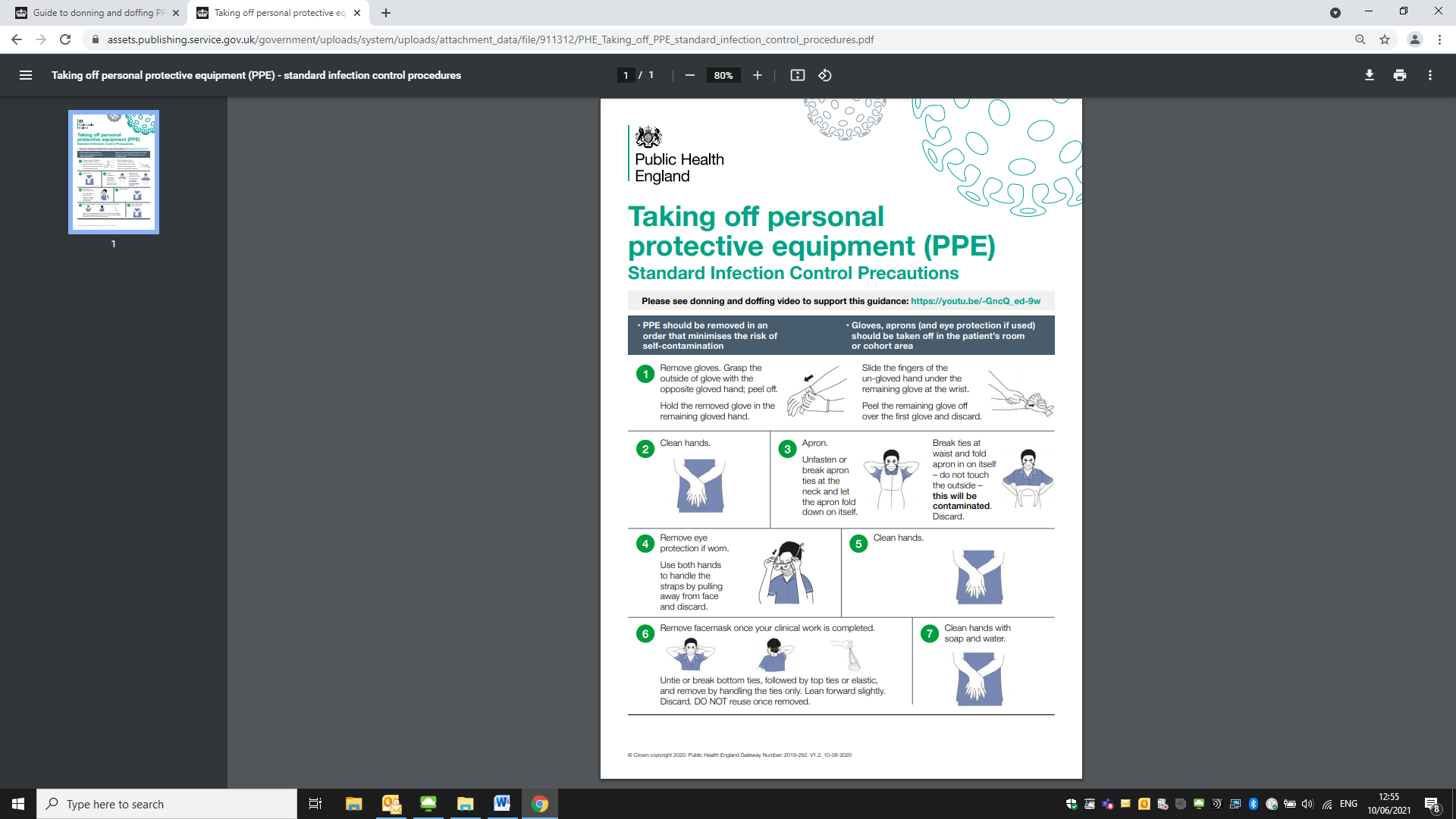
1. **PPE Removal**

PPE must be removed and disposed of in bins provided before exiting the ward.

* Hands must be cleaned after removal and disposal of used PPE
* Eye protection should be cleaned and stored ready for next use
* A clean FRSM must be put on to exit the ward onto Trust premises

Appendix 1: Donning and Doffing PPE (NB: depicts glove use which may not be indicated in all circumstances)





Appendix 2. PPE requirements for aerosol generating procedures

1. **Equipment**

The highest risk of transmission of respiratory viruses is during AGPs of the respiratory tract, and enhanced respiratory protective equipment is indicated for those performing or assisting in such procedures. This should be donned before entering the patient area. Donning and doffing pictoral information is shown in appendix 2. The equipment required is:

* Long sleeved disposable fluid repellent gown (covering the arms and body)
* Filtering face piece class 3 (FFP3) respirator
* Eye protection
* Gloves
* Face visor

A full-face shield or visor and gloves are required during AGPs on possible and confirmed cases, regardless of the clinical setting.

Where an AGP is a single procedure, PPE is subject to single use with disposal after each patient contact or procedure as appropriate.

1. **Respiratory protection**

Where an FFP3 mask has an exhalation valve this reduces the fluid resistant protection. Full-face shield/visor must be worn where blood or body fluid splashing is anticipated.

1. **PPE removal**

* PPE must be removed (as appendix 3) and disposed of as clinical waste
* Hands must be cleaned after removal and disposal of used PPE
* Clean PPE must be donned as per section 3. *PPE requirements*

Appendix 3. Putting on and removing PPE for AGP

