The use and supply of personal protective equipment
Member briefing

Introduction

There have been very strong concerns among our members and the wider health sector that appropriate personal protective equipment (PPE) is not reaching teams in the quantity needed and in a timely fashion, leaving many staff feeling unable to safely provide care for patients.

New guidance (2 April 2020) from the Department of Health and Social Care, Public Health Wales, Public Health Agency Northern Ireland, Health Protection Scotland, Public Health England and NHS England and NHS Improvement clarifies the type of PPE required for different circumstances. This guidance will be kept under review.

The key changes to PPE guidance are:

- enhanced PPE recommendations for a wide range of health and social care contexts
- inclusion of individual and organisational risk assessment at local level to inform PPE use
- recommendation of single sessional (extended) use of some PPE items
- re-usable PPE can be used – advice on suitable decontamination arrangements should be obtained from the manufacturer, supplier or local infection control
- guidance for when case status is unknown, and SARS-CoV-2 is circulating at high levels
- recommendation on patient use of face masks.

The following sections provide a summary of the recommendations relevant to different areas of care.
Secondary care

Aerosol generating procedures and higher risk areas

• A long-sleeved disposable fluid repellent gown (covering the arms and body), a filtering face piece class 3 (FFP3) respirator, a full-face shield or visor and gloves are recommended during aerosol generating procedures (AGPs) involving possible and confirmed COVID-19 cases.

• For those working in higher risk acute inpatient care areas, where AGPs are regularly performed and there are confirmed cases, long-sleeved disposable fluid repellent gowns, FFP3 respirators, eye protection, and gloves must be worn. If non-fluid-resistant gowns are used, a disposable plastic apron should be worn underneath.

Other areas

• For health and social care workers entering or present in any other inpatient area (for example, wards) containing possible or confirmed COVID-19 cases, a fluid resistant (Type IIR) surgical facemask (FRSM) should be worn, whether or not they are involved in direct patient care. When undertaking any direct patient care in these areas, disposable gloves, aprons and eye protection should be worn.

• For health and social care workers working in inpatient areas with no identified possible or confirmed cases, use of PPE should be risk assessed. Aprons, gloves and FRSMs may be indicated in certain inpatient areas dependent on intensity of COVID-19 transmission in the local context and the nature of clinical care undertaken.

• For operations without AGPs, standard infection prevention and control practice should be adopted as normal for the procedure with additional use of FRSM and eye protection for any possible or confirmed cases. Use of long-sleeved disposable fluid repellent gowns is indicated for possible and confirmed cases when there is perceived risk of exposure to bodily fluids.

• For care of possible or confirmed cases during the second and third stage of labour (vaginal delivery) long-sleeved disposable fluid repellent gowns, plastic aprons, FRSMs, eye protection and gloves should be used.

View this visual explainer of PPE recommendations for health and social care workers in secondary care inpatient clinical settings.
Primary care

- Plastic aprons, fluid-resistant surgical masks (FRSMs), eye protection and gloves should be used for any direct care of possible and confirmed cases. Such PPE may be indicated for work in such settings regardless of case status, subject to local risk assessment.

- For health and social care workers working in reception and communal areas but not involved in direct patient care, every effort should be made to maintain social distancing of two metres. Where this is not practical, use of FRSM is recommended.

- For provision of direct care to any member of a household where one or more is a possible or confirmed case, plastic aprons, FRSMs, eye protection and gloves are recommended.

- For delivery of care to any individual meeting criteria for shielding (vulnerable groups) or where anyone in the household meets criteria for shielding, as a minimum, single use disposable plastic aprons, surgical mask and gloves must be worn for the protection of the patient. If the individual is encountered in any context described, or if they meet the case definition, then additional PPE should be applied as above.

- The principles described in this guidance apply to all health and social care settings.

Mental health and community care

- For direct care of possible or confirmed cases in facilities such as community care homes, mental health inpatient units, learning disability residential units, hospices, prisons and other overnight care units, plastic aprons, FRSMs and gloves should be used. The need for eye protection is subject to risk assessment, depending on whether the nature of care and whether the individual symptoms present risk of droplet transmission.

- For provision of direct care in a patient household where one or more member is a possible or confirmed case, plastic aprons, FRSMs, eye protection and gloves are recommended.

- For delivery of care to any individual meeting criteria for shielding (vulnerable groups) or where anyone in the household meets criteria for shielding, as a minimum, single use disposable plastic aprons, surgical mask and gloves must be worn for the protection of the patient.
View a visual explainer of recommended PPE for primary, outpatient and community care settings.

**Ambulance staff**

- For any direct care of a patient known to meet the case definition for a possible case, plastic apron, FRSMs, eye protection and gloves should be used.

- Where it is impractical to ascertain case status of individual patients prior to care, use of PPE including aprons, gloves, FRSM and eye protection should be subject to risk assessment according to local context.

- PPE is not required for ambulance drivers of a vehicle with a bulkhead and those otherwise able to maintain social distancing of two metres. If the vehicle does not have a bulkhead then use of a FRSM is indicated for the driver.

Take a look at the visual explainer of recommended PPE for ambulance, paramedics, first responders and pharmacists.

**Supply chain**

The demand for PPE is now tens of thousands of times higher than usual and this is impacting the supply chain. NHS England and NHS Improvement is working hard to respond to demand and is confident there is sufficient supply to support this new guidance.

A new parallel supply chain for PPE has been developed set up by NHS Supply Chain, the Ministry of Defence, Unipart Logistics and supported by Clipper Logistics, who will be delivering the service in England and Wales.

**Primary and community care supply chain**

- We know that generally, practices and community providers that do not normally use the NHS supply chain have experienced difficulties. NHS Supply Chain is developing a new e-commerce solution to improve access, which will be put in place week commencing 6 April.

- This solution will have easy ‘Amazon-style’ registration and ordering processes that can cope with high demand. Products ordered will be delivered by Royal Mail.
We know the use and supply of PPE are key concerns for our members and we will continue to monitor and report on developments. If you are experiencing PPE supply or related issues, or have questions or concerns about the updated guidance, we’d like to hear from you.

Please do contact us at externalaffairs@nhsconfed.org