

Camden & Islington Public Health

CAMDEN: Guidance on the use of personal protective equipment (PPE) in response to COVID-19

VERSION 4.6
9 April 2020

If you require further guidance or have questions relating to when PPE is necessary please contact Public Health: CIPHAdmin@Islington.gov.uk

This guidance is taken from Government guidance on [COVID-19: infection prevention and control](#) updated on 2 April 2020

This guidance contains

- 1 About this guidance
- 2 Main changes to the guidance
- 3 What is PPE, does it expire and what is sessional use?
- 4 When is PPE not necessary?
- 5 Risk assessment for PPE use before care or visit
- 6 When PPE is needed, and what to use
- 7 How to use PPE safely
- 8 Where to obtain PPE, and how to deal with supply issues
- 9 Useful resources: government guidance, PPE flowchart and posters

1 About this guidance

This guidance is an update to local PPE guidance (version 3.2) after publication of national Personal Protective Equipment (PPE) guidance for NHS and social care staff, published on 2nd April 2020. The guidance also draws on other national guidance as listed in Section 9.

It is intended for use by Council staff and their providers. It has been produced as a quick reference guide to support staff and managers to understand whether PPE is required in delivering their service. If PPE is required, we would recommend the [national guidance](#) is also reviewed.

There is a lot of work underway nationally to increase availability of PPE but at present there is a limited supply. This means that we all have a role to play in ensuring that available stock is used appropriately. This will ensure that supplies are available throughout the duration of the pandemic. Using PPE unnecessarily now risks not having enough PPE in future for situations in which it is essential.

This guidance will help you identify the situations in which you can continue to deliver services without the need for PPE, as well as describing the situations when PPE is required.

We will need to keep this guidance under constant review in light of the evolving COVID-19 situation and national PPE availability.

2 Main changes to the guidance

This guidance provides a number of updates to the previous guidance. In particular:

- Direct care is now defined as being within 2 metres (rather than within 1 metre) of an individual, which is more precautionary and is consistent with the distancing recommendations used elsewhere.
- Fluid repellent surgical mask and eye protection can be used for a session of work rather than a single patient or resident contact. (The advice on single use of aprons and gloves remains unchanged).
- Masks for staff are now required for home visits to a household where any person is in the extremely vulnerable 'shielding' group.
- Full PPE is now recommended for any essential home visits where it is not possible for staff to stay more than 2 metres away from any individual in a household where ANY household member is a possible or confirmed case and/or ANY household member is within the self-isolation period relating to a person having COVID-19 symptoms.
- New advice to run a risk assessment to inform PPE use in community care or overnight residential settings where COVID-19 is circulating at high levels in this setting.
- Updated advice around the duration of time in which a person with possible or confirmed COVID-19 remains infectious (and needs to be cared for using PPE) in care home settings as well as for individuals who have been admitted to hospital with COVID-19.
- Hand hygiene should be extended to include washing exposed forearms, after removing any element of PPE.
- Updated information on where to obtain PPE, and how to deal with supply issues

3 What is PPE, does it expire and what is sessional use?

Personal Protective Equipment (PPE) provides enhanced protection for the wearer against health or safety risks. It should only be used by trained individuals alongside broader infection control measure. **The most effective methods of reducing the risk of infection are regular and effective handwashing and social distancing.**

PPE relevant to COVID-19 includes:

Disposable plastic aprons

Disposable gloves

Face masks: three types of face mask are relevant to COVID-19 and should be used for different purposes:

- *Fluid resistant (Type IIR) surgical masks* - provide protection to the wearer from any droplets expelled from a symptomatic individual. These are the standard masks recommended for the majority of situations described in this guidance.
- *Surgical mask* - are recommended to be worn by staff solely when intending to protect others from infection, and specifically to protect extremely vulnerable individuals in the 'shielding category' from any possible exposure.
- *Filtering face piece respirator or FFP3 masks* - ONLY needed in high risk (usually hospital) settings when carrying out aerosol-generating procedures.

Eye protection: should be worn based on a risk assessment around whether there is an anticipated or likely risk of contamination with splashes, droplets or blood or body fluids.

Does PPE expire?

Public Health England have confirmed that while some products may appear to have out-of-date 'use by' or expiration dates, all products issued have passed stringent tests that demonstrate they are safe. The PPE is exposed to extreme conditions for prolonged periods, to see how the product deteriorates. All that are not up to standard are destroyed and not distributed.

Sessional use for masks and eye protection

The recent [update](#) to national PPE guidance sets out that masks and eye protection are now subject to 'sessional use' whereas gloves and aprons remain single use items. What this means in practice is set out below:

- Masks: Staff can wear the same face mask for the whole of a 'session of care' (i.e. when keeping the mask on without taking it off during a range of activities, including caring for different people). The session ends when the member of staff leaves that area and at this point the mask should be removed and disposed of safely. A new mask would be required for a new session. The duration of a single session in a mask will vary. PPE should not be subject to continued use if damaged, soiled, compromised or uncomfortable. PPE should not be re-used once it has been taken off. Sessional use of masks is most likely to be practiced by staff working in a single setting (e.g. a care home) rather than for those moving between different locations such as those delivering home care.
- Eye protection: The same principles of sessional use described for masks above apply to eye protection.
- Aprons and gloves are subject to single use as per Standard Infection Control Precautions, with disposal and hand hygiene after each use.

4 When is PPE not necessary?

PPE to protect against COVID-19 is NOT usually necessary when:

- Staff members are entering any setting where there have not been any possible or confirmed cases of COVID-19 AND nobody in the setting meets the very vulnerable criteria for shielding.
- A home visit is non-urgent and can reasonably be delayed until residents have finished the self-isolation period required for any household in which there is a possible or confirmed case of COVID-19. For households with one occupant, this 7 days from onset of COVID-19 symptoms and providing fever has resolved. For households of more than one person, this is between 7-21 days from when the first person developed symptoms and depends on whether (and when) others in the household become unwell. For full details see the [stay at home guidance](#).
- Cleaning public areas where a symptomatic individual has passed through and spent minimal time, such as corridors or communal areas.

Face masks play a very important role in clinical and care settings such as hospitals and care homes but the World Health Organisation (WHO) has confirmed that there is **very little evidence of widespread benefit from their use outside of these health and care settings**. There is no need to wear face masks while in public places.

Normal good hand hygiene practices should always be maintained through handwashing with soap and water for 20 seconds (or using hand sanitiser gel if soap and water is not available).

5 Risk assessment for PPE use before care or visit

Symptoms of Covid-19 include:

*A high temperature (a temperature $\geq 37.8^{\circ}\text{C}$ OR you feel hot to touch on your chest or back)
and/or
A new, continuous cough – this means you've started coughing repeatedly*

Extremely vulnerable (shielding) group



Solid organ transplants



Certain cancers and treatments



Severe lung diseases



Weak immune systems (immunosuppressed)



Pregnant with significant heart disease

A full list of these conditions can be found [here](#)

Risk assessment before any home visit

You should always try to call ahead to conduct an initial risk assessment by phone, or prior to entering the premises to ascertain whether:

- The client, or someone else in the household is extremely vulnerable and falls within the 'shielding' group.
- Anyone in the household is a possible or confirmed cases of COVID-19 with symptoms that started in the last 7 days, or started more than 7 days ago but they still have a fever.
- Anyone in the household is self-isolating due to themselves or another household member having had COVID-19 symptoms.
- Anyone in the household has been recently discharged from hospital having been admitted for COVID-19 and their symptoms started fewer than 14 days ago.

This is outlined in the flowchart in section 9 and further guidance is available in the Camden and Islington Guidance on Home Visits during COVID-19.

Where an urgent visit is needed AND it is not possible to establish whether anyone in households has possible or confirmed COVID-19 prior to the visit AND it will be necessary to be within 2 metres of any member of the household, staff should have access to (and wear if needed) PPE as per recommendations for visit to a possible or confirmed case.

If an urgent visit is needed to a household where anyone in the household is shielding, PPE will be needed as per table in section 6 below. Ask the shielding person to wait in another room while you complete your work if possible. Wash hands before entering and regularly while inside the property, including after touching household surfaces, and after exiting.

Risk assessment in community care or overnight residential settings

Where it is already assessed that an individual has possible or confirmed COVID-19, appropriate PPE should be put on prior to providing care. If case status is unknown or not yet assessed AND COVID-19 is circulating at high levels in this setting AND staff must be within 2m of a resident, staff should have access to (and wear if needed) PPE as per recommendations for direct care to a possible or confirmed case.

In a setting where there is an outbreak (defined as two or more possible or confirmed COVID-19 cases in staff or residents that occur within 14 days of each other), a risk assessment should be undertaken with public health professionals (either PHE or the local public health team) to decide whether more generalised use of PPE is needed for contact (within 2 metres) with residents not currently displaying symptoms of COVID-19.

6 When is PPE needed, and what to use

Staff should **only use personal protective equipment (PPE) when it is needed**. There are currently limited supplies of PPE, and it is essential that supplies are used appropriately to ensure they remain available for essential situations.

Activities that require PPE are detailed in Table 1 below (see **section 9** for flowchart).

What you need to know

- **Everyone should follow good hygiene practices.** The most effective methods of reducing the risk of infection are regular effective handwashing & social distancing.
- **Direct personal care** includes activities such as washing or bathing, personal hygiene, or any contact with body fluids.
- A **possible case** of COVID-19 is any person with symptoms of COVID-19 (high temperature or new continuous cough).
- A **confirmed case** of COVID-19 is any person with laboratory confirmed diagnosis of COVID-19.
- **A person is generally considered infectious with COVID-19 for a period of 7 days from the onset of symptoms, providing their fever has resolved.** So they are usually not considered infectious from the 8th day onwards. Cough may persist in some individuals, and persistent cough is not an indication of ongoing infection when other symptoms have resolved.
- The **self-isolation period for households** is the period of time (between 7-21 days) during which individuals in a household are required to stay at home because a person in that household has developed symptoms of COVID-19. This time starts when the first person develops symptoms. It includes the 14 days it takes for symptoms to appear in any other household member (during which time other household members may be infectious). If another household member does develop symptoms, they should self-isolate for 7 days from when their symptoms started, even if it means self-isolating for longer than 14 days. For more information see the national [guidance on self-isolation for households](#).
- **A care home resident is considered infectious with COVID-19 for a longer period** as they are particularly vulnerable and disease is often more serious. For this group, a 14 day period of isolation is recommended. PPE should be worn by staff caring for these residents during the 14 days after onset of symptoms.
- **A person with COVID-19 who has been discharged from hospital to their home may be infectious for longer than 7 days** if they had more severe disease requiring critical care or are severely immunocompromised. For more information see the related national guidance [here](#).
 - if they required critical care or they are immunocompromised, they should complete their self-isolation until 14 days from their first positive test.
 - patients who did not require critical care and are not immunosuppressed should complete their self-isolation until 7 days from their first positive test.
- If an individual has no COVID-19 symptoms and has completed their **isolation period** (the duration of time in which they are considered potentially infectious - as detailed above), then care should be provided as normal.

- Staff should **risk assess the need for additional eye protection** based on the nature of care or task being undertaken, considering the likelihood of splashing or droplet transmission during the episode of care or visit. Eye protection is needed if there is a likely risk of contamination with splashes, droplets or blood or body fluids OR a possible or confirmed case (or someone living with them) is coughing and it is not possible to stay 2m away.

Table 1 Community and residential care settings where PPE is required

Activity and setting	Circumstances in which PPE is required	What to use?
<ul style="list-style-type: none"> • A possible case of COVID-19 is any person with symptoms of COVID-19 (high temperature or new continuous cough). • A confirmed case of COVID-19 is any person with laboratory confirmed diagnosis of COVID-19. • The self-isolation period for households is the period of time (between 7-21 days) during which individuals in a household are required to stay at home because a person in that household has developed symptoms of COVID-19. For full details see start of Section 6. 		
<p>Urgent home visits not related to delivery of care, including:</p> <ul style="list-style-type: none"> • urgent repairs • safeguarding 	<p>PPE is required if it is not possible to stay more than 2 metres away from any individual in a household where:</p> <p>ANY household member is a possible or confirmed case</p> <p><u>and/or</u></p> <p>ANY household member is within the self-isolation period relating to a person having COVID-19 symptoms</p> <p><i>See yellow box above for definitions</i></p>	<p>Fluid resistant surgical mask</p> <p>Disposable plastic apron</p> <p>Disposable gloves</p> <p><u>Risk assess need for eye protection</u></p>
<p>Direct care or care-related visit to an individual’s home where anyone in the household is in the extremely vulnerable (shielding) group</p>	<p>PPE is required to protect the person who is shielding from any possible COVID-19 transmission from staff entering their property.</p> <p>PPE should ONLY be worn by the person visiting.</p> <p>If the shielded person has symptoms of COVID, then PPE should be worn as for a suspected case – see below.</p>	<p><u>Standard surgical mask</u> as a minimum (fluid-resistant surgical masks would also be acceptable if standard surgical mask not available)</p> <p>Disposable plastic apron</p> <p>Disposable gloves</p>

Activity and setting	Circumstances in which PPE is required	What to use?
<ul style="list-style-type: none"> • A possible case of COVID-19 is any person with symptoms of COVID-19 (high temperature or new continuous cough). • A confirmed case of COVID-19 is any person with laboratory confirmed diagnosis of COVID-19. • The self-isolation period for households is the period of time (between 7-21 days) during which individuals in a household are required to stay at home because a person in that household has developed symptoms of COVID-19. For full details see start of Section 6. 		
<p>Direct care or care-related visit to an individual's home where no one in the household is shielding</p>	<p>PPE is required if it is not possible to stay more than 2 metres away from any individual in a household where:</p> <p>ANY household member is a possible or confirmed case</p> <p><u>and/or</u></p> <p>ANY household member is within the self-isolation period relating to a person having COVID-19 symptoms</p> <p><i>See yellow box above for definitions</i></p>	<p>Fluid resistant surgical mask</p> <p>Disposable plastic apron</p> <p>Disposable gloves</p> <p><u>Risk assess</u> need for eye protection</p>
<p>Direct care or contact with residents in community care or overnight residential setting including:</p> <ul style="list-style-type: none"> • Care home • Domiciliary care • Supported accommodation • Learning disability residential units • Hospices 	<p>PPE is recommended for direct care of possible or confirmed cases OR when staff are going within 2m of possible or confirmed cases.</p> <p>N.B. if there is an outbreak in a setting (defined in section 5), then a local risk assessment is needed around the use of PPE for contact with residents not currently displaying symptoms of COVID-19. See section 5.</p>	<p>Fluid resistant surgical mask</p> <p>Disposable plastic apron</p> <p>Disposable gloves</p> <p><u>Risk assess</u> need for eye protection.</p>
<p>Health and social care workers working in reception and communal areas (but not involved in direct patient care)</p>	<p>Every effort should be made to maintain social distancing of 2 metres from other people in the setting.</p> <p>PPE (masks only) is required if this is not possible.</p>	<p>Ideally maintain <u>social distancing</u> of 2 metres.</p> <p>Fluid-resistant surgical masks if this is not possible.</p>

Activity and setting	Circumstances in which PPE is required	What to use?
<ul style="list-style-type: none"> • A possible case of COVID-19 is any person with symptoms of COVID-19 (high temperature or new continuous cough). • A confirmed case of COVID-19 is any person with laboratory confirmed diagnosis of COVID-19. • The self-isolation period for households is the period of time (between 7-21 days) during which individuals in a household are required to stay at home because a person in that household has developed symptoms of COVID-19. For full details see start of Section 6. 		
<p>Nursing homes conducting Aerosol Generating Procedures (AGPs) including:</p> <ul style="list-style-type: none"> • Suctioning of nose, mouth or tracheostomy sites • Induction of sputum 	<p>The highest risk of transmission of respiratory viruses is during AGPs of the respiratory tract. Use of <u>enhanced</u> respiratory protective equipment is recommended for staff performing or assisting such procedures on an individual with possible or confirmed COVID-19.</p> <p>We recommend that staff read the full national PPE guidance before undertaking these procedures.</p>	<p>Disposable plastic apron</p> <p>Disposable gloves</p> <p>FFP3 mask (must be fit-tested before use)</p> <p>Eye protection</p>
<p>Cleaning in non-healthcare settings</p> <p>The full guidance on cleaning in non-clinical settings is available here.</p>	<p>PPE requirements depend on the area being cleaned:</p> <p>Full PPE (including mask and eye protection) is recommended for staff <u>cleaning an area where a person with possible or confirmed COVID-19 has spent significant time</u> (for example, where unwell individuals have slept or sat for several hours) or there is visible contamination with body fluids.</p> <p>Full PPE is NOT needed for <u>cleaning public areas where a symptomatic individual has passed through and spent minimal time</u>, such as corridors – these can be cleaned as normal. The minimum PPE to be worn for cleaning these areas is disposable gloves and an apron.</p>	<p>Disposable plastic apron</p> <p>Disposable gloves</p> <p>Risk assess need for fluid resistant surgical mask depending on area being clean.</p> <p>Risk assess need for eye protection depending on area being cleaned.</p>

If you are concerned that PPE is still required for a high risk activity not covered adequately in this guidance, or have been unable to assess the risk of whether PPE is required, Public Health are happy to give more tailored advice for individual situations. Please discuss with your line manager and email CIPHAdmin@Islington.gov.uk.

7 How to use PPE safely

Safe working practices are needed when using PPE for people to protect themselves and limit the spread of infection.

- Everyone should follow good hygiene practices.
- If you are using PPE, it is vital that you are properly trained in putting on, wearing and taking off PPE. Incorrect use of PPE can increase the risk of infection.
- When staff visit a person in their own home, new personal protective equipment must be used for each episode of care. In some instances within a care or residential setting, surgical masks and eye protection can be used for a 'session of care'. A single session refers to a period of time where a worker is undertaking duties in a specific care setting or environment. A session ends when the care worker leaves the care setting or environment (see section 3 for more details).
- Where PPE is required, a risk assessment needs to be undertaken to assess whether eye protection is required. Eye protection is needed if there is a likely risk of contamination with splashes, droplets or blood or body fluids OR a possible or confirmed case (or someone living with them) is coughing and it is not possible to stay 2m away.
- It is essential that used personal protective equipment is stored securely within disposable rubbish bags.

Putting on PPE safely (see section 9 for poster and video)

You should wash your hands before putting PPE on, and put it on in the following order:

1. disposable apron
2. fluid resistant surgical mask
3. eye protection if risk of splashing to the face or eyes
4. disposable gloves

Removing PPE safely (see section 9 for poster)

It is important that the PPE is removed in an order that minimises the potential for cross-contamination. Hand decontamination helps to prevent the spread of infection - use alcohol hand rub between removing items of PPE as below:

1. disposable gloves
2. hand decontamination
3. disposable apron
4. eye protection (if worn)
5. hand decontamination
6. fluid resistant surgical mask
7. hand decontamination

Hands should be washed with soap and water for 20 seconds after all PPE has been removed. Hand hygiene after removing PPE should include washing of exposed forearms.

Disposing of PPE

- It is essential that personal protective equipment is stored securely within disposable rubbish bags.
- These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being put in the usual household waste bin for disposal.

8 Where to obtain PPE, and how to deal with supply issues

ADULT SOCIAL CARE

Providers should continue to try and access PPE through their usual supply chain. Further details of PPE suppliers for social care are provided on page 16 of the current [national guidance for social care providers](#).

If you experience problems accessing this supply, there is a dedicated line you can call: 0800 915 9964 or email: supplydisruptionsservice@nhsbsa.nhs.uk

Where stocks are low and you cannot source PPE through your normal route you should escalate to the commissioner during their daily calls with you. The commissioner may be able to arrange for short term supplies of PPE.

OTHER COUNCIL COMMISSIONED OR DELIVERED SERVICES

Supplies should be co-ordinated across service areas. Speak with the manager for your service area if you are unsure how to access this.

If service areas are unable to access stock, they should email the Borough Emergency Control Centre (BECC) on EmergencyManagement@camden.gov.uk.

NON-COMMISSIONED VCS OR COMMUNITY GROUPS DELIVERING ESSENTIAL SERVICES IN PARTNERSHIP WITH THE COUNCIL AND REQUIRING PPE

If you are unable to access PPE through an online sales platform and you are delivering, essential services which require PPE (as set out in this guidance) you should email vcs@camden.gov.uk with PPE in the subject line.

9 Useful resources: PPE flowchart, video and posters, related local and government guidance

The following resources can be accessed by the links below and are also included at the end of this document:

9.1 Guidance flowchart for staff providing care at home OR urgent home visits: Do I need to use PPE? (next page)

9.2 Posters & video

- Poster: Visual guide to safe PPE(also available [here](#))
- Poster: Putting on and taking off PPE (also available [here](#))
- Video: [Putting on PPE](#)
- Poster: how to wash hands (also available [here](#))

9.3 Related Local Guidance developed by the Camden and Islington Public Health Team (available on local intranet or email CIPHAdmin@Islington.gov.uk)

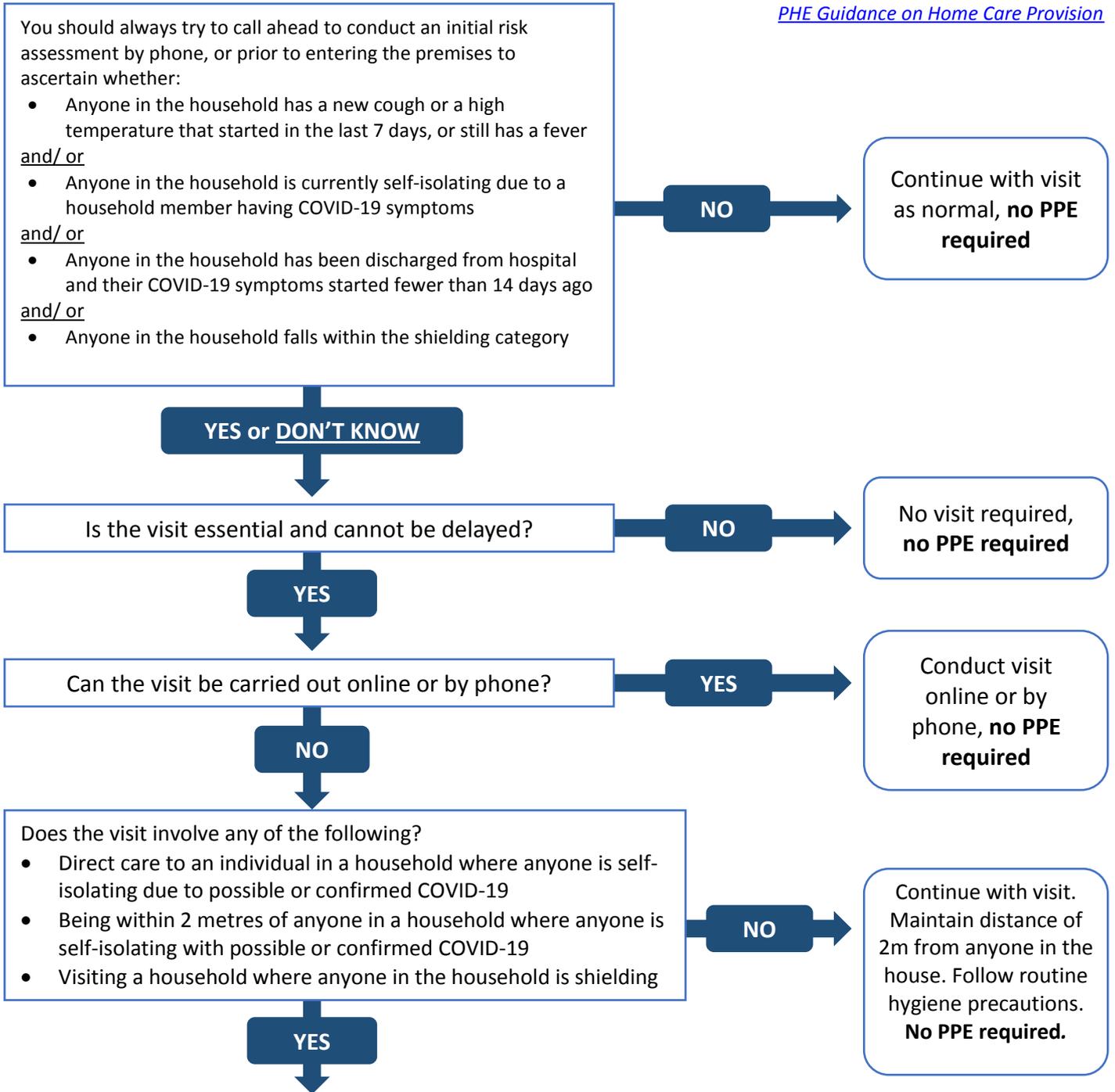
- Guidance on Home Visits during COVID-19
- Guidance on Transporting People During COVID-19
- Guidance on the use of Personal Protective Equipment (PPE) for Nursery, Early Years (EY) settings and staff looking after children with Special Education Needs (SEN)

9.4 Related government guidance

- [COVID-19: Residential care, supported living and home care guidance](#)
- [COVID-19: Guidance for stepdown of infection control precautions and discharging COVID-19 patients](#)
- [COVID-19: Guidance on Home Care Provision](#)
- [COVID-19: Cleaning in non-healthcare settings](#)
- [COVID-19: Stay at home guidance](#)
- [COVID-19: Personal Protective Equipment \(PPE\)](#)
- [COVID 19: Guidance on shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19](#)
- [COVID-19: Guidance for households with possible coronavirus infection](#)

9.1 Guidance flowchart for staff providing care at home OR urgent home visits: Do I need to use PPE?

[PHE Guidance on Home Care Provision](#)

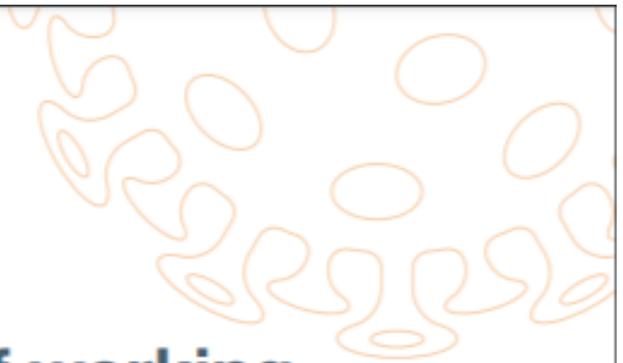
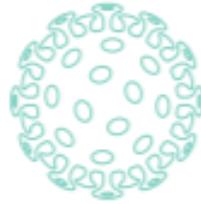


PPE is required

	Disposable gloves	Disposable plastic apron	Surgical mask	Fluid resistant surgical mask	Eye/face protection
Direct care to any individual OR being within 2 metres of anyone in a household where anyone is self-isolating due to possible or confirmed COVID-19	YES	YES	NO	YES	If risk assessment indicates likely risk of contamination with splashes, droplets, blood or bodily fluids
Anyone in the household is shielding	YES	YES	YES	NO	NO



Public Health
England



COVID-19 Safe ways of working

A visual guide to safe PPE

General contact with confirmed or possible COVID-19 cases	Aerosol Generating Procedures or High Risk Areas
Eye protection to be worn on risk assessment	Eye protection eye shield, goggles or visor
Fluid resistant surgical mask	Filtering facepiece respirator
Disposable apron	Long sleeved fluid repellent gown
Gloves	Gloves

Clean your hands before and after patient contact and after removing some or all of your PPE

Clean all the equipment that you are using according to local policies

Use the appropriate PPE for the situation you are working in (General / AGPs or High Risk Areas)

Take off your PPE safely

Take breaks and hydrate yourself regularly

For more information on infection prevention and control of COVID-19 please visit:

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control



Guide to donning and doffing standard Personal Protective Equipment (PPE)

for health and social care settings

Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.

- 1** Put on your plastic apron, making sure it is tied securely at the back.

- 2** Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin.

- 3** Put on your eye protection if there is a risk of splashing.

- 4** Put on non-sterile nitrile gloves.

- 5** You are now ready to enter the patient area.


Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

- 1** Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove.

- 2** Perform hand hygiene using alcohol hand gel or rub, or soap and water.

- 3** Snap or unfasten apron ties the neck and allow to fall forward.

- 4** Once outside the patient room. Remove eye protection.

- 5** Perform hand hygiene using alcohol hand gel or rub, or soap and water.

- 6** Remove surgical mask.

- 7** Now wash your hands with soap and water.


Please refer to the PHE standard PPE video in the COVID-19 guidance collection:

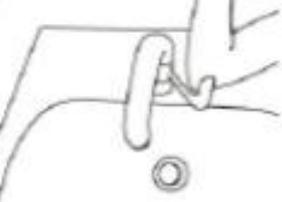
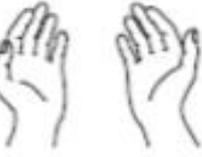
www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

If you require the PPE for aerosol generating procedures (AGPs) please visit:

www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

Best Practice: how to hand wash

Steps 3-8 should take at least 15 seconds.

<p>1</p>  <p>Wet hands with water.</p>	<p>2</p>  <p>Apply enough soap to cover all hand surfaces.</p>	<p>3</p>  <p>Rub hands palm to palm.</p>
<p>4</p>  <p>Right palm over the back of the other hand with interlaced fingers and vice versa.</p>	<p>5</p>  <p>Palm to palm with fingers interlaced.</p>	<p>6</p>  <p>Backs of fingers to opposing palms with fingers interlocked.</p>
<p>7</p>  <p>Rotational rubbing of left thumb clasped in right palm and vice versa.</p>	<p>8</p>  <p>Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.</p>	<p>9</p>  <p>Rinse hands with water.</p>
<p>10</p>  <p>Dry thoroughly with towel.</p>	<p>11</p>  <p>Use elbow to turn off tap.</p>	<p>12</p> <p>⌚ Steps 3-8 should take at least 15 seconds.</p>  <p>...and your hands are safe*.</p>

*Any skin complaints should be referred to local occupational health or GP.