Introduction

- Personal Protective Equipment (PPE) is a requirement of Health and Safety Legislation.
- It protects you (uniform/personal clothing) from direct contact with any potential blood/body fluid.
- Helps prevent onward transmission of harmful bacteria or viruses to the next patient.

Key Information: Examples of PPE;

- Aprons, Gloves, Fluid Repellent Surgical Facemasks (FRSMs)/FFP3 masks, Face visors.

When should we use it

- If exposure to blood/body fluid is anticipated or contamination likely, including eye/face protection. This includes a risk of inhalation from an airborne pathogen. Check masks are available in your area.

How do we wear it?

- Should be appropriate for the procedure or task.
- Changed between each patient and each new task on same patient. FFP3 masks should be well fitting (fit test requirement, n.b. facial hair).
- Enhanced PPE would be required for a highly contagious infectious disease (HCID)

Order of donning and doffing of PPE;


- Aprons on
- Gloves on
- Gloves off
- Apron off

Facemask (if worn) should be removed last by untying ties at back.
All PPE should be discarded into a clinical waste bin and hand hygiene should be undertaken.

Discussion/Scenarios

What PPE should you wear?

1. Q: When transferring a patient to scan?
   - A; Nil required, unless risk of contamination likely on transfer, if respiratory TBPs in place, patient should wear a mask on transfer.
2. Q: While disposing of macerator waste?
   - A; Gloves and apron (are allowed in the corridor for this purpose).
3. Q: While walking a patient back to room?
   - A; Nil required unless risk of contamination.
4. Q: For TBPs?
   - A; yellow apron and gloves (and facemask if required).
5. Q: While flushing an IV?
   - A; Gloves and apron.