



# COVID-19 personal protective equipment (PPE)

Updated 2 April 2020

## 1. Scope and purpose

This revised guidance concerns use of personal protective equipment (PPE) by health and social care workers, in the context of the current COVID-19 pandemic. It supersedes previous PPE guidance. This guidance relates solely to considerations of PPE, represents one section of infection prevention and control guidance for COVID-19 and should be used in conjunction with local policies.

Refer to [further guidance and resources](#).

This guidance is issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS), Public Health England and NHS England as official guidance. The Health and Safety Executive have also reviewed the [PPE guidance](#) and have agreed the appropriate sessional use of PPE. Expert reviews and advice from the DHSC [New and Emerging Respiratory Virus Threats Advisory Group \(NERVTAG\)](#) inform this guidance.

## 3. Main changes to previous guidance

The main changes 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 facemasks

## 8. PPE guidance by healthcare context

### 8.9 Primary care, ambulatory care and other non-emergency outpatient clinical settings

For primary care, ambulatory care and other non-emergency outpatient settings (including hospital outpatient clinics) plastic aprons, 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 ([section 7](#)).

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 2 metres. Where this is not practical use of FRSM is recommended.

The principles described in this guidance apply to all health and social settings. PPE guidance is provided for primary and community care in [Table 2](#). Refer to [further guidance for primary care](#).

### 8.12 Pharmacy

If social distancing of 2 metres is maintained there is no indication for PPE in a pharmacy setting. If social distancing is not maintained; though direct care is not provided, sessional use of FRSM\* is recommended. For pharmacists working in other contexts (such as inpatient areas) recommendations described above apply.

\* FRSM - fluid repellent surgical mask

## 10. Recommended PPE types and rationale for use

### 10.4 Disposable aprons and gowns

Disposable plastic aprons must be worn to protect staff uniform or clothes from contamination when providing direct patient care and during environmental and equipment decontamination.

### 10.5 Disposable gloves

Disposable gloves must be worn when providing direct patient care and when exposure to blood and or other body fluids is anticipated or likely, including during equipment and environmental decontamination. Disposable gloves are subject to single use and must be disposed of immediately after completion of a procedure or task and after each patient contact, as per SICPs, followed by hand hygiene.

## 11. Best practice in use of PPE and hand hygiene

Refer to the correct order of donning and doffing PPE [for AGPs](#) and [non-AGPs](#). PPE should always be used in accordance with SICPs and requirements for hand hygiene. Hand hygiene should extend to include washing of exposed forearms.