

# Appendix 16 - Selection of Personal Protective Equipment (PPE) by Healthcare Workers (HCWs) during the provision of patient care

The following table outlines the recommended PPE required to minimise the risk of transmission of infection to self and others when providing patient care.

HCWs are required to utilise clinical judgement to select PPE whilst providing or participating in care tasks and procedures for patients. Decisions made by staff will depend on an assessment of the risks associated with the specific care tasks or procedures being undertaken.

This appendix can be used in conjunction with [Appendix 11](#) and the [A-Z of pathogens](#) which contain specific guidance and supporting materials. PPE requirements for High Consequence Infectious Diseases (HCIDs) can be found in a [literature review](#).

Guidance on the order of donning and doffing for PPE, is within [Appendix 6](#).

The recommendations provided in this support tool are subject to change in line with emerging evidence or during any endemic or pandemic public health emergencies which require a local, multi-national agency or UK wide response.

**Version 5. 15 May 2023**

**Recommended PPE required to minimise the risk of transmission of infection to self and others when providing patient care.**

PPE	Indications for use	When/where to don	When/where to doff
<p><b>Gloves</b></p>	<p>When contact with blood, body fluids (including but not limited to secretions and/or excretions), non-intact skin, mucous membranes, lesions and/or vesicles is anticipated.</p>	<p>Immediately prior to commencing any care task/procedure which generates an exposure risk</p>	<p>Immediately upon completion of the care task/procedure.</p>
	<p>When undertaking an invasive procedure.</p>		
<p><b>Apron/gown</b> (A gown should be selected when it is anticipated that an apron would provide inadequate cover for the task or amount of splash or spray.)</p> <p>A gown is also required when dealing with a high consequence infectious disease (HCID))</p>	<p>When contact with blood, body fluids (including but not limited to secretions and/or excretions), non-intact skin, mucous membranes, lesions and/or vesicles is anticipated. (Including whilst in close/direct care contact with a patient or their immediate environment e.g., providing toileting support or removing used bed linen)</p>	<p>Immediately prior to undertaking direct care tasks/ procedures, and when in direct contact with the patient and their care environment.</p>	<p>Immediately after completion of a care task/procedure.</p> <p>Immediately after an episode of patient care and before leaving the patient's care environment.</p>
	<p>When in direct care contact with a patient or their immediate environment</p>		

PPE	Indications for use	When/where to don	When/where to doff
<b>Eye/face protection (goggles, face shield)</b>	When splashing/spraying of blood and/or body fluids (including but not limited to secretions and/or excretions) onto the face/eyes is anticipated (including aerosol generating procedures (AGPs)).	Immediately prior to undertaking care task/procedure	Immediately after completion of care task/procedure
	When dealing with a high consequence infectious disease		
<b>Fluid-resistant surgical facemask (FRSM)</b>	When a patient does not have a confirmed/suspected infection but spraying/splashing of blood and/or body fluids (including but not limited to secretions and/or excretions) is anticipated. (Including Aerosol Generating Procedures)	Immediately prior to undertaking care task /procedure	Immediately after completion of the care task/procedure
	When caring for a patient confirmed /suspected to be infected with a microorganism spread by the droplet route regardless of the risk of spraying/splashing of blood and/or body fluids (including but not limited to secretions and/or excretions).	Immediately prior to exposure to patient(s)	Following exit from the care environment when the exposure risk has ended.

PPE	Indications for use	When/where to don	When/where to doff
<b>Respiratory protective equipment (RPE) (specifically, a fit-tested FFP3 respirator or powered respirator hood)</b>	When caring for a patient confirmed/suspected to be infected with a microorganism transmissible by the airborne (aerosol) route.	Before entry into the care environment.	Following exit from the care environment when the exposure risk has ended.
	When undertaking an AGP on a patient with a confirmed/suspected infection spread wholly or partly by the droplet or airborne route.		