



GenesisCare Guidance on the Use of Personal Protective Equipment (PPE) for COVID-19

The safety of staff and patients is our number one priority at GenesisCare. We are working hard locally in the UK & globally to ensure that sufficient supplies of PPE and infection control products are available to keep our staff and patients safe. All existing stock of has been fairly distributed to sites.

In the UK GenesisCare have been following [Public Health England](#)/[World Health Organisation \(WHO\)](#) advice on the use of PPE for COVID-19. In response to feedback and practice changes amongst other healthcare providers, we have decided to go further in our recommendations for PPE whilst providing direct patient care. We are continuing to monitor the latest advice and information from key governing sources to understand their recommendations and any recent developments in PPE within the health sector and will continue to update guidance where necessary.

The information below indicates the appropriate use of PPE and promotion of standard infection control precautions.

The operational lead at each GenesisCare centre (or a responsible person delegated by them) is responsible for distributing masks and the rest of the PPE to their respective centre employees according to the schedule that day.

Clinical staff (those staff providing direct clinical care to a patient):

"Clinical staff" at GenesisCare are defined as any worker providing a service or care to a patient in a clinical environment such as consultation rooms, treatment rooms, linac bunkers, Diagnostic rooms, exercise facilities and medical oncology chairs.

Non-Clinical staff:

"Non-clinical staff" at Genesiscare are defined as any worker not responsible for providing direct care to a patient in a clinical setting; e.g. receptionist, patient administration officer.

PPE for Clinical Staff Delivering Direct Patient Care During COVID-19 Pandemic

As patients may be able to pass on COVID-19 without displaying any symptoms, full infection prevention and control precautions should be taken including hand hygiene, environmental cleaning and the use of appropriate PPE. The PPE required for providing direct patient care, regardless of whether they are displaying symptoms of COVID-19, is:

Disposable gloves.

These must be worn when providing direct patient care and when exposure to blood and/or other body fluids is anticipated/likely, including during equipment and environmental decontamination. Non-sterile gloves are sufficient except when performing aseptic procedures.

Disposable plastic aprons

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

Fluid Resistant Surgical Face Masks (FRSM)

These should be worn by all clinical staff during direct patient contact.

FFP2 or FFP3 Mask

These should be worn during specified clinical settings – Head and neck Radiotherapy treatment, Resus situations or treating a confirmed positive COVID-19 patient.

Long-Sleeved Fluid Resistant Disposable Gown

These should be used when there is a risk of extensive splashing of blood and/or other body fluids.

Eye protection/Face visor should be worn when there is a risk of contamination to the eyes from splashing of secretions (including respiratory secretions), blood, body fluids or excretions. If using reusable safety goggles these must be cleaned with disinfectant wipes between patients.

Putting on (donning), removal (doffing) and Disposable of PPE

Ensure that you have an allocated room or area in your centre for donning and doffing.

PPE should be put on (donned) prior to commencing patient care, following [PHE guidance](#)

The following tips are recommended to ensure a mask is effectively positioned, used and removed.

1. How to put on your mask:
 - Before putting on your mask, clean your hands properly.
 - Cover your mouth and nose with the mask.
 - Avoid touching the mask while using; if you have to do this, please clean your hands.
 - Avoid letting your mask hang around your neck or anywhere else.

All PPE used for direct patient care is single use and following an episode of patient care must be taken off (doffed), following PHE guidance and disposed of in yellow clinical waste bags.

2. How to remove the mask:
 - Remove it from behind (do not touch the front of the mask).
 - Dispose the mask in a yellow clinical waste bag.
 - It is good practice to clean your hands again when you finish removing the mask.

Quick guides on donning and doffing full PPE are also attached to this guide as Appendices.

Head and Neck Patients on Treatment

When treating patients with a head and neck cancer additional PPE precautions are advised. Clinical staff **MUST** wear a **FFP2 or FFP3 mask** and **Eye protection/Face visor** and **Long-Sleeved Fluid Resistant Disposable Gown** when treating the patient regardless of whether they have symptoms or not

Clinical staff working in medical oncology

When in direct contact with a patient for more than 15 minutes and at a distance less than 2 metres, i.e. when cannulating, setting up an infusion etc it is necessary to wear PPE as described and then remove and dispose after use. When in direct contact with patients but for a shorter time (less than 15 minutes duration), ie taking observations during a longer infusion, it is necessary only to change items that have been in direct contact with the patient, ie gloves and apron. It is not necessary to change the surgical mask in this instance.

Note: The maximum duration a surgical mask should be worn is 2 hours after which time it should be removed and disposed of.

In the event you have been in contact with a suspected or confirmed COVID positive patient, all PPE should be removed and disposed of after contact.

Aerosol Generating Procedures (AGPs)

AGPs are rarely performed within GCUK centres with the exception of diagnostic nasolaryngopharyngoscopy. AGPs carry an increased risk and should be avoided whenever possible and if deemed clinically necessary all staff **MUST** wear **eye protection/face visor** and **long-sleeved fluid resistant disposable gown** and an **FFP2 or FFP3 respirator mask**. PHE guidance on [donning](#) and [doffing](#) PPE for AGPs must be followed.

Cardiopulmonary Resuscitation (CPR)

Full Aerosol Generating Procedure (AGP) Personal Protective Equipment (PPE) must be worn by all members of the resuscitation/emergency team before entering the room. Sets of AGP PPE must be readily available where resuscitation equipment is being locally stored.

No chest compressions or airway procedures should be undertaken without full AGP PPE. If chest compressions or airway procedures are necessary, all staff undertaking these tasks **MUST** wear **eye protection/face visor** and **long-sleeved fluid resistant disposable gown** and an **FFP2 or FFP3 respirator mask**. [Resus Council guidance](#) should be followed in all instances.

Use of PPE for Non-clinical Staff

Non-clinical staff (e.g. receptionists, admin staff etc.) should practice social distancing and whenever possible maintaining distance of 2 metres from patients.

Non-clinical staff may choose to wear a FRSM (surgical face mask). If so, masks should be changed every 2 hours or if damaged or contaminated.

Employing and maintaining standard precautions

Even with the use of a mask, staff should employ and maintain standard precautions, usual care and infection control practices and maintain social distancing, where possible during patient interactions.

Standard precautions, including hand hygiene (5 Moments), should be observed for all patients.

Patients and staff should observe cough etiquette and respiratory hygiene.

Social distancing measures involve keeping 2 metres between oneself and other people where possible.

Minimising any casual contact with a patient to less than 15 minutes is recommended. Keep distance between patients as much as possible to work safer.

Good infection control principles include:

- a. Remove all non-essential items to reduce clutter and improve cleanability of surfaces, e.g. magazines and jigsaws.
- b. Implement regular wipe down of all hard surfaces. Every 2 hours is recommended.
- c. Follow the manufacturer's instructions. For e.g. surface will require 60 secs of contact with disinfectant; only one wipe at a time is needed. Responsible usage in line with manufacturer's instructions will ensure we do not unnecessarily deplete our available resources.
- d. It is important to understand that contact time refers to the length of time the surface being disinfected must remain wet for the disinfectant to work.
- e. Close beverage bar.
- f. Move chairs to allow social distancing.

Uniform

The appropriate use of personal protective equipment (PPE) will protect staff uniform from contamination in most circumstances.

All clinical staff **SHOULD** wear clean uniform for each shift and **MUST NOT** travel to and from work in uniform. Uniform should be transported home in a disposable plastic bag. This bag should be disposed of into the household waste stream.

Uniforms should be laundered:

- separately from any other household linen.
- in a load not more than half the machine capacity.
- at the maximum temperature the fabric can tolerate, then ironed or tumbled-dried.

Appendix 1 - Reference table for an at-a-glance guide to PPE for all staff in Genesiscare Centres.

PPE type	Commuting	Around Clinic (reception, tea rooms, storerooms etc)	When conducting Temperature Screening	Close contact during care of patients <i>not</i> Head and neck RT	Close contact during care of Head and neck RT, MO or Resus	Observations of patients during chemotherapy infusion or nuclear med studies	Contact/interventional procedure with persons suspected or confirmed with COVID-19	Decontamination after suspected or confirmed with COVID-19
Attire	Home clothes	GC Uniform	GC Uniform	GC Uniform	GC Uniform	GC Uniform	GC Uniform	GC Uniform
Masks	Personal preference	(FRSM) Surgical mask	(FRSM) Surgical mask	(FRSM) Surgical mask	FFP2 or FFP3 mask	(FRSM) Surgical mask – mask can stay on for up to 2 hours	FFP2 or FFP3 mask	(FRSM) Surgical mask
Gloves	None	none	none	Single use: Firm fitting gloves	Single use: Firm fitting gloves	Single use: Firm fitting gloves	Single use: Firm fitting gloves	Single use: Firm fitting gloves
Eye protection	None	none	none	none	Goggles	none	Goggles	Goggles
Gowns	None	none	none	Disposable plastic apron over GC uniform	Impervious long-sleeved gown	Disposable plastic apron over GC uniform	Impervious long-sleeved gown	Disposable plastic apron over GC uniform



Public Health
England



Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: <https://youtu.be/eANIs-Jdi2s>

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Remove jewellery
- Tie hair back
- Check PPE in the correct size is available

- 1** Perform hand hygiene before putting on PPE.



- 2** Put on apron and tie at waist.



- 3** Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



- 4** With both hands, mould the metal strap over the bridge of your nose.



- 5** Don eye protection if required.



- 6** Put on gloves.





Public Health
England



Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: <https://youtu.be/eANIs-Jdi2s>

- PPE should be removed in an order that minimises the risk of self-contamination

- Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist. Peel the remaining glove off over the first glove and discard.



2 Clean hands.



3 Apron. Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself = do not touch the outside = **this will be contaminated.** Discard.



4 Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.



5 Clean hands.



6 Remove facemask once your clinical work is completed. Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. **DO NOT** reuse once removed.



7 Clean hands with soap and water.



*For the doffing guide to PPE for AGPs see: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

Putting on (donning) personal protective equipment (PPE) for aerosol generating procedures (AGPs)

Use safe work practices to protect yourself and limit the spread of infection

- keep hands away from face and PPE being worn
- change gloves when torn or heavily contaminated
- limit surfaces touched in the patient environment
- regularly perform hand hygiene
- always clean hands after removing gloves

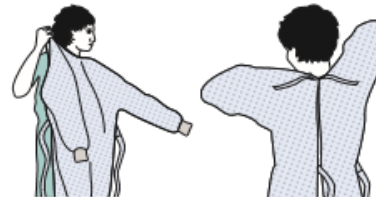
Pre-donning instructions

- ensure healthcare worker hydrated
- tie hair back
- remove jewellery
- check PPE in the correct size is available

Putting on personal protective equipment (PPE). The order for putting on is gown, respirator, eye protection and gloves. This is undertaken outside the patient's room.

Perform hand hygiene before putting on PPE

- 1 Put on the long-sleeved fluid repellent disposable gown - fasten neck ties and waist ties.



- 2 Respirator.

Note: this must be the respirator that you have been fit tested to use. Where goggles or safety spectacles are to be worn with the respirator, these must be worn during the fit test to ensure compatibility



Position the upper straps on the crown of your head, above the ears and the lower strap at the nape of the neck. Ensure that the respirator is flat against your cheeks. With both hands mould the nose piece from the bridge of the nose firmly pressing down both sides of the nose with your fingers until you have a good facial fit. If a good fit cannot be achieved **DO NOT PROCEED**

Perform a fit check. The technique for this will differ between different makes of respirator. Instructions for the correct technique are provided by manufacturers and should be followed for fit checking

- 3 Eye protection - Place over face and eyes and adjust the headband to fit



- 4 Gloves - select according to hand size. Ensure cuff of gown covered is covered by the cuff of the glove.

Removal of (doffing) personal protective equipment (PPE) for aerosol generating procedures (AGPs)

PPE should be removed in an order that minimises the potential for cross contamination. Unless there is a dedicated isolation room with ante room, PPE is to be removed in a systematic way before leaving the patient's room i.e. gloves, then gown and then eye protection. The FFP3 respirator must always be removed outside the patient's room.

Where possible (dedicated isolation room with ante room) the process should be supervised by a buddy at a distance of 2 metres to reduce the risk of the healthcare worker removing PPE and inadvertently contaminating themselves while doffing.

The FFP3 respirator should be removed in the anteroom/lobby. In the absence of an anteroom/lobby, remove FFP3 respirator in a safe area (e.g., outside the isolation room). All PPE must be disposed of as healthcare (including clinical) waste.

The order of removal of PPE is as follows:

1 Gloves – the outsides of the gloves are contaminated

Firstly:

- grasp the outside of the glove with the opposite gloved hand; peel off
- hold the removed glove in gloved hand

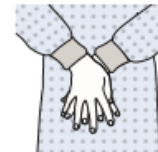


Then:

- slide the fingers of the un-gloved hand under the remaining glove at the wrist
- peel the remaining glove off over the first glove and discard



Clean hands with alcohol gel



2 Gown – the front of the gown and sleeves will be contaminated

Unfasten neck then waist ties



Pull gown away from the neck and shoulders, touching the inside of the gown only using a peeling motion as the outside of the gown will be contaminated



Turn the gown inside out, fold or roll into a bundle and discard into a lined waste bin



3 Eye protection (preferably a full-face visor) - the outside will be contaminated

To remove, use both hands to handle the restraining straps by pulling away from behind and discard.



4 Respirator – In the absence of an anteroom/lobby remove FFP3 respirators in a safe area (e.g., outside the isolation room). Clean hands with alcohol hand rub.

Do not touch the front of the respirator as it will be contaminated

- lean forward slightly
- reach to the back of the head with both hands to find the bottom retaining strap and bring it up to the top strap
- lift straps over the top of the head
- let the respirator fall away from your face and place in bin



5

Wash hands with soap and water

