

# Core brief

## Daily COVID-19 update (3 April 2020, 6.45pm)

Topics in this afternoon's Core Brief:

- Latest Guidance on PPE

### Important update: Latest Guidance on PPE

New national guidance on PPE was issued by the Scottish Government on 2 April 2020. This guidance has been scrutinised today by senior clinical and infection control leads and our teams to ensure that we continue to adhere to the guidance in all circumstances and for all our health and social care colleagues.

[Click here to read the full guidance.](#) For ease, a summary of the guidance has been produced by our Infection Prevention and Control Team and is set out below.

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### Summary of New Guidance

The National Guidance on appropriate personal protective equipment (PPE) has been updated on the 2 April 2020 to reflect the latest information available and the changing level of risk as the number of positive cases in the community increases. In this evolving situation it is acknowledged that health care workers may become subject to an increase in the number of potential exposures. The change in the guidance also reflects the need for enhanced protection required for patients in vulnerable groups especially those undergoing 'shielding'.

### Sessional Use of Personal Protective Equipment

Aprons and gloves remain single use as per Standard Infection Control Precautions (SICPs), and should be removed, discarded as clinical waste and then hand hygiene performed. Respirators, fluid-resistant (Type IIR) surgical masks (FRSM), eye protection and long sleeved disposable fluid repellent gowns can be subject to single sessional use.

A single session refers to a period of time where a health and social care worker is undertaking duties in a specific clinical care setting or exposure environment. For example, a session might comprise a ward round, or taking observations of several patients in a cohort bay or ward. A session ends when the health and social care worker leaves the clinical care setting or exposure environment. Once the PPE has been removed it should be disposed of safely. The duration of a single session will vary depending on the clinical activity being undertaken.

## **Social/Community/Residential Unsuspected COVID-19**

PPE Required (no AGP):

- Aprons (single use)
- Gloves (single use)
- Fluid Resistant Surgical Mask (based on a risk assessment, can be single or sessional use)
- Eye protection/Visor (based on a risk assessment re possible splash of blood or body fluids, can be single or sessional use).

It is crucial that Hand Hygiene is carried out after removal of PPE.

[https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3006/documents/2\\_non-covid-19-ppe-poster-A3-social-community-ppe-poster.pdf](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3006/documents/2_non-covid-19-ppe-poster-A3-social-community-ppe-poster.pdf)

## **General Area (ward, OPD) Unsuspected COVID-19**

PPE Required:

- Aprons (single use)
- Gloves (single use)
- Fluid Resistant Surgical Mask (based on a risk assessment, can be single or sessional use)
- Eye Protection (based on a risk assessment re possible splash of blood or body fluids, can be single or sessional use).

It is crucial that Hand Hygiene is carried out after removal of PPE.

[https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3006/documents/1\\_non-covid-19-ppe-poster-A3-GREEN-zone-general-healthcare.pdf](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3006/documents/1_non-covid-19-ppe-poster-A3-GREEN-zone-general-healthcare.pdf)

## **General Area (All Heath & Social Care Settings) Suspected/Confirmed COVID-19**

PPE Required (no AGP):

- Aprons (single use)
- Gloves (single use)
- Fluid Resistant Surgical Mask (can be single or sessional use)
- Eye protection/Visor (can be single or sessional use).

PPE Required (AGP):

- Long sleeved fluid repellent gown (can be single or sessional use)
- Gloves (single use)
- FFP face mask (can be single or sessional use)
- Full face shield or eye protection (can be single or sessional use. If wearing a valved FFP mask, full face shield/visor must be worn).

It is crucial that Hand Hygiene is carried out after removal of PPE.

[https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3006/documents/3\\_covid-19-ppe-poster-A3-RED-mixed-AGP-general.pdf](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3006/documents/3_covid-19-ppe-poster-A3-RED-mixed-AGP-general.pdf)

## High Risk Acute Care Areas\* Suspected/Confirmed COVID-19

PPE Required (AGP):

- Long sleeved fluid repellent gown (sessional use)
- Gloves (single use)
- FFP face mask (sessional use)
- Full face shield or eye protection (sessional use. If wearing a valved FFP mask, full face shield/visor should be worn).

It is crucial that Hand Hygiene is carried out after removal of PPE.

\* Higher risk acute care areas include:

- Intensive care and high dependency care units (ICU or HDU)
- Emergency department resuscitation areas
- Wards or clinical areas where AGPs are regularly performed (such as wards with NIV or CPAP)
- Operating theatres, where AGPs are performed
- Endoscopy units, where bronchoscopy, upper gastrointestinal or nasoendoscopy are performed.

[https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3006/documents/4\\_covid-19-ppe-poster-A3-high-risk-acute-areas.pdf](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3006/documents/4_covid-19-ppe-poster-A3-high-risk-acute-areas.pdf)

### Hand Hygiene

Hand hygiene has been extended to include the decontamination of forearms after removing any element of PPE.

### PPE for Patients

In clinical areas, communal waiting areas and during transportation possible or confirmed COVID-19 patients should wear a FRSM if this can be tolerated. If there is any potential or actual impact on the care of the individual patient these should NOT be worn by patients. FRSM can be worn until they are damp or uncomfortable.

### First Responders

First responders should don a FRSM, before commencing chest compressions. Chest compressions and defibrillation (as part of resuscitation) are not considered AGPs; first responders (any setting) can commence chest compressions and defibrillation without the need for AGP PPE while awaiting the arrival of other clinicians to undertake airway maneuvers. When other clinicians arrive the first responder should remove themselves from the room and put on a FFP mask before returning to assist.

All airway maneuvers must be undertaken with full respiratory PPE and our resuscitation teams will also continue to don full respiratory PPE.

### Aerosol Generating Procedures

The highest risk of transmission of respiratory viruses is during AGPs of the respiratory tract, and use of enhanced respiratory protective equipment is indicated for health and social care workers performing or assisting in such procedures. The guidance will continue to be updated in light of emerging evidence for this new pathogen.

A long sleeved disposable fluid repellent gown (covering the arms and body), a filtering face piece class 3 (FFP3) respirator, a full-face shield or visor and gloves are recommended during AGPs on possible and confirmed cases, regardless of the clinical setting. Subject to local risk assessment, the same precautions apply for all patients regardless of case status in contexts of sustained COVID-19 transmission. Where an AGP is a single procedure, PPE is subject to single use with disposal after each patient contact or procedure as appropriate.

The following procedures are currently considered to be potentially infectious AGPs for COVID-19:

- Intubation, extubation and related procedures, for example manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract)
- Tracheotomy or tracheostomy procedures (insertion or open suctioning or removal)
- Bronchoscopy and upper ENT airway procedures that involve suctioning
- Upper gastro-intestinal endoscopy where there is open suctioning of the upper respiratory tract
- Surgery and post mortem procedures involving high-speed devices
- Some dental procedures (for example, high-speed drilling)
- Non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP)
- High Frequency Oscillatory Ventilation (HFOV)
- Induction of sputum (cough)
- High flow nasal oxygen (HFNO).

For patients with possible or confirmed COVID-19, any of these potentially infectious AGPs should only be carried out when essential. Where possible, these procedures should be carried out in a single room with the doors shut. Only those healthcare staff who are needed to undertake the procedure should be present.

Certain other procedures or equipment may generate an aerosol from material other than patient secretions but are not considered to represent a significant infectious risk. Procedures in this category include administration of pressurised humidified oxygen, entonox or medication via nebulisation.

NERVTAG advised that during nebulisation, the aerosol derives from a non-patient source (the fluid in the nebuliser chamber) and does not carry patient-derived viral particles. If a particle in the aerosol coalesces with a contaminated mucous membrane, it will cease to be airborne and therefore will not be part of an aerosol. Staff should use appropriate hand hygiene when helping patients to remove nebulisers and oxygen masks.

## **Risk Assessment**

The new guidance suggests that organisation can use risk assessment to determine locally identified high risk areas where sessional use of PPE is required. This should be in the context of local risk. NHSGGC is committed to undertaking this assessment where clinicians raise concerns or questions and this will inform local guidance.

## **Volunteers**

Volunteers should try to maintain 2 metres social distancing. Where this is not possible volunteers should wear a FRSM on a sessional basis. Volunteers who have any direct contact with patient or the patient's environment (within 2 metres) should speak to the lead for the clinical area who will advise them on what PPE should be used in the specific clinical area.

Please keep up-to-date with the latest guidance on our dedicated web pages at: [www.nhs.uk/ggc/covid19](http://www.nhs.uk/ggc/covid19). If you have any questions about the current situation please check the [FAQs](#) first. If you have any further questions, please email: [staff.covid19@ggc.scot.nhs.uk](mailto:staff.covid19@ggc.scot.nhs.uk)

Staff are reminded to make sure their [personal contact details are up to date on eESS](#).

**Coronavirus**  
Covid-19

## Please remember to wash your hands

Follow the correct hand washing procedure  
[www.nhsinform.scot/coronavirus](http://www.nhsinform.scot/coronavirus)



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