



LONDON FIRE BRIGADE

Report title

Additional PPE requirements in response to CoVID 19 pandemic

Report to

London Fire Commissioner

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Report by

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Summary

This report has been brought together in response to an urgent requirement to assess the immediate, medium and longer term Personal Protective Equipment (PPE) requirements of the London Fire Commissioner (LFC) in response to the current CoVID 19 pandemic.

This urgency is a result of supply chain issues and decisions are required in order to meet a deadline of 1300 hours on the 1 of April 2020 to place an overseas order with Hunter Apparel Solutions.

The LFC is currently managing the risk of CoVID 19 infection at operational incidents using its current PPE and operational protocols. This guidance is regularly monitored and updated by colleagues from Operational Policy and Assurance.

This is visually different to the PPE used by the London Ambulance Service (LAS) when they are responding to suspected CoVID 19 cases. Both however currently meet, and in the case of the LFB's response exceed, the standards laid down in the current Public Health England (PHE) guidance on PPE in response to CoVID 19, see appendix 1 and attached document (CoVID 19 National Fire Chiefs Council PPE Guidance page 2). The LAS PPE solution is disposable, the LFB solution requires decontamination.

In the event of the LFC being required to provide greater support to the LAS it is anticipated that a PPE solution that requires decontamination after every incident is unlikely to be sustainable.

The LFC are seeking volunteers to be seconded to the LAS to support their response. It is anticipated that PPE arrangements for these volunteers will be addressed as part of that project, and is therefore out of scope for this report.

The PPE provision for LFC staff providing current functional support to the LAS will be provided directly by the ambulance service therefore this request is for additional resilience so the LFC can be prepared and have the correct PPE for the ongoing protection of its staff should that role expand in any way in the short to medium term.

The LFC has been asked to consider its projected PPE requirements if the decision is made for the LFC to provide greater support to the LAS. If this request is made then the LFC would need to consider adopting LAS PPE protocols in order to be able to offer further sustainable operational support to our blue light partners.

Currently the LFC holds no PPE which matches the LAS PPE requirements. This report therefore requests the procurement of a one month stock holding of this particular type of LAS type PPE. This would allow us to begin providing further operational support to the LAS immediately if requested to do so. The following report outlines the additional PPE that would be need to be purchased if the LFB wished to match the LAS PPE protocols and their approximate costs.

Recommended Decision

1. The London Fire Commissioner delegates authority to the Director of Corporate Services to procure a one month resilience stock of PPE to meet or exceed the standards of PPE used by the LAS in anticipation of an increase in the numbers of incidents LFB crews are asked to attend where enhanced infection control measures are required up to a value [REDACTED]. This is a range of PPE which is not currently held as stock items in the Brigades Distribution Centre.
2. The London Fire Commissioner instructs that further detailed analysis of anticipated PPE requirements be commissioned by both the Director of Corporate Service and the Director of Operations, working jointly, into the medium and long term PPE requirements of the LFC and report back with the results of that analysis.

Current LFB position

1. The image right represents the minimum level of PPE when attending an incident potentially contaminated with Coronavirus and consists of:

- Full structural firefighting PPE: Our PPE is capable of blocking liquids and will protect against transmission of the virus.
- Nitrile Gloves: Fire gloves may be worn over nitrile gloves where protection against sharp surfaces is required.
- Breathing apparatus full face mask
- Respirator filter (unopened): Respirators should only be opened and used on instruction from the Incident Commander. Filters have a finite life and should be disposed of after 50 breathing hours regardless of use type .



2. This PPE is comparable to the current level of protection the LAS have in place and exceeds the PPE requirements laid out in the current PHE guidance. However, full PPE and full facemasks may not be sustainable in term of cost, decontamination or replenishment if the current CoVID 19 pandemic is protracted or becomes a 'new risk' in the majority of the incidents the LFC attends.

PPE requirements if the LFB adopted LAS PPE protocols

3. In order to forecast PPE requirements, colleagues in Operational Policy and Assurance have conducted forward planning based on PPE standards adopted by the LAS and the volume of incidents the LFC responded to during the recent corresponding trials conducted across a number of London boroughs. This provides an approximate prediction of the number of incidents where this additional PPE may be required. A further multiplier of four was applied to this figure to take into account an expected increase in call rates and additional PPE requirements at routine Fire Service calls with close patient interaction.
4. The following table shows potential "worst case" PPE requirements based on LFC adopting LAS PPE protocols and the LFC having to enhance its PPE requirements at routine Fire Service incidents.

PPE requirements	No of Units		Costs			
	Per quarter	Per year	Cost per unit	Cost per month	Cost per quarter	Costs per year
Hand hygiene (gel) 50ml dose	67,500	270,000	██████████ ██████████ ██████████	██████████	██████████	██████████
Nitrile gloves	67,500	270,000	██████████ ██████████	██████████	██████████	██████████
Disposable Plastic apron	67,500	270,000	██████████ ██████████ ██████████	██████████	██████████	██████████
Disposable plastic sleeves	67,500	270,000	██████████ ██████████ ██████████	██████████	██████████	██████████
Facemask (surgical)	67,500	270,000	██████████	██████████	██████████	██████████
P2 Facemask	67,500	270,000	██████████	██████████	██████████	██████████
Eye protection (fluid resistant)	67,500	270,000	██████████	██████████	██████████	██████████
Fluid repellent coverall	67,500	270,000	██████████	██████████	██████████	██████████
FFP3 respirator	Already on order	Already on order				
██████████				██████████	██████████	██████████

5. The costs laid out in the table above are drawn from the supplier Hunter Apparel Solutions. They have been identified by the Crown Commercial Services and by Kent FRS who are facilitating the UK FRS PPE response.
6. As mentioned in the summary above, the LFC does not currently hold these items as stock and therefore this will be a direct procurement from Hunter Apparel (an existing LFC contractor using the arrangement negotiated by Kent FRA acting on behalf of the national FRS and taking advantage of the immediate stock availability and agreed lead times for delivery).
7. Lead times for the products listed above are between 2 and 4 weeks although it is expected that these lead time may well be improved on by the use of airfreight. The use of airfreight also explains why these costs are higher than normal.

Finance comments

8. The report recommends that delegated authority is provided to procure a one month stock of PPE, to meet the standards of PPE used by the LAS. This is at an estimated cost of £427k for which no funding was allocated in the 2020/21 budget report. The impact of any spending on this area will be reported as part of the regular financial position reporting along with any potential impact on General Reserve levels. If additional PPE is required to cover a longer period a subsequent report will be prepared at that time.

Workforce comments

9. Senior Brigade management are in daily contact with the London Region FBU to discuss issues relating to the Brigade's Covid-19 response, and this includes PPE as an important item. The recommendations within this report will be shared with the FBU.

Legal comments

10. Under section 9 of the Policing and Crime Act 2017, the London Fire Commissioner (the "Commissioner") is established as a corporation sole with the Mayor appointing the occupant of that office. Under section 327D of the GLA Act 1999, as amended by the Policing and Crime Act 2017, the Mayor may issue to the Commissioner specific or general directions as to the manner in which the holder of that office is to exercise his or her functions.
11. By direction dated 1 April 2018, the Mayor set out those matters, for which the Commissioner would require the prior approval of either the Mayor or the Deputy Mayor for Fire and Resilience (the "Deputy Mayor").
12. Paragraph (b) of Part 2 of the said direction requires the Commissioner to seek the prior approval of the Deputy Mayor before "[a] commitment to expenditure (capital or revenue) of £150,000 or above".
13. The Deputy Mayor's approval is accordingly required for the London Fire Commissioner to place orders for PPE via existing suppliers and the Crown Commercial Services identified supplier Hunter Apparel Solutions.
14. The statutory basis for the Commissioner's power to assist the London Ambulance Service by re-deploying firefighters onto driving ambulances is section 11 of the Fire and Rescue Services Act 2004 (FRSA 2004) which states that:
 11. Power to respond to other eventualities
 - (1) A fire and rescue authority may take any action it considers appropriate -
 - (a) in response to an event or situation of a kind mentioned in subsection (2);
 - (b) for the purpose of enabling action to be taken in response to such an event or situation.
 - (2) The event or situation is one that causes or is likely to cause -

- (a) one or more individuals to die, be injured or become ill;...
 - (3) The power conferred by subsection (1) includes power to secure the provision of equipment.
 - (4) The power conferred by subsection (1) may be exercised by an authority outside as well as within the authority's area.
15. The Covid-19 pandemic is a situation that causes or is likely to cause one or more individuals to die or become ill, and therefore as an FRA (see s 1(2)(c)) the LFC may take any action he considers appropriate to respond to that situation. Such action includes action to support the LAS in driving ambulances and (see s1(3)) providing the equipment referred to in this report.
16. The LFC may procure goods, services and works with extreme urgency. The LFC is permitted to do using regulation 32(2)(c) under the Public Contract Regulations 2015 i.e. a direct award due to reasons of extreme urgency as COVID-19 is serious and its consequences pose a risk to life.
17. Regulation 32(2)(c) of the PCRs is designed to deal with this sort of situation. Regulation 32(2) sets out the following:
- The negotiated procedure without prior publication may be used for public works contracts, public supply contracts and public service contracts in any of the following cases: ...
 - insofar as is strictly necessary where, for reasons of extreme urgency brought about by events unforeseeable by the contracting authority, the time limits for the open or restricted procedures or competitive procedures with negotiation cannot be complied with.
 - ... the circumstances invoked to justify extreme urgency must not in any event be attributable to the contracting authority.
18. Therefore, in responding to COVID-19, the LFC may enter into new contracts without competing or advertising the requirement so long as we are able to demonstrate the following tests have all been met:
- a) There are genuine reasons for extreme urgency,
 - b) The events that have led to the need for extreme urgency were unforeseeable,
 - c) It is impossible to comply with the usual timescales in the PCRs,
 - d) The situation is not attributable to the contracting authority.
19. It is therefore permissible under the Public Contract Regulations and allied procurement rules for the London Fire Commissioner to enter into both new procurements or additional call offs from extant frameworks as discussed in this report.

Sustainability implications

20. The Commissioners waste contractors provide a hazardous waste collection service on request, which is expected to be able to manage any hazardous waste arising from this situation. It will be investigated further to ensure appropriate requirements are in place should the need arise.

21. Hunter Apparel Solutions are classified as a Small to Medium Enterprise, and as such are not required to issue a Modern Slavery Statement.

Equalities implications

22. The London Fire Commissioner and decision takers are required to have due regard to the Public Sector Equality Duty (s149 of the Equality Act 2010) when exercising our functions and taking decisions.
23. It is important to note that consideration of the Public Sector Equality Duty is not a one-off task. The duty must be fulfilled before taking a decision, at the time of taking a decision, and after the decision has been taken.
24. The protected characteristics are: Age, Disability, Gender reassignment, Pregnancy and maternity, Marriage and civil partnership (but only in respect of the requirements to have due regard to the need to eliminate discrimination), Race (ethnic or national origins, colour or nationality), Religion or belief (including lack of belief), Sex, and Sexual orientation.
25. The Public Sector Equality Duty requires us, in the exercise of all our functions (i.e. everything we do), to have due regard to the need to:
- a) Eliminate discrimination, harassment and victimisation and other prohibited conduct.
 - b) Advance equality of opportunity between people who share a relevant protected characteristic and persons who do not share it.
 - c) Foster good relations between people who share a relevant protected characteristic and persons who do not share it.
26. Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
- remove or minimise disadvantages suffered by persons who share a relevant protected characteristic where those disadvantages are connected to that characteristic;
 - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
 - encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
27. The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
28. Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—

- (a) tackle prejudice, and
- (b) promote understanding.

29. An Equality Impact Assessment (EIA) as not been undertaken in this case.

30. An EIA was not required because of the urgency required in meeting the deadlines for placement of the order.

Appendix 1

PPE guidance for emergency responders attending incidents during the COVID 19 Pandemic Introduction

This guidance is provided to support the fire & rescue service (FRS) and their staff deal with concerns related to COVID-19 where casualty care is possible.

COVID-19 infection should be considered in all cases of respiratory infection. Where possible cases are identified, this information must be passed to the responding resources (ambulance or fire appliance) prior to arrival on scene.

This guidance covers the use of personal protective equipment (PPE) for the management of a casualty with possible COVID-19. If a risk assessment indicates the possibility of COVID-19, appropriate PPE must be donned safely before being within two metres of the patient, or having contact with the patient. Should you be able to maintain social distancing this should be the primary control measure (2m).

Given the current demands on PPE as a result of the COVID-19 pandemic there may be occasions where FRS personnel are required to carry out Aerosol Generating Procedures (AGP) without the access to the levels of PPE identified in the table below. Under these circumstances alternative levels of PPE/RPE, such as personal respirators or Breathing Apparatus in conjunction with Fire Kit or coveralls are deemed appropriate for use. Services should ensure a suitable and sufficient risk assessment is in place.

Aerosol generating procedures (AGP)

- AGPs are activities which generate tiny particles from a patient during prescribed interventions, these particles are small enough to remain in the air for extended periods, travel long distances and may be inhaled.
- AGPs relevant to the FRS include procedures related to cardiopulmonary resuscitation (CPR).

Providing assistance

If you need to provide assistance to an individual who is symptomatic and may have COVID-19, wherever possible, place the person in a place away from others. If there is no physically separate room, ask others who are not involved in providing assistance to stay at least 2 metres away from the individual. If barriers or screens are available, these may be used.

Personal Protective Equipment (PPE).

The table below shows the required level of PPE that is recommended to be used by FRS staff as a minimum for the care of all possible COVID-19 cases; a dynamic risk assessment should be carried out to determine if a higher level or additional PPE is required.

COVID-19 GUIDANCE FOR FIRE and RESCUE SERVICES

	ASSISTANCE TO AMBULANCE SERVICE			ASSISTANCE TO CORONERS OFFICE			FIRE & RESCUE SERVICE RESPONSE		
PPE	ALL CATEGORIES			CARE OF DECEASED			CASUALTY CARE		
	NO COVID-19 suspected and/or NO close patient contact	Possible or Confirmed COVID-19 and Close patient contact	Possible or Confirmed COVID-19 And Aerosol Generating Procedures	NO COVID-19 suspected and/or NO close patient contact	Possible or Confirmed COVID-19 and Close patient contact	Possible or Confirmed COVID-19 And Aerosol Generating Procedures	NO COVID-19 suspected and/or NO close patient contact	Possible or Confirmed COVID-19 and Close patient contact	Possible or Confirmed COVID-19 And Aerosol Generating Procedures
Hand Hygiene	✓	✓	✓	✓	✓		✓	✓	✓
Gloves	✓	✓	✓	✓	✓		Risk Assessment	✓	✓
Plastic Apron	✓	✓	×	✓	✓		Risk Assessment	✓	×
Fluid Repellent Coverall*	×	×	✓	×	×		×	×	✓
Fluid Repellent Surgical Mask									

	✓	✓	×	✓	✓		Risk Assessment	✓	×
FFP3 Respirator**	×	×	✓	×	×		×	×	✓
Eye Protection	Risk Assessment	Risk Assessment	✓	✓	✓		Risk Assessment	Risk Assessment	✓
Source of Guidance	PUBLIC HEALTH ENGLAND Guidance for first responders and others in close contact with symptomatic people with potential COVID-19 COVID-19: Guidance for Ambulance Trusts			The Royal College of Pathologists Guidance for the Care of Deceased during COVID-19			PUBLIC HEALTH ENGLAND Guidance for first responders and others in close contact with symptomatic people with potential COVID-19 COVID-19: Guidance for Ambulance Trusts		
Guidance on Casualty Care and PPE requirements									
<p>* Or risk-assessed alternative maybe substituted / i.e. fire kit with appropriate decontamination procedures</p> <p>** Should the specified PPE be unavailable, a risk-assessed alternative level of PPE may be substituted i.e. Breathing Apparatus or Respirator with fire kit or fluid repellent coveralls</p>									

Hand hygiene

After contact with any individual, avoid touching your mouth, eyes and/or nose, wash your hands thoroughly with soap and water for at least 20 seconds or alcohol hand rub at the earliest opportunity.

There are no additional precautions to be taken in relation to cleaning your clothing/uniform other than what is usual practice.

Donning PPE

PPE is required for all possible or confirmed COVID-19 casualties and should be donned in the following order:

Any casualty where an AGP is required, irrespective of COVID status:

With casualties who are **unconscious** it will not be possible to determine their potential COVID risk. Therefore, the following PPE should be worn:

1. disposable apron or alternative
2. FFP3 Respirator or alternative higher or equivalent level PPE
3. eye protection
4. 2 pairs of disposable gloves (inner and outer)

Please see link for pictorial guidance on donning and doffing PPE where an AGP is present:

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures>

Possible or confirmed COVID-19 with no AGP required

1. disposable apron or alternative
2. fluid repellent surgical mask or alternative higher or equivalent level PPE
3. eye protection if risk of splashing to the face or eyes
4. 2 pairs of disposable gloves (inner and outer)

Please see link for pictorial guidance on donning and doffing PPE where no AGP is required:

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>

Doffing PPE

It is important that the PPE is removed in an order that it minimises the potential for cross-contamination.

When doffing PPE, follow the order below with the support and observation of a colleague to ensure the risk of cross-contamination is minimised.

Hand decontamination helps to prevent the spread of infection - use alcohol hand rub between removing items of PPE.

No AGPs being performed

1. 2 pair of disposable gloves (inner and outer)
2. hand decontamination
3. disposable apron
4. eye protection (if worn)
5. hand decontamination
6. fluid repellent surgical mask
7. hand decontamination

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>

AGP performed (FFP3 facemask and eye protection)

1. outer pair of gloves
2. coveralls
3. inner pair of gloves
4. hand decontamination
5. eye protection
6. hand decontamination
7. FFP3 Respirator or alternative higher or equivalent level PPE
8. hand decontamination

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures>

Decontamination

As coronaviruses have a lipid envelope, a wide range of disinfectants are effective. PPE and good infection prevention and control precautions are effective at minimising risk but can never eliminate it.

If an alternative to disinfectant is used, the local Infection Prevention and Control Team (IPCT) should be consulted on to ensure that this is effective against enveloped viruses.

It is possible that these viruses can survive in the environment, however with the amount of virus contamination on surfaces likely to have decreased significantly by 72 hours, so thorough environmental decontamination is vital.

Where less disposable means of PPE/RPE are utilised effective decontamination procedures should be adopted in line with current procedures and extant guidance.

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

This is undertaken outside the patient's room.

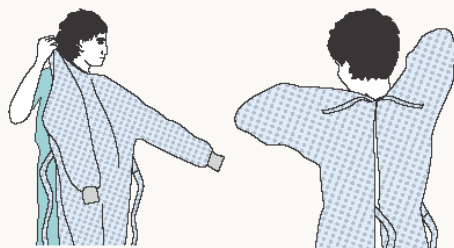
Pre-donning instructions

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

Perform hand hygiene before putting on PPE

1

Put on the long-sleeved fluid repellent disposable gown



2

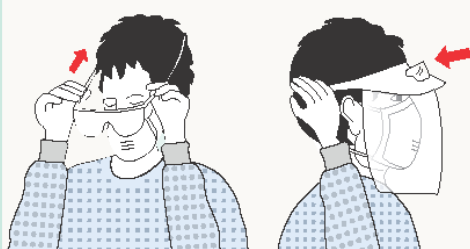
Respirator

Perform a fit check.



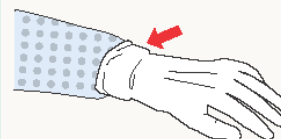
3

Eye protection



4

Gloves



Appendix B

COVID-19



Public Health
England

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

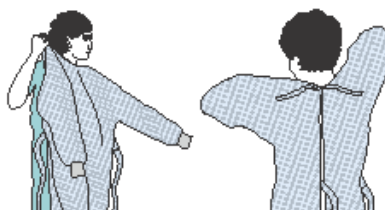
Pre-donning instructions

- 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.

Appendix C

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

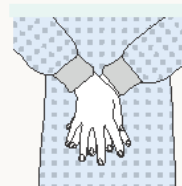
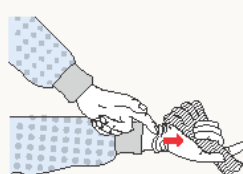
PPE should be removed in an order that minimises the potential for cross contamination.

The order of removal of PPE is as follows:

1

Gloves –

the outsides of the gloves are contaminated



Clean hands with alcohol gel

2

Gown –

the front of the gown and sleeves will be contaminated



3

Eye protection –

the outside will be contaminated



4

Respirator

Clean hands with alcohol hand rub. Do not touch the front of the respirator as it will be contaminated



5

Wash hands with soap and water





Public Health
England

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 as 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

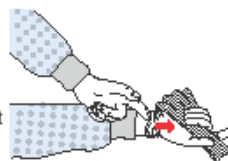
Firstly:

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

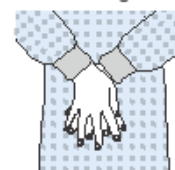


Then:

- 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



Appendix E



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.



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

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Appendix F



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

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Notes page

	ASSISTANCE TO AMBULANCE SERVICE			FIRE & RESCUE SERVICE RESPONSE		
PPE	ALL CATEGORIES			CASUALTY CARE		
	NO COVID-19 suspected and/or NO close patient contact	Possible or Confirmed COVID-19 and Close patient contact	Possible or Confirmed COVID-19 And Aerosol Generating Procedures	NO COVID-19 suspected and/or NO close patient contact	Possible or Confirmed COVID-19 and Close patient contact	Possible or Confirmed COVID-19 And Aerosol Generating Procedures
Hand Hygiene	✓	✓	✓	✓	✓	✓
Gloves	✓	✓	✓	Risk Assessment	✓	✓
Plastic Apron	✓	✓	×	Risk Assessment	✓	×
Fluid Repellent Coverall*	×	×	✓	×	×	✓
Fluid Repellent Surgical Mask	✓	✓	×	Risk Assessment	✓	×
FFP3 Respirator**	×	×	✓	×	×	✓
Eye Protection	Risk Assessment	Risk Assessment	✓	Risk Assessment	Risk Assessment	✓
Source of Guidance	PUBLIC HEALTH ENGLAND Guidance for first responders and others in close contact with symptomatic people with potential COVID-19 COVID-19: Guidance for Ambulance Trusts			PUBLIC HEALTH ENGLAND Guidance for first responders and others in close contact with symptomatic people with potential COVID-19 COVID-19: Guidance for Ambulance Trusts		