

Appendix 5a: Personal protective equipment (PPE) when applying standard infection control precautions (SICPs)



Before undertaking any procedure or task, staff should assess any likely exposure to blood and/or other body fluids, non-intact skin, mucous membranes or any equipment or items in the care environment that could be contaminated and wear personal protective equipment (PPE) if required. PPE must protect adequately against the risks associated with the procedure or task.

Hand hygiene must be performed before putting on and after removal of PPE.

SICPs	Gloves	Apron	Gown (ambulance staff use coveralls)	Fluid resistant surgical mask (FRSM)	Eye/face protection
No anticipated exposure to blood or body fluid, mucous membranes, or non-intact skin.					
Exposure to blood or body fluid, mucous membranes, or non-intact skin is anticipated but NO risk of splashing or spraying.					
Exposure to blood or body fluid, mucous membranes, or non-intact skin is anticipated AND risk of spraying or splashing.			 Unless in place of an apron if extensive spraying or splashing is anticipated.		

Where to put on and remove PPE

If required as above, PPE should be put on within the patient room/care area.

Gloves are not an alternative to hand hygiene. Gloves must always be removed after each task on the same patient and hand hygiene performed as per the 5 moments for hand hygiene.

All PPE must be removed and disposed of before leaving the patient room/care area on completion of care episode.

NB. Universal masking using FRSM may be indicated as a source control measure during outbreaks of respiratory infectious agents.