

Appendix 15: Selection of Personal Protective Equipment (PPE) by health and care workers (HCWs) during the provision of care

HCWs are required to use clinical judgement to select, put on (don), remove (doff) and safely dispose of PPE whilst providing care. Guidance on the order for donning and doffing PPE is within [Appendix 6](#).

Hand hygiene should be performed in accordance with the 5 moments and completed prior to donning and following doffing.

This appendix can also be used in conjunction with [the A-Z of Pathogens](#) and [Appendix 11](#)

Note: The recommendations provided in this appendix may be 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.

Standard Infection Control Precautions (SICPs): Chapter 1 NIPCM and Care Home IPCM

Gloves ¹	Aprons	Gowns ²	Eye/Face protection	Fluid Resistant Surgical Masks (FRSM) ^{2 + 3}	Respiratory Protective Equipment (RPE)
<p>When it is anticipated that there is contact with or exposure to blood, bodily fluids, secretions, excretions, non-intact skin or mucous membranes or contaminated surfaces.</p> <p>Use gloves in accordance with Appendix 5 – Glove use and selection.</p>	<p>Should be worn to protect uniform or clothes when contamination is anticipated/likely.</p> <p>When in direct care contact with a service user or their immediate environment.</p>	<p>When there is a risk of extensive splashing of blood and/or other body fluids.</p> <p>Worn when a disposable apron provides inadequate cover for the procedure/task being performed.</p>	<p>When there is an anticipated risk of splashing and/or spraying of blood or bodily fluids.</p> <p>Always during Aerosol Generating Procedures.</p>	<p>When splashing or spraying of blood, body fluids, secretions, or excretions onto the respiratory mucosa (nose and mouth) is anticipated/likely.</p> <p>In combination with a full-face shield, integrated half face shield or goggles for AGPs on a non-infectious service user.</p>	<p>Not required as part of SICPs.</p>

Transmission Based Precautions (TBPs): Chapter 2 NIPCM and Care Home IPCM

Gloves ¹	Aprons	Gowns ²	Eye/Face protection	Fluid Resistant Surgical Masks (FRSM) ^{2 + 3}	Respiratory Protective Equipment (RPE)
As per SICPs.	As per SICPs. When in contact with a service users' environment.	As per SICPs. When excessive splashing or spraying is anticipated. When carrying out AGPs on a service user with a known/suspected infection spread by the airborne OR droplet route.	As per SICPs. When there is an anticipated risk of splashing and/or spraying of blood or bodily fluids. When carrying out AGPs on a service user with a known/suspected infection spread by the airborne OR droplet route	As per SICPs. When caring for a service user with a suspected/confirmed infectious agent spread by the droplet route, in combination with a full-face shield, integrated half face shield or goggles.	As per SICPs. During the delivery of care to a service user with a suspected/confirmed infectious agent spread by the airborne route. When carrying out AGPs on a service user with a suspected/confirmed infectious agent spread by the airborne OR droplet route.

High Consequence Infectious Disease (HCID)

The PPE requirements for the management of a suspected or confirmed HCID can be found in the [HCID addendum](#).

Footnotes

1. Use of gloves should be risk assessed and are not routinely required as part of SICPs and TBPs. Overuse of gloves can lead to infection transmission, skin irritation and poor hand hygiene practices. Gloves cannot be recycled, and overuse has an environmental impact. See: [Gloves off animation](#).
2. Should be worn by all scrubbed members of the operating theatre surgical team for all surgical procedures and should be worn for insertion of central venous catheters, insertion of peripherally inserted central catheters, insertion of pulmonary artery catheters and spinal, epidural and caudal procedures in all settings.
3. To be worn by non-scrubbed members of the theatre surgical team if deemed necessary following a risk assessment of exposure to blood and/or body fluids.