

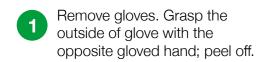


Making a

## Taking off personal protective equipment (PPE)

## for non-aerosol generating procedures (AGPS)\*

- 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



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.



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.



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.



Clean hands with soap and water.



## Personal protective equipment needed – for a suspected or confirmed case of COVID19

This guide applies in inpatient wards or community settings.

You will need to wear:

- Disposable nitrile gloves
- Disposable plastic apron
- Fluid repellent (surgical) mask
- Eye protection

Remember to have a means of disposal to hand for when you remove the PPE – dispose into an orange waste bag.

Additional equipment will be needed for a resuscitation attempt, or for procedures where a cough is being induced. Guidance and stocks will be placed with the resuscitation trolley on the inpatient wards.

Please remember your ward and team stocks of infection control supplies will need to be used in conjunction with this – for example disposable aprons, gloves, handgel.

Hand hygiene is the most important element in preventing cross infection.

