

Aprons are they PPE?

Background to question raised?

HSE has been asked to consider whether an apron (both over the head and long sleeve thumb loop aka as gowns) is PPE.

PPE DMC previously (May 2020) decided not but NHS now changing approach re: intended use of thumb loop aprons implying now used to protect wearer outside of scarcity situations i.e. not exceptional use only.

Legal advice is that they can in these circumstances be considered as PPE (the relevant fact being the use, rather than purpose for which it was made).

This question has been applied to the following items:

- Single use LDPE over the head aprons – as illustrated at Figures 1 and 2 below.
- Single use LDPE thumb loop aprons – as lustrated at Figure 3 below.



Figure 1 Polyethylene Apron perforated on a roll



Figure 2 Polyethylene Apron in flat pack



Figure 3 Polyethylene Thumb loop apron aka gown

When are aprons worn in COVID-19 settings?

The 4 nations COVID-19: infection prevention and control guidance (version 3.2 June 2020) refers to aprons throughout and details information about their general use, specific settings and use during PPE shortages.

There is no distinction made between a thumb-loop apron and over the head. However, it is reasonable to assume that the authors are referring to over the head aprons with no sleeves. As such it may be incorrect to assume that a thumb loop apron must only be used for the scenarios described in this guidance.

HSE understand that thumb loop aprons are routinely used for ENT procedures and it is believed that they will have been used as an alternative to a long sleeve fluid repellent gown. The guidance does not define a thumb loop apron and it is understandable that these will have been used as such particularly in times of shortages. It is also reasonable to suggest that they may be a more suitable alternative to a over the head apron over non fluid resistance gowns.

The 4 nations guidance describe aprons in Section 5.10:

- **Disposable plastic aprons must be worn to protect staff uniform or clothes from contamination when providing direct patient care and during environmental and equipment decontamination.**
- Disposable fluid repellent coveralls or long-sleeved gowns must be worn when a disposable **plastic apron provides inadequate cover of staff uniform or clothes for the procedure or task being performed, and when there is a risk of splashing of body fluids such as during AGPs in higher risk areas or in operative procedures. If non-fluid resistant gowns are used, a disposable plastic apron should be worn.** If extensive splashing is anticipated then use of additional fluid repellent items may be appropriate. *[What are these items – a thumb loop apron/gown?]*
- **Disposable aprons** are subject to single use and must be disposed of immediately after completion of a procedure or task and after each patient contact as per SICPs. **Hand hygiene should be practiced as per SICPs and extended to exposed forearms.**
- Disposable fluid repellent coveralls or long-sleeved gowns are for single use or for single session use in certain circumstances (section 5.6) but should be discarded at the end of a session or earlier if damaged or soiled.

| Reference in 4 nations COVID-19: infection prevention and control guidance (version 3.2 June 2020) | Guidance (apron reference highlighted in bold type) |
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| 4.3 Standard precautions 4.3.1 Hand hygiene | If wearing an apron rather than a gown (bare below the elbows), and it is known or possible that forearms have been exposed to respiratory secretions (for example cough droplets) or other body fluids, hand washing should be extended to include both forearms. Wash the forearms first and then wash the hands. |
| 4.9 Environmental decontamination 4.9.2 Cleaning the room once the patient has been discharged or left the room | Before entering the room, perform hand hygiene then put on a disposable plastic apron and gloves. If a risk assessment indicates that a higher level of contamination may be present or there is visible contamination with |

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| | body fluids, the need for additional PPE should be considered. |
| 4.11 Linen | <p>No special procedures are required; linen is categorised as 'used' or 'infectious'.</p> <p>All linen used in the direct care of patients with possible and confirmed COVID-19 should be managed as 'infectious' linen. Linen must be handled, transported and processed in a manner that prevents exposure to the skin and mucous membranes of staff, contamination of their clothing and the environment, that is:</p> <ul style="list-style-type: none"> • disposable gloves and an apron should be worn when handling infectious linen |
| 5.4 Safe ways for working for all health and care workers | <p>Staff should be trained on donning and doffing PPE. Videos are available showing how to don and doff PPE for AGPs and how to don and doff PPE for non-AGPs.</p> <p>Staff should know what PPE they should wear for each setting and context staff should have access to the PPE that protects them for the appropriate setting and context.</p> <p>Gloves and aprons are subject to single use as per SICPs with disposal after each patient or resident contact.</p> |
| 5.7 Risk assessment | <p>Initial risk assessment where possible should take place by phone, other remote triage, prior to entering the premises or clinical area or at 2 metres social distance on entering. Where the health or social care worker assesses that an individual is symptomatic and meets the case definition, appropriate PPE should be put on prior to providing care. Where the potential risk to health and social care workers cannot be established prior to face-to-face assessment or delivery of care (within 2 metres), the recommendation is for health and social care workers in any setting to have access to and where required wear aprons, FRSMs, eye protection and gloves.</p> |
| 5.8 PPE guidance by healthcare context 5.8.2 Higher risk acute inpatient care areas | <p>Long-sleeved disposable fluid repellent gowns or disposable fluid repellent coveralls, FFP3 respirators, eye protection, and gloves must be worn in higher risk areas containing possible or confirmed cases, or as indicated by local risk assessment. If non-fluid-resistant gowns are used, a disposable plastic apron should be worn underneath. Gloves and aprons are subject to single use as per Standard Infection Control Precautions (SICPs) with disposal after each patient contact. Gowns or coveralls, respirators and eye protection may be subject to single session use (see Section 5.6).</p> |

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| | <p>A higher risk acute inpatient care area is defined as a clinical environment where AGPs are regularly performed.</p> <p>Higher risk acute care areas include:</p> <ul style="list-style-type: none"> • 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 <p>Ambulance staff conveying a patient into a high risk area are not required to change or upgrade their PPE for the purposes of patient handover.</p> |
| <p>5.8 PPE guidance by healthcare context</p> <p>5.8.3 Inpatient areas</p> | <p>A fluid resistant (Type IIR) surgical facemask (FRSM) should be worn whenever a health and social care worker enters or is present inpatient area (for example, ward) containing possible or confirmed COVID-19 cases, whether or not involved in direct patient care. For undertaking any direct patient care, disposable gloves, aprons and eye protection should be worn. Evidence reviews were performed by Health Protection Scotland and the Centre for Evidence Based Medicine, University of Oxford.</p> <p>When working in inpatient areas with no identified possible or confirmed cases, use of PPE should be risk assessed (section 5.7). Aprons, gloves and FRSMs may be indicated in certain inpatient areas dependent on intensity of COVID-19 transmission in the local context and the nature of clinical care undertaken. An evidence review on the use of aprons or gowns was conducted by Health Protection Scotland and Health Safety Executive.</p> |
| <p>5.8.4 Emergency department and acute admission areas</p> | <p>Use of aprons FRSMs, eye protection and gloves is recommended for health and social care workers working in emergency and acute admission areas containing possible or confirmed cases. These areas might include medical, surgical and paediatric admissions wards (not assigned as higher risk acute care areas), for example.</p> <p>Use of PPE in emergency and acute admission areas may be indicated regardless of case status of patients, subject to a risk assessment (section 5.7).</p> <p>Ambulance staff conveying a patient into a high risk area are not required to change or upgrade their PPE for the purposes of patient handover.</p> |

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| 5.8.5 Transfer of cases and other duties requiring close contact | Aprons , FRSMs and gloves should be used by health and social care workers transferring possible or confirmed COVID-19 cases and for other duties that require direct contact or that within 1 metre of a case. Eye protection is recommended subject to risk assessment (section 5.7). |
| 5.8.7 Labour ward | Where AGPs are performed and for operative procedures, PPE guidance set out for AGPs (section 5.8.1) for operative procedures (section 5.8.6) respectively should be followed. Otherwise, for care of possible or confirmed cases during the second and third stage of labour (vaginal delivery) disposable fluid repellent coveralls or long-sleeved disposable fluid repellent gowns, plastic aprons , FRSMs, eye protection and gloves should be used. Such PPE in labour wards may be indicated regardless of case status of patients, subject to local risk assessment (section 5.7). |
| 5.8.8 Ambulance staff and paramedics | Where AGPs such as intubation are performed, PPE guidance set out for AGPs (section 5.8.1) should be followed (disposable fluid repellent coveralls may be used in place of long-sleeved disposable gowns). For any direct patient care of patient known to meet the case definition for a possible case, plastic apron , FRSMs, eye protection and gloves should be used (section 5.7). Where it is impractical to ascertain case status of individual patients prior to care, use of PPE including aprons , gloves, FRSM and eye protection should be subject to risk assessment according to local context (section 5.7) |
| 5.8.9 Primary care, ambulatory care and other non-emergency outpatient clinical settings | For primary care, ambulatory care and other non-emergency outpatient settings (including hospital outpatient clinics) plastic aprons , FRSMs, eye protection and gloves should be used for any direct care of possible and confirmed cases. Such PPE may be indicated for work in such settings regardless of case status, subject to local risk assessment (section 5.7). |
| 5.8.10 Individual's home or usual place of residence | <p>For provision of direct care to any member of a household where one or more is a possible or confirmed case, plastic aprons, FRSMs, eye protection and gloves are recommended.</p> <p>For delivery of care to any individual meeting criteria for shielding (vulnerable groups) or where anyone in the household meets criteria for shielding, as a minimum, single use disposable plastic aprons, surgical mask and gloves must be worn for the protection of the patient. If the individual is encountered in any context described or if they meet the case definition, then additional PPE should be applied as above.</p> |
| 5.8.11 Community and social care settings, including care homes, mental health and other overnight resident facilities | For direct care of possible or confirmed cases in facilities such as care homes, mental health inpatient units, learning disability and autism residential units, hospices, prisons and other overnight care units, plastic aprons , |

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| | FRSMs and gloves should be used. Need for eye protection is subject to risk assessment (section 5.7) meaning dependent on whether the nature of care and whether the individual symptoms present risk of droplet transmission. For further information, refer to guidance on residential care provision. |
| 5.8.13 Collection of nasopharyngeal swab(s) | For collection of nasopharyngeal swabs (for example, for COVID-19 diagnostic purposes), plastic aprons , FRSMs, eye protection and gloves should be used. |
| 5.8.14 Care to vulnerable groups undergoing shielding | For delivery of care to any individual meeting criteria for shielding (vulnerable groups) in any setting, as a minimum, single use disposable plastic aprons , gloves and surgical mask must be worn for the protection of the patient. If the individual is encountered in any context described or if meets case definition, then additional PPE should be applied as per recommendations stated by context and or risk assessment (section 5.7). |
| 5.10 Recommended PPE types and rationale for use 5.10.4 Disposable aprons and gowns | <p>Disposable plastic aprons must be worn to protect staff uniform or clothes from contamination when providing direct patient care and during environmental and equipment decontamination.</p> <p>Disposable fluid repellent coveralls or long-sleeved gowns must be worn when a disposable plastic apron provides inadequate cover of staff uniform or clothes for the procedure or task being performed, and when there is a risk of splashing of body fluids such as during AGPs in higher risk areas or in operative procedures. If non-fluid resistant gowns are used, a disposable plastic apron should be worn. If extensive splashing is anticipated then use of additional fluid repellent items may be appropriate.</p> <p>Disposable aprons are subject to single use and must be disposed of immediately after completion of a procedure or task and after each patient contact as per SICPs. Hand hygiene should be practiced as per SICPs and extended to exposed forearms.</p> <p>Disposable fluid repellent coveralls or long-sleeved gowns are for single use or for single session use in certain circumstances (section 5.6) but should be discarded at the end of a session or earlier if damaged or soiled.</p> |
| Appendix: Considerations for acute personal protective equipment (PPE) shortages Background to 17 April 2020 advice | This document aligns with current evidence and Centers for Disease Control (CDC) and World Health Organization (WHO) guidance on optimising the supply of personal protective equipment (PPE) and the use of PPE when in short supply. The Health and Safety Executive (HSE) has reviewed the options outlined in this document. Where there are acute shortages of PPE, and where it is safe to do so, it approves the sessional and reuse of PPE. |

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| | <p>Some of the PPE in the NHS COVID-19 Ensemble is designated by the manufacturers as being single use. However, the HSE recognises that some compromise is needed to optimise the supply of PPE in times of extreme shortages. It has agreed that the use as outlined in this document is appropriate within health and safety legislation and provides appropriate protection for health and care workers.</p> <p>These are exceptional circumstances and do not reflect HSE's standard approach. HSE expects Trusts to have an agreed action plan to support implementation which includes a consideration of all measures to manage usage effectively.</p> <p>In addition, documentation of how any re-use will be managed (recognising that some PPE is personal, for example FFP3/FFP2 respirators) and should include a record of systems of work to manage how integrity checks and decontamination processes are being carried out. It should also recognise that certain equipment (for example gloves and aprons) cannot be reused.</p> |
| <p>Appendix: Considerations for acute personal protective equipment (PPE) shortages</p> <p>Alternatives to standard PPE: Gowns and coveralls</p> | <p>Fluid repellent hospital gowns or coveralls are indicated for use for the care of patients in high risk areas, where aerosol generating procedures (AGPs) are being performed.</p> <p>There are 3 main options that can be considered as alternatives if gowns are not available:</p> <ul style="list-style-type: none"> • reserve disposable, fluid repellent gown or coveralls for AGPs and surgical procedures. • disposable, non-fluid repellent gowns or coveralls with a disposable plastic apron for high-risk settings and AGPs with forearm washing once gown or coverall is removed. • reusable (washable) surgical gowns or coveralls or similar suitable clothing (for example, long-sleeved laboratory coat, long-sleeved patient gown or industrial coverall) with a disposable plastic apron for AGPs and high-risk settings with forearm washing once gown or coverall is removed. These would need to be washed in a hospital laundry and capacity for hospital laundries may need to be increased. <p>Sessional use</p> <p>This is the use of gowns or coveralls for healthcare workers (HCWs) to use for higher risk clinical areas. This is currently recommended in the UK Infection Prevention and Control guidance.</p> |

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| | <p>If the gown or coverall becomes visibly soiled, it must be disposed as infectious waste (followed by hand hygiene, donning of a new gown, and appropriate donning of new gloves).</p> <p>The following important factors would safely reduce gown usage over a session but organisations should develop an implementation and action plan suitable to their organisation:</p> <ul style="list-style-type: none"> • label all higher risk area bays, single rooms, corridors, treatment rooms and nurses’ stations as ‘clinical’ areas within a specific hospital area. Limit ‘nonclinical’ areas to staff kitchen/rest areas and changing room. • once gown or coverall is donned, the gown/coverall should remain on the staff member until their next break. <p>Plastic aprons and gloves should be changed between patients (with the notes from aprons highlighted below).</p> <ul style="list-style-type: none"> • staff should doff the gown or coverall only when going from the clinical to nonclinical area of the ward, or if they are leaving the ward for a break. • if leaving a higher risk area/theatre ward with a patient to transfer them to another area staff should retain their gown or coverall and other PPE. • teams that assist with turning and moving patients (“proning teams”), allied health professionals and other teams should retain gowns or coveralls on sessional basis, changing gloves/aprons between patients/residents and performing hand hygiene. |
| <p>Alternatives to standard PPE: Gowns and coveralls</p> <p>Appendix: Considerations for acute personal protective equipment (PPE) shortages</p> | <p>Aprons</p> <p>These are indicated for use when there is risk of splashes or sprays to protect clothes, where gowns are used on a sessional basis or where the gowns are not fluid resistant.</p> <p>Re-use of aprons is not recommended.</p> |