

FSRH guidance on PPE and the easing of services when delivering SRH care during COVID-19

4 June 2020

FSRH welcomes the guidance from [Public Health England on Personal Protective Equipment \(PPE\)](#) but many of our members still have questions regarding how this applies to delivery of SRH during the pandemic and as services begin to reopen.

COVID-19 is not going away in the foreseeable future. When national and local policy allows non-urgent procedures to resume, we need to adapt our practice and learn to deliver SRH in a different way. Following the recent FSRH [webinar](#) and questions from our members, we have compiled the following to support how the PHE guidance should be utilised in practice within sexual and reproductive health services;

- Consider the prevalence of COVID-19 in your area to help support your use of PPE and easing of services policy (include local Health Board guidance)
- Minimise face to face consultations, and the time patients spend in clinics, by using remote methods (eg. telephone, video, online) to triage and consult with patients. There is practical advice in the [FSRH & BASHH standards document for remote and online methods of consultation](#).
- Signpost patients to online information, such as the [Sexwise](#) website to support the remote consultation
- Limit (or prohibit) non patient visitors. Recommend non-essential attendees remain outside the building wherever possible
- If a face to face consultation is necessary:
 - Triage the patient before attending by phoning to check that they do not have any symptoms of COVID-19 and they have not been in contact with anyone who does
 - Minimise the time patients are waiting in the surgery or clinic. For example, patients may be able to wait in their car/outside the building until they are phoned, receive a text to gain entry to the building/clinic room
 - Ensure clinical and non-clinical staff maintain the 2m social distance (current at time of publishing this document), for example through marking out controlled distances from reception, use of a screen at reception if possible.
 - Minimise number of staff needing to be within 2m of the patient. For example, one person to examine, take a blood test, deliver an IM injection or dispense medication
 - Use the largest clinical room available to you with good ventilation for face-to-face consultations

- Prepare your room before seeing the patient to limit movement between rooms and time spent together e.g. prepare trolley for implant fitting
- Keep clinical rooms clutter free to facilitate cleaning
- Minimise conversation between you and the patient especially when you are within 2m
- Where a clinical examination or procedure (ie LARC) is considered necessary, or where the current social distance cannot be maintained use PPE; gloves, apron, fluid resistant (IIR) mask and eye/face protection
- Ensure your clinic is clear on patient flow, waiting areas, and timing of booked slots to minimise overlap. Preferably there should be separate entrance and exits into your clinics.
- Ensure staff are competent with [donning](#) and [doffing](#) of their PPE. Arrive in different clothes to your work clothes, and change before you leave putting all used work wear into a bag to wash as soon as you get home (at least 10 minutes at 60 degrees), leaving work shoes at work preferably or taking them off as soon as you arrive home

Remember the following ¹:

- **P**- Proximity; Maintain 2m distance, where possible and minimise number of staff in one room
- **E**- Enclosure; Use your largest examination room with good ventilation
- **T**- Time; Minimise the time a patient spends in the room
- **A**-Activity; Limit talking, especially loud talking or talking when within 2m of the patient
- **P**-Protection; Use appropriate PPE
- **P**- Prevalence; Pre-screen for symptoms at remote consultation but remember many people are asymptomatic

Frequently Asked Questions

Is fitting or removing an implant or IUD an aerosol generating procedure (AGP)?

No. The procedures themselves are not AGP procedures. However, talking is. As HCP we like to talk, often to calm a patient during a procedure. This is why we recommend minimising talking at all times especially when you are within 2m of each other. Using a large ventilated room is also important to help remove any AGP. We recommend you are competent in correct donning and doffing of your PPE and have clear instructions for wiping down the consultation room once the patient has left.

¹Sixth International Symposium on Intrauterine Devices and Systems for Women's Health May 26-27, 2020 San Francisco, CA. www.iud2020.com

Can I start fitting LARC?

COVID-19 is not going away in the foreseeable future. We need to change our practice and learn to adapt to delivering SRH in these new times. Commencement of all routine work, including LARC, should be planned with advice from your local public health teams. You should commence delivery of SRH services, including LARC, when you have the capacity to do so safely with appropriate PPE. Many of you may already have started, and for others it may take more time to put the necessary changes in place to support safe practice.

Can I remove LARC?

It is not recommended that patients remove their own IUD in case it should become partially fixed in the canal or threads break. Removal can be done with you wearing appropriate PPE, with consideration to the environment (appropriate ventilation) and time spent with the patient. Complex or deep removals should be undertaken by an experienced clinician.

Can a chaperone be in the consultation room?

A chaperone should be offered in line with GMC guidance, while maintaining a 2m distance between them and the patient. Where this cannot be maintained PPE should be worn by the chaperone.

Further information

We are regularly updating our [COVID-19 web page](#) with our latest guidance and resources.