

Supported Living: Advice on the Use of Personal Protective Equipment for Care Workers, Social Workers and Occupational Therapists During the COVID-19 Epidemic

N.B This guidance has been updated on 14.04.2020 to reflect further clarifications by Public Health England to the national guidance on the admission and care of residents during COVID-19 incident in a care home. The guidance advises that the information contained within the document will be useful for providers of care for people with learning disability, autism or both. This guidance can be found at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878099/Admission and Care of Residents during COVID-19 Incident in a Care Home.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878099/Admission_and_Care_of_Residents_during_COVID-19_Incident_in_a_Care_Home.pdf)

Further specific guidance on the use of personal protective equipment can be found at:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

1. Main changes to previous guidance:

The main changes are:

- Updated guidance on the use of Personal Protective (PPE) for all encounters with service users that require the carer to be within two metres of the service user whether or not there are any possible or confirmed cases of COVID-19 in the supported living setting.
- Fluid repellent facemask with or without eye protection should be worn with all service users when contact with body fluids is likely. This will involve an individual risk assessment with each service user.
- Advice on the appropriate use of PPE by service users

NB. The most common symptoms of coronavirus (COVID-19) are recent onset of:

- new continuous cough and/or
- high temperature

2. Where there are no service users with either possible or confirmed COVID-19 within the supported living setting

When the carer is within two metres of the service user when there are no possible or confirmed cases of COVID-19 within the household, staff should wear the following PPE:

- Disposable apron
- Disposable gloves

- Fluid repellent surgical face mask (Type 11R) where contact with body fluids is likely
- Eye protection where there is a risk of splashing

The need for a fluid repellent surgical face mask and eye protection should be assessed by the member of staff prior to the task being carried out.

N.B. Disposable gloves and apron should be renewed for each service user contact. However the fluid repellent face mask and eye protection can be used on a sessional basis, unless a risk assessment indicates otherwise.

A single session of work is a period of time where the care provider is undertaking duties in a specific setting or environment. The session ends when the care provider leaves the care setting, e.g. completing a specific set of tasks or leaving the area. Once the PPE has been removed it should be disposed of safely.

NB. PPE should not be subject to continued use if damaged, soiled, uncomfortable or damp.

3. Where the individual being cared for or where anyone in the household meets the criteria for shielding (vulnerable groups) but no member of the shared household has symptoms of COVID-19

The criteria for shielding are:

1. Solid organ transplant recipients.
2. People with specific cancers:
 - people with cancer who are undergoing active chemotherapy
 - people with lung cancer who are undergoing radical radiotherapy
 - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - people having immunotherapy or other continuing antibody treatments for cancer
 - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).

5. People on immunosuppression therapies sufficient to significantly increase risk of infection.

6. Women who are pregnant with significant heart disease, congenital or acquired.

Where a risk assessment indicates that the carer will not be exposed to body fluids, in order to protect the service user being shielded the following PPE is required:

- Disposable apron
- Surgical facemask. The minimum requirement is for a standard surgical face mask
- Disposable gloves

Where a risk assessment indicates that contact with body fluids is likely, the following PPE is required:

- Disposable apron
- Disposable gloves
- Fluid repellent surgical face mask (Type 11R)
- Eye protection where there is a risk of splashing

The need for a surgical fluid repellent face mask and eye protection should be assessed by the member of staff prior to the task being carried out.

N.B. Disposable gloves and apron should be renewed for each service user contact. However the fluid repellent face mask and eye protection can be used on a sessional basis, unless a risk assessment indicates otherwise.

A single session of work is a period of time where the care provider is undertaking duties in a specific setting or environment. The session ends when the care provider leaves the care setting, e.g. completing a specific set of tasks or leaving the unit. Once the PPE has been removed it should be disposed of safely.

NB. PPE should not be subject to continued use if damaged, soiled, uncomfortable or damp.

4. For the provision of direct care where there are possible or confirmed cases of COVID-19 within the supported living setting

If the individual receiving care and support has symptoms of COVID-19, then the risk of transmission should be minimised through safe working procedures.

The following PPE is required when providing direct care within two metres of the service user:

- Disposable apron
- Disposable gloves
- Fluid repellent surgical face mask (Type 11R)

- Eye protection where the nature of the care or where the individual's symptoms present a risk of droplet transmission.

Aprons and gloves are subject to single use only, with disposal and hand hygiene after each service user contact.

Fluid resistant surgical masks should be worn by all staff when providing direct care to any service user within two metres of the person being cared for. Eye protection should be worn where there is a risk of splashing. Subject to a risk assessment these can be used for a single session of work rather than a single service user contact.

A single session of work is a period of time where the care provider is undertaking duties in a specific setting or environment. The session ends when the care provider leaves the care setting, e.g. completing a specific set of tasks or moving from one unit to another within the care home. Once the PPE has been removed it should be disposed of safely.

Appendix 5 and Appendix 6 provide reference tools for the correct use of PPE

5. PPE requirements for staff undertaking cleaning duties.

The PPE requirements for staff undertaking cleaning duties where a person/people with symptoms of COVID-19 are or have been are:

- Disposable gloves (single use)
- Disposable plastic apron (single use)
- Fluid resistant (Type 11R) surgical face mask (sessional use)
- Eye/face protection (risk assess sessional use)

6. Service user use of PPE

In clinical areas, communal waiting areas and during transportation, it is recommended that possible or confirmed COVID-19 cases wear a surgical face mask if this can be tolerated. The aim of this is to minimise the dispersal of respiratory secretions, reduce both direct transmission risk and environmental contamination.

A face mask should **not** be worn by patients if there is potential for their clinical care to be compromised (for example, when receiving oxygen therapy via a mask). A face mask can be worn until damp or uncomfortable.

7. Best Practice in the Use of PPE and Hand Hygiene

Hand hygiene

Hand hygiene is essential to reduce the transmission of infection. All staff, service users and visitors should decontaminate their hands when entering and leaving

areas where care for both suspected and confirmed cases of COVID-19 is being delivered.

Hand hygiene must be performed before every episode and after each episode of contact with a service user.

Before performing hand hygiene:

- Staff must be bare below the elbows
- Remove all hand jewellery (a single plain metal ring is permitted but should be removed (or moved up) during hand hygiene)
- Finger nails should be clean, short and no artificial nails or nail products worn
- Cover all cuts or abrasions with a waterproof dressing

Hand hygiene guidance:

- Wash hands with soap and water between any contact with the service user.

Full hand washing guidance is available at Appendix 1

Personal Protective Equipment (PPE)

For service users suspected or confirmed as being infected with COVID-19:

N.B. New apron and gloves must be used for each episode of care.

- Perform hand hygiene before donning PPE
- Use disposable gloves and aprons and surgical face mask as outlined above
- Eye protection should be used where there is a risk of splashing for example if the service user has a cough

PPE must be removed in an order that minimises the potential for cross contamination before leaving the service user's room.

Correct procedure for removal of PPE is outlined below.

N.B. Eye protection and fluid resistant face masks may be worn on a sessional basis where there are cases of COVID-19 within the household.

- gloves first
- apron
- eye protection (if worn)
- face mask
- hand hygiene must be performed following removal of PPE. Hand hygiene should extend to include washing of exposed forearms

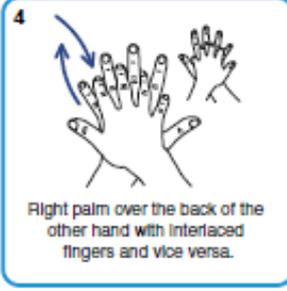
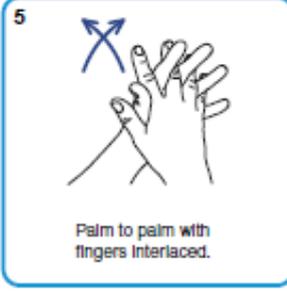
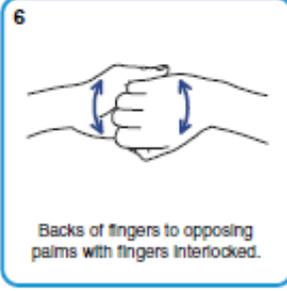
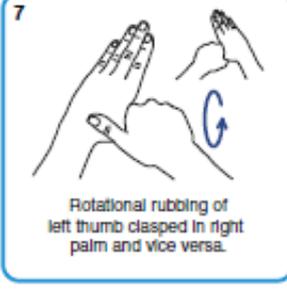
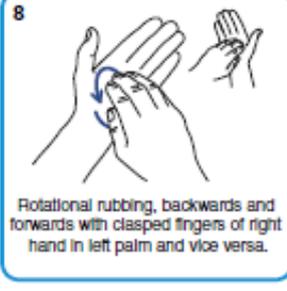
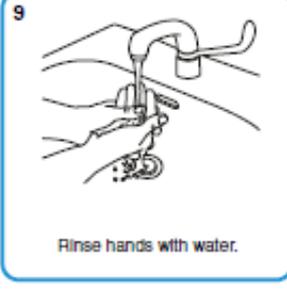
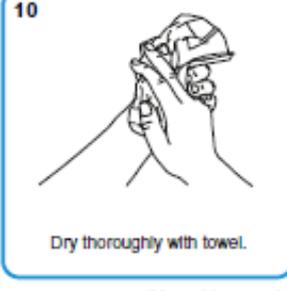
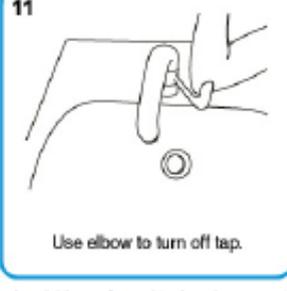
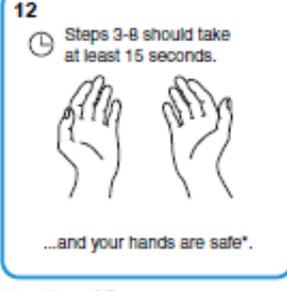
Guidance on the safe donning and removal of PPE is contained in Appendix 3

8. Waste Disposal

It is essential that used PPE is stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal.

Appendix 1 – Best practice how to hand wash

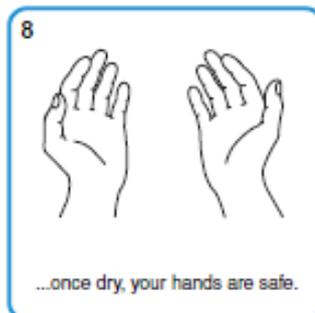
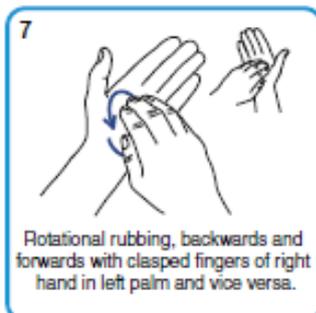
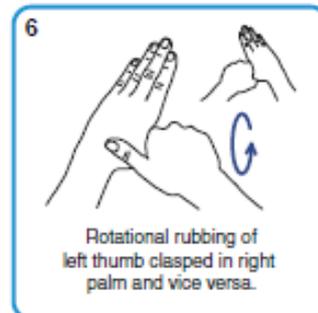
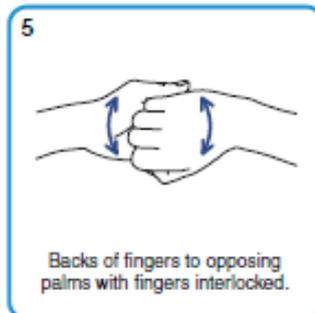
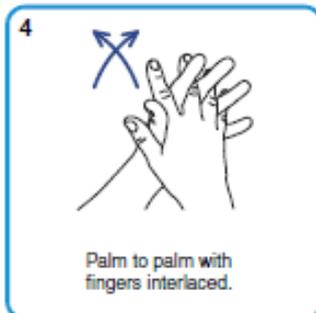
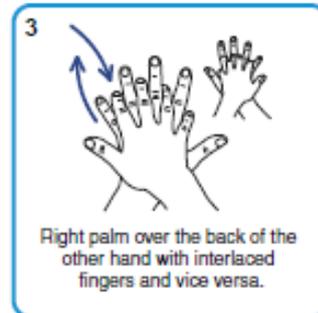
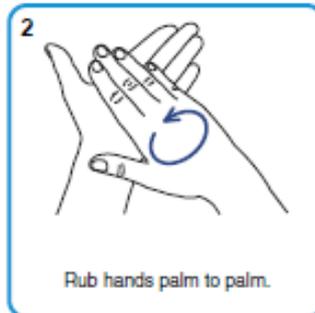
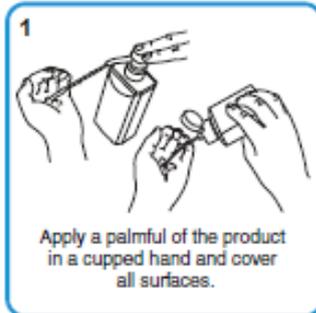
Steps 3-8 should take at least 15 seconds.

 <p>1 Wet hands with water.</p>	 <p>2 Apply enough soap to cover all hand surfaces.</p>	 <p>3 Rub hands palm to palm.</p>
 <p>4 Right palm over the back of the other hand with interlaced fingers and vice versa.</p>	 <p>5 Palm to palm with fingers interlaced.</p>	 <p>6 Backs of fingers to opposing palms with fingers interlocked.</p>
 <p>7 Rotational rubbing of left thumb clasped in right palm and vice versa.</p>	 <p>8 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.</p>	 <p>9 Rinse hands with water.</p>
 <p>10 Dry thoroughly with towel.</p>	 <p>11 Use elbow to turn off tap.</p>	 <p>12 ⌚ Steps 3-8 should take at least 15 seconds. ...and your hands are safe*.</p>

*Any skin complaints should be referred to local occupational health or GP.

Appendix 2 – Best Practice How to hand rub

Duration of the process: 20-30 seconds.





Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: <https://youtu.be/eANIs-Jdi2s>

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Tie hair back
- Remove jewellery
- Check PPE in the correct size is available

1

Perform hand hygiene before putting on PPE.



2

Put on apron and tie at waist.



3

Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



4

With both hands, mould the metal strap over the bridge of your nose.



5

Don eye protection if required.



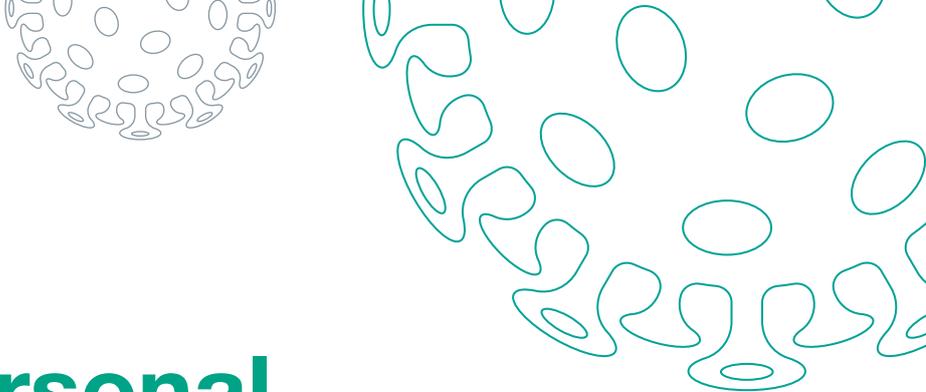
6

Put on gloves.



*For the PPE guide for AGPs please see:

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control



Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: <https://youtu.be/eANIs-Jdi2s>

• 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

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off.

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.



3 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.



4 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.

7 Clean hands with soap and water.



*For the doffing guide to PPE for AGPs see:

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

APPENDIX 5

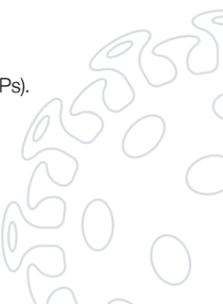


Recommended PPE for primary, outpatient and community care by setting, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection ¹
Any setting	Performing an aerosol generating procedure ² on a possible or confirmed case ³	✓ single use ⁴	✗	✓ single use ⁴	✗	✗	✓ single use ⁴	✓ single use ⁴
Primary care, ambulatory care, and other non emergency outpatient and other clinical settings e.g. optometry, dental, maternity, mental health	Direct patient care – possible or confirmed case(s) ³ (within 2 metres)	✓ single use ⁴	✓ single use ⁴	✗	✗	✓ single or sessional use ^{4,5}	✗	✓ single or sessional use ^{4,5}
	Working in reception/communal area with possible or confirmed case(s) ³ and unable to maintain 2 metres social distance ⁶	✗	✗	✗	✗	✓ sessional use ⁵	✗	✗
Individuals own home (current place of residence)	Direct care to any member of the household where any member of the household is a possible or confirmed case ^{3,7}	✓ single use ⁴	✓ single use ⁴	✗	✗	✓ single or sessional use ^{4,5}	✗	✓ risk assess single or sessional use ^{4,5,8}
	Direct care or visit to any individuals in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding ⁹	✓ single use ⁴	✓ single use ⁴	✗	✓ single use ⁴	✗	✗	✗
	Home birth where any member of the household is a possible or confirmed case ^{3,7}	✓ single use ⁴	✓ single use ⁴	✓ single use ⁴	✗	✓ single or sessional use ^{4,5}	✗	✓ single or sessional use ^{4,5}
Community-care home, mental health inpatients and other overnight care facilities e.g. learning disability, hospices, prison healthcare	Facility with possible or confirmed case(s) ³ – and direct resident care (within 2 metres)	✓ single use ⁴	✓ single use ⁴	✗	✗	✓ sessional use ⁵	✗	risk assess sessional use ^{5,8}
Any setting	Collection of nasopharyngeal swab(s)	✓ single use ⁴	✓ single or sessional use ^{4,5}	✗	✗	✓ single or sessional use ^{4,5}	✗	✓ single or sessional use ^{4,5}

Table 2

- This may be single or reusable face/eye protection/full face visor or goggles.
- The full list of aerosol generating procedures (AGPs) is within the IPC guidance [note APGs are undergoing a further review at present].
- A case is any individual meeting case definition for a possible or confirmed case: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection>
- Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
- A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round; providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and considered where there are high rates of hospital cases. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
- Non clinical staff should maintain 2m social distancing, through marking out a controlled distance; sessional use should always be risk assessed and considered where there are high rates of community cases.
- Initial risk assessment should take place by phone prior to entering the premises or at 2 metres social distance on entering; where the health or social care worker assesses that an individual is symptomatic with suspected/confirmed cases appropriate PPE should be put on prior to providing care.
- Risk assessed use refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets or blood or body fluids.
- For explanation of shielding and definition of extremely vulnerable groups see guidance: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>



APPENDIX 6

Additional considerations, in addition to standard infection prevention and control precautions,

where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection ¹
Any setting	Direct patient/resident care assessing an individual that is not currently a possible or confirmed case ² (within 2 metres)	✓ single use ³	✓ single use ³	✗	✗	✓ risk assess sessional use ^{4,5}	✗	✓ risk assess sessional use ^{4,5}
Any setting	Performing an aerosol generating procedure ⁶ on an individual that is not currently a possible or confirmed case ^{2,7}	✓ single use ³	✗	✓ single use ³	✗	✗	✓ single use ³	✓ single use ³
Any setting	Patient transport service driver conveying any individual to essential healthcare appointment, that is not currently a possible or confirmed case in vehicle without a bulkhead, no direct patient care and within 2 metres	✗	✗	✗	✓ single use ³	✗	✗	✗

Table 4

1. This may be single or reusable face/eye protection/full face visor or goggles.
2. A case is any individual meeting case definition for a possible or confirmed case: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection>
3. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
4. Risk assess refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids. **Where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/single session.**
5. A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round; providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and consider the risk of infection to and from patients, residents and health and care workers where COVID-19 is circulating in the community and hospitals. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
6. The list of aerosol generating procedures (AGPs) is included in section 8.1 at: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe. (Note APGs are undergoing a further review at present)
7. Ambulance staff conveying patients are not required to change or upgrade PPE for the purposes of patient handover.

