

Interpreting COVID-19 PPE guidance (North Yorkshire & York)

Recent government guidance on PPE emphasises that we are currently experiencing sustained transmission of COVID-19 across the UK. In contexts where COVID-19 is circulating in the community at high rates, health and social care workers may be subject to repeated risk of contact and droplet transmission during their daily work. There may also be challenges in establishing whether people meet the case definition for COVID-19 prior to a face-to-face assessment or care episode.

The national guidance sets out recommendations on the use of PPE as part of safe systems of working for health and social care workers relative to their day-to-day work. As the prevalence of COVID-19 varies across the UK and risk is not uniform, elements of the updated guidance are intended for interpretation and application dependant on local assessment of risk. Within North Yorkshire and York we need to make sure we do all we can to protect our teams who are working within the community. It is therefore essential a risk assessment takes place to decide what level of PPE is required for each situation. This will promote the correct use of PPE which will protect those most at risk.

The main guiding principles remain the same:

- Regular and effective handwashing is still one of the most important ways to prevent the spread of coronavirus.
- Those team members who are not involved in the front line delivery of care should rule out all other methods of contact before considering face to face contact. Where this is necessary social distancing should be upheld where possible.
- Those involved in the front line delivery of care or face to face assessment should risk assess each situation. Where a person we support has not raised any concerns they might have COVID-19, ask the person if they have become unwell since our last contact and observe for symptoms of COVID-19 (a persistent cough and/or high temperature).

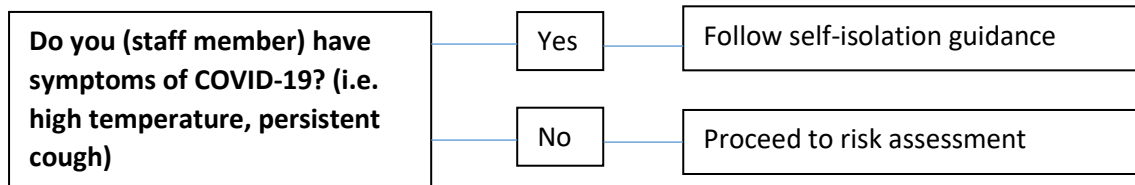
Ultimately, if following a risk assessment staff consider there is a risk to themselves or the individuals they are caring for then they should wear appropriate PPE to minimise the spread of COVID-19.

Each risk assessment should consider which of the modes of transmission of COVID-19 staff may be exposed to. Transmission of COVID-19 occurs primarily via contact spread (i.e. touching contaminated surfaces) or respiratory droplets (coughing/sneezing). For those undertaking aerosol generating procedures (rare in a community setting), there is an additional risk of aerosol spread. Asymptomatic individuals are still capable of spreading via surfaces, whereas symptomatic individuals e.g. with a cough are capable of spreading via respiratory droplets.

We have created a flow chart to aid decision making/risk assessment for the application of the guidance around PPE for COVID-19 which can be found below. This document is intended to help with local interpretation of government guidelines in community health and social care settings. It covers a range of scenarios but there will be some situations outside of this guidance that require an individual risk assessment on the approach to PPE required. It should be used in conjunction with normal operational risk assessments that services will already have in place.

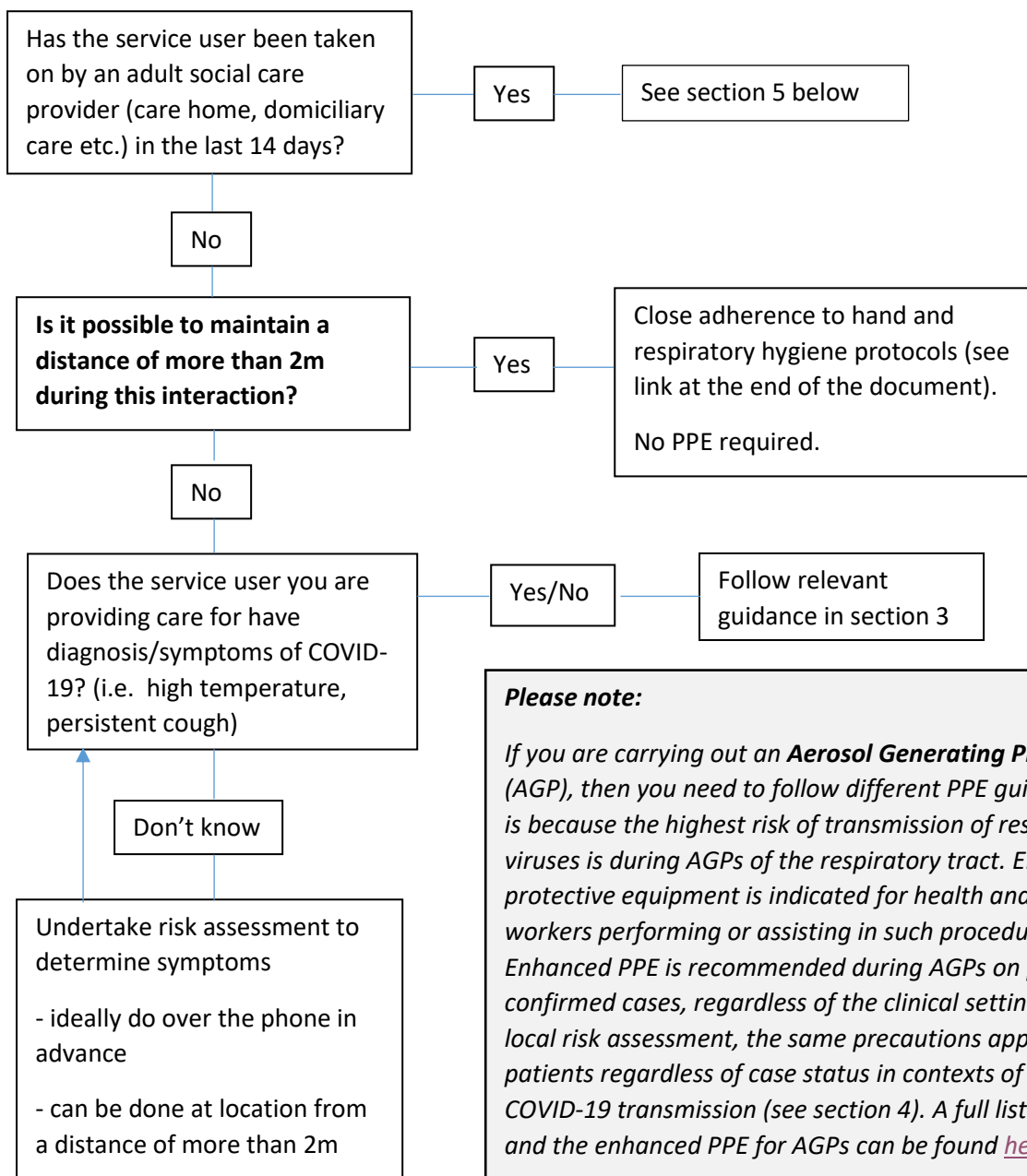
The 5-stage flowchart below covers staff self-assessment, initial risk assessment, PPE requirements for different settings, specific requirements for facilities with sustained disease transmission, and specific considerations for new admissions to adult social care settings.

1. Self-assessment

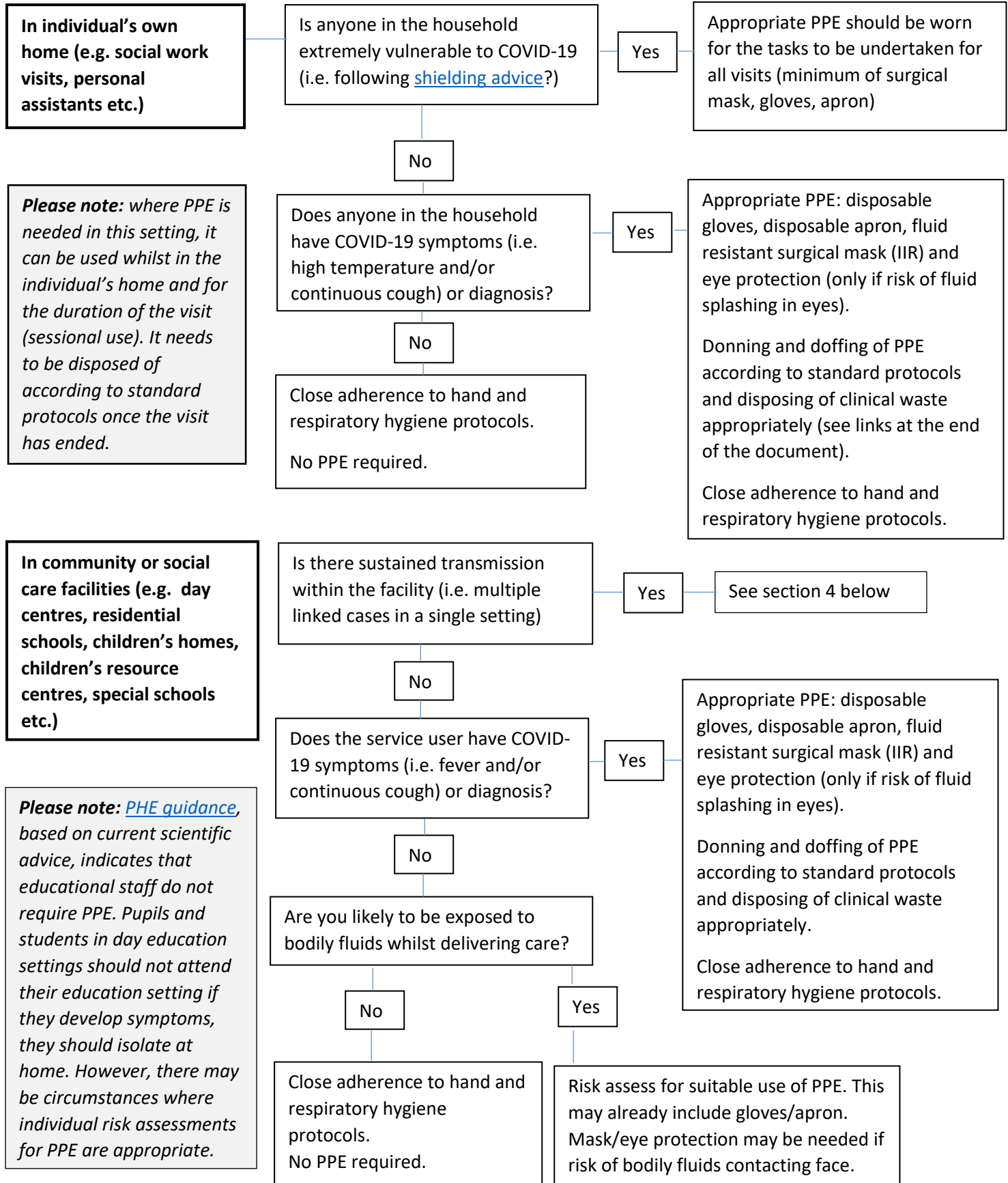


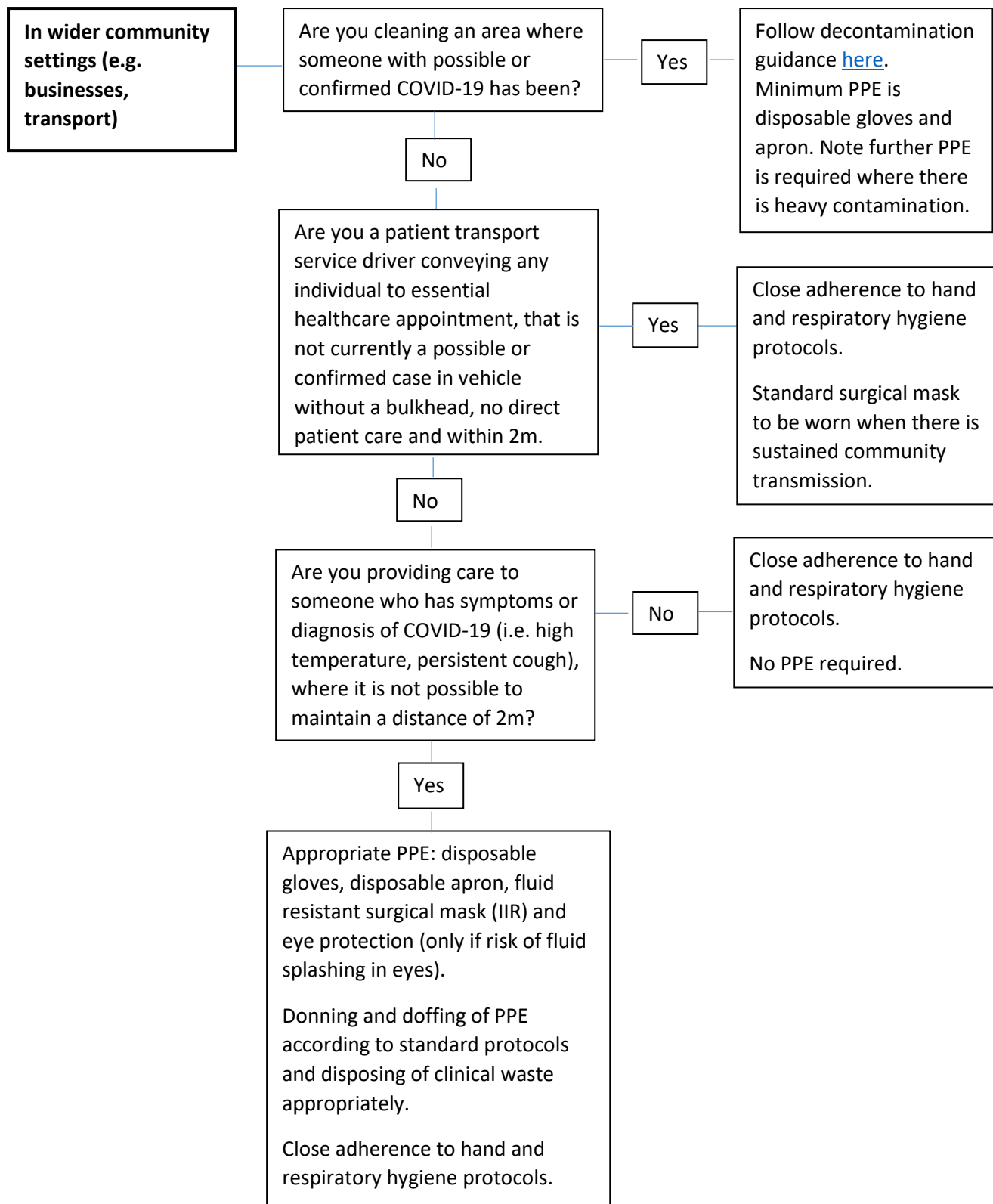
Individuals providing unpaid care to friends or family should follow separate guidance [here](#).

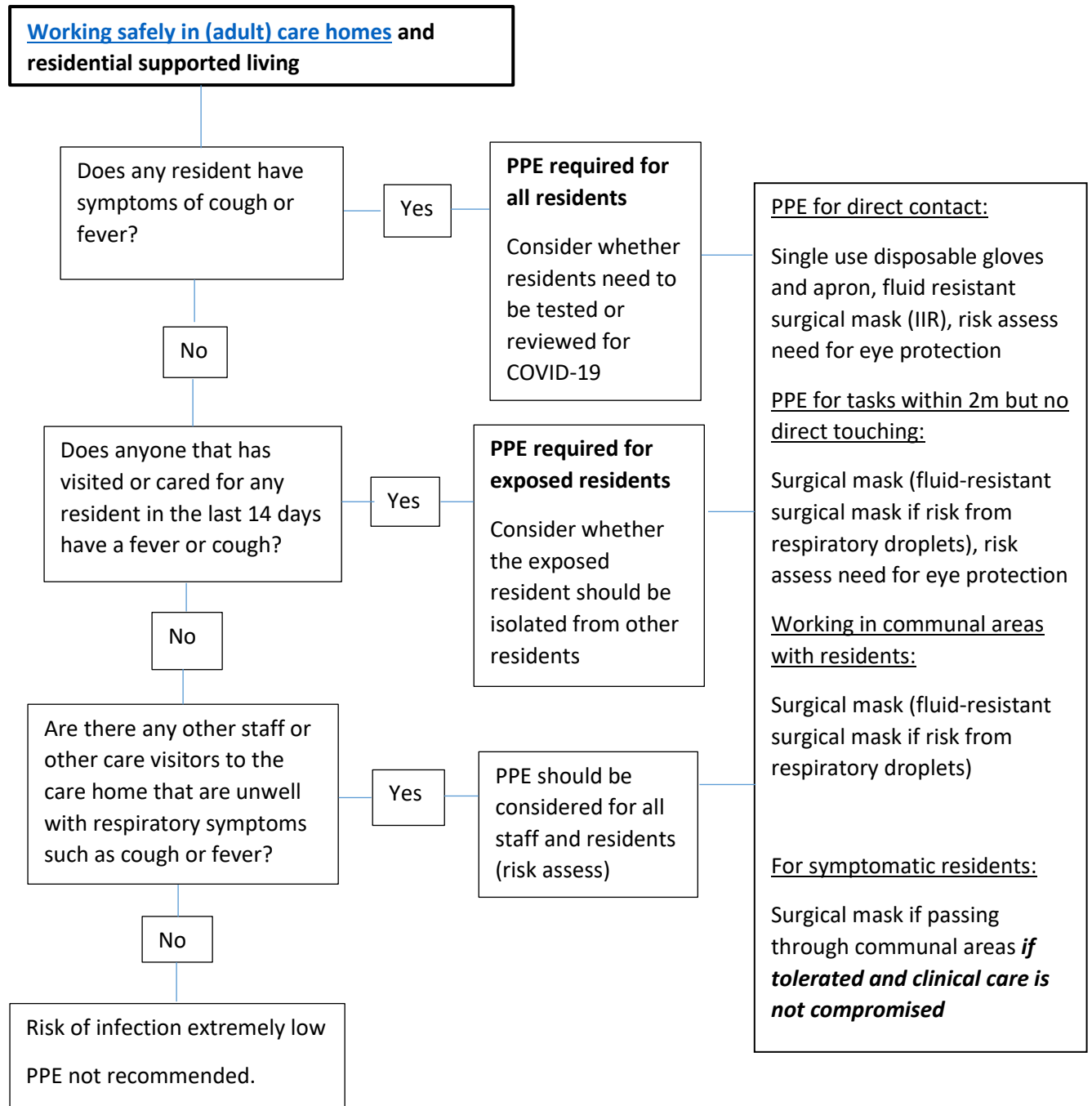
2. Risk assessment



3. Where is the interaction taking place?

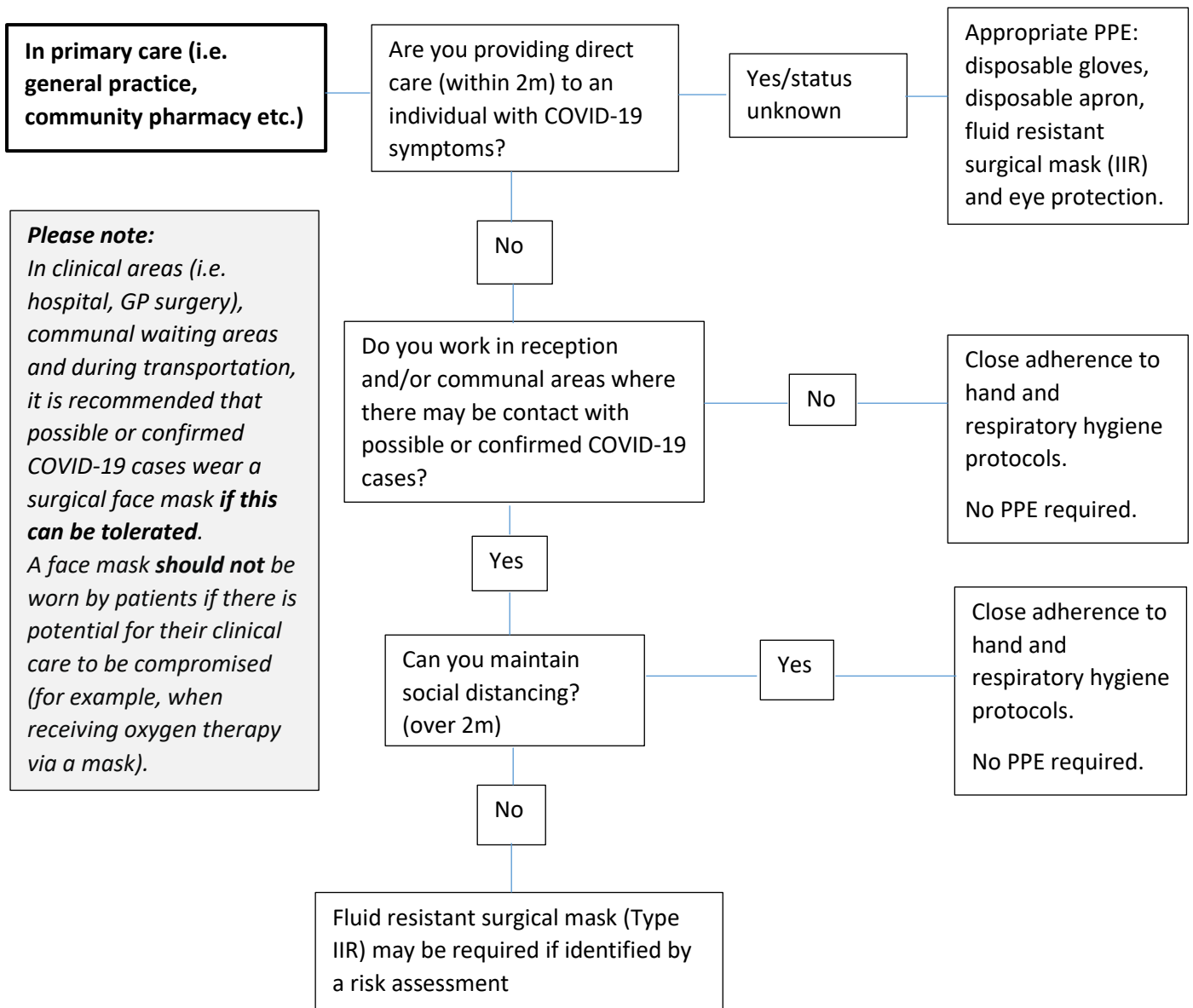






Sessional use of masks/eye protection = a single piece of PPE can be used continuously whilst providing care until you take a break from your duties. These should be replaced sooner if they become damaged, soiled, damp, uncomfortable, or difficult to breathe through (mask).

Gloves and aprons should always be single use.



4. PPE in sustained transmission settings

In settings that have been risk assessed as containing sustained transmission of COVID-19, it is recommended that **standard PPE (disposable gloves, disposable apron, fluid resistant surgical mask (Type IIR), and eye protection) should be worn when providing care within 2m to all individuals within that setting.**

Settings should be individually risk assessed to determine whether sustained transmission is occurring. In the community, this is likely to be residential units/settings where there is evidence of an outbreak, with transmission between individuals in that setting (i.e. not just admission of COVID-19 positive cases directly from hospital).

In these situations, sessional use of face masks and eye protection may be appropriate, determined by risk assessment specific to the circumstances (not aprons/gloves – these should still be changed between individual service users). A session starts/ends when a staff member enters/leaves an exposure environment – in this case, if the entire setting (or potentially a single floor/building if

cohorting is in place) is considered an environment with sustained transmission then masks/eye protection could be worn from entering this area until leaving (N.B. masks should always be replaced when they become damp).

5. New admissions to adult social care settings

The government's [adult social care action plan](#) (15th April) brought in additional measures to try to protect adult social care service users and staff members from COVID-19 spread from other settings. 14 days of isolation is recommended for these service users (compared to 7 for other groups) as they are a particularly vulnerable group and their immune response may differ from younger, normally healthier individuals.

Guidance is given for 4 main scenarios:

- **For possible (symptomatic) or confirmed COVID-19 cases who have not yet completed 14 days of isolation:**
 - Individuals will need to finish their 14 days' isolation (with appropriate PPE use for possible/confirmed cases in the given setting – see section 3 above) from the day symptoms started
- **For people with no symptoms (asymptomatic) discharged from hospital into a care home:**
 - Individuals should receive a swab test before being discharged (although the result may not yet be available)
 - 14 days of isolation (with appropriate PPE use for possible/confirmed cases in the given setting – see section 3 above) should start whilst waiting for the swab result
 - If the result is positive – treat as confirmed case as per section 3 above
 - If the result is negative – complete 14 days of isolation from date of admission
- **For people being admitted to care homes or other facilities from the community (i.e. their own homes):**
 - A risk assessment should be undertaken with the individual and their family as to whether the 14-day isolation period is required (depending on previous level of social contact e.g. social distancing, shielding)
- **For people being taken on by domiciliary care or a supported living care provider:**
 - Individuals should be treated as possible COVID-19 cases (see home care guidance in section 3 above) for 14 days

Useful links

- [Best practice: how to handwash](#)
- [Guide to donning and doffing standard Personal Protective Equipment \(PPE\)](#)

Disposal of PPE

- Used PPE along with personal waste of individuals with COVID-19 symptoms (e.g. used tissues, other items soiled with bodily fluids), and disposable cleaning cloths should be stored securely in disposable rubbish bags.

- Bags should be placed into another bag, tied securely and kept separate from other waste in the room.
- This waste should be put aside for at least 72 hrs before being disposed of as normal.

Accessing PPE supplies

Work is ongoing to secure a new national supply chain for PPE for health and social care providers; however, it is not yet fully operational. At time of writing (16th April) PPE for community health and social care providers can be accessed by 4 main routes:

1. Usual providers (should always be tried first)
2. Mutual aid with other local services
3. North Yorkshire Local Resilience Forum (NYLRF)
 - Email a completed request form to covid19ppe@northyorks.gov.uk
4. National Supply Disruption Response (NSDR) system
 - Only for requesting urgent stock needed within the next 72 hours when PPE is unavailable via all three of the above routes
 - Tel: 0800 915 9964; email: supplydisruptionservice@nhsbsa.nhs.uk