# **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. This suggests that COVID-19 is common in the community and care workers should assume they are likely to encounter people with COVID-19 infection as part of their routine work. There may 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 in 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.

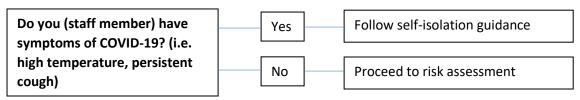
Each risk assessment should consider which of the modes of transmission of COVID-19 staff may be exposed to. Transmission of COVID-19 occurs primarily via contact spread (i.e. touching contaminated surfaces) or respiratory droplets (coughing/sneezing). For those undertaking aerosol generating procedures (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.

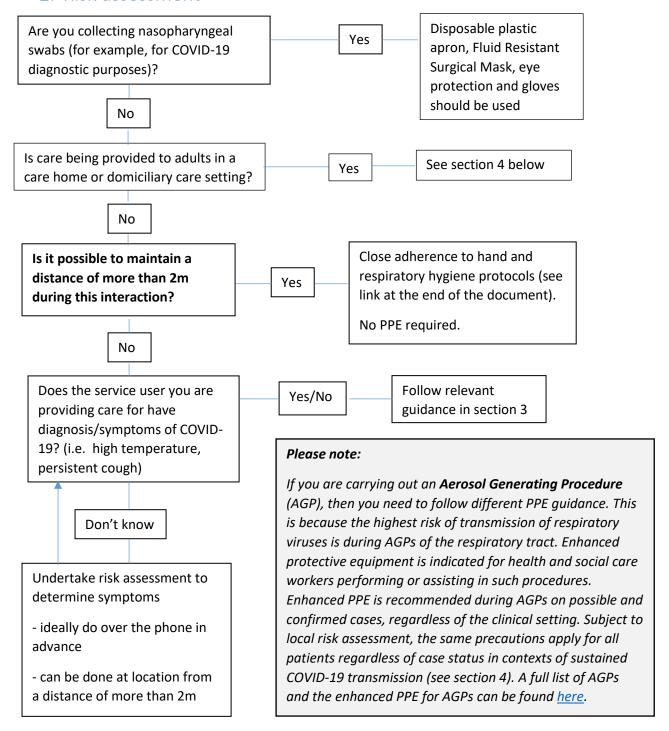
Author: NYCC Public Health on behalf of NYLRF

## 1. Self-assessment



Individuals providing unpaid care to friends or family should follow separate guidance here.

## 2. Risk assessment



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# 3. Where is the interaction taking place?

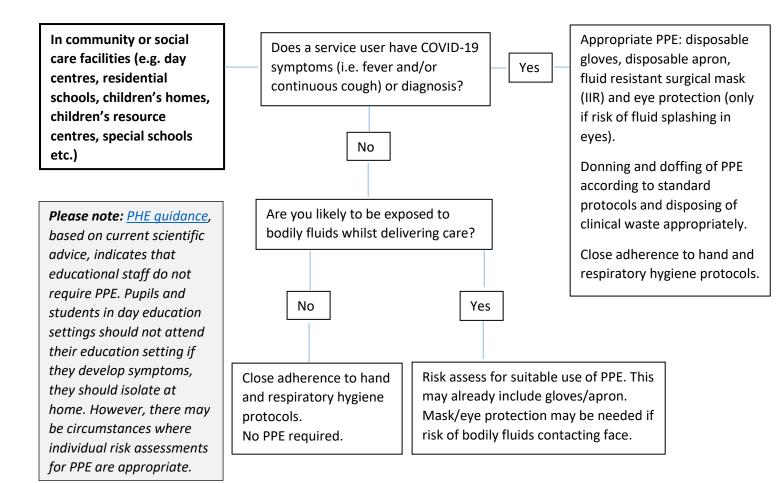
No PPE required.

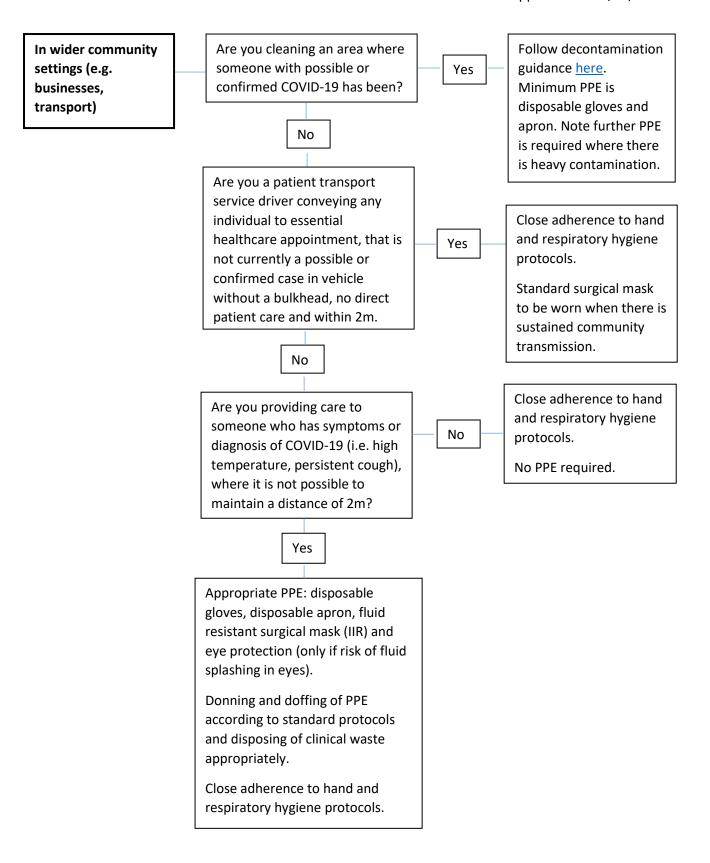
In individual's own home (e.g. social work visits, OT visits, personal assistants etc.)

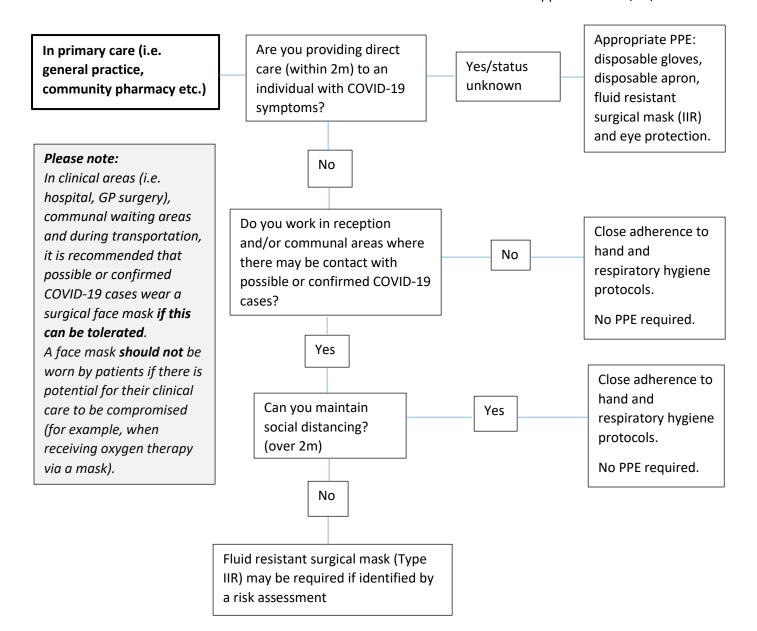
### Please note:

You may wear the same mask between different homecare visits (or visiting different people living in an extra care scheme), if it is safe to do so whilst travelling. This may be appropriate when travelling between households on foot or by car or by public transport, so long as you do not need to take the mask off, or lower it from your face. You should not touch your face mask. The mask is worn to protect the care worker, and can be used while caring for a number of different clients. You should remove and dispose of the mask if it becomes damaged, soiled, damp, or uncomfortable to use. If removed, you would then need to use a new mask when you start your next homecare visit.

Appropriate PPE should be worn Is anyone in the household for the tasks to be undertaken for extremely vulnerable to COVID-19 Yes all visits (minimum of surgical (i.e. following shielding advice?) mask, gloves, apron) No Appropriate PPE: disposable gloves, disposable apron, fluid resistant surgical mask (IIR) and Do you need to be in direct contact eye protection (only if risk of fluid with the client(s) (e.g. touching) splashing in eyes). Yes OR you are within 2 metres of Donning and doffing of PPE anyone in the household who is according to standard protocols coughing and disposing of clinical waste appropriately (see links at the end No of the document). Close adherence to hand and Do you need to be within two respiratory hygiene protocols. metres of the client but not required to touch them? (e.g. removing medicines from their The use of a surgical mask is packaging, prompting people to recommended. Yes take their medicines, preparing Close adherence to hand and food for clients who can feed respiratory hygiene protocols. themselves without assistance, or cleaning) No Close adherence to hand and respiratory hygiene protocols.







# 4. Guidance for (adult) care homes and domiciliary care

Updated guidance on working safely in <u>care homes</u> and <u>domiciliary care</u> settings released on 27<sup>th</sup> April automatically considers these settings to be higher risk settings for virus transmission. PPE use is therefore recommended for all staff (items required vary by situation – see below).

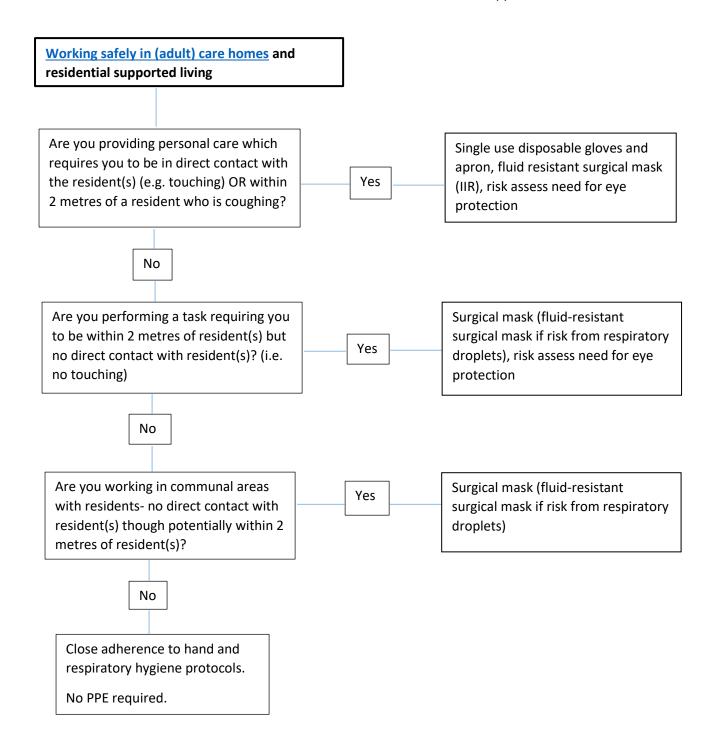
Appropriate PPE should be worn **Domiciliary care** Is anyone in the household for the tasks to be undertaken for extremely vulnerable to COVID-19 Yes (including visiting all visits (minimum of surgical homecare, extra care (i.e. following shielding advice?) mask, gloves, apron) housing, live in homecare) No Appropriate PPE: disposable If necessary you may gloves, disposable apron, fluid wear the same mask resistant surgical mask (IIR) and Do you need to be in direct contact between different eye protection (if risk of fluid with the client(s) (e.g. touching) homecare visits (or splashing in eyes). visiting different people Yes OR you are within 2 metres of Donning and doffing of PPE living in an extra care anyone in the household who is according to standard protocols scheme), if it is safe to do coughing and disposing of clinical waste so whilst travelling. This appropriately (see links at the end may be appropriate of the document). No when travelling between households on foot or by Close adherence to hand and car or by public Do you need to be within two respiratory hygiene protocols. transport, so long as you metres of the client but not do not need to take the required to touch them? (e.g. mask off, or lower it from removing medicines from their The use of a surgical mask is your face. You should not packaging, prompting people to recommended. Yes touch vour face mask. take their medicines, preparing Close adherence to hand and The mask is worn to food for clients who can feed respiratory hygiene protocols. protect the care worker, themselves without assistance, or and can be used while cleaning) caring for a number of different clients. You No should remove and dispose of the mask if it becomes damaged, Close adherence to hand and soiled, damp, or

respiratory hygiene protocols.

No PPE required.

uncomfortable to use. If

removed, you would then need to use a new mask when you start your next homecare visit.



**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.

#### **Useful links**

- Best practice: how to handwash
- Guide to donning and doffing standard Personal Protective Equipment (PPE)
- Considerations for acute personal protective equipment (PPE) shortages

### **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.

## Washing of clothes/uniforms

Regardless of wearing PPE, clothes/uniforms should be laundered as follows:

- separately from other household linen
- in a load not more than half the machine capacity
- at the maximum temperature the fabric can tolerate, then ironed or tumble dried

If care workers do not wear uniform they should change their clothing when they get home and launder as for uniforms.

### **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 (16<sup>th</sup> 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 <a href="mailto:covid19ppe@northyorks.gov.uk">covid19ppe@northyorks.gov.uk</a>
- 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: <a href="mailto:supplydisruptionservice@nhsbsa.nhs.uk">supplydisruptionservice@nhsbsa.nhs.uk</a>

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