

## **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 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 new continuous cough and/or high temperature and/or anosmia-a loss of, or change in, normal sense of taste or smell).

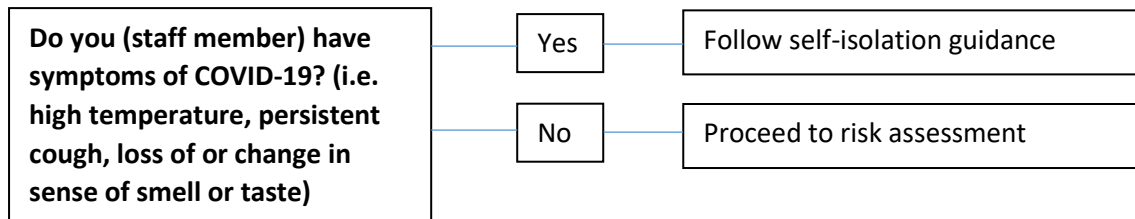
**Ultimately, if following a risk assessment staff consider there is a risk to themselves or the individuals they are caring for then they should wear appropriate PPE to minimise the spread of COVID-19.**

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.

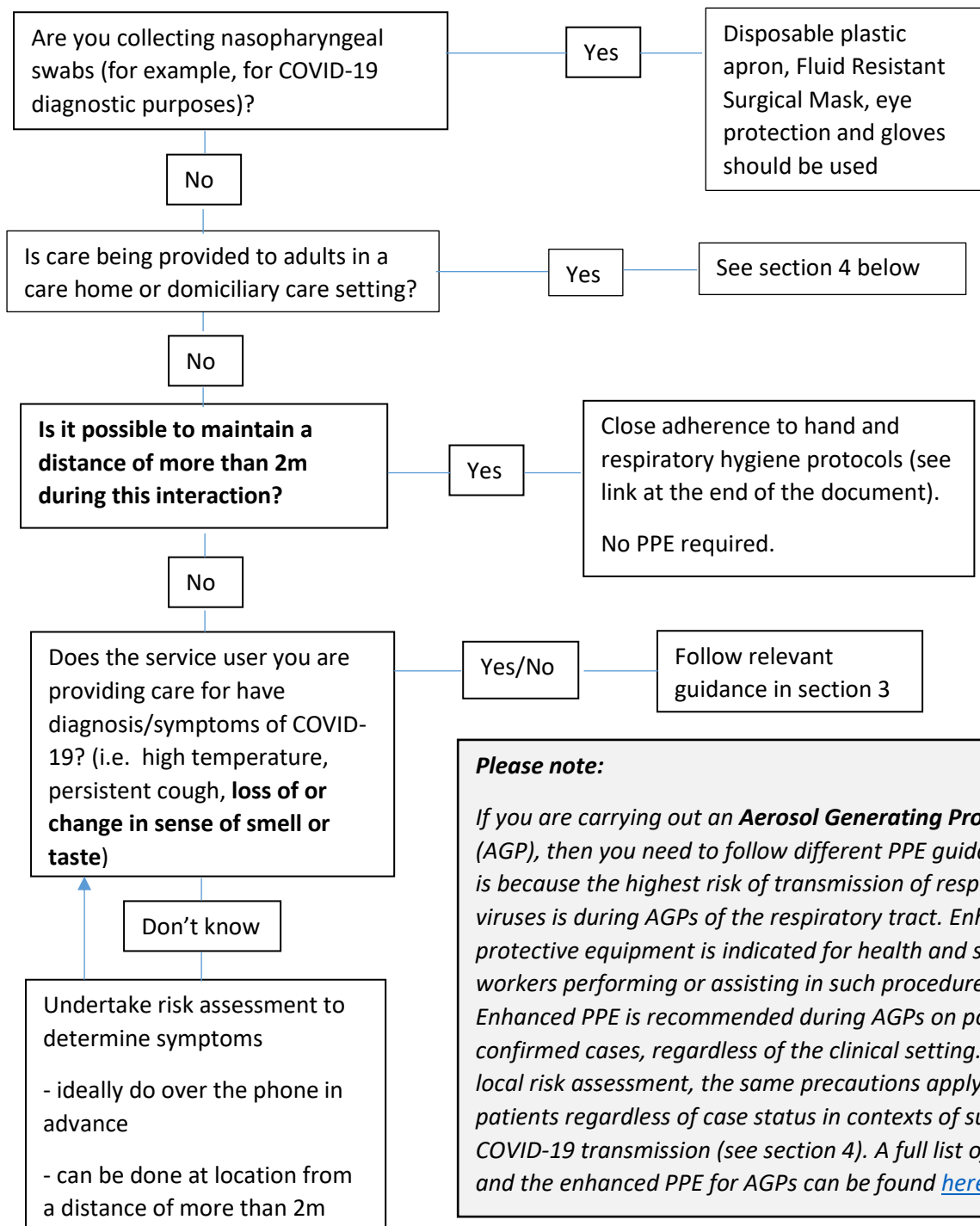
The 5-stage flowchart below covers staff self-assessment, initial risk assessment, PPE requirements for different settings, specific requirements for facilities with sustained disease transmission, and specific considerations for new admissions to adult social care settings.

## 1. Self-assessment



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

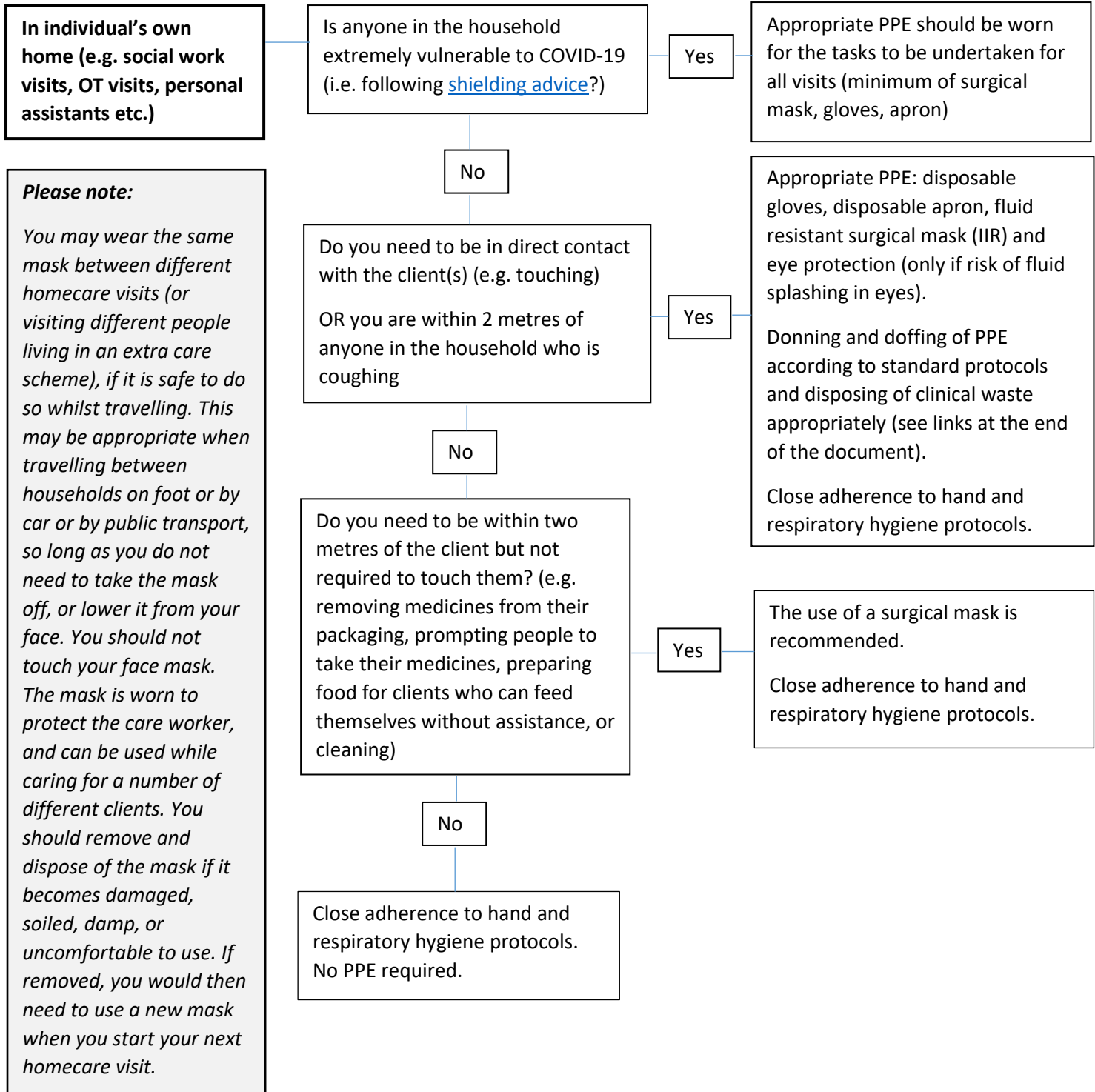
## 2. Risk assessment

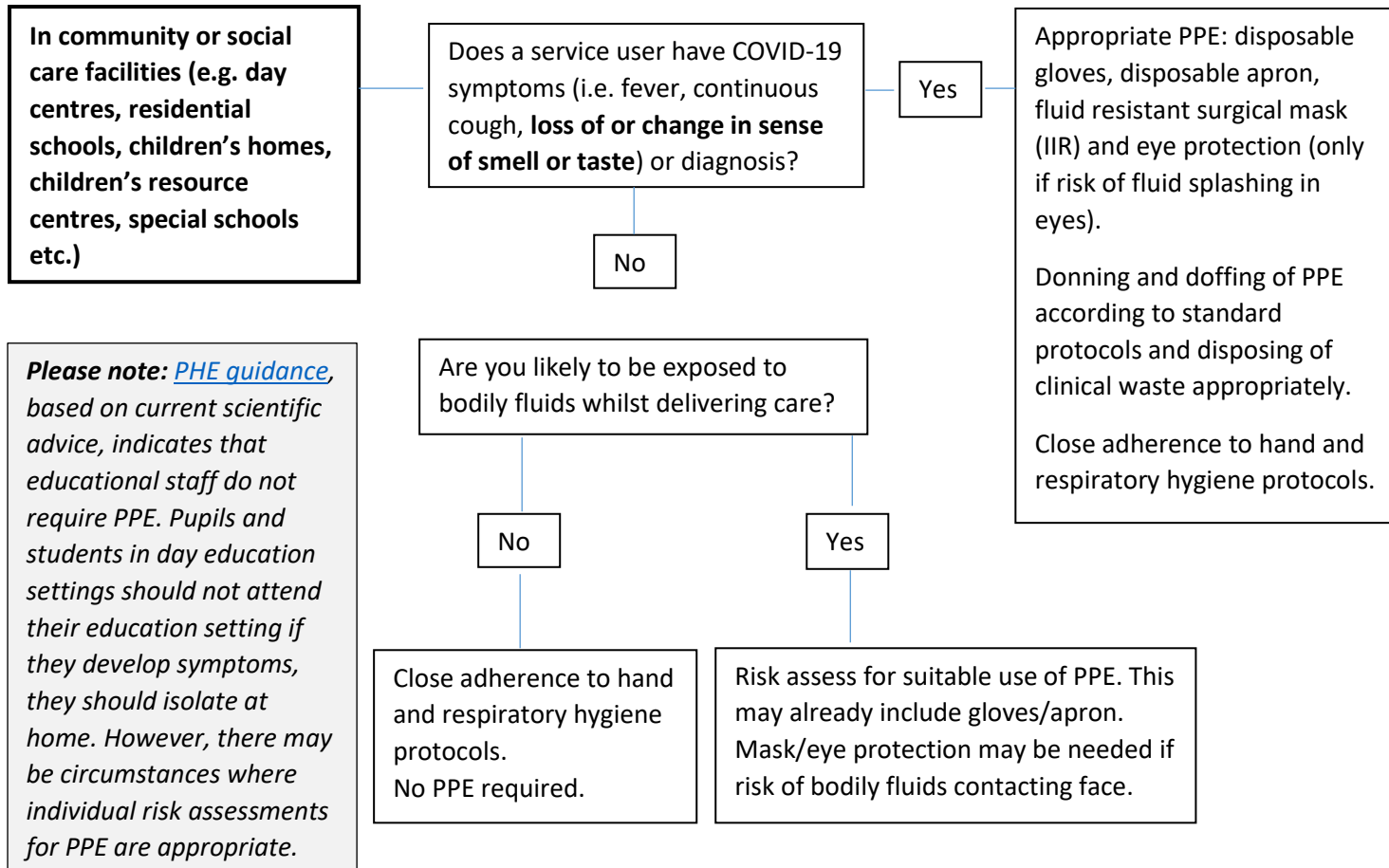


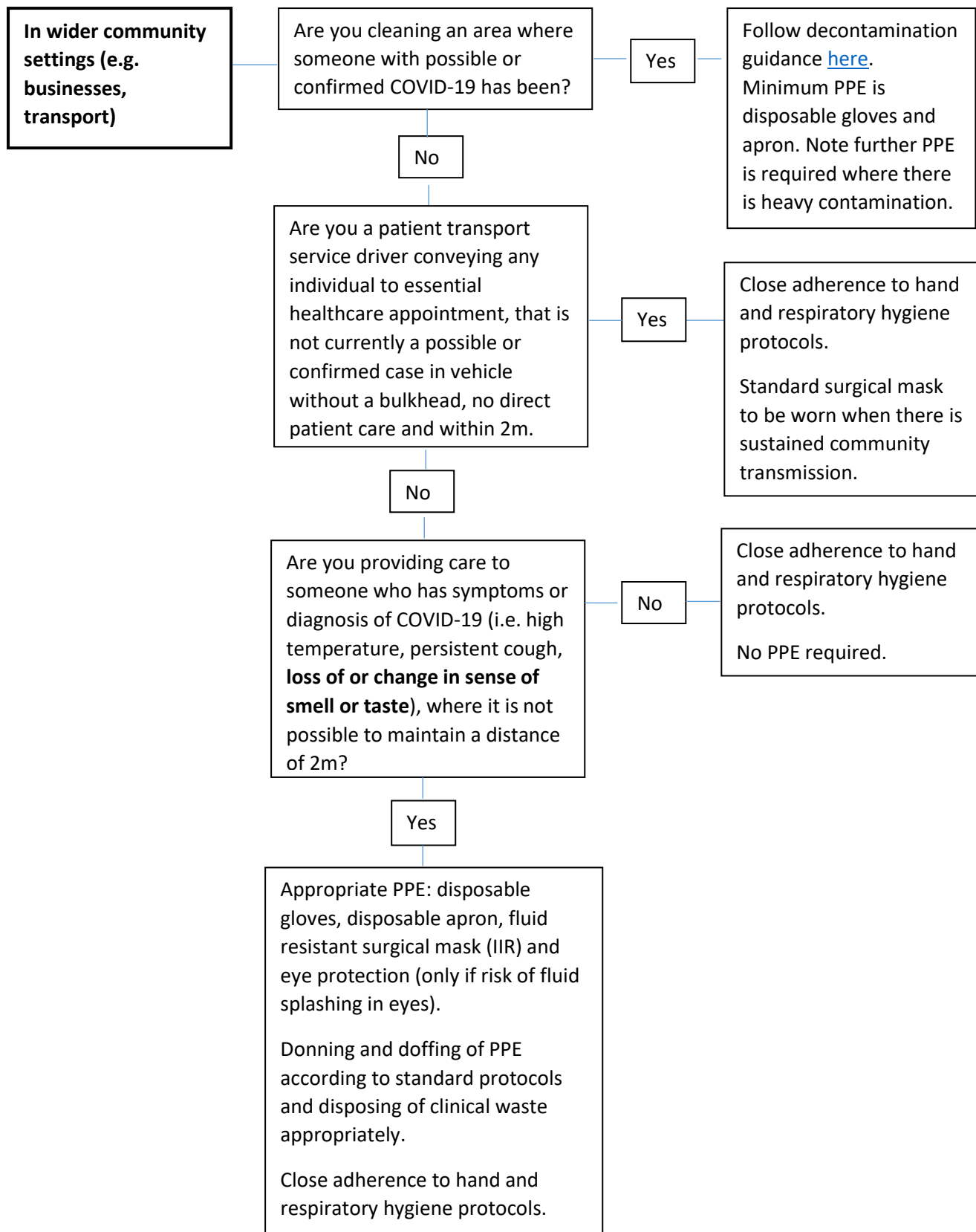
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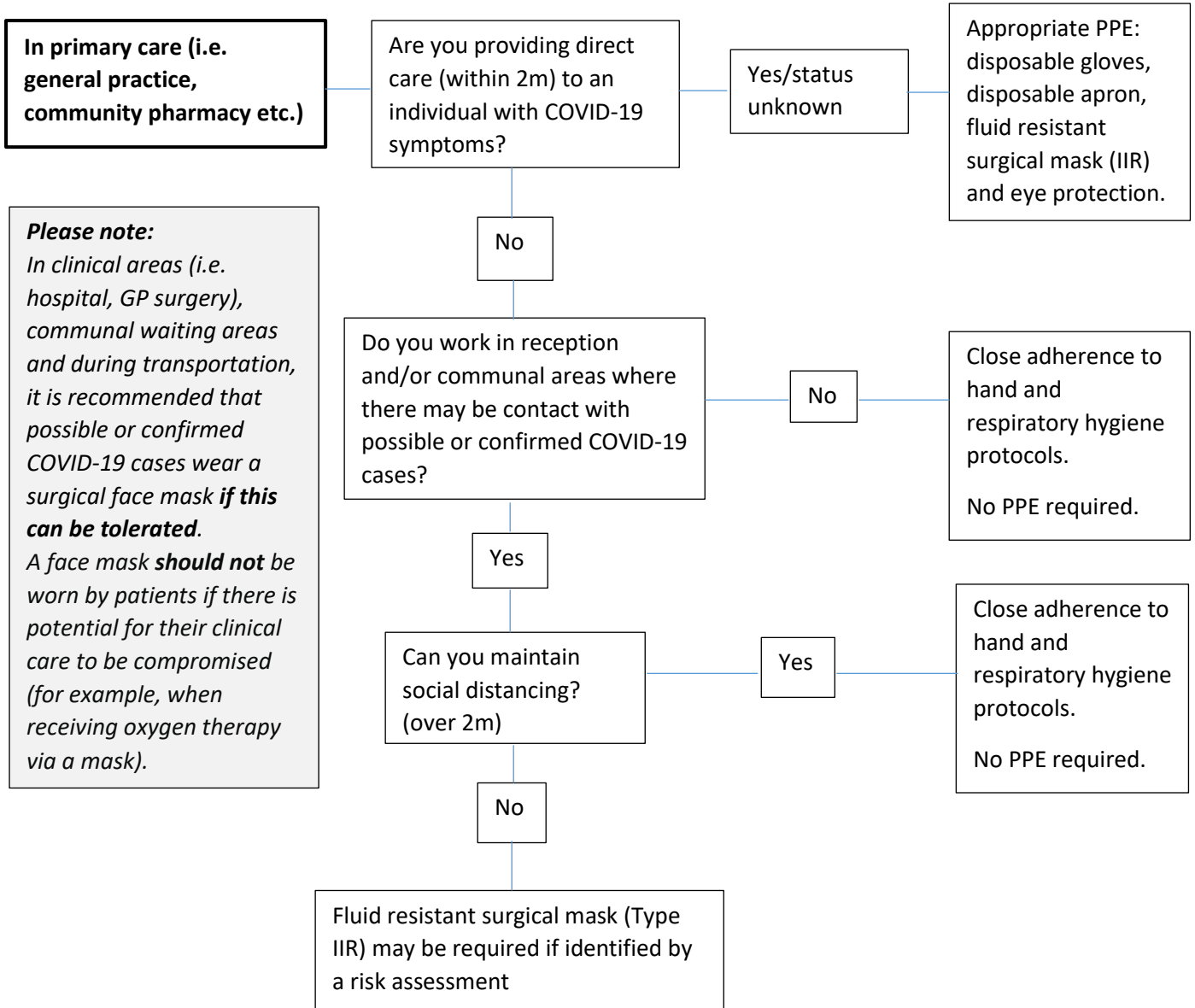
*If you are carrying out an **Aerosol Generating Procedure (AGP)**, then you need to follow different PPE guidance. This is because the highest risk of transmission of respiratory viruses is during AGPs of the respiratory tract. Enhanced protective equipment is indicated for health and social care workers performing or assisting in such procedures. Enhanced PPE is recommended during AGPs on possible and confirmed cases, regardless of the clinical setting. Subject to local risk assessment, the same precautions apply for all patients regardless of case status in contexts of sustained COVID-19 transmission (see section 4). A full list of AGPs and the enhanced PPE for AGPs can be found [here](#).*

### 3. Where is the interaction taking place?



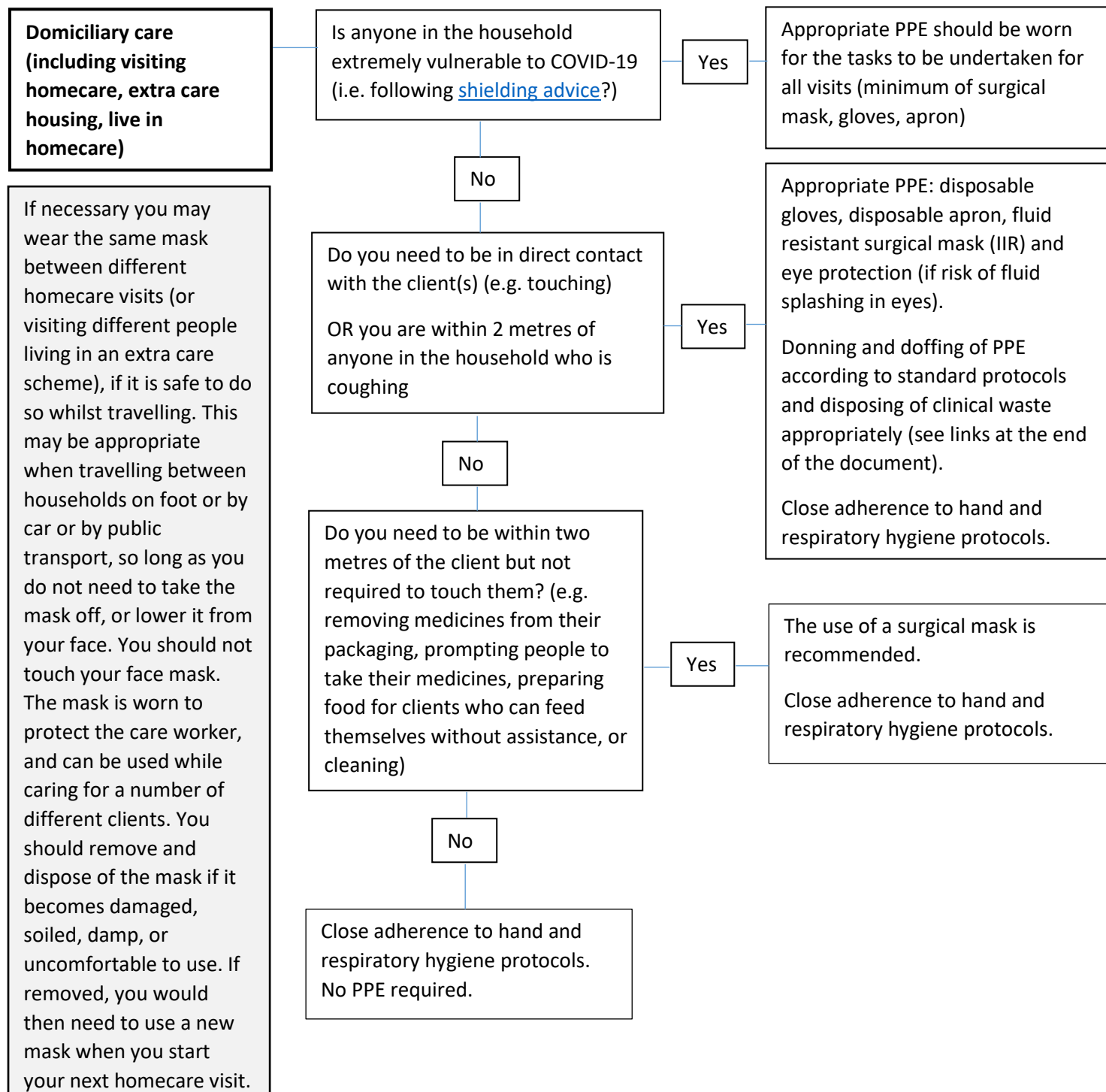


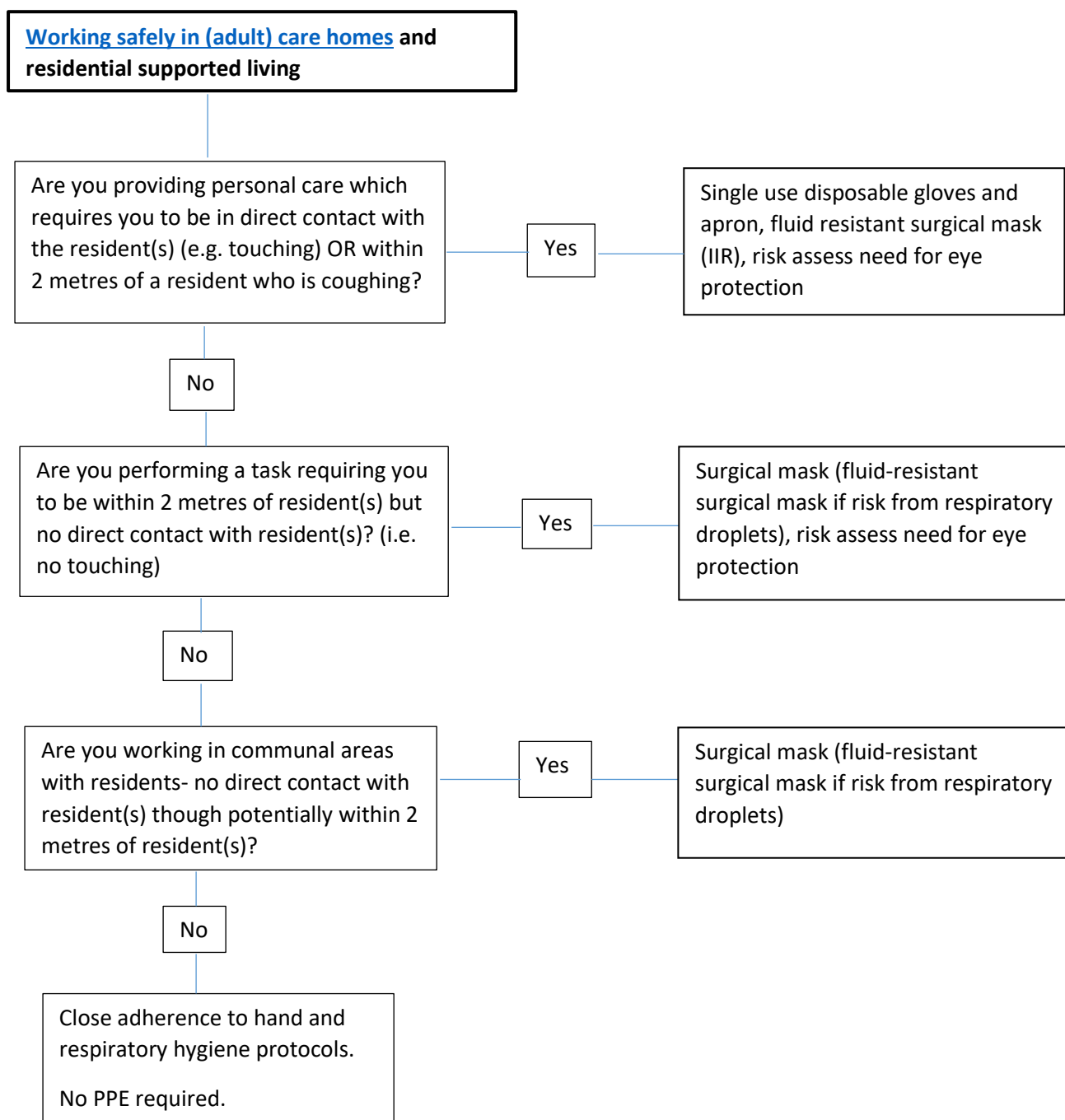




## 4. Guidance for (adult) care homes and domiciliary care

Updated guidance on working safely in [care homes](#) and [domiciliary care](#) 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).





**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 (27<sup>th</sup> May) PPE for community health and social care providers can be accessed by 4 main routes:

1. Normal supply chain
  - You must try to obtain your PPE from your usual supplier or wholesaler in the first instance. A list of additional suppliers can be found here: [https://www.cqc.org.uk/sites/default/files/20200401\\_dhscletter\\_ppe.pdf](https://www.cqc.org.uk/sites/default/files/20200401_dhscletter_ppe.pdf)
2. Mutual aid with other local services
3. North Yorkshire Local Resilience Forum (NYLRF)
  - Email a completed request form to [covid19ppe@northyorks.gov.uk](mailto: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](mailto:supplydisruptionservice@nhsbsa.nhs.uk)