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

Government guidance on PPE emphasises that we are currently experiencing sustained transmission of COVID-19 across the UK. This indicates 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. 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:

- Comply with testing guidance as per settings specific guidance.
- Appropriate PPE as per settings specific guidance.
- 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 attempt other methods of contact before considering face to face contact. Where this is necessary social distancing should be maintained where possible and appropriate PPE worn.
- Those involved in the front line delivery of care or face to face assessment should risk assess each situation.

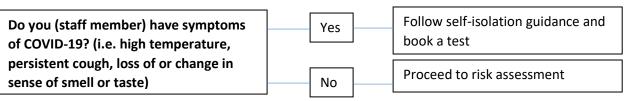
Ultimately, if following a risk assessment staff consider there is a risk to themselves or the individuals they are caring for then they should wear appropriate PPE to minimise the spread of COVID-19.

Each risk assessment should consider which of the modes of transmission of COVID-19 staff may be exposed to. Transmission of COVID-19 is mainly through respiratory droplets (coughing/sneezing). There is also the risk of spread via touching contaminated surfaces. Aerosol transmission is a recognised risk when undertaking aerosol-generating procedures; however, there is a growing body of evidence to suggest aerosol transmission can also occur after spending a prolonged time in enclosed, poorly ventilated spaces.

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 transmission, and specific considerations for new admissions to adult social care settings.

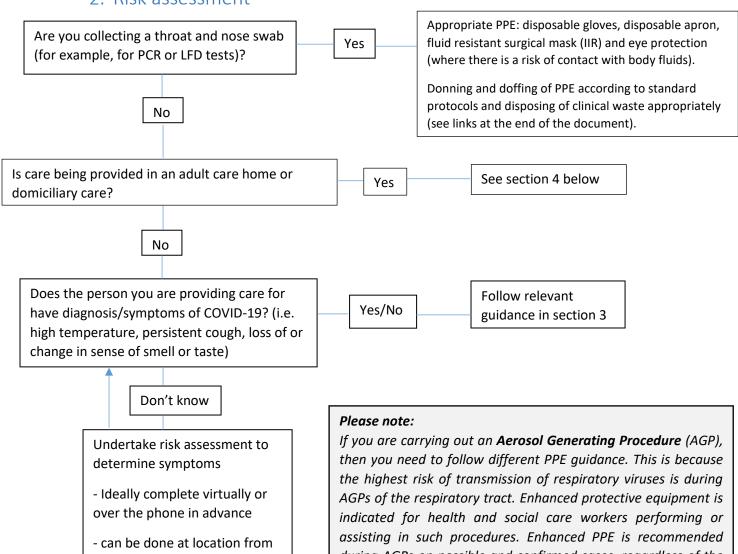
1. Self-assessment



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

2. Risk assessment

a distance of more than 2m



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?

In individual's own home (e.g. direct payments, personal assistants etc.)

Please note:

New disposable gloves and plastic aprons <u>must</u> be used for each individual episode of care (for example, washing, directly helping take medication and so on), whether the person has symptoms or not.

Surgical and fluidrepellent face masks can
be worn continuously for
multiple episodes of care,
providing the PA does not
touch or remove the face
mask in between each
action. Eye protection
can also be used
continuously, dependent
on a risk assessment.

Do you need to be in direct contact with the client(s) (e.g. touching) Yes OR you are within 2 metres of anyone in the household who is coughing No Are you within 2 metres of the client(s) but there is no need to touch them? (and they don't have a cough) Yes No Type II surgical mask Are you in the is needed client's household but not within 2 Close adherence to metres? hand and respiratory hygiene protocols. Yes Type I or II surgical mask is needed Close adherence to hand and respiratory hygiene

Appropriate PPE: disposable gloves, disposable apron, fluid resistant surgical mask (Type IIR) and eye protection (where there is a risk of contact with body fluids).

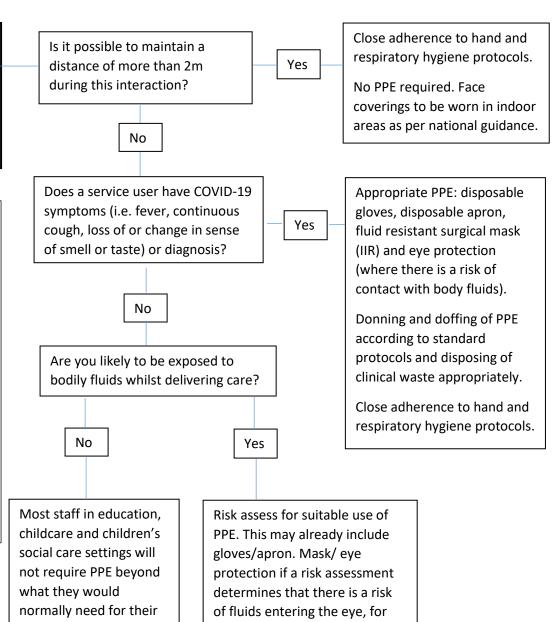
Donning and doffing of PPE according to standard protocols and disposing of clinical waste appropriately (see links at the end of the document).

Close adherence to hand and respiratory hygiene protocols.

protocols.

In community settings or children's social care facilities (e.g. social work visits, children's homes, children's resource centres, special schools etc.)

Please note: PHE auidance. based on current scientific advice, indicates that educational staff do not require PPE (unless providing close care to someone with COVID symptoms). Pupils and students in day education settings should not attend their education setting if they develop symptoms, they should isolate at home. However, there may be circumstances where individual risk assessments for PPE are appropriate.



example, from coughing,

spitting or vomiting

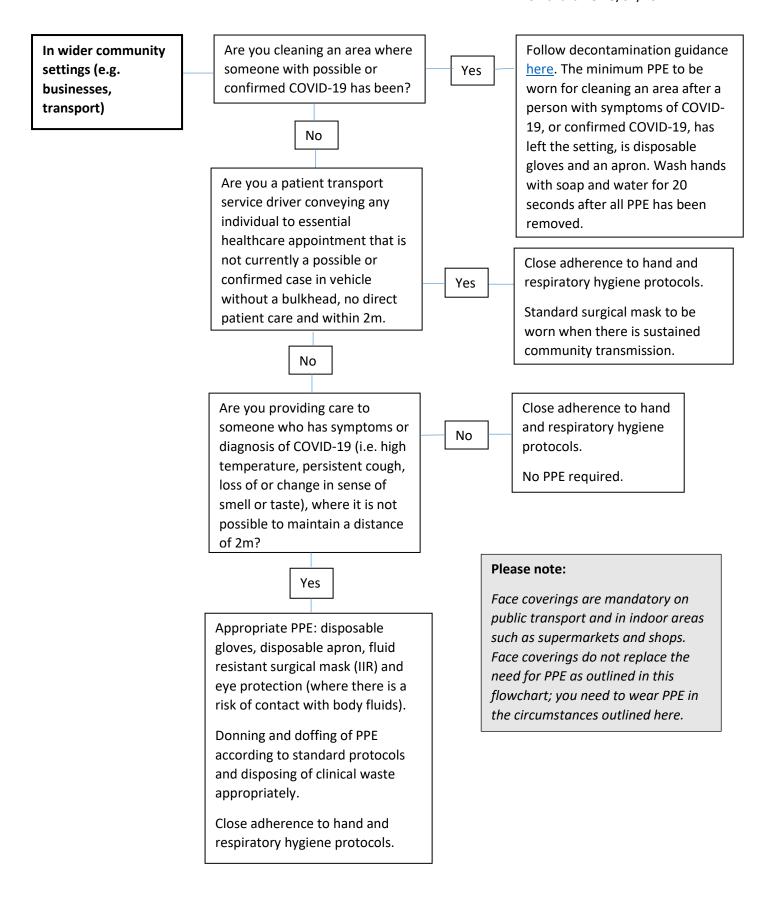
If a child, young person, or student already has routine intimate care needs that involve the use of PPE, the same PPE should continue to be

used.

work, even if they are

maintain a distance of 2 metres from others.

not always able to



In primary care (i.e. general practice, community pharmacy etc.)

Please note:

In clinical areas (i.e. hospital, GP surgery), 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.

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).

Other patients and members of the public entering primary and community healthcare premises should wear a face covering in line with government advice unless an exemption applies.

Are you providing direct care (within 2m) to an individual?

Yes

Yes

Appropriate PPE: disposable gloves, disposable apron, fluid resistant surgical mask (IIR) and eye protection.

Providers of primary and community health services should ensure that measures are in place so that all settings are, where practicable, COVID-secure, using social distancing, optimal hand hygiene, frequent surface decontamination, ventilation and other measures where appropriate.

Where a setting cannot be delivered as COVID-19 secure through all other means, a local assessment may conclude that primary and community healthcare staff (both in clinical and non-clinical roles), when not otherwise required to use personal protective equipment, should wear a face mask (Type I, II or IIR); worn to prevent the spread of infection from the wearer.

NB. In some clinical outpatient settings, such as vaccination/injection clinics, where contact with individuals is minimal, the need for PPE items for each encounter, for example gloves and aprons are only recommended when there is (anticipated) exposure to blood/body fluids or non-intact skin. Staff administering vaccinations/injections must apply hand hygiene between patients and wear a sessional facemask.

4. Guidance for adult social care settings

Guidance on working safely in <u>care homes</u> and <u>domiciliary care</u> settings 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). Adult day care services should follow domiciliary care guidance on PPE.

Working safely in Domiciliary care

('visiting' or 'hourly' homecare (that is, where care workers visit individuals where they live) 'extra care housing' and 'supported living' schemes directly employed personal assistants 'live-in' homecare 'extra care' housing schemes and adult day services)

Are you within 2 metres of the person in receipt of care and carrying out direct personal care or domestic duties?

Is it possible to maintain 2 metres distance away from anyone in the household who has respiratory symptoms (including the client)?

Yes

Appropriate PPE: disposable gloves, disposable apron, fluid resistant surgical mask (IIR) and eye protection (where there is a risk of contact with body fluids).

Donning and doffing of PPE according to standard protocols and disposing of clinical waste appropriately (see links at the end of the document).

Close adherence to hand and respiratory hygiene protocols.

A fluid-repellent surgical mask must be single use and disposed of at the end of each homecare visit and a new fluid-repellent surgical mask applied when entering a different client's house. The mask should be removed and disposed of if it becomes damaged, visibly soiled, damp, or uncomfortable to wear.

Eye protection can either be a face-shield (visor) or goggles. It may be designed for single use or designed to be used more than once if decontaminated correctly between uses. Eye protection should cover the eye or face completely so prescription spectacles are not sufficient. It should be used in conjunction with a fluid-repellent surgical mask and should not be worn instead of a mask.

For other scenarios where you are more than 2 metres from a client undertaking domestic duties and not delivering personal care:

Yes

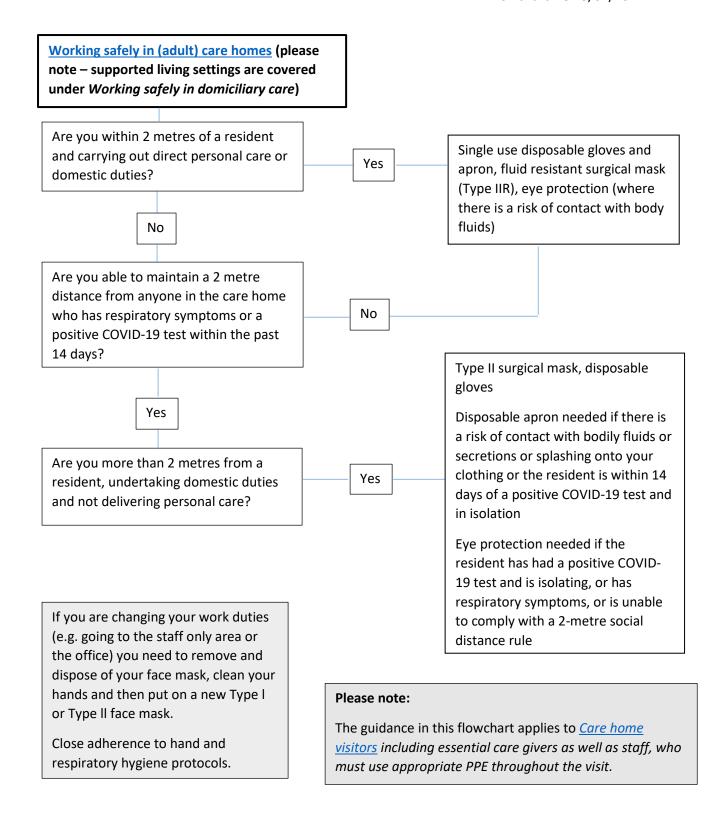
No

Type II surgical mask, disposable gloves.

Disposable apron if there is a risk of contact with bodily fluids or secretions or splashing onto your clothing

Eye protection if the client has had a positive COVID-19 test and is isolating, or has respiratory symptoms

Close adherence to hand and respiratory hygiene protocols.



A fluid-repellent surgical mask must be single use and disposed of after giving personal care to each resident, and a new fluid-repellent surgical mask applied when giving personal care to another resident. Gloves and aprons should always be single use.

Eye protection can either be a face-shield (visor) or goggles. It may be designed for single use or designed to be used more than once if decontaminated correctly between uses.

Useful links

- Best practice: how to handwash
- Guide to donning and doffing standard Personal Protective Equipment (PPE)
- <u>Guidance for the remobilisation of services within health and care settings. Infection prevention and control recommendations</u>
- Management of staff and exposed patients or residents in health and social care settings

Disposal of PPE

Waste should be placed in a tiger striped (offensive) waste bag and can be disposed of in the usual waste stream unless the resident has symptoms of COVID-19, or has had a positive COVID-19 test and is still in isolation.

Waste from people with symptoms of COVID-19, waste from cleaning of areas where they have been (including disposable cloths and used tissues) and PPE waste from their care:

- Should be put in a plastic rubbish bag and tied when three-quarters full.
- The plastic bag should then be placed in a second rubbish bag and tied.
- The rubbish bags should be put in a suitable and secure place and marked for disposal 72 hours later.
- Waste should be stored safely and securely kept away from children.

You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours. After the 72 hours, the waste can be put into the normal domestic waste.

Do not put any items of PPE (or face coverings of any kind) in the recycling bin.

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

The Government have set up a PPE portal for the sectors below. These services can request emergency PPE for COVID-19 from the government weekly up to a certain limit, which will be delivered in five working days. Details of how to order and order limits can be found on their website.

Eligible sectors - GPs, residential social care providers, domiciliary social care providers, pharmacies, dentists, orthodontists, optometrists, children's care homes and secure homes, children's residential special schools, community drug and alcohol services, residential drug and alcohol services.

A few sectors who are not eligible for the portal will be supported by NYCC or CYC, who will receive PPE supplies direct from DHSC. These services are local authorities and personal assistants.

Summary of PPE supply routes:

- The Government has extended the provision of free PPE to health and social care providers until March 2022. Supplies can be accessed through the PPE portal for those who are eligible (https://www.gov.uk/guidance/ppe-portal-how-to-order-emergency-personal-protective-equipment)
 - a. or contact NYCC for those who aren't eligible covidppe@northyorks.gov.uk
 - b. or contact CYC for those who aren't eligible PPE@york.gov.uk
- 2. Normal supply chain
 - You can also obtain your PPE from your usual supplier or wholesaler. A list of additional suppliers can be found here: https://www.cqc.org.uk/sites/default/files/20200401 dhscletter ppe.pdf
- 3. National Supply Disruption Response (NSDR) system
 - a. Only for requesting urgent stock needed within the next 72 hours when PPE is unavailable via all three of the above routes
 - b. Tel: 0800 915 9964; email: supplydisruptionservice@nhsbsa.nhs.uk
- 4. Mutual aid with other local services