

## **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 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.

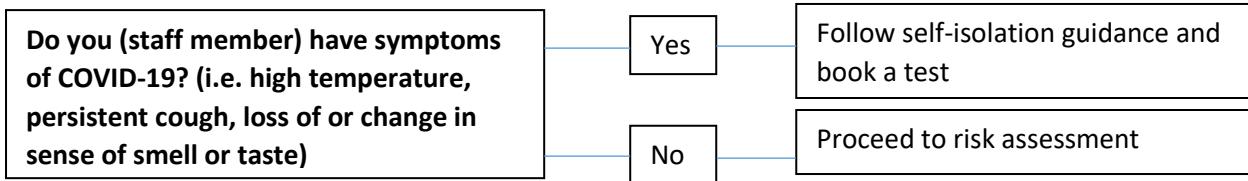
**Ultimately, if following a risk assessment staff consider there is a risk to themselves or the individuals they are caring for then they should wear appropriate PPE to minimise the spread of COVID-19.**

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.

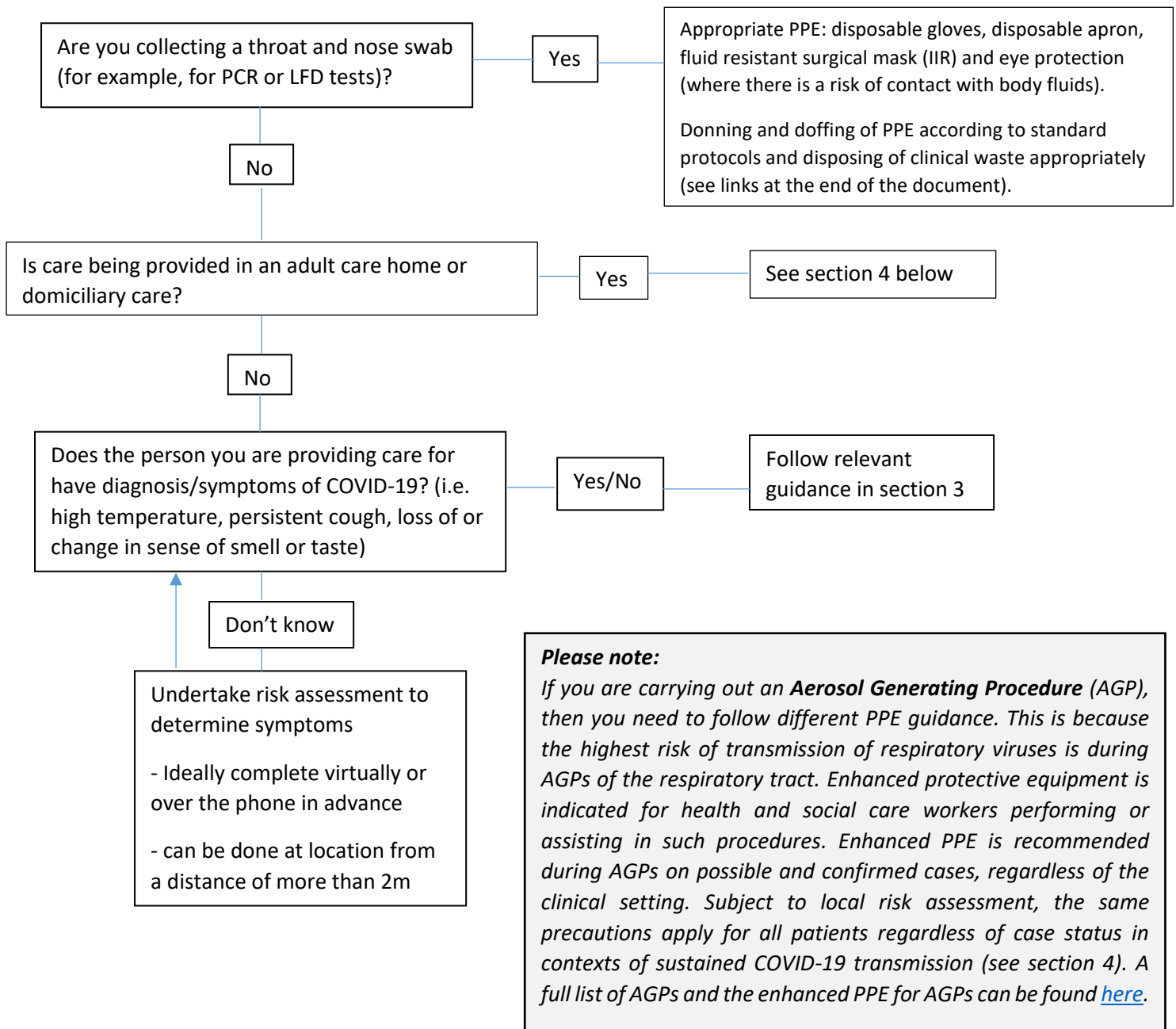
The 5-stage flowchart below covers staff self-assessment, initial risk assessment, PPE requirements for different settings, specific requirements for facilities with sustained transmission, and specific considerations for new admissions to adult social care settings.

## 1. Self-assessment

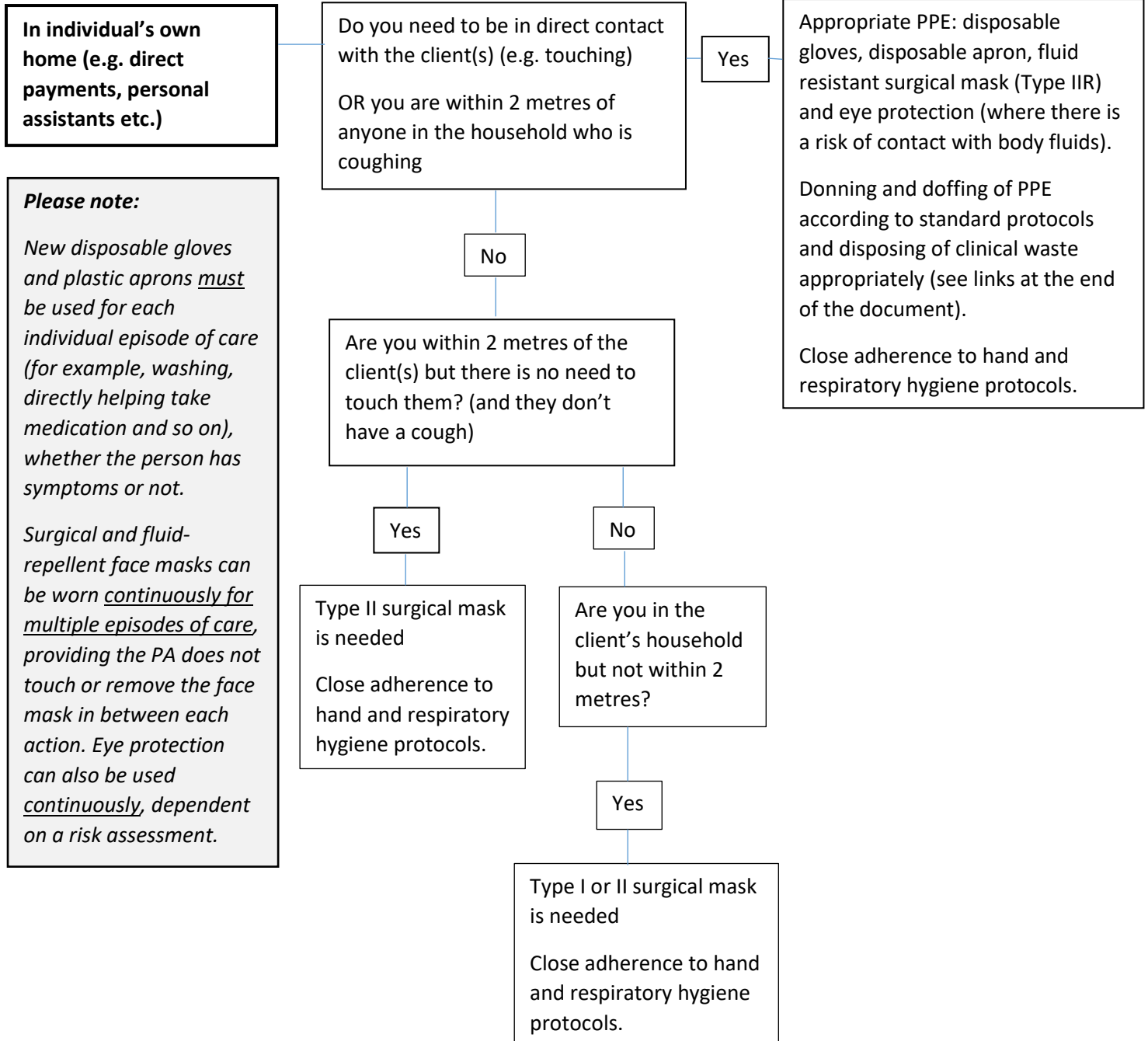


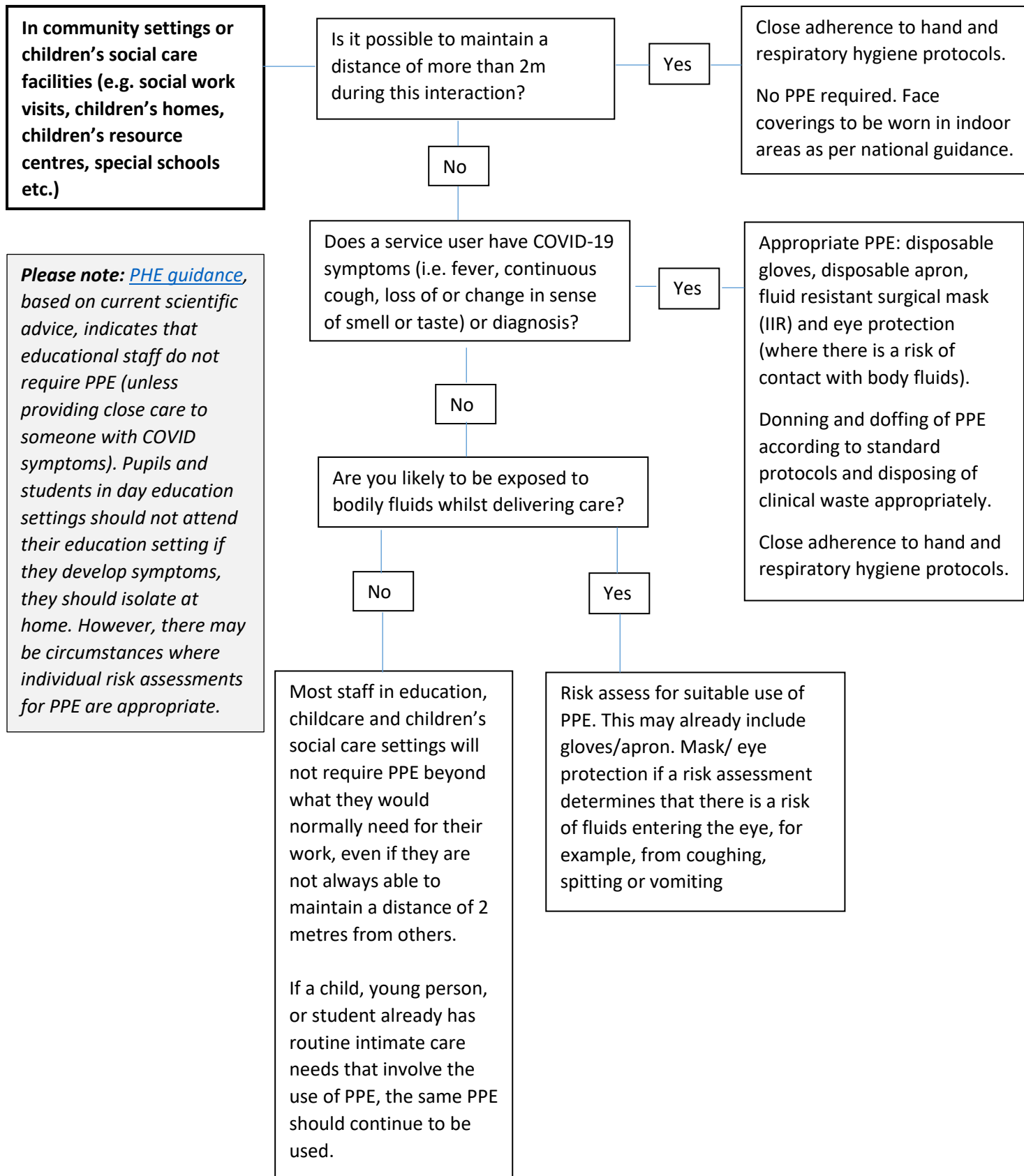
Individuals providing unpaid care to friends or family should follow separate guidance [here](#).

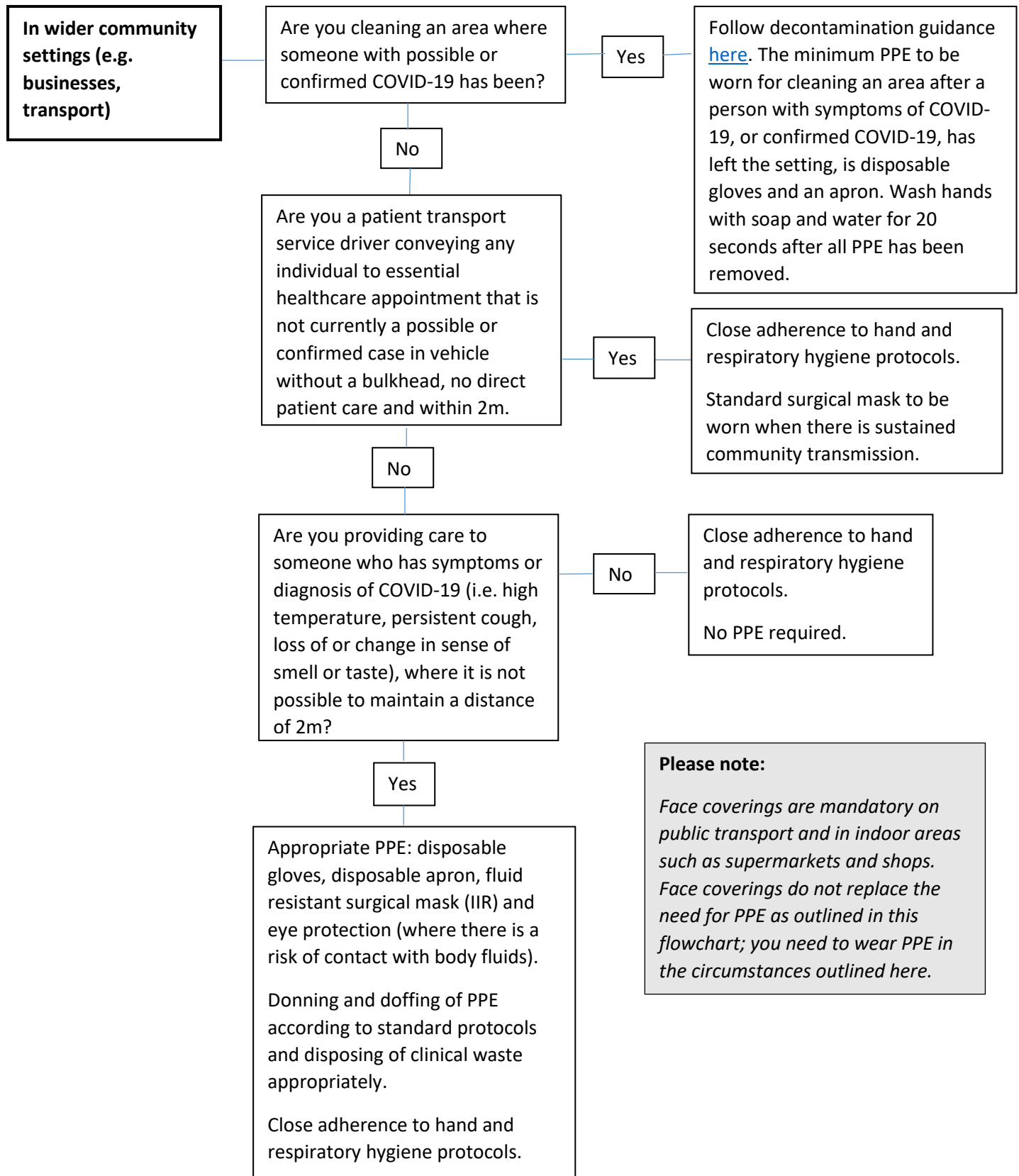
## 2. Risk assessment

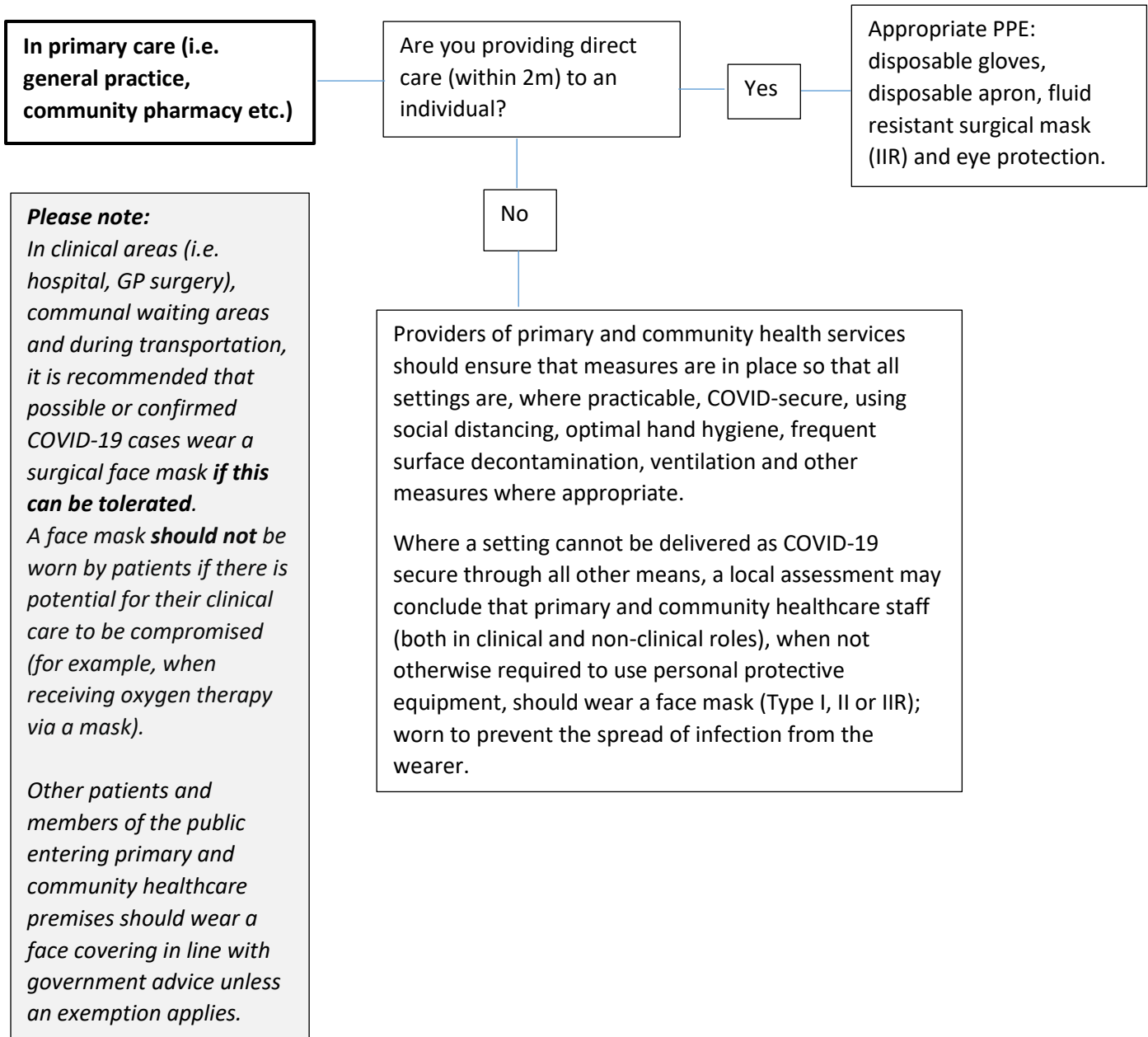


### 3. Where is the interaction taking place?





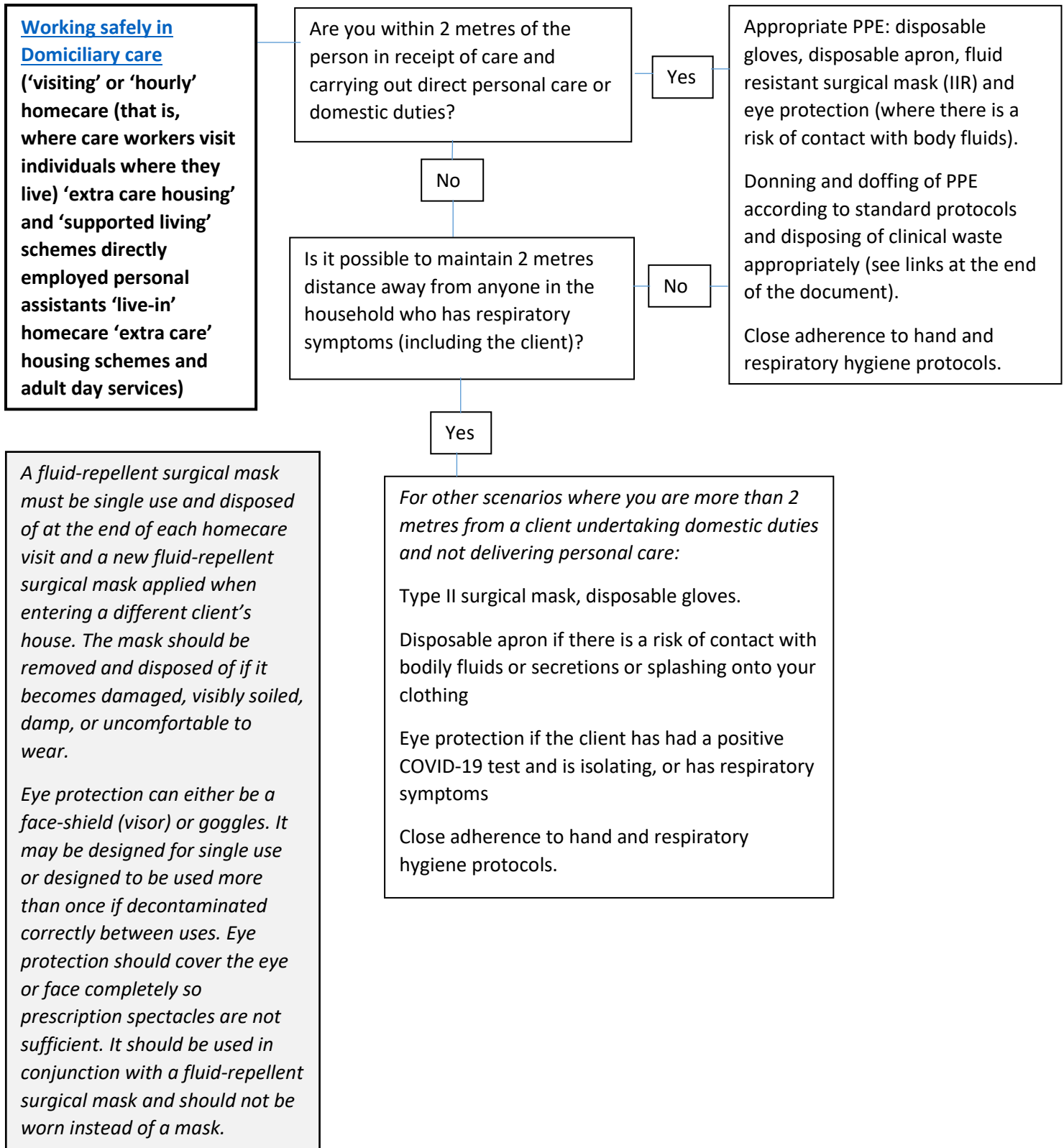


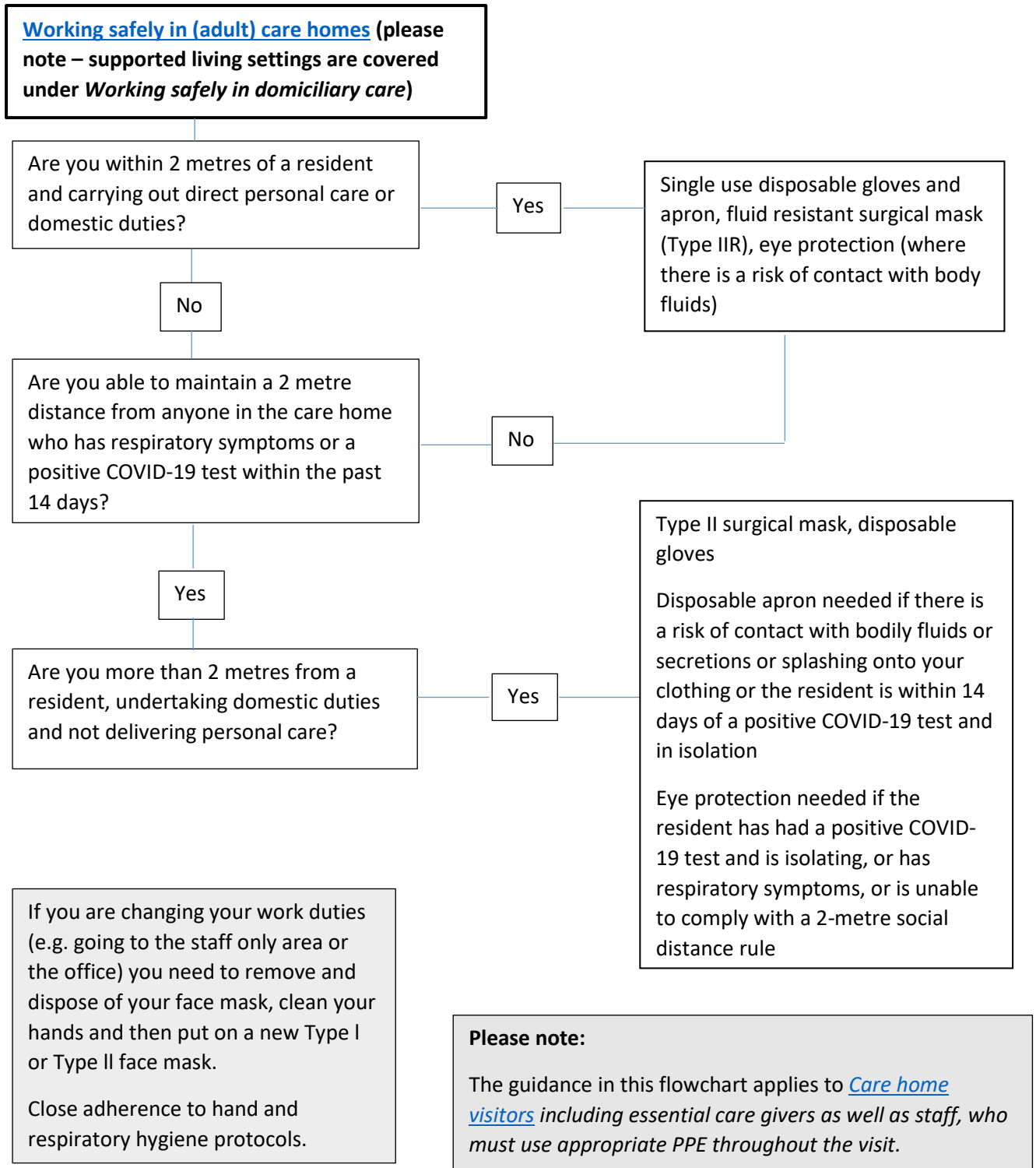


NB. In some clinical outpatient settings, such as vaccination/injection clinics, where contact with individuals is minimal, the need for PPE items for each encounter, for example gloves and aprons are only recommended when there is (anticipated) exposure to blood/body fluids or non-intact skin. Staff 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 [care homes](#) and [domiciliary care](#) 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.





**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 \(PPE\)](#)
- [Guidance for the remobilisation of services within health and care settings. Infection prevention and control recommendations](#)
- [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:

1. 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](mailto:covidppe@northyorks.gov.uk)
  - b. or contact CYC for those who aren't eligible – [PPE@york.gov.uk](mailto:PPE@york.gov.uk)
2. Normal supply chain
  - a. 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](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](mailto:supplydisruptionservice@nhsbsa.nhs.uk)
4. Mutual aid with other local services