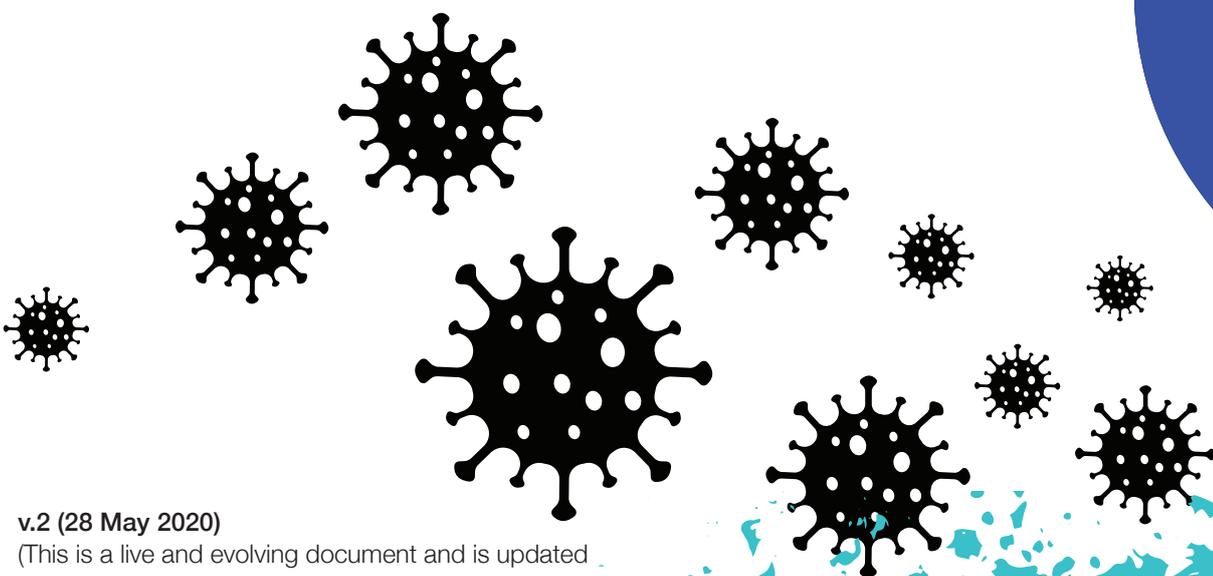


Gloucestershire County Council

# Infection Control and the use of Personal Protective Equipment (PPE) for COVID-19

Guidance for non-Health Care settings, carrying out Home Visits, Residential Care, Home Care and Community Based Support



v.2 (28 May 2020)

(This is a live and evolving document and is updated regularly, therefore please ensure you have the most up to date version.)



gloucestershire  
COUNTY COUNCIL

# Background

Councils have been asked to identify Personal Protective Equipment (PPE) requirements as part of the response to the COVID-19 pandemic.

This briefing sets out some guiding principles, based on guidance at [www.gov.uk/coronavirus](http://www.gov.uk/coronavirus)\* that can be used to inform local requests for PPE.

First and foremost, the 'stay at home, protect the NHS, save lives' message means most staff must think differently about how they provide support to people – and where possible stop

face-to-face contact unless this cannot be avoided. Staff should also not be entering individual's homes unless this is absolutely necessary.

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## Best practice use of PPE

PPE should be used as part of a range of infection, prevention and control measures which includes:

- Strict adherence to the **stay-at-home guidance** by staff and members of the public. If members of the public or indeed colleagues do appear to be showing symptoms of a fever and/or a cough, or loss or change to their sense of smell or taste, then it is acceptable to ask them to go home immediately and self-isolate.
- Adherence to **social distancing guidelines** wherever possible. If this is not feasible, then time spent in close proximity (i.e. less than 2 metres) should be kept to the shortest duration possible.
- Following strict **hand hygiene measures** - hand hygiene should be practiced and extended to include washing of exposed forearms after removing any element of PPE. Jewellery should be reduced to the minimum.
- Cleaning and decontaminating of environments in accordance with the **guidance**.
- General interventions may include increased cleaning activity and keeping a property properly ventilated by opening windows whenever safe and appropriate.
- If possible, contaminated waste should be disposed of as clinical waste. Where this is not possible, contaminated waste must be disposed in a plastic bag and tied, placed into second bag and tied, stored in a secure place for 72 hours, then put in normal waste collection service. For some workers, it may be more appropriate for this to be double bagged and removed from the property for disposal in the normal waste collection service after storing for 72 hours.
- Staff should take regular breaks and rest periods.

\*For [links](#) which are referenced in this document, please refer to the pdf version available on **staffnet**.

# When should PPE be worn?

Staff should have access to the PPE that protects them for the appropriate setting and context including situations when employees would normally wear PPE as part of standard infection prevention control measures required for that role.

Staff should have access to the PPE that protects them, and the individual they are helping, which is appropriate for the setting and context including situations when employees would normally wear PPE as part of standard infection control measures required for that role.

The key issues governing requirements for employees to wear PPE in the response to the COVID-19 pandemic is the **risk of exposure** to someone with symptoms of COVID-19, and the **likelihood of transmission** (to either the staff member or to the individual they are helping) because of the care or procedures they are having to carry out. We are currently in a period of **sustained community transmission within the UK**, therefore PPE is recommended in some scenarios where even if there is nobody with signs and symptoms of covid. This is where there are particularly vulnerable populations.

## As a general rule:

**PPE is not required** when risk is managed through social distancing (e.g. maintaining a distance of 2 metres) or by excluding possible or confirmed cases of COVID-19 from the setting (e.g. in schools).

**PPE is required** when it is necessary to provide care within 2 metres in a setting or within a household where someone is a possible or confirmed case of COVID-19 (i.e. gloves, apron, fluid-resistant surgical mask and eye/face protection subject to risk assessment). PPE is also required when staff are providing direct care\* to an individual within a care setting who is not currently **a possible or confirmed case** (i.e. gloves, apron, and fluid-resistant surgical mask and eye/face protection subject to risk assessment). PPE is required when someone is shielding due to their own extreme vulnerability (i.e. gloves, apron and surgical mask – which does not need to be fluid resistant). Please see Table A.

**Aerosol Generating Procedures (AGPs) are not usually undertaken by local authority staff** and thus this guidance does not cover AGP scenarios. If you are required to undertake an AGP (**on any individual regardless of symptoms**), then a **filtering face piece (class 3) (FFP3) respirator, a full-face shield or visor, a disposable long-sleeved fluid repellent coverall/gown (covering arms and body) and gloves should be worn**. In these instances, please see <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe#ppe-guidance-by-healthcare-context> guidance for health professionals.

**PPE is also recommended** where staff are working within a household where they are not providing direct care and risk assessment suggests there are no possible or confirmed cases BUT they are UNABLE to maintain 2 metres social distancing a surgical mask

\* Direct care refers to caring activities that take place within 2 metres including help with washing, toileting, dressing, oral care and feeding, assistance with medication or walking and getting up/going to bed.

is recommended and to risk assess if this needs to be a fluid resistant mask.

**Ultimately where staff consider a risk to themselves, or the individuals they are caring for, they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/single session.**

The local PHE Health Protection Team can be contacted for advice.

### Safe donning and doffing your PPE:

Putting on and removing PPE in the correct way is key for it to provide effective protection. A visual guide for donning and doffing your PPE is given on page 18 of this document or you can watch this [video](#).

[PPE guidance](#) sets out when single and sessional is appropriate. In general terms:

→ Gloves and aprons are **single use**. This means they should be changed after every service-user contact. For example, if you are seeing three service users in one setting, you would need to use three sets of gloves and aprons.

→ Masks and eye protection can be **sessional use**. This means masks and eye protection can be used until you change an environment. For example, if you were seeing three service users in one setting you would need one mask and set of eye protection and would need to change that PPE when you left that setting. There is no evidence to show that discarding disposable respirators, facemasks or eye protection in between each patient reduces the risk of infection transmission to the worker or patient and frequent handling of this equipment to discard and replace it could potentially

increase risk of exposure.

→ PPE should always be changed and safely disposed of if it becomes soiled, damaged or compromised in anyway. Further information can be found [here](#).

→ Most PPE is disposable after use. However reusable eye and face protection is acceptable if effectively cleaned between each sessional use. The World Health Organisation advises that goggles can be cleaned with soap/detergent and water followed by disinfection using either using either sodium hypochlorite 0.1% (followed by rinsing with clean water) or 70% alcohol wipes. Goggles may be cleaned immediately after removal and hand hygiene is performed OR placed in designated closed container for later cleaning and disinfection. The full guidance is available at this [link](#).

# Why is Public Health England not recommending greater use of face masks outside of clinical and care settings?

The use of face masks outside clinical or care settings is a hotly debated topic. However, PHE currently state that there is very little evidence of widespread benefit from the use of face masks outside of the clinical or care settings, where they play a very important role.

To be effective, face masks must be worn correctly, changed frequently, removed properly, disposed of safely and used in combination with good universal hygiene behaviour.

Research shows that compliance with these recommended behaviours reduces over time when wearing face masks for prolonged periods, such as in the community.

Therefore, Public Health England does not advise use of masks in public places and for those working in supermarkets, waste collection, schools and similar settings.

The government now advises that you should wear a face covering in **an enclosed space where social distancing is not possible and where you will come into contact with**

**people you do not normally meet.** <https://www.gov.uk/government/publications/staying-safe-outside-your-home/staying-safe-outside-your-home>. This is most relevant for short periods indoors in crowded areas, for example, on public transport or in some shops.

Evidence suggests that wearing a face covering **does not protect you.** However, if you are infected but have not yet developed symptoms, it may provide some **protection for others** you come into close contact with. <https://www.nhs.uk/conditions/coronavirus-covid-19/>

**Face coverings do not replace social distancing or self-isolation.** If you have symptoms of COVID-19, you and your household must isolate at home: wearing a face covering does not change this. <https://www.nhs.uk/conditions/coronavirus-covid-19/>

**A face covering is not the same as the surgical masks or respirators used by healthcare and other workers as part of personal protective**

**equipment. These should continue to be reserved for those who need them to protect against risks in their workplace, such as health and care workers, and those in industrial settings, like those exposed to dust hazards.**

Face coverings should not be used by children under the age of 2 or those who may find it difficult to manage them correctly. For example, primary age children unassisted, or those with respiratory conditions.

It is important to use face coverings properly and wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on, and after removing it.

How to wear and make face coverings provides guidance on appropriate use and how to make face-coverings at home. The key thing is it should cover the mouth and nose. <https://www.gov.uk/government/publications/how-to-wear-and-make-a-cloth-face-covering/how-to-wear-and-make-a-cloth-face-covering>

# What roles require PPE?

Thinking through roles in councils by services, it is possible to order employees in terms of the risk and likelihood of exposure to COVID-19 and transmission.

**Our key message is not to use PPE in settings when social distancing (i.e. 2 metre virtual boundary) and hygiene measures are sufficient.**

## Adult social care

Any employee required to provide care within 2 metres to an individual who has symptoms of COVID-19 or a confirmed case (or where someone else in the household has symptoms or is a confirmed case) should wear gloves, an apron, a fluid-resistant surgical mask and eye/face protection subject to risk assessment.

Any employee required to provide direct care (as defined in the footnote on page 3) to an individual that is not currently a possible or confirmed case will need to wear gloves and an apron. Use of a fluid-resistant surgical mask and eye/face protection is subject to risk assessment (see Table A).

For staff providing care within 2 metres or a home visit to anyone who is shielding (i.e. they are in the **extremely vulnerable group** (or where a member of the household is shielding), they should wear gloves, aprons, and a surgical face mask (this does not need to be fluid-resistant). If they are a known possible or confirmed COVID-19 case, then

this changes PPE requirements (see Table A). For the full range of scenarios, please see Table A on page 9.

## Children's services

This is for:

- staff working in settings such as schools and early years provision;
- community based staff visiting families in their homes or community such as all children's social care and Early Help Services including children's centres, Public Health Nursing, family support, youth workers, Youth Offending, short breaks providers and education support staff;
- care settings such as residential special schools, children's homes, foster carer homes, supported living and families' own homes.

Any employee required to provide care within 2 metres to an individual who has symptoms of COVID-19 or a confirmed case (or where someone else in the household has symptoms or is a confirmed case) should wear gloves, an apron, a fluid-resistant surgical mask and eye/face protection subject to risk assessment.

Any employee required to

provide direct care (as defined in the footnote on page 3) to an individual that is not currently a possible or confirmed case will need to wear gloves and an apron. Use of a fluid-resistant surgical mask and eye/face protection is subject to risk assessment (see Table A on page 9).

For staff providing care within 2 metres or a home visit to anyone who is shielding (i.e. they are in the **extremely vulnerable group** (or where a member of the household is shielding), they should wear gloves, aprons, and a surgical face mask (this does not need to be fluid-resistant). If they are a known possible or confirmed COVID-19 case, then this changes PPE requirements (see Table A on page 9).

In community settings, like early years and schools, any child or young person with symptoms of COVID-19 should be self-isolating as soon as possible. PPE is not considered necessary if the the **stay-at-home guidance** is being followed by people with symptoms.

For staff working in educational settings, please see this **guidance**.

For the full range of scenarios, please see Table A on page 9.

## Place services

There have been questions asked about the requirement for public facing staff working in registries, crematoria services, and waste operatives sharing cabs.

If they are coming into contact with the public, **social distancing** should be followed as much as possible, i.e. keeping the 2 metre distance where possible. Anyone with symptoms should be **self-isolating** and not going out, so PPE should not be required for staff.

It is crucial in all roles that you follow the measures outlined in Section 2 of this document.

If you are undertaking essential home visits such as those covered by Housing Standards or your role expressly prevents you from maintaining 2 metres social distancing (e.g. some outreach work), PPE may be required.

Such scenarios are set out in Table A on page 9.

For waste operatives, there may be changes that could be introduced to reduce the need to share cabs. But overall, if people are working together in essential roles and do not have symptoms, there is no need for PPE. Cabs should have access to alcohol or soap-based cleansing spray and/or wipes for all surfaces which should be cleaned periodically throughout the day and especially at the end of each shift.

There have also been enquiries about what to do if transporting someone to accommodation who is symptomatic or a confirmed COVID-19 case. If 2 metres distancing is not possible, gloves, apron and a fluid-resistant surgical mask should be worn – otherwise, following the social distancing guidance and rigorous hygiene measures are sufficient.

For the full range of scenarios, please see Table A on page 9.

## Supporting those in the community who are shielding due to extreme vulnerabilities

For community settings, including the voluntary sector, who may be involved in providing support for people who are **shielding because they are extremely vulnerable** (e.g. shopping or dropping off medication), following the principles of social distancing and guidance on effective handwashing is sufficient.

For staff providing care within 2 metres or a home visit to anyone who is **shielding** (i.e. they are in the **extremely vulnerable group** (or where a member of the household is shielding), they should wear gloves, aprons, and a surgical face mask (this does not need to be fluid-resistant). If they are a known possible or confirmed COVID-19 case, then this changes PPE requirements (see Table A).

For the full range of scenarios, please see Table A on page 9.

# PPE guidance by job roles

It is recommended that services continue to carry out risk assessments alongside the guidance to understand the requirements for individual situations. For example, there may be a risk in child protection situations where getting accurate information about the household's status regarding COVID-19 symptoms may be difficult if not impossible. If an employee cannot visit the family safely and maintain social distancing of 2 metres, then it would be reasonable to provide PPE.

1. Try and ascertain whether an individual or household member meets the case definition for a possible or confirmed case of COVID-19 before the care episode. Refer to the [current COVID-19 case definition](#).
2. Initial risk assessment for PPE where possible should take place by phone (or by other remote triage) prior to entering the premises or at 2 metres social distancing on entering.
3. **PPE is required** when it is necessary to provide care within 2 metres in a setting or within a household where someone is a **possible or confirmed case** of COVID-19 (i.e. gloves, apron, fluid-resistant surgical mask and eye/face protection subject to risk assessment). PPE is also required when staff are providing direct care\* to an individual within a care setting who is not currently a possible or confirmed case (i.e. gloves, apron, and fluid-resistant surgical mask and eye/face protection subject to risk assessment). Additionally, PPE is required when someone is **shielding** due to their own extreme vulnerability (i.e. gloves, apron and surgical mask – which does not need to be fluid resistant).
4. **Use Table A** (page 9) to identify if/what PPE is required in relation to the scenario in which you are delivering care/support to an individual. This is to ensure adequate protection against the risks associated with the tasks that must be undertaken.
5. Where the potential risk to health, education and social care workers **cannot be established prior to face-to-face assessment or delivery of care within 2 metres**, the recommendation is for health, education and social care workers in any setting to have access to and where required wear aprons, gloves, fluid-resistant surgical masks and eye/face protection.
6. **Risk assess in Table A** refers to using PPE when there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids. Health, education and social care workers should consider need for contact and droplet precautions based on the nature of care or task being undertaken. **Where staff consider a risk to themselves, or the individuals they are caring for, they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/single session.** The local PHE Health Protection Team can be contacted for advice.
7. If you require further clarification or have concerns, please escalate them to your **Line Manager**.

# Table A – PPE guidance for staff and providers working within local authority, education, community and social care settings

This table is aimed at staff and providers working within local authority, education, community and social care settings to determine if PPE is required following local risk assessment, with exception of staff who are handling the deceased (please refer to separate guidance).

		PPE requirements				Additional measures
		1	2	3	4	6
Scenario	Examples of LA work	Disposable plastic apron (single use)	Disposable gloves (single use)	Fluid-resistant (Type IIR) surgical mask single or sessional use <sup>1</sup>	Eye/face protection (this may be single or sessional use face/eye protection/full face visor or goggles <sup>1</sup> )	Hand hygiene as per SICPs <sup>2</sup>
<b>STAFF WORKING IN RESIDENTIAL CARE SETTINGS</b>						
a. Staff able to <b>maintain more than 2 metres social distancing</b> from residents or household members	Care home, residential children's home or special school, hospice	NO	NO	NO	NO	YES
b. Staff working in a residential care setting where they are not providing direct care <sup>4</sup> BUT are unable to maintain 2 metres social distancing	Care home, residential children's home or special school, hospice	Not required but as per the Standard Infection Control Precautions required for the job role	Not required but as per the Standard Infection Control Precautions required for the job role	YES FOR A SURGICAL MASK. Risk assess need for a fluid-resistant mask in accordance with the advice under <sup>1</sup>	Need subject to risk assessment <sup>1</sup>	YES
c. Staff working in residential care settings where they are providing direct care <sup>4</sup> to an individual that is not currently a possible or confirmed case	Care home, residential children's home or special school, hospice	YES	YES	Need subject to risk assessment <sup>1</sup>	Need subject to risk assessment <sup>1</sup>	YES

		PPE requirements				Additional measures
		1	2	3	4	6
Scenario	Examples of LA work	Disposable plastic apron (single use)	Disposable gloves (single use)	Fluid-resistant (Type IIR) surgical mask single or sessional use <sup>1</sup>	Eye/face protection (this may be single or sessional use face/eye protection/ full face visor or goggles <sup>1</sup> )	Hand hygiene as per SICPs <sup>2</sup>
d. Staff working in residential care settings where they are providing direct care <sup>4</sup> to an individual that is possible or confirmed COVID-19 case	Care home, residential children's home or special school, hospice	YES	YES	YES	Need subject to risk assessment <sup>1</sup>	YES
e. Staff providing care to any individual meeting the criteria for <b>shielding</b> (i.e. they are in the extremely vulnerable group) (if they are a possible or confirmed COVID-19 case follow row d above)	Care home, residential children's home or special school, hospice	YES	YES	YES, but this does not need to be fluid-resistant (normal surgical mask enough)	NO	YES
<b>STAFF WORKING IN HOUSEHOLDS</b>						
f. Staff working in a household where they are not providing direct care <sup>4</sup> and risk assessment suggests there are no possible or confirmed cases and they are <b>ABLE</b> to maintain 2 metres social distancing	Social care visit, maintenance visit, social worker visit	NO	NO	NO	NO	YES



Scenario	Examples of LA work	PPE requirements				Additional measures
		1	2	3	4	6
		Disposable plastic apron (single use)	Disposable gloves (single use)	Fluid-resistant (Type IIR) surgical mask single or sessional use <sup>1</sup>	Eye/face protection (this may be single or sessional use face/eye protection/full face visor or goggles <sup>1</sup> )	Hand hygiene as per SICPs <sup>2</sup>
g. Staff working within a household where they are not providing direct care <sup>4</sup> and risk assessment suggests there are no possible or confirmed cases BUT they are UNABLE to maintain 2 metres social distancing	Social care visit, maintenance visit, social worker visit	As per the Standard infection control precautions required for the job role	As per the Standard infection control precautions required for the job role	NO	NO	YES
h. Staff working within a household where they are providing direct care <sup>4</sup> and risk assessment suggests there are no possible or confirmed COVID-19 cases	Social care, domiciliary care, health visiting	YES	YES	Need subject to risk assessment <sup>1</sup>	Need subject to risk assessment <sup>1</sup>	YES
i. Staff entering a household where there is a possible or confirmed COVID-19 case	Social care or domiciliary care within symptomatic household, social worker or health visitor visit to symptomatic household	YES	YES	YES	Need subject to risk assessment <sup>1</sup>	YES
j. Staff who are unable to confirm the health status of individuals in a household in advance of contact and are UNABLE to maintain 2 metres social distancing	Undertaking home visits where prior communication is not possible or appropriate	YES	YES	YES	Need subject to risk assessment <sup>1</sup>	YES

Scenario	Examples of LA work	PPE requirements				Additional measures
		1	2	3	4	6
		Disposable plastic apron (single use)	Disposable gloves (single use)	Fluid-resistant (Type IIR) surgical mask single or sessional use <sup>1</sup>	Eye/face protection (this may be single or sessional use face/eye protection/ full face visor or goggles <sup>1</sup> )	Hand hygiene as per SICPs <sup>2</sup>
k. Staff providing care or home visit to any individual meeting the criteria for shielding (i.e. they are in an extremely vulnerable group) OR where anyone in the household meets the criteria for <b>shielding</b> (if they are a known possible or confirmed COVID-19 case follow row i)	Domiciliary care	YES	YES	YES, but this does not need to be fluid-resistant (normal surgical mask enough)	NO	YES
<b>STAFF WORKING IN EDUCATION, CHILDCARE AND CHILDREN'S SERVICES</b>						
i. Staff able to maintain <b>2 metres</b> social distancing from children and their families	Social care visit, some school staff	NO	NO	NO	NO	YES
m. Staff <b>not providing direct care<sup>4</sup> BUT UNABLE to maintain 2 metres</b> distance, from individuals who are <b>not possible or confirmed cases and no one is shielding</b>	Early years and school settings, health visiting, social care visit, children's home worker	NO	NO	NO	NO	YES



		PPE requirements				Additional measures
		1	2	3	4	6
Scenario	Examples of LA work	Disposable plastic apron (single use)	Disposable gloves (single use)	Fluid-resistant (Type IIR) surgical mask single or sessional use <sup>1</sup>	Eye/face protection (this may be single or sessional use face/eye protection/full face visor or goggles <sup>1</sup> )	Hand hygiene as per SICPs <sup>2</sup>
n. Staff providing direct care <sup>4</sup> to individuals who are not possible or confirmed cases and no one is shielding	Early years settings, special schools, health visiting, social care visit, portage	Not required but as per the Standard Infection Control Precautions required for the job role	Not required but as per the Standard Infection Control Precautions required for the job role	NO	NO	YES
o. Staff supervising a possible or confirmed case and are unable to maintain 2 metres distance but no direct care <sup>4</sup> is required (see row p)	School or early years setting where a child becomes unwell within the setting and must be supervised until collected and 2 metre distance unable to be kept e.g. due to child's age	NO	NO	YES	NO	YES
p. Staff working or providing care within 2 metres of individuals who are possible or confirmed cases where physical contact is required <sup>6</sup>	Social care visit, children's home worker, school or early years setting where a child becomes unwell within the setting	YES	YES	YES	Need subject to risk assessment <sup>1</sup>	YES

		PPE requirements				Additional measures
		1	2	3	4	6
Scenario	Examples of LA work	Disposable plastic apron (single use)	Disposable gloves (single use)	Fluid-resistant (Type IIR) surgical mask single or sessional use <sup>1</sup>	Eye/face protection (this may be single or sessional use face/eye protection/full face visor or goggles <sup>1</sup> )	Hand hygiene as per SICPs <sup>2</sup>

#### OTHER SCENARIOS

q. Staff working or providing care within <b>2 metres</b> of individuals where prior risk assessment is not possible due to the nature of the scenario in which they are working (see examples)	Unannounced social care visit, special school in specific scenario where health needs (e.g. a chronic cough) may make assessment of symptoms difficult	YES	YES	YES	Need subject to risk assessment <sup>1</sup>	YES
r. For staff cleaning areas where confirmed or possible cases are or have been <sup>3</sup>	Education and Early Years settings, social care settings outside of the home, home care	YES	YES	NO unless visible body fluids <sup>3</sup>	NO unless visible body fluids <sup>3</sup>	YES
s. Staff <b>transferring possible or confirmed</b> COVID-19 cases and they will be <b>within 2 metres of the case (separate guidance is available for those handling the deceased)</b>	Drivers transporting possible or confirmed cases from one location to another	YES	YES	YES	Need subject to risk assessment <sup>1</sup>	YES
t. Children or young people being transported from one setting to another <b>who do not have symptoms of COVID-19</b> who are not providing direct care <sup>4</sup> but may come within 2 metres	School transport and escorts not providing health interventions/direct care <sup>4</sup>	NO	NO	NO	NO	YES



## Notes to Table A

1. Risk assess refers to using PPE when there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids. **Where staff consider a risk to themselves, or the individuals they are caring for, they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/single session.** The local PHE Health Protection Team can be contacted for advice. The fluid repellent surgical mask and eye protection can be used for an entire session of work (i.e. for the entire period of time the worker is undertaking duties in a specific care setting or exposure environment) and does not need to be changed between individuals/clients; however gloves and aprons should be changed between individuals. Re-usable PPE can be used – advice on suitable decontamination arrangements should be obtained from the manufacturer, supplier or local infection control. PPE should not be subject to continued use if damaged, soiled, compromised or uncomfortable – please refer to the [national guidance](#). Sessional use should always be risk assessed and considered where there are high rates of community cases. If performing Aerosol Generating Procedures (AGPs), then a filtering face piece (class 3) (FFP3) respirator, a full-face shield or visor, a disposable long-sleeved fluid repellent coverall/gown (covering arms and body) and gloves should be worn – these procedures are not usually undertaken by local authority staff however (please see national guidance for health professionals which includes guidance if FFP3 respirators are not available). Where an AGP is a single procedure, PPE is subject to single use with disposal after each patient contact or procedure as appropriate.
2. Wash hands for 20 seconds with soap and water wherever possible as first line. If handwashing facilities are not available, then use an alcohol-based hand sanitiser for 20-30 seconds that contains at least 60% alcohol. Effectiveness of hand sanitiser requires clean, non-soiled hands and please wash hands at your first opportunity. Handwashing should include washing of forearms when forearms have been exposed or may have been exposed to respiratory droplets or other body fluids. Hand hygiene should be followed and extended to exposed forearms, after removing any element of PPE.
3. If a risk assessment of the setting indicates that a higher level of virus may be present or there is visible contamination with body fluids, then the need for additional PPE to protect the cleaner's eyes, mouth and nose might be necessary. The local Public Health England (PHE) Health Protection Team (HPT) can advise on this. If possible, keep the contaminated area closed off and secure for 72 hours. After this time the amount of virus contamination will have decreased substantially, and you can clean as normal with your usual products.
4. When the term **direct care** is used, this refers to caring activities that take place within 2 metres including help with washing, toileting, dressing, oral care and feeding, assistance with medication or walking and getting up/going to bed.

### National guidance:

<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>

[Infection prevention control advice and PPE advice in full](#)

[Cleaning in a non-healthcare setting](#)

[Shielding guidance](#)

# Equipment specifications

## Fluid-resistant (Type IIR) surgical masks (FRSM)

- Provide barrier protection against respiratory droplets reaching the mucosa of the mouth and nose
- Should be well fitted
- Single use or single session use and then discarded and NOT subject to continued use
- There is no evidence that respirators add value over FRSMs for droplet protection

## Disposable gloves

- Disposable gloves must be worn when providing direct patient care and when exposure to blood and or other body fluids is anticipated or likely, including during equipment and environmental decontamination
- Disposable gloves are subject to single use and must be disposed of immediately after completion of a procedure or task and after each patient contact, followed by hand hygiene

## Disposable aprons and gowns

- Disposable plastic aprons must be worn to protect staff uniform or clothes from contamination when providing care within 2 metres and during environmental and equipment decontamination
- Disposable aprons are subject to single use and must be disposed of immediately after completion of a procedure or task and after each patient contact
- Hand hygiene should be followed and extended to exposed forearms

## Eye and face protection

Provides protection against contamination to the eyes from respiratory droplets, splashing of secretions, blood, body fluids or excretions

Use any one of the following:

- surgical mask with integrated visor
- full face shield or visor
- polycarbonate safety spectacles or equivalent

**Regular corrective spectacles are not considered adequate eye protection**

Eye protection should be:

- well fitted
- not allowed to dangle after or between each use
- not touched once put on
- removed outside the patient room, cohort area or 2 metres away from possible or confirmed COVID-19 cases

Can either use:

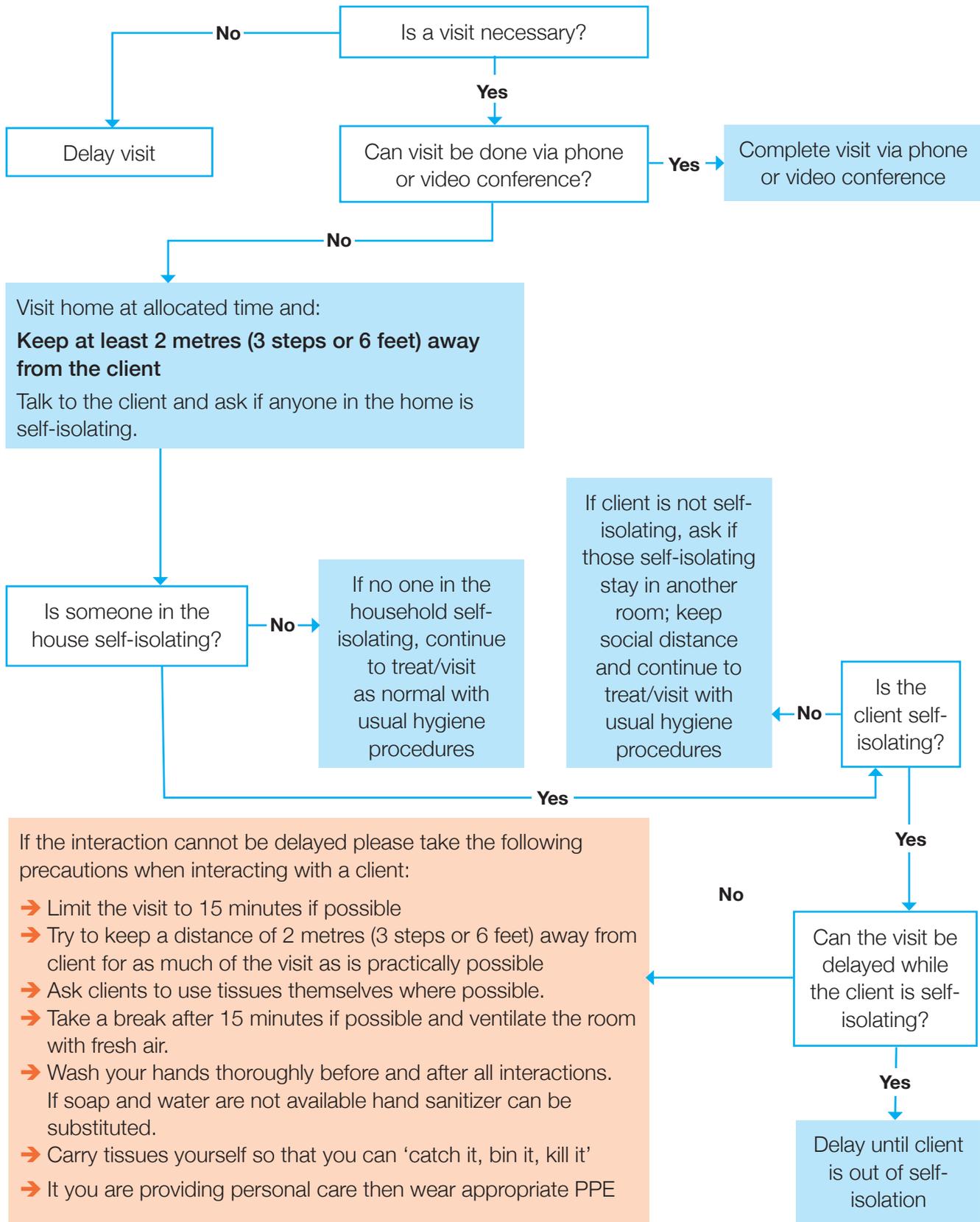
- Disposable, single-use, eye and face protection
- Or re-usable eye and face protection if decontaminated between single or single

sessional use, according to the manufacturer's instructions or local infection control policy

It is important that the eye protection maintains its fit, function and remains tolerable for the user

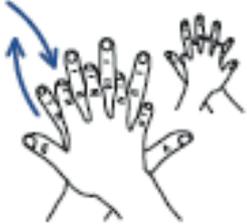
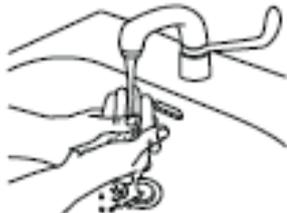
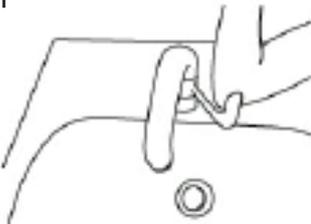
Eye and face protection should be discarded and replaced and not be subject to continued use if damaged, soiled (e.g. with secretions/body fluids) or uncomfortable.

# Home visiting process



# Best practice: how to hand wash

Steps 3–8 should take at least 15 seconds

<p>1</p>  <p>Wet hands with water</p>	<p>2</p>  <p>Apply enough soap to cover all hand surfaces.</p>	<p>3</p>  <p>Rub hands palm to palm.</p>
<p>4</p>  <p>Right palm over the back of the other hand with interlaced fingers and vice versa.</p>	<p>5</p>  <p>Palm to palm with fingers interlaced.</p>	<p>6</p>  <p>Backs of fingers to opposing palms with fingers interlocked.</p>
<p>7</p>  <p>Rotational rubbing of left thumb clasped in right palm and vice versa.</p>	<p>8</p>  <p>Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.</p>	<p>9</p>  <p>Rinse hands with water.</p>
<p>10</p>  <p>Dry thoroughly with towel.</p>	<p>11</p>  <p>Use elbow to turn off tap.</p>	<p>12</p>  <p>Steps 3–8 should take at least 15 seconds</p> <p>...and your hands are safe*.</p>

\*Any skin complaints should be referred to local occupational health or GP.

From: COVID-19. Guidance for infection prevention and control in healthcare settings





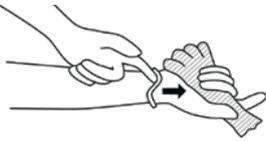
## Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.

<p><b>1</b> Put on your plastic apron, making sure it is tied securely at the back.</p> 	<p><b>2</b> Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin.</p> 	<p><b>3</b> Put on your eye protection if there is a risk of splashing.</p> 	<p><b>4</b> Put on non-sterile nitrile gloves.</p> 	<p><b>5</b> You are now ready to enter the patient area.</p> 
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## Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

<p><b>1</b> Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove.</p> 	<p><b>2</b> Perform hand hygiene using alcohol hand gel or rub, or soap and water.</p> 	<p><b>3</b> Snap or unfasten apron ties the neck and allow to fall forward.</p> 
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Snap waste ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.

<p><b>4</b> Once outside the patient room. Remove eye protection.</p> 	<p><b>5</b> Perform hand hygiene using alcohol hand gel or rub, or soap and water.</p> 	<p><b>6</b> Remove surgical mask.</p> 	<p><b>7</b> Now wash your hands with soap and water.</p> 
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Please refer to the PHE standard PPE video in the COVID-19 guidance collection:  
[www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures](http://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures)

If you require the PPE for aerosol generating procedures (AGPs) please visit:  
[www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures](http://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures)



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