

COVID-19 Personal Protective Equipment (PPE) Guidance V1.4

November 2020

Section 1 - Introduction

This guidance is for all employees.

Coronavirus is a new disease caused by a recently discovered virus which is a highly infectious respiratory disease caused by a novel coronavirus. As a group, coronaviruses are common across the world. Typical symptoms of coronavirus infection include fever and cough; in some people, the illness may progress to severe pneumonia causing shortness of breath and breathing difficulties.

Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

COVID-19, was first discovered in China in December 2019 and has since spread around the world. To reduce the risk of transmission for DCC employees and the people we work face to face with, social distancing is advised where practicable (i.e. remaining at a distance of 2 meters or greater). Personal Protective Equipment should be worn **when there is a risk of transmission and social distancing is not possible**, for example when undertaking personal care. Individuals must also ensure they remain good standard infection control precautions including being bare below the elbow and practice hand hygiene.

For the management of individuals with confirmed or suspected COVID individuals should refer to the relevant Public Health England guidance and specialist infection control advice.

Section 2 - What is Personal Protective Equipment (PPE)?

Personal Protective Equipment (PPE) is equipment a person wears to protect themselves from risks to their health or safety, including exposure to infectious agents. The level of PPE required depends on suspected/known infectious agent; severity of the illness caused; transmission route of the infectious agent; and the procedure/task being undertaken.

Before undertaking any procedure, employees should refer to the risk assessment produced with your manager for the work you are undertaking/client you are working with that details the risks of exposure to blood and/or body fluids, and the possible entry routes for this infection. The risk assessment will detail what PPE is required to control these risks and employees will be expected to wear personal protective equipment (PPE) as detailed in the risk assessments that protects adequately against the risks associated with the procedure. Suitable PPE will be issued where required.

Social distancing of two metres or greater is the most effective method of reducing transmission of COVID. Personal Protection Equipment is recommended where social distancing of two metres cannot be maintained. The minimum amount of time possible should be spent within 2m to deliver an activity..

Section 3 - PPE requirements for DCC Employees during COVID-19

For information regarding what PPE employees should be wearing to protect from COVID-19 relevant to the work they are undertaking, employees should refer to the PPE requirements for Derbyshire County Council Employees during COVID-19 guidance.

<https://staff.derbyshire.gov.uk/site-elements/documents/your-wellbeing/coronavirus/ppe-guidance.pdf>

Section 4 - Types of Personal Protective Equipment

Gloves

Gloves are single use only, if contact with blood and/or body fluids, non-intact skin or mucous membranes is anticipated or there is a risk of suspected or known infection such as COVID-19, disposable gloves should be worn that are appropriate for the task.

Gloves must comply with European Standard EN 455 Medical Gloves for single use (Parts 1-4) and be CE marked for single use. The Medical Devices Agency recommends that only powder-free gloves are purchased due to latex allergy/sensitivity. In homes where employees perform aseptic techniques, e.g. urinary catheterisation, sterile gloves must be available for such procedures.

Hands must be washed or where unavailable alcohol handrub of at least 60% alcohol applied, immediately before putting on and after removing each pair of gloves.

Gloves provided will be nitrile material unless otherwise discussed on an individual basis with managers. **Nitrile gloves** are a synthetic alternative to latex gloves. They are suitable to be worn when in contact with blood and blood stained body fluids and if a resident or member of employees is latex sensitive. For this reason, Nitrile gloves are the organisations first choice.

Gloves should be:

- Changed if a perforation or puncture is suspected
- Disposed of after each procedure or care activity
- Changed between different procedures on the same resident
- Appropriate for use, fit for purpose and well-fitting

The re-use of gloves is not recommended for the following reasons:

- Glove integrity can be damaged if in contact with substances such as isopropanol, ethanol, oils and disinfectants
- Many gloves will develop micro-punctures very quickly and will no longer perform their barrier function
- There is a risk of transmission of infection
- Washing of gloved hands or using an alcohol handrub on gloves is considered unsafe practice

Aprons/gowns

Disposable aprons are impermeable to bacteria and body fluids and protect the areas of maximum potential contamination on the front of the body.

a. When to wear an apron

A disposable apron/gown is single use. It should be worn whenever body fluids or other source of contamination is likely to soil the front of the uniform or clothing, especially when:

- Undertaking an aseptic technique
- Decontaminating equipment or the environment

- Undertaking a procedure on a resident with a known or suspected infection

Gowns are recommended where aerosol generating procedures are involved and differ from aprons in that they cover all the front of the body and have long sleeves.

A disposable apron/gown should be removed and disposed of after each task. Never wear an apron for a dirty task and then move onto a clean task without changing it. Hand washing should be performed after removing the apron.

Aprons, gowns and gloves are subject to single use as per Standard Infection Control Precautions (SICPs), with disposal and hand hygiene after each patient contact.

Aprons or gowns are not required for tasks such as delivering meals or medication to a client where there is no personal care involved and therefore the risk of contamination to clothing is extremely low, social distancing and good hand hygiene principles should be observed and time spent in the area should be kept to a minimum.

Facial Protection

Sessional use of surgical masks and eye protection is indicated if there is perceived to be close or prolonged interaction with clients in a setting or their own home with sustained community COVID-19 transmission.

Surgical masks and eye protection can be used for a single session. A single session refers to a defined period of time. For example a carer might wear a mask for a shift and change this when they take a break. Once the PPE has been removed it should be disposed of safely.

Eye and face protection should not be impeded by accessories, e.g. false eyelashes, facial piercings.

When wearing facial protection employees are at increased risk of fatigue and dehydration. Managers should ensure employees are able to take regular breaks.

Eye protection: including washing of reusable visors

A full-face visor will protect the eyes and also offers additional protection against respiratory droplets or splashing to the wearer, with the surgical mask acting as a second layer of protection.

The use of goggles instead of a full-face visor is not recommended. This is because goggles do not provide a shield in front of the surgical mask and certain designs may also allow droplets to enter the eye at the sides.

Employees should wear a full face visor in addition to a Type IIR mask where there is a risk of bodily fluids entering the eye due to the care being given or due to coughing or the behaviour of a client (eg spitting).

Visors are single use and should unless they become heavily contaminated be worn for a single session and then replaced. If during a session they become heavily contaminated they should be replaced at this point rather than waiting for the end of the session.

Eye protection used during an Aerosol Generating Procedure (AGP) must be disposed of immediately after the intervention.

Hand washing should be performed following removal of visors.

For other advice see DCC IPC Policy Decontamination of Equipment and Environmental Cleaning policy.

Masks

A surgical mask or face visor should be worn to protect employees when there is a risk of blood, body fluids, secretions or excretions splashing on to the face. Masks are advised where there is a risk of transmission within a setting.

Surgical masks provide protection for both the care worker and the client by protecting the mouth and nose from respiratory secretions and other body fluids, secretions or excretions. Fluid repellent surgical masks provide additional protection against splashing.

Surgical masks should:

- Cover both the nose and mouth and not be allowed to dangle around the neck after use
- Not be touched once put on
- Be changed when they become soiled, damaged, uncomfortable or when taking a break in undertaking care activities
- To ensure the effectiveness of PPE and reduce the risk of contamination it is important PPE is put on and taken off correctly Removal should be undertaken following the PPE doffing (removal) procedure (appendix 1) and where possible be observed by another member of employees
- Hand hygiene must be performed after disposal

- FFP3 disposable respirator

A disposable respirator providing a high protection factor will only be required in rare circumstances identified on the risk assessment. This will normally only be when carrying out aerosol generating procedures (**AGP**)* on a patient with possible or confirmed COVID-19.

The fit of respiratory masks is critically important and every user should be fit tested and trained in the use of the respirator. Care settings and carers need to alert managers to clients where AGP's are performed.

Additionally, a seal check should be carried out each time a respirator is worn. **Where FFP3 masks are required to be worn, these should be fitted by a Fit test trained health professional. Discuss with your line manager and Public Health; Health Protection (health.protection@derbyshire.gov.uk) where this is required.**

*The AGP list is:

- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Non-Invasive Ventilation (NIV) such as Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP)
- High Flow Nasal Oxygen (HFNO), also called High Flow Nasal Cannula
- Induction of sputum

Section 5 - Hand Hygiene

- Hand hygiene products

- Liquid hand soap: to wash hands before and after every task
- Alcohol hand gel (60%): to be used in the absence of soap and water
- Bottled Water: in the absence of access to running water at the person's home
- Paper towels: to clean and dry hands after washing

Your 5 moments for hand hygiene at the point of care



BEFORE SERVICE USERCONTACT	<p>WHEN? Clean your hands before touching a service user when approaching him/her.</p> <p>WHY? To protect the service user against harmful germs carried on your hands.</p>
BEFORE A CLEAN / ASEPTIC PROCEDURE	<p>WHEN? Clean your hands immediately before any clean/aseptic procedure.</p> <p>WHY? To protect the service user against harmful germs, including the service user's own, from entering his/her body.</p>
AFTER BODY FLUID EXPOSURE RISK	<p>WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal).</p> <p>WHY? To protect yourself and the health and social care environment from harmful service user germs.</p>

AFTER SERVICE USER CONTACT	<p>WHEN? Clean your hands after touching a service user and her/his immediate surroundings, when leaving the service user's side.</p> <p>WHY? To protect yourself and the health and social care environment from harmful service user germs.</p>
AFTER CONTACT WITH SERVICE USER SURROUNDINGS	<p>WHEN? Clean your hands after touching any object or furniture in the service user's immediate surroundings when leaving—even if the service user has not been touched.</p> <p>WHY? To protect yourself and the health and social care environment from harmful service user germs.</p>

Other examples of when hand hygiene should be performed, for all other employees not undertaking direct personal care:

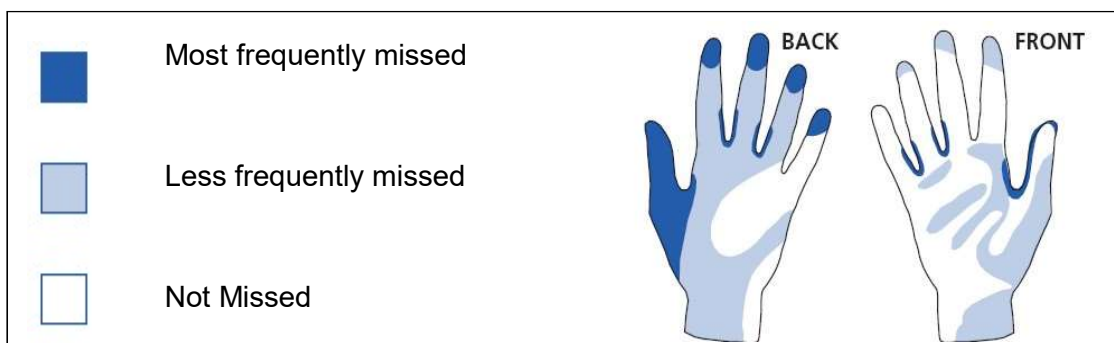
- On arrival at work, between each task and before you go home
- Whenever hands are visibly dirty
- Before putting on and after removal of personal protective equipment or domestic gloves (wearing gloves should not be a substitute for handwashing)
- After coughing, sneezing or blowing your nose
- After using the toilet
- Before and after having a coffee/tea/meal break

There are general principles you should follow to help prevent the spread of COVID-19 including:

- Wash your hands more often - with soap and water for at least 20 seconds or use a hand sanitiser. Do this after you blow your nose, sneeze or cough, and after you eat or handle food
- avoid touching your eyes, nose, and mouth with unwashed hands
- avoid close contact with people who have symptoms
- cover your cough or sneeze with a tissue, then throw the tissue in a bin
- clean and disinfect frequently touched objects and surfaces in the home

Most commonly missed areas during hand wash

It is important to pay particular attention to the following areas which have been shown to be those most commonly missed during handwashing.



*Adapted from the WHO Alliance for Service user Safety 2006

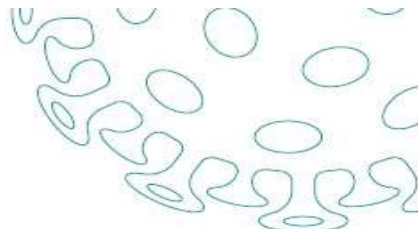
Section 6 – Using PPE

- Putting on PPE

When wearing facial protection care workers are at increased risk of fatigue and dehydration. Managers should ensure employees are able to take regular breaks.



Public Health
England



Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: <https://youtu.be/eANis-Jdi2s>

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Tie hair back
- Remove jewellery
- Check PPE in the correct size is available

- 1** Perform hand hygiene before putting on PPE.



- 2** Put on apron and tie at waist.



- 3** Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



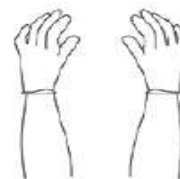
- 4** With both hands, mould the metal strap over the bridge of your nose.



- 5** Don eye protection if required.



- 6** Put on gloves.



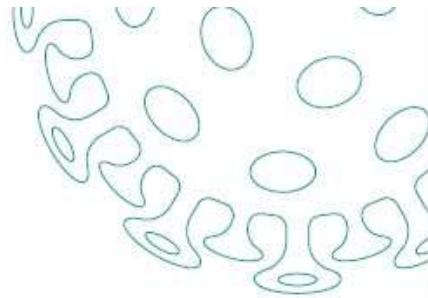
*For the PPE guide for AGPs please see: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

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- Taking Off PPE



Public Health
England



Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: <https://youtu.be/eANIs-Jdi2s>

PPE should be removed in an order that minimises the risk of self-contamination

Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist. Peel the remaining glove off over the first glove and discard.



2 Clean hands.



3 Apron. Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – this will be contaminated. Discard.



4 Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.



5 Clean hands.



6 Remove facemask once your clinical work is completed. Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.



7 Clean hands with soap and water.



*For the doffing guide to PPE for AGPs see: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

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It is essential that personal protective equipment is stored securely within disposable rubbish bags.

- Disposal of PPE

- All PPE should be disposed of as soon as the activity or session is completed and as per local policy.
- Always perform hand hygiene appropriately after disposing of PPE.
- It is essential that personal protective equipment is stored securely within disposable rubbish bags.
- For symptomatic or confirmed cases of COVID, the bagged PPE should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being put in the usual household waste bin for disposal.

Section 7 - PPE Decision Making

Does the individual manage a setting where there is risk of COVID transmission?

Does the individual manage employees providing direct care to those diagnosis or symptomatic of COVID?

Please tick x and enter quantity where appropriate

Number of employees per shift			
Number of shifts in 24 hour period (it is estimated each member of employees would require around 4 marks per shift)			
PPE Required:		PPE Required for Personal Care	
Aprons		Aprons	
Gloves		Gloves	
Fluid Repellent Mask		Hand wash	
FFP3 Mask (if tracheostomy care or aerosol risk)		Paper towels	
Goggles		Alcohol hand gel	
Hand wash			
Paper towels			
Alcohol hand gel			
Double bag waste			
Total needed		Total needed	

Section 8 - References

Taking off PPE for non-aerosol generating procedure 24/03/2020

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875212/Taking off PPE for non-aerosol generating procedures quick guide.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875212/Taking_off_PPE_for_non-aerosol_generating_procedures_quick_guide.pdf)

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875211/Putting on PPE for non-aerosol generating procedures quick guide.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875211/Putting_on_PPE_for_non-aerosol_generating_procedures_quick_guide.pdf)

NICE, Infection Control, Prevention of healthcare associated infection in primary and community care 2003

Guidance on shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19. Updated 24 March 2020.

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

COVID-19: guidance on residential care provision Updated 19 March 2020

<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-residential-care-provision#if-a-resident-has-symptoms-of-covid-19>

COVID-19: guidance for supported living and home care provision Updated 19 March 2020

<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-for-supported-living-provision#personal-protective-equipment>

COVID-19: Guidance for infection prevention and control in healthcare settings. Adapted from Pandemic Influenza: Guidance for Infection prevention and control in healthcare settings 2020. Issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS) and Public Health England as official guidance

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control?utm_source=7c916e5e-b965-44d0-a304-cf38d248abba&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate