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 in 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 persistent cough and/or high temperature).

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

**Do you (staff member) have symptoms of COVID-19?**
(i.e. high temperature, persistent cough)

- **Yes**: Follow self-isolation guidance
- **No**: Proceed to risk assessment

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

2. Risk assessment

**Are you collecting nasopharyngeal swabs (for example, for COVID-19 diagnostic purposes)?**

- **Yes**: Disposable plastic apron, Fluid Resistant Surgical Mask, eye protection and gloves should be used
- **No**: See section 4 below

**Is care being provided to adults in a care home or domiciliary care setting?**

- **Yes**: Close adherence to hand and respiratory hygiene protocols (see link at the end of the document). No PPE required.
- **No**: Follow relevant guidance in section 3

**Is it possible to maintain a distance of more than 2m during this interaction?**

- **Yes**: Follow relevant guidance in section 3
- **No**: Undertake risk assessment to determine symptoms
  - ideally do over the phone in advance
  - can be done at location from a distance of more than 2m

**Does the service user you are providing care for have diagnosis/symptoms of COVID-19?**
(i.e. high temperature, persistent cough)

- **Don’t know**: Follow relevant guidance in section 3

**Please note:**

*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](#).*

Author: NYCC Public Health on behalf of NYLRF
3. Where is the interaction taking place?

**In individual’s own home (e.g. social work visits, OT visits, personal assistants etc.)**

- **Is anyone in the household extremely vulnerable to COVID-19 (i.e. following shielding advice?)**
  - Yes
    - Appropriate PPE should be worn for the tasks to be undertaken for all visits (minimum of surgical mask, gloves, apron)
  - No
    - Appropriate PPE: disposable gloves, disposable apron, fluid resistant surgical mask (IIR) and eye protection (only if risk of fluid splashing in eyes).
    - 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.

- **Do you need to be in direct contact with the client(s) (e.g. touching) OR you are within 2 metres of anyone in the household who is coughing**
  - Yes
    - Appropriate PPE: disposable gloves, disposable apron, fluid resistant surgical mask (IIR) and eye protection (only if risk of fluid splashing in eyes).
    - 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.
  - No
    - Close adherence to hand and respiratory hygiene protocols.

- **Do you need to be within two metres of the client but not required to touch them? (e.g. removing medicines from their packaging, prompting people to take their medicines, preparing food for clients who can feed themselves without assistance, or cleaning)**
  - Yes
    - The use of a surgical mask is recommended.
    - Close adherence to hand and respiratory hygiene protocols.
  - No
    - Close adherence to hand and respiratory hygiene protocols.

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**Please note:**

You may wear the same mask between different homecare visits (or visiting different people living in an extra care scheme), if it is safe to do so whilst travelling. This may be appropriate when travelling between households on foot or by car or by public transport, so long as you do not need to take the mask off, or lower it from your face. You should not touch your face mask. The mask is worn to protect the care worker, and can be used while caring for a number of different clients. You should remove and dispose of the mask if it becomes damaged, soiled, damp, or uncomfortable to use. If removed, you would then need to use a new mask when you start your next homecare visit.

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In community or social care facilities (e.g. day centres, residential schools, children’s homes, children’s resource centres, special schools etc.)

Does a service user have COVID-19 symptoms (i.e. fever and/or continuous cough) or diagnosis?

Yes

Appropriate PPE: disposable gloves, disposable apron, fluid resistant surgical mask (IIR) and eye protection (only if risk of fluid splashing in eyes).

Donning and doffing of PPE according to standard protocols and disposing of clinical waste appropriately.

Close adherence to hand and respiratory hygiene protocols.

No

Are you likely to be exposed to bodily fluids whilst delivering care?

Yes

Close adherence to hand and respiratory hygiene protocols.

No PPE required.

Risk assess for suitable use of PPE. This may already include gloves/apron. Mask/eye protection may be needed if risk of bodily fluids contacting face.

No

Please note: PHE guidance, based on current scientific advice, indicates that educational staff do not require PPE. 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.
In wider community settings (e.g. businesses, transport)

Are you cleaning an area where someone with possible or confirmed COVID-19 has been?

- Yes
  - Follow decontamination guidance [here](#). Minimum PPE is disposable gloves and apron. Note further PPE is required where there is heavy contamination.
  - Close adherence to hand and respiratory hygiene protocols.
  - Standard surgical mask to be worn when there is sustained community transmission.

- No
  - Are you a patient transport service driver conveying any individual to essential healthcare appointment, that is not currently a possible or confirmed case in vehicle without a bulkhead, no direct patient care and within 2m?

- Yes
  - Close adherence to hand and respiratory hygiene protocols.
  - No PPE required.

- No
  - Are you providing care to someone who has symptoms or diagnosis of COVID-19 (i.e. high temperature, persistent cough), where it is not possible to maintain a distance of 2m?

- Yes
  - Appropriate PPE: disposable gloves, disposable apron, fluid resistant surgical mask (IIR) and eye protection (only if risk of fluid splashing in eyes).
  - Donning and doffing of PPE according to standard protocols and disposing of clinical waste appropriately.
  - Close adherence to hand and respiratory hygiene protocols.

- No
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In primary care (i.e. general practice, community pharmacy etc.):

Are you providing direct care (within 2m) to an individual with COVID-19 symptoms?

Yes/status unknown

Do you work in reception and/or communal areas where there may be contact with possible or confirmed COVID-19 cases?

Yes

Close adherence to hand and respiratory hygiene protocols.

No PPE required.

No

Can you maintain social distancing? (over 2m)

Yes

Close adherence to hand and respiratory hygiene protocols.

No PPE required.

No

Fluid resistant surgical mask (Type IIR) may be required if identified by a risk assessment

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

Updated guidance on working safely in care homes and domiciliary care settings released on 27th 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).

Domiciliary care (including visiting homecare, extra care housing, live in homecare)

Is anyone in the household extremely vulnerable to COVID-19 (i.e. following shielding advice?)

Yes

Appropriate PPE should be worn for the tasks to be undertaken for all visits (minimum of surgical mask, gloves, apron)

No

Do you need to be in direct contact with the client(s) (e.g. touching)

Yes

Appropriate PPE: disposable gloves, disposable apron, fluid resistant surgical mask (IIR) and eye protection (if risk of fluid splashing in eyes).

No

OR you are within 2 metres of anyone in the household who is coughing

No

Do you need to be within two metres of the client but not required to touch them? (e.g. removing medicines from their packaging, prompting people to take their medicines, preparing food for clients who can feed themselves without assistance, or cleaning)

Yes

The use of a surgical mask is recommended.

No

Close adherence to hand and respiratory hygiene protocols.

Appropriate PPE: disposable gloves, disposable apron, fluid resistant surgical mask (IIR) and eye protection (if risk of fluid splashing in eyes).

Close adherence to hand and respiratory hygiene protocols.

No

Close adherence to hand and respiratory hygiene protocols.

No PPE required.

If necessary you may wear the same mask between different homecare visits (or visiting different people living in an extra care scheme), if it is safe to do so whilst travelling. This may be appropriate when travelling between households on foot or by car or by public transport, so long as you do not need to take the mask off, or lower it from your face. You should not touch your face mask. The mask is worn to protect the care worker, and can be used while caring for a number of different clients. You should remove and dispose of the mask if it becomes damaged, soiled, damp, or uncomfortable to use. If removed, you would then need to use a new mask when you start your next homecare visit.

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**Working safely in (adult) care homes and residential supported living**

Are you providing personal care which requires you to be in direct contact with the resident(s) (e.g. touching) OR within 2 metres of a resident who is coughing? **Yes**

- Single use disposable gloves and apron, fluid resistant surgical mask (IIR), risk assess need for eye protection

- No

Are you performing a task requiring you to be within 2 metres of resident(s) but no direct contact with resident(s)? (i.e. no touching) **Yes**

- Surgical mask (fluid-resistant surgical mask if risk from respiratory droplets), risk assess need for eye protection

- No

Are you working in communal areas with residents- no direct contact with resident(s) though potentially within 2 metres of resident(s)? **Yes**

- Surgical mask (fluid-resistant surgical mask if risk from respiratory droplets)

- No

Close adherence to hand and respiratory hygiene protocols.
No PPE required.

**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 (16th April) PPE for community health and social care providers can be accessed by 4 main routes:

1. Usual providers (should always be tried first)
2. Mutual aid with other local services
3. North Yorkshire Local Resilience Forum (NYLRF)
   - Email a completed request form to covid19ppe@northyorks.gov.u
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