Personal Protective Equipment (PPE) and its use:

North Yorkshire County Council Operational Guide during the COVID-19 response

1. Introduction

The national guidance on Personal Protective Equipment (PPE) is changing on a regular basis in response to the COVID-19 (coronavirus) pandemic. North Yorkshire County Council wants to ensure fast, effective compliance with new advice as it is published.

To date, we have advised staff and managers:

- To risk assess each situation and take appropriate preventative measures, with staff seeking advice from managers where they have concerns
- For situations where a person does not have Covid-19, or the symptoms which could indicate Covid-19, to take essential precautions, including regular and rigorous hand washing and cleaning of surfaces and equipment
- Where a person does have Covid-19, or symptoms indicating Covid-19, to comply with recommended guidance on PPE, which will vary according to whether and how the person is secreting or excreting bodily fluids.

On 2 April 2020, the UK Government released revised guidance on PPE: https://www.gov.uk/government/publications/wuhan-novel-
coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe

This included new guidance for care homes (which may also be relevant for other 24 hour residential settings):

This Operational Guide has been written to help staff and managers understand the new guidance and to know what infection control measures to use and support decision-making around the use of PPE.

It builds on previous advice and includes the new guidance from 2 April 2020. The advice in this Guide is subject to change as the national guidance changes and the situation evolves. Colleagues will be made aware of any changes as they happen.

2. Ensuring the availability and best use of PPE

Protecting the public, our staff and managers during the Covid-19 pandemic is vital. PPE plays a critical role in reducing the risk of transmission of the virus.

North Yorkshire County Council is constantly pursuing new supplies of PPE as it is vital that we have sufficient protective equipment. However in some cases, deliveries are being disrupted or delayed. It is therefore important that we take calm, sensible risk-assessed decisions regarding use of PPE that will protect staff and the people who use services.

Local PPE supply contacts have been established in each service area and managers and staff should escalate any supply issues to the relevant contact.

Local businesses have kindly donated various types of face mask. Not all of these are the preferred type (Type 11R fluid resistant masks). However, these will be stored as an emergency back-up for if preferred supplies run short, as they will still afford some protection if used properly. In that emergency situation, additional training will be provided.

3. Covid-19 and its symptoms
Colleagues should have a good understanding of Covid-19 (coronavirus) and its symptoms. Please visit the Working together through Covid-19 intranet pages for key information and guidance: http://nyccintranet/content/working-together-through-covid-19-0

When considering the best approach around PPE, remember:

• Covid-19 is a new virus with no known population immunity - this means everyone is potentially susceptible

• transmission is mainly through:
  • respiratory droplets generated by coughing and sneezing
  • contact with contaminated surfaces.

• the virus can survive on surfaces and objects for up to 72 hours depending on temperature, humidity and surface type but typically lasts for a few hours

This means hand washing and cleaning of surfaces will always be a critical component of preventing transmission.

4. Standard Infection Control Precautions

Standard infection control precautions (SICPs) are the basic steps needed to reduce the risk of transmission. They should be followed by all staff, in all care settings, at all times, for all people who use services whether infection is known to be present or not.

Hand hygiene

Hand hygiene is essential to reduce the transmission of infection. This includes:

• washing with soap and water, and thorough drying of the hands
• using alcohol based hand rub (also known as hand sanitizer) if soap and water are not available
• washing with soap and water more often for 20 seconds
Hand Hygiene should be done by staff and visitors:

- on arrival at your workplace
- when hands are soiled
- before and after touching a resident or their belongings
- before and after touching any equipment
- before handling food and drink or vaping/smoking
- before leaving the workplace
- before entering or leaving a clinical area
- before and after each episode of clinical / personal care

**Respiratory and cough hygiene**

We can reduce transmission through good respiratory hygiene measures

- visitors with coughs or other respiratory symptoms should not enter and should be advised to follow self-isolation guidance
- disposable, single-use tissues should be made available and used
- disposing of used tissues promptly in the nearest waste bin
- waste bins (lined and foot operated) and hand hygiene facilities should be available
- cleaning hands after coughing or sneezing and using tissues after any contact with respiratory secretions and contaminated objects
- encourage people to keep their hands away from the eyes, mouth and nose
- some residents may need assistance to contain respiratory secretions (for example coughs and sneezes)
- people who cannot move independently will need a container (e.g. a plastic bag) nearby for disposal of tissues
- in common areas or during transportation, people with symptoms may wear a fluid-resistant (Type IIR) surgical face mask (FRSM), if possible, to minimise spread of respiratory secretions and reduce contamination
5. Use of PPE where a person has no Covid-19 symptoms

COVID-19 is spread through respiratory droplets (e.g. coughing) or via surfaces. People without symptoms will not be coughing, so PPE intended to prevent respiratory droplets (e.g. masks) is not necessary.

- If neither the worker nor the person receiving support are symptomatic, then no PPE is required above and beyond normal good hygiene practices - especially hand washing.
- Regular hand washing and cleaning surfaces and equipment that a non-symptomatic individual may have used/touched are the key measures needed to prevent further spread of infection.
- If staff believe there is a risk to themselves or the individuals they are caring for they need to contact their Line Manager / Team Leader to complete an immediate risk assessment (see Section 6 below).

6. Risk assessment during the Covid-19 pandemic

Before providing direct care to an individual, a risk assessment should take place. Take the following steps:

1) Initial Risk assessment
   - Where possible conduct an initial risk assessment by phone, or by some other remote triage process.
   - This should be done prior to entering the person’s home, work premises or clinical area.
   - It can also be done at a distance of 2 metres on entering a premises for example in a care home review the person for symptoms before delivering care.

2) Assess the risk of virus transmission
   - If an individual has no symptoms and is NOT being shielded then follow the advice in Section 5 above.
• If an individual is displaying any Covid-19 symptoms then follow the advice below at page 10

• If you are unsure, is there evidence of sustained transmission of virus in that setting? If so, then follow guidance in the next section.

As part of the risk assessment you should also consider:

• **What procedures are going to be done?**
  If these involve personal contact within 2 metres consider use of PPE.

• **Is the staff member in a setting or role where they will be in frequent contact with people where their COVID-19 status is unknown?** Consider sessional PPE as per new guidance at page 10. If deemed necessary after the risk assessment, the worker should wear a fluid repellent surgical mask with or without eye protection, as determined by the risk assessment.

• **Use PPE depending on type of care provided and likely risk**
  Examples include splashing, or any aerosol generating procedures (see below). PPE should only be used if care is provided within 2 metres of a person with Covid-19 symptoms.

  7. **Types of PPE that may be used**

The standard PPE to be used is:

• fluid repellent surgical mask (Type IIR)
• gloves
• apron
• eye protection only if there is a risk of splashing bodily fluids in the eyes

**Aerosol Generating Procedures**

Aerosol Generating Procedures (AGPs) is the name for a range of medical procedures which can increase the risk of infection – for example a tracheostomy procedure.

The appropriate PPE for any aerosol generating procedure is:
• FFP3 mask
• long sleeve gown

Both should be disposable. If no long sleeve gowns are available, ensure arms are bare below the elbow and wash up to elbow.

**Note it is highly uncommon for any AGPs to happen outside of a hospital so use of this PPE will not be necessary for the majority of staff in social care.**

**Single session use of PPE**

Fluid repellent (Type IIR) surgical masks (FRSM), eye protection and long sleeved disposable fluid repellent gowns can be subject to single session use.

A single session refers to a period of time where a health and social care worker is undertaking duties in a specific clinical care setting or exposure environment. For example, a session might comprise a ward round, or taking observations of several patients in a cohort bay or ward.

A session ends when the health and social care worker leaves the clinical care setting or exposure environment. Once the PPE has been removed it should be disposed of safely. The duration of a single session will vary depending on the clinical activity being undertaken.

PPE needs to be put on immediately **BEFORE** an episode of care and removed immediately **AFTER**.

The order in which PPE needs to be removed is

1. Apron
2. Gloves
3. Mask/eye protection

PPE needs to be used properly and therefore:

**Masks should**
• Be well-fitting covering both nose and mouth
• Not dangle around the neck after or between use
• Not be touched once in position
• Be changed when they become moist
• Be worn once then disposed of – hand hygiene should be performed after disposal

**Gloves must**

• be worn when providing direct care and exposure to blood and/or other body fluids is likely - including during equipment and environmental decontamination
• be changed immediately following the care episode or the task undertaken

**Aprons must**

• be worn to protect uniform / clothes from contamination when providing direct care and during environmental and equipment decontamination.
• be changed between patients and immediately after completion of a procedure/task.

The following video from Public Health England shows the correct ways to put on (donning) and take off (doffing) PPE.

Please make sure you watch it if you think you will be required to use PPE [https://youtu.be/-GncQ_ed-9w](https://youtu.be/-GncQ_ed-9w)
8. Preventing spread at home as a frontline worker

The appropriate use of personal protective equipment (PPE) will protect staff uniform from contamination in most circumstances. It is best practice to change into and out of uniforms, or dedicated work clothing, at work and not wear them when travelling; this is based on public perception rather than evidence of an infection risk.

Uniforms should be transported home in a disposable plastic bag. After emptying contents, dispose of the bag into the household black bag waste stream.

Uniforms should be laundered:

- 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, line dried or tumbled-dried.

NB. This does not apply to community health workers who are required to travel between patients in the same uniform.

9. Application of this advice in different settings

This advice is active and current across all North Yorkshire Health and Social Services settings effective 2 April 2020.

Further advice regarding application of the advice in specific settings will be considered as part of the implementation process.

10. Useful links and national guidance documents:

- [COVID-19: Infection prevention and control guidance](#)
- [NHS Coronavirus guidance for clinicians](#)
- [COVID-19 List of national guidance](#)
- [COVID-19: Guidance for primary care](#)
Recommended PPE for primary, outpatient and community care by setting, NHS and independent sector

<table>
<thead>
<tr>
<th>Setting</th>
<th>Context</th>
<th>Disposable Gloves</th>
<th>Disposable Plastic Apron</th>
<th>Disposable fluid-resistant coverall/ponytail</th>
<th>Surgical mask</th>
<th>Fluid-resistant (Type IIR) surgical mask</th>
<th>Filtering face piece respirator</th>
<th>Eye/face protection*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any setting</td>
<td>Performing an aerosol generating procedure(^1) on a possible or confirmed case(^2)</td>
<td>✓ single use(^4)</td>
<td>x</td>
<td>✓ single use(^4)</td>
<td>x</td>
<td>x</td>
<td>✓ single use(^4)</td>
<td>✓ single use(^4)</td>
</tr>
<tr>
<td>Primary care, ambulatory care, and other non-emergency outpatient and other clinical settings e.g. optometry, dental, midwifery, mental health</td>
<td>Direct patient care – possible or confirmed case(^3) (within 2 metres)</td>
<td>✓ single use(^4)</td>
<td>✓ single use(^4)</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>✓ single or sessional use(^4)</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>Working in reception/communal area with possible or confirmed case(^3) and unable to maintain 2 metres social distance(^3)</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>✓ sessional use(^4)</td>
<td>x</td>
</tr>
<tr>
<td>Individuals own home</td>
<td>Direct care to any member of the household where any member of the household is a possible or confirmed case(^3)</td>
<td>✓ single use(^4)</td>
<td>✓ single use(^4)</td>
<td>x</td>
<td>x</td>
<td>✓ single or sessional use(^4)</td>
<td>x</td>
<td>✓ risk assess single or sessional use(^4)</td>
</tr>
<tr>
<td>(current place of residence)</td>
<td>Direct care to or visit to any individual in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding(^3)</td>
<td>✓ single use(^4)</td>
<td>✓ single use(^4)</td>
<td>x</td>
<td>x</td>
<td>✓ single use(^4)</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>Home birth where any member of the household is a possible or confirmed case(^3)</td>
<td>✓ single use(^4)</td>
<td>✓ single use(^4)</td>
<td>✓ single use(^4)</td>
<td>x</td>
<td>x</td>
<td>✓ single or sessional use(^4)</td>
<td>x</td>
</tr>
<tr>
<td>Community-care home, mental health inpatients and other overnight care facilities e.g. learning disability, hospices, prison healthcare</td>
<td>Facility with possible or confirmed case(^3) – and direct resident care (within 2 metres)</td>
<td>✓ single use(^4)</td>
<td>✓ single use(^4)</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>✓ single or sessional use(^4)</td>
<td>x</td>
</tr>
<tr>
<td>Any setting</td>
<td>Collection of nasopharyngeal swabs(^2)</td>
<td>✓ single use(^4)</td>
<td>single or sessional use(^4)</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>single or sessional use(^4)</td>
<td>x</td>
</tr>
</tbody>
</table>

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1. This may be simple or reusable face cover (medical) mask, face visor or goggles.
2. The full list of aerosol generating procedures (AGPs) is within the IPC guidance (these AGPs are undergoing a further review at present).
4. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator after each patient and/or following completion of a procedure, task, or session. Disposal or decontamination must be after each patient contact as per Standard Infection Control Precautions (SICPs).
5. A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/enclosure environment e.g. on a ward round, providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/enclosure environment. Sessional use should always be risk assessed and considered where there are high levels of resistant PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
6. Non-clinical staff should maintain 2m social distancing, through marking out a controlled distance. Sessional use should always be risk assessed and considered where there are high levels of community cases.
7. Initial risk assessment should take place by phone prior to arriving on premises or at 2m social distance on arriving where the health or social care worker assesses that an individual is symptomatic with suspected confirmed cases appropriate PPE should be put on prior to providing care.
8. Risk assessed use refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets or blood or body fluids.