

This guidance is subject to change at short notice- please check the portal for updates daily

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For delivery of care to any individual meeting criteria for shielding (vulnerable groups) in any setting, as a minimum, single use disposable plastic aprons, gloves and Fluid resistant surgical mask must be worn for the protection of the supported individual (Children and Adults).

The shielding group are:

Solid organ transplant recipients.

People with specific cancers:

- people with cancer who are undergoing active chemotherapy
- people with lung cancer who are undergoing radical radiotherapy
- people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
- people having immunotherapy or other continuing antibody treatments for cancer
- people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
- people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs

People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.

People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).

People on immunosuppression therapies sufficient to significantly increase risk of infection.

People with significant heart disease, congenital or acquired.

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/880094/PHE_11651_COVID-19_How_to_work_safely_in_care_homes.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881296/Domiciliary_care_guidance_final.pdf

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/>

(Updated 1st June 2020)

<https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings>

(published on 14th May 2020)

<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe>

Standard Infection control

The general principles of infection control are applied during working practices that protect other service users and staff from infection.

All blood and body fluids are capable of transmitting infection therefore universal precautions will be applied to all service users at all times.

We are currently experiencing sustained transmission of COVID-19 across the UK. COVID-19 is common in the community and care workers should assume they are likely to encounter people with COVID-19 infection in their routine work. Sustained transmission is when infection is widespread and that for many people with COVID-19 infection, we are unable to work out who or where they got it from.

As there is sustained transmission of COVID-19 we recommend use of PPE regardless of whether residents in your care home or domiciliary visits have symptoms. Where COVID-19 is circulating in the community at high rates and symptoms can differ from person to person, it is not always obvious who might be affected by the virus and be infectious to others.

What do we mean by PPE

PPE stands for Personal Protective Equipment.

Before undertaking any procedure, staff should assess any likely exposure and ensure PPE is worn that provides adequate protection against the risks associated with the procedure or task being undertaken.

All staff should receive guidance in the proper use of all PPE that they may be required to wear. PPE is used to protect health/social care workers while performing specific tasks that might involve them coming into contact with blood or body fluids that may contain some infectious agents (germs).

It includes items such as aprons, gloves and masks.

Getting it wrong at any of these stages can lead to germs being passed on.

Some PPE provided by Health Authorities may have passed its "Use by date". This will have been tested and confirmed for safe use.

All PPE should be:

- Compliant with the relevant BS/EN standards (European technical standards as adopted in the UK);
- Located close to the point of use;
- Stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to);
- Disposed of after use into the correct waste stream i.e. healthcare/clinical waste.

In the case of suspected or confirmed COVID 19 infection, where there is no clinical waste facility available e.g. yellow bags or designated bin, PPE items should be disposed of by double bagging and be tied and put away from sources of cross contamination, in a suitable and secure place marked for storage for 72hrs or until arrangements can be made to collect, dispose or destroy (Local Health Protection Team will advise). In domestic settings, staff should follow the same procedure but double bag in household bin bags and wait 72 hours before disposal with household waste.

Settings such as residential care homes or special schools that generate clinical waste should continue to follow their usual waste policies.

Gloves and Aprons are

- Single-use only;
- Changed immediately after supporting each individual and/or following completion of a procedure or task;

Surgical masks and eye protection can be subject to a single sessional use. Research has shown that frequent handling of this equipment to discard and replace it could theoretically increase risk of exposure in high demand environments, for example by leading to increasing face touching during removal. It is therefore recommended that where staff are advised to wear facemasks, these be left on for the duration of a shift. PPE should not be subject to continued use if damaged, soiled, compromised or uncomfortable.

Staff should be trained to don and doff PPE- Please visit the link below for a PHE video on how to do this correctly:

https://youtu.be/-GncQ_ed-9w

A guide for Care Homes

<https://www.youtube.com/watch?v=ozY50PPmsvE>

Where there is a suspected or confirmed case of COVID 19, the manager will inform staff on entry to ensure that the correct procedures are followed and equipment is worn throughout the shift.

For domiciliary care, where short visits are undertaken, the service manager should make daily calls to service users to ensure that there is no change in condition to ensure the safety of staff and correct provision of PPE.

For Senior Staff visitors to our services, visits should only be in emergencies where telephone, video conferences cannot suffice. Staff should telephone the service in advance and check for any risks that they need to be aware of before the visit. This includes the presence of extremely vulnerable shielding individuals within the service or suspected/confirmed COVID 19 cases.

On 17th April 2020 (Updated 27/04/2020), Public Health England altered its guidance to reflect that we are currently experiencing sustained transmission across the UK. This guidance has been updated accordingly. This

puts additional levels of protection in place for staff working in Health and Social care. On 27/04/2020, guidance for domiciliary services was also updated and follows the stringent measures introduced for care homes.



T4_poster_Recommended_PPE_additional_

The four UK countries are adopting the COVID-19 guidance for infection prevention and control in healthcare settings. Guidance followed within this document was produced jointly by the Department of Health and Social Care, Public Health Wales, Public Health Agency (Northern Ireland), Health Protection Scotland and Public Health England.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879111/T4_poster_Recommended_PPE_additional_considerations_of_COVID-19.pdf

<https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/information-for-healthcare-workers-in-wales/advice-on-ppe-guidance-implementation/>

Risk assessment in case of stock shortage

There is currently a very high demand for Fluid Resistant Surgical Masks (FRSM). Service managers should assess which staff require FRSM according to the tasks completed and vulnerability of staff and service users. Use the table on page 5 to assess which tasks/circumstances require PPE.

If there is a shortage of supply, distribution of PPE should be based on the minimum tasks set out in the individual's care plan for reduced care with staff allocated to personal care tasks only and provided with FRSM/other PPE as detailed in the table- other staff will be instructed to maintain social distancing.

Staff may need to reuse FRSM in case of shortage. Reuse should be a last resort.

In the absence of FRSM, it may be necessary to replace with surgical mask and face shield. Other options should be discussed with the Principal of the school/college or Regional Manager/Service Lead and any decisions recorded in BCP Covid -19 Appendix.

Staff who are not required to have contact with individuals should not use masks unnecessarily.

Managers should identify where staff can be allocated to duties that support the service, reduce contact with residents and therefore reduce usage of masks.

Service Managers should be updating the Daily Risk Assessment (DRA) promptly. This is the data used for assessing stock requirements to enable efficient sourcing and distribution of stock across the organisation.

Appropriate PPE will be distributed either from the designated stockpile, stock from another service or region. To further support the system, we have mobilised a National Supply Disruption Response (NSDR) system to respond to emergency PPE requests, including for the social care sector. Providers who have an urgent requirement for PPE, which they are unable to secure through their business as usual channels, should contact the NSDR via the 24/7 helpline: 0800 915 9964 (Freephone number in the UK), and a Direct Line from overseas: 0191 283 6543.

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/managing-shortages-inpersonal-protective-equipment-ppe

Where the validity of stock is not confirmed, staff should risk assess usage. Such stock should not be used for personal care or for the support of individuals with suspected or confirmed COVID 19.

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Here are links to check validity:

<https://www.bsigroup.com/en-GB/about-bsi/media-centre/press-releases/2020/february/warning-fake-certificate-for-medical-face-masks/>

<https://support.ce-check.eu/hc/en-us/articles/360008642600-How-To-Distinguish-A-Real-CE-Mark-From-A-Fake-Chinese-Export-Mark>

<https://www.eu-esf.org/covid-19/4513-covid-19-suspicious-certificates-for-ppe>

Contextual application of PPE in children's services

The current national guidance from PHE is in place for social care settings which applies to Adults Services. Further Education colleges with their associated care homes operating under registration of CQC or CIW which are often situated on the same site should continue following PPE guidance for adults' services.

This guidance applies to Children's services and it is based on *Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE) published on 14.05.2020* ([available here](#)) and *Coronavirus (COVID-19): implementing protective measures in education and childcare settings* ([available here](#)) updated on 01.06.2020.

In all education, childcare and children's social care settings, preventing the spread of coronavirus involves preventing:

- direct transmission, for instance, when in close contact with those sneezing and coughing
- indirect transmission, for instance, touching contaminated surfaces

A range of approaches and actions should be employed. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system where the risk of transmission of infection is substantially reduced. These include:

1. Minimise contact with individuals who are unwell/with symptoms
2. Clean your hands often
3. Respiratory hygiene (catch it, bin it, kill it)
4. **Clean setting regularly**, clean surfaces that are touched frequently (door handles, handrails, table tops, play equipment, toy electronic devices (such as phones) and other which Individuals have regular contact with.
5. Minimise contact and mixing
6. Personal protective equipment (PPE) which context of is explored using pillar 1-5

The majority of staff in education, childcare and children's social care settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain distance of 2 metres from others. PPE is only needed in a very small number of cases:

- children, young people and learners whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way,
- PPE should be worn if a distance of 2 meters cannot be maintained from any child, young person or other learner displaying coronavirus symptoms.

What care should apply for children who regularly spit?

If non-symptomatic children present behaviours which may increase the risk of droplet transmission (such as spitting), they should continue to receive care in the same way, including any existing routine use of PPE.

To reduce the risk of coronavirus transmission, no additional PPE is necessary, but additional space and frequent cleaning of surfaces, objects and toys will be required. Cleaning arrangements should be increased in all settings, with a specific focus on surfaces which are touched a lot. Read [guidance on cleaning for non-healthcare settings](#).

What care should apply for young children or children with special educational needs who do not understand why they must stay apart or who ignore distancing guidelines?

Young children and children with special educational needs may not be able to understand the need for social distancing and may also seek close interaction with their peers or adults to provide reassurance at a period of disruption to their routines.

It is imperative that education, childcare and children's social care settings conduct risk assessments around managing groups of children within the setting. This should include limiting the number of children in each group and reducing this to provide more space in each classroom or learning area.

As far as possible, small groups of children should be supported by consistent staffing, and groups should remain as consistent as possible throughout the outbreak.

How should PPE and face coverings that staff or children, young people or other learners are wearing when they arrive at their setting be disposed of?

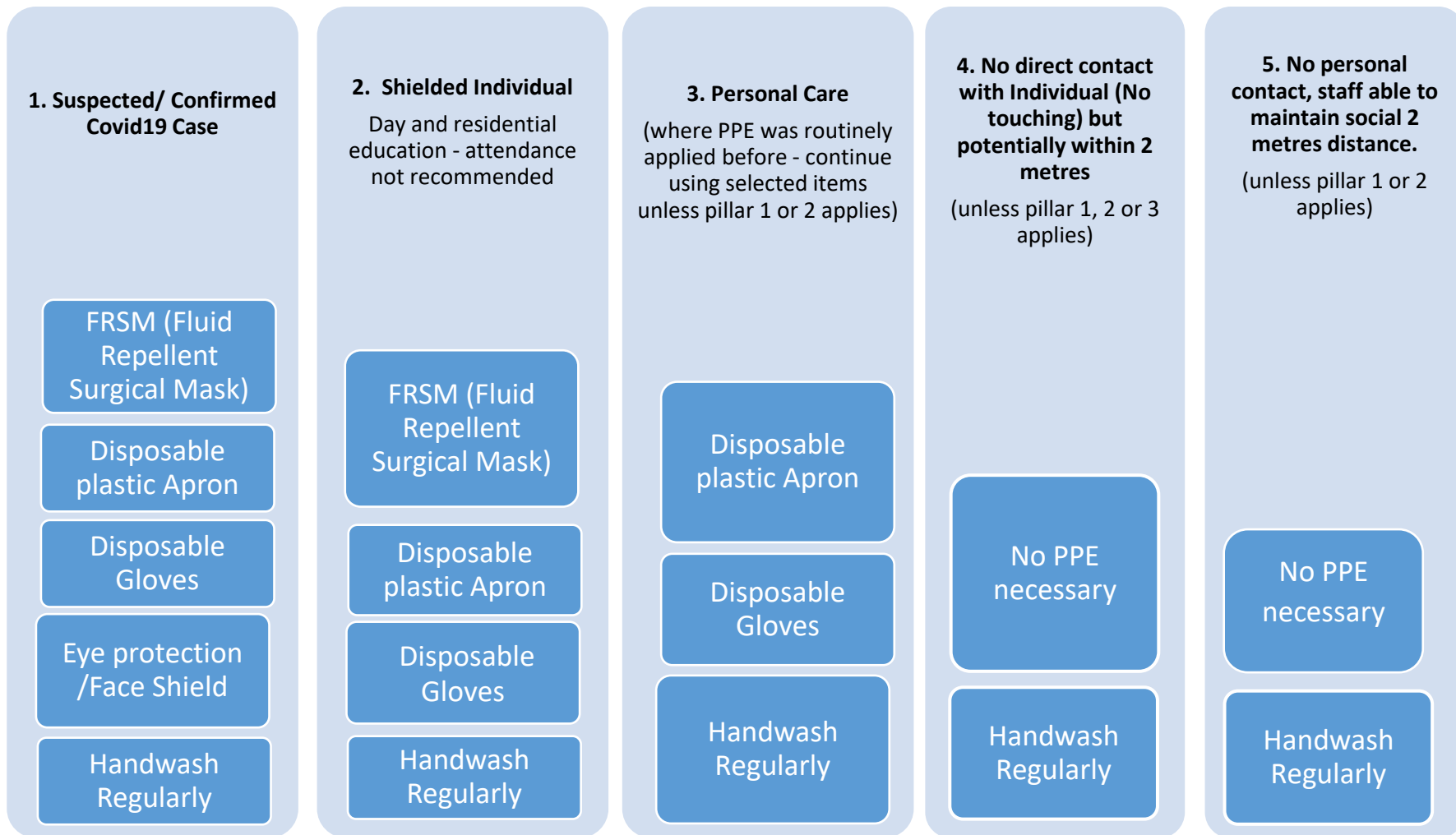
Used PPE and any disposable face coverings that staff, children, young people or other learners arrive wearing should be placed in a refuse bag and can be disposed of as normal domestic waste unless the wearer has symptoms of coronavirus, in line with the guidance provided in section: **What do we mean by PPE** earlier in this guidance.

Any homemade non-disposable face coverings that staff or children, young people or other learners are wearing **when they arrive at their setting** must be removed by the wearer and placed into a **plastic bag that the wearer has brought with them in order to take it home**. The wearer must then clean their hands.

Internal PPE sourcing process:

1. Update DRA daily on your current stock of 'core' PPE kit.
2. Services that would ordinarily use PPE need to continue to order from their normal suppliers.
3. Service which cannot obtain stock to meet local needs from usual supplier or are a service that does not usually order PPE, need to use the DRA to flag stock requirements to meet needs for 7 days (against the PPE policy requirements for use).
4. Contact your local resilience forums – some authorities are issuing stock to all care providers to meet short term emergency needs. **The updated DfE guidance suggests that schools are asked to go to 'their' LA if they need PPE, rather than their Local Resilience Forum. However, the message for residential settings is still to go to the LRF if needed and this may continue to be the most pragmatic approach for special schools.**
5. Contact your locality / regional manager to check supply of emergency stock from 'drop' sites – they will liaise with Clive Hevey – only when reach this step should PPE be flagged 'Red'.
6. If no stock available from drop site, Clive Hevey will review stock levels across region then Group and prioritise delivery to site -
7. Contact local health Resilience team and confirm that all routes explored and emergency PPE now required.

Procurement of face masks is managed centrally through our procurement team. PPE may be available from the local drop sites also.

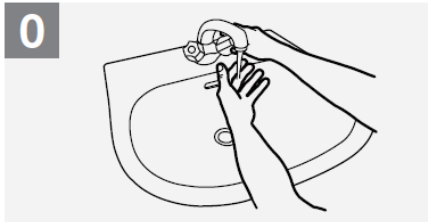


Ultimately, where staff consider there is a risk to themselves or the individuals they are caring for, including those individuals who are neither confirmed nor suspected of having COVID-19, they should wear a fluid repellent surgical mask with or without eye protection, as determined by the individual staff member in line with the [Public Health England guidance](#).

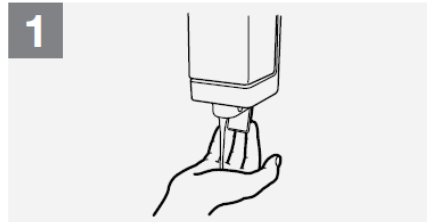
Handwashing

Before performing hand hygiene:

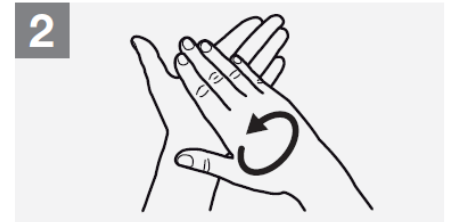
- expose forearms (bare below the elbows)
- remove all hand and wrist jewellery (a single, plain metal finger ring is permitted but should be removed (or moved up) during hand hygiene)
- ensure finger nails are clean, short and that artificial nails or nail products are not worn
- cover all cuts or abrasions with a waterproof dressing



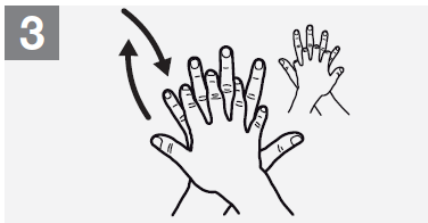
Wet hands with water;



Apply enough soap to cover all hand surfaces;



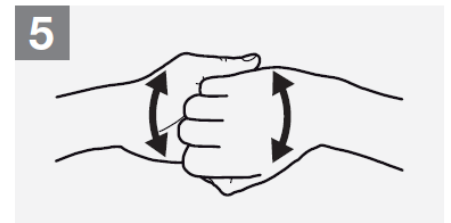
Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



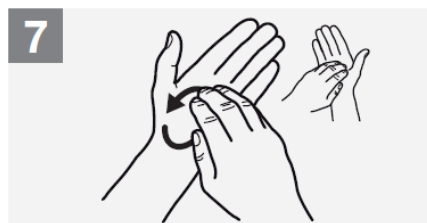
Palm to palm with fingers interlaced;



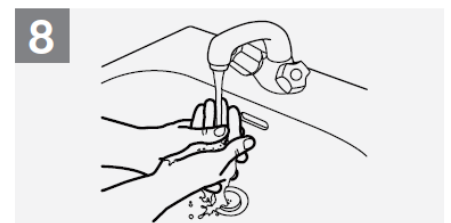
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



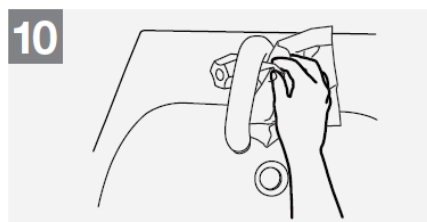
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



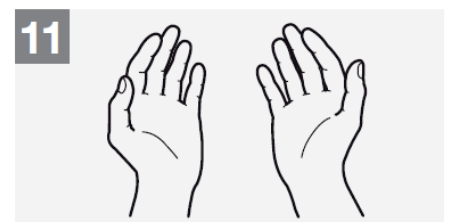
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.

Disposable Gloves

Wash your hands more often than usual, for 20 seconds using soap and hot water prior to putting on gloves.

Disposable gloves (Clear colour gloves) should only be used as before in routine day-to-day care, like assisting in personal/continence care, contact with the person's eyes, nose, ears, lips, mouth, separating laundry etc.

Gloves should only be used where there is a risk of being splashed by body fluids and have contact with an open wounds or cuts.

The gloves should:

- Fit you comfortably (not be too tight or too loose)
- Be changed between service users
- Never be washed or reused

When you have finished the procedure, you should take the gloves off, avoiding touching the outer surfaces and following these guidelines:

- Pinch and hold the outside of the glove near the wrist area.
- Peel downwards, away from the wrist, turning the glove inside out.
- Pull the glove away until it is removed from the hand and hold the inside-out glove with the gloved hand.
- With your un-gloved hand, slide your finger/s under the wrist of the remaining glove, taking care not to touch the outside of the glove.
- Again, peel downwards, away from the wrist, turning the glove inside out.
- Continue to pull the glove down and over the inside-out glove being held in your gloved hand. This will ensure that both gloves are inside out, one glove enveloped inside the other, with no contaminant on the bare hands.
- Dispose of gloves in yellow bins or as domestic waste where yellow bins are not available.

Wash your hands more often than usual, for 20 seconds using soap and hot water.

Please note

Gloves for meal and food prep/serving

Disposable gloves (Blue colour gloves) are used for when in the kitchen preparing and serving food. The same process for fit and removal applies and for disposal in the kitchen lidded bins.

Warning!

Some gloves have a substance called 'latex' that can cause serious allergies. If you know you have an allergy to latex, you must tell your employer so that alternative gloves can be supplied. You will also be told when particular individuals have latex allergies and mustn't have contact with latex gloves. Some staff experience sore hands as a result of their job, usually caused by a mixture of things such as wet work (bathing, washing individuals), using wipes and alcohol hand gel, wearing gloves and not drying their hands properly. If you have sore hands, you should tell your manager and report it to your occupational health department or lead.

How to Don and Remove Gloves

When the hand hygiene indication occurs before a contact requiring glove use, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water.

I. HOW TO DON GLOVES:



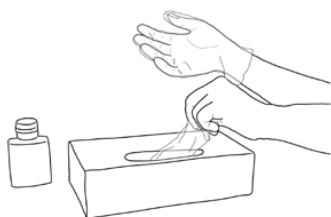
1. Take out a glove from its original box



2. Touch only a restricted surface of the glove corresponding to the wrist (at the top edge of the cuff)



3. Don the first glove



4. Take the second glove with the bare hand and touch only a restricted surface of glove corresponding to the wrist

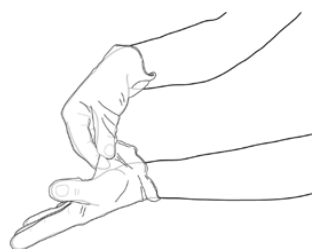


5. To avoid touching the skin of the forearm with the gloved hand, turn the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand

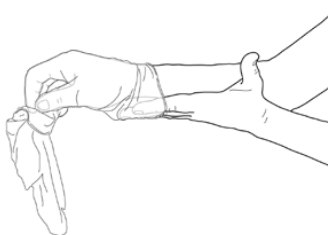


6. Once gloved, hands should not touch anything else that is not defined by indications and conditions for glove use

II. HOW TO REMOVE GLOVES:



1. Pinch one glove at the wrist level to remove it, without touching the skin of the forearm, and peel away from the hand, thus allowing the glove to turn inside out



2. Hold the removed glove in the gloved hand and slide the fingers of the ungloved hand inside between the glove and the wrist. Remove the second glove by rolling it down the hand and fold into the first glove



3. Discard the removed gloves

4. Then, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water

Aprons

Disposable Plastic Aprons are designed to protect clothing from moisture / soiling during direct care. In the majority of cases, plastic aprons will be appropriate for standard precautions.

Disposable aprons used for service user care are usually white in colour and are designed for single-use only

Aprons should not be worn routinely during shifts and must be changed between service users. Staff should never walk around the service with an apron on after assisting a service user. Aprons should be removed prior to leaving the room

Recommended use of aprons are as follows:

- Performing or assisting in a procedure that might involve splashing of body fluids
- Performing or helping the service user with personal hygiene tasks
- Carrying out cleaning and tidying tasks in the service users room and when sorting laundry for washing.

You must always wash your hands with soap and water for 20 seconds before putting a disposable apron on and after taking it off and placing it in the yellow clinical waste bin.

Putting on an apron:

You must wash your hands with soap and water for 20 seconds



- ✓ Remove an apron from the roll or dispenser. Open it outwards ensuring the inner surface faces the person to prevent any contamination on its outer surface coming into contact with the person being supported.
- ✓ Place the neck loop over your head.
- ✓ Position the apron to cover as much of the front of your body as possible.
- ✓ Fix the apron in place by tying the waist straps behind your back.

Removing an apron

If disposable gloves are being used, they should be removed first.

Fig 4. Removing an apron



- ✓ Break the neck loop- Let the top of apron fall downwards so that the contaminated area falls and folds inwards at the waist.
- ✓ Untie the waist straps and fold the contaminated outer surface together.
- ✓ Roll the whole apron up ensuring all contaminated surfaces are folded inwards.
- ✓ Avoid touching the outer surface of the apron with your hands.
- ✓ Dispose of the apron yellow clinical waste bin or refer to disposal guidance for domestic waste.

You must wash your hands with soap and water for 20 seconds.

Note: Note that different coloured aprons should be used (if available) for different tasks in the service, i.e. Blue for kitchen use, pink for cleaning or white if others not available.

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Face Masks

1. Fluid Resistant Surgical Masks (FRSM) are now required for care staff in the following instance:

When providing personal care (localised risk assessment) which requires you to be in direct contact with the resident(s) (e.g. touching) or within 2 metres of a resident for any suspected or confirmed case of COVID 19, or where Individual is shielding.

This applies to all care e.g. assisting with getting in/out of bed, feeding, dressing, bathing, grooming, toileting, giving medications, dressings etc. and in circumstances of wandering residents. Applies to all residents including those in the extremely vulnerable group. The only exception is for aerosol generating procedures such as open suctioning of airways/tracheostomies for which separate guidance applies.

Eye Protection should be provided if deemed necessary on risk assessment.

2. Surgical Masks are now required in the following instance:

When performing a task requiring you to be within 2 metres of resident(s) but no direct contact with resident(s) (i.e. no touching). If there is the possibility of coming into direct contact with a resident, or a risk of droplet transmission, or a resident is coughing, FRSM should be worn.

Eye Protection should be provided if deemed necessary on risk assessment.

Masks are effective only when used in combination with frequent hand-cleaning soap and water. If you wear a mask, then you must know how to use it and dispose of it properly.

Be aware that suspected cases of COVID-19 should still be isolated from other service users.

How to put on and take off Masks

Wash your hands more often than usual, for 20 seconds using soap and hot water prior to putting on the mask if it is necessary to do so



Cover mouth and nose with mask and make sure there are no gaps between your face and the mask.

Avoid touching the mask while using it; if you do, clean your hands with soap and water.

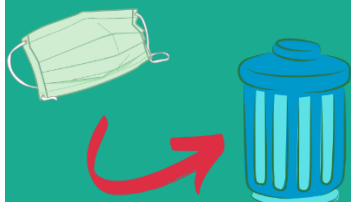
HOW TO PUT ON, USE, TAKE OFF AND DISPOSE OF A MASK

Avoid touching the mask while using it; if you do, clean your hands with alcohol-based hand rub or soap and water



HOW TO PUT ON, USE, TAKE OFF AND DISPOSE OF A MASK

Replace the mask with a new one as soon as it is damp and do not re-use single-use masks



Replace the mask with a new one as soon as it is damp and do not re-use single-use masks.

To remove the mask: remove it from behind (do not touch the front of mask); discard immediately in a yellow bin. Then clean hands soap and water.

HOW TO PUT ON, USE, TAKE OFF AND DISPOSE OF A MASK

To remove the mask: remove it from behind (do not touch the front of mask); discard immediately in a closed bin; clean hands with alcohol-based hand rub or soap and water



Types of PPE for facial protection along with their specifications:

Fluid Resistant Surgical Mask- to be applied as per pillars 1-5 earlier on in this guidance.

- The Type IIR (European Standard) fluid resistant surgical mask (FRSM) is the “regular” surgical mask often used in clinical settings.
- The Level 2 (American standard) fluid resistant surgical mask is equivalent to the Type IIR.

Sessional use of PPE

Aprons and gloves are subject to single use as per Standard Infection Control Precautions (SICPs), with disposal and hand hygiene after each patient contact. Fluid-resistant (Type IIR) surgical masks (FRSM) can be subject to single sessional 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 shift. 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.

While generally considered good practice, there is no evidence to show that discarding disposable facemasks or eye protection in between each patient reduces the risk of infection transmission to the health and social care worker or the patient. Indeed, frequent handling of this equipment to discard and replace it could theoretically increase risk of exposure in high demand environments, for example by leading to increasing face touching during removal. The rationale for recommending sessional use in certain circumstances is therefore to reduce risk of inadvertent indirect transmission, as well as to facilitate delivery of efficient clinical care.

This is currently recommended in the UK Infection Prevention and Control guidance.

- it should be disposed of if it becomes moist, damaged, visibly soiled
- the duration (number of hours) of sessional use is dependent on local (for example, heat, activity length, shift-length) and individual factors. In practice, this may vary from 2 to 6 hours
- if masks are touched or adjusted, hand hygiene should be performed immediately
- if the mask is removed for any reason (for example, upon taking a break or completing a shift), they are disposed of as clinical waste, unless they can be safely reused as outlined below.

It is strongly advised that staff working with suspected/confirmed Covid 19 individuals or vulnerable “shielded” clients are allocated to the client for the duration of support and other staff will need to maintain social distancing.

Where supplies of PPE are low, staff identified as principle caregivers should be allocated to persons receiving personal care and wear appropriate protection and other staff will need to maintain social distancing.

Reuse of Fluid repellent surgical face masks (FRSM) in cases of stock shortage

Important requirements are as follows:

- the mask should be removed and discarded if soiled, damaged, or hard to breathe through
- masks with elastic ear hooks can be re-used (tie-on face masks are less suitable because they are more difficult to remove)
- hand hygiene should be performed before removing the face mask

- face masks should be carefully folded so the outer surface is held inward and against itself to reduce likely contact with the outer surface during storage
- the folded mask should be stored between uses in a clean sealable bag/ box which is marked with the person's name and is then properly stored in a well-defined place
- hand hygiene should be performed after removing the face mask
- some models of PPE cannot be physically reused as they deform once being donned and do not go back to original condition (meaning it would be difficult to re-don and achieve a fit check). Fit checks should be performed each time a respirator is donned if it is reused

Face Visors/ Eye Protection

Health and social care workers should consider the need for contact and droplet precautions based on the nature of care or task being undertaken. Risk assessment on the use of eye protection, for example, should consider the likelihood of encountering a suspected or confirmed case and the risk of droplet transmission (risk of droplet transmission to eye mucosa such as with a coughing patient) during the care episode. Sessional use of FRSMs and eye protection is indicated if there is perceived to be close or prolonged interaction with a suspected or confirmed case.

Eye or face protection can be achieved by the use of any one of the following:

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

To remove protective eyewear/face shield.

The outside of protective eyewear/face shields may be contaminated. Remove eyewear/face shield by tilting the head forward and lifting the headband or earpieces. Avoid touching the front surface of the eyewear/face shield. Reusable protective eyewear/face shield should be placed into a container, washed in detergent and water, and allowed to completely air dry. We recommend that one reusable item is allocated per person, cleaned after each session and stored in a named bag.

Cleaning/ decontamination of reusable non- invasive equipment

Immediately decontaminate equipment with disposable cloths/paper roll and a fresh solution of detergent, rinse, dry and follow with a disinfectant solution of 1,000 parts per million available chlorine (ppm av cl) * rinse and thoroughly dry

- Or use a combined detergent/chlorine releasing solution with a concentration of 1,000 ppm av cl*, rinse and thoroughly dry

General Cleaning

If care workers undertake cleaning duties, then they should use usual household products, such as detergents and bleach, as these will be very effective at getting rid of the virus on surfaces. Frequently touched surfaces should be cleaned regularly.

Any activity which involves bodily waste spills should be cleaned using a spillage kit.

Where clinical (yellow bags and bin) are unavailable and there is a suspected or confirmed COVID 19 case, personal waste (for example, used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags.

These bags should be placed into another bag, tied securely and kept separate from other waste within your own room. This should be put aside for at least 72 hours before being put in the usual household waste bin for disposal as normal. Label with time and date of sealing.

Staff handling contaminated items should be wearing PPE and following handwashing guidelines.

Safe management of linen (laundry)

All linen used in the direct care of individuals with suspected and confirmed COVID-19 should be managed as 'infectious' linen.

Linen must be handled, transported and processed in a manner that prevents exposure to the skin and mucous membranes of staff, contamination of their clothing and the environment

When managing infectious linen:

- ✓ A soluble plastic bag (red) and kept inside the person's room if Covid19 is diagnosed or suspected.
- ✓ Soiled linen is to be deposited directly into the red bag in the person's room.
- ✓ Avoid contact with soiled linen by holding items away from the body prior to depositing in the red bag
- ✓ Tie the soluble plastic bag with two strong knots
- ✓ The red bag must be replaced when $\frac{3}{4}$ full.
- ✓ The red bag should be double bagged.
- ✓ This is then placed in the bathroom and must remain there for 72 hours before being taken to be washed.
- ✓ The red bag is labelled with the date and time of sealing.
- ✓ Wear gloves when transporting red bags to laundry room.
- ✓ Place the red bag directly into the washing machine, ensuring that there is no other laundry in the machine at the same time.
- ✓ Wash your hands with soap and water for 20 seconds after taking off the gloves once the red bag in in the washing machine.
- ✓ Machine-washing with warm water at 60–90°C (140–194°F) with laundry detergent is recommended. The laundry can then be dried according to routine procedures.

When handling linen do not:

- ✗ Do not shake the linen or otherwise cause aeroionisation of infectious particles.

Items heavily soiled with body fluids, for example, vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.