

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.

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.

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 this PPE guidance for Adults services.

However, further education colleges must also have regard to the latest DfE Coronavirus (COVID -19): Implementing protective measures in education and childcare settings guidance [available here](#), which is relevant and which contains the additional contextual guidance for education establishments.

(Updated 21st July 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>

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. Services should have a safe storage area to keep bagged items safely away from sources of cross contamination 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.

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- this means continuously until you take a break. The period of duty between your breaks is the equivalent to what we refer to as a "session" in the main PPE guidance. 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. 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.

Guidance further updated on 20/07/2020 to include PPE use for staff not delivering personal care and staff working in staff only areas including offices.

Visitors to the care home should wear a form of face covering (e.g. cloth mask that they are instructed to come with) whenever they are in the care home. This is to prevent the spread of infection from the visitor to others.



T4_poster_Recommen-
ded_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 senior management and any decisions recorded.

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-in-personal-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.

Here are links to check validity:

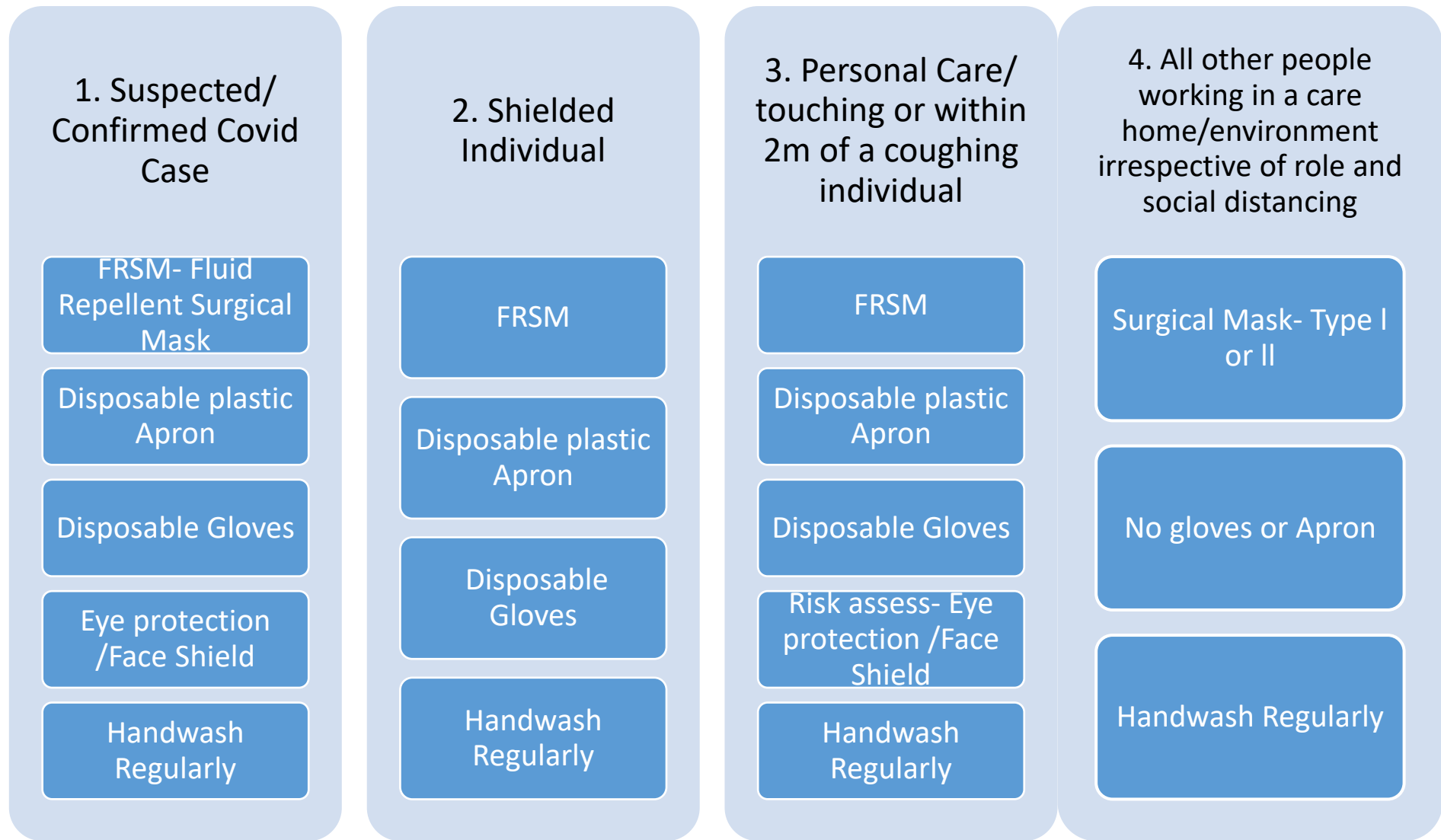
<https://www.bsigroup.com/en-GB/about-bsi/media-centre/press-releases/2020/february/warning-fake-certificate-for-medical-face-masks/>

<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>

A visual guide to safe PPE:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878056/PHE_COVID-19_visual_guide_poster_PPE.pdf



4. * Note: this is not considered PPE, i.e. mask use in this scenario is not used for protection of the staff member wearing the mask but is to prevent them passing on COVID-19 from their mouth and nose to other people in the care home.

Domiciliary Offices: If you share workspace/working environment (e.g. including the office, staff communal areas and dining rooms) with care workers who care for clients then everyone in that workspace including yourself will need to wear a Type I or Type II face mask, as described in Table 4.

If you do not share workspace or working environment with care workers who care for clients (e.g. if care workers are in a different office or part of building with no shared communal areas) then you do not need to wear a face mask. If you do work in a separate (e.g. private) office but share communal areas (e.g. dining room) with care workers then you would need to wear a Type I or Type II face mask in those communal areas.

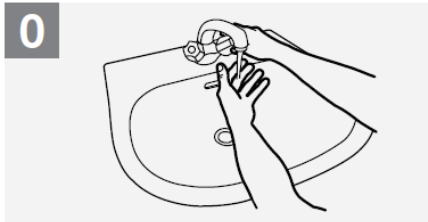
If an office can demonstrate robust and reliable COVID-19 prevention measures, including (but not limited to) social/physical distancing, hand hygiene and frequent surface and equipment decontamination, then face masks for staff may not be needed. If this assessment has not been done or if in doubt, then you should wear a surgical mask.

Employers may consider reorganising office areas, so that visitors (such as care workers collecting PPE from their homecare agency's office) are able to remain at least 2 metres apart from office staff, for example by having a designated area for collection and drop-off point for equipment, etc.

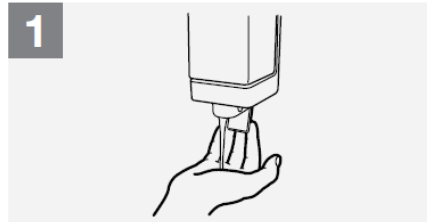
Handwashing

Before performing hand hygiene:

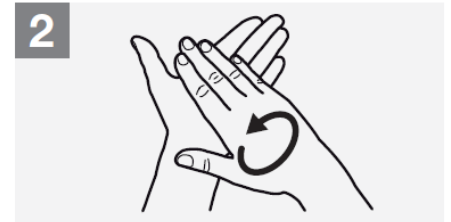
- expose forearms (bare below the elbows)
- remove all hand and wrist jewellery (a single, plain metal finger ring is permitted but should be removed (or moved up) during hand hygiene)
- ensure finger nails are clean, short and that artificial nails or nail products are not worn
- cover all cuts or abrasions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



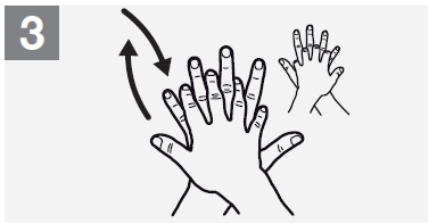
Wet hands with water;



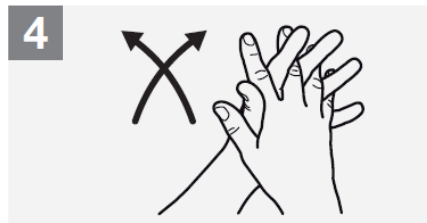
Apply enough soap to cover all hand surfaces;



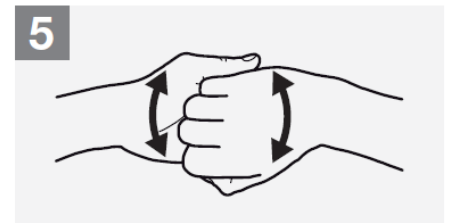
Rub hands palm to palm;



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



Palm to palm with fingers interlaced;



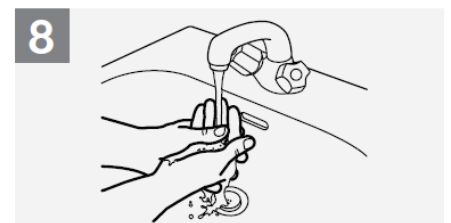
Backs of fingers to opposing palms with fingers interlocked;



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



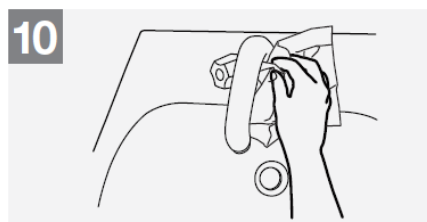
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



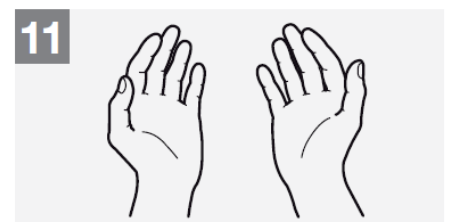
Rinse hands with water;



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 you 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:



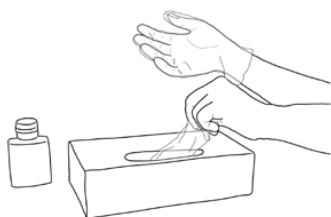
1. Take out a glove from its original box



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

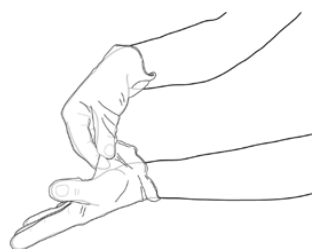


5. To avoid touching the skin of the forearm with the gloved hand, turn the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand

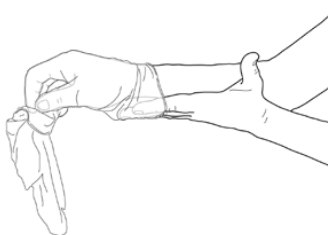


6. Once gloved, hands should not touch anything else that is not defined by indications and conditions for glove use

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



Fig 3. Putting on an apron

- ✓ 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



Roll the apron downwards

- ✓ 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.

21/07/2020 V8 CT HoQ

Face Masks

1. Fluid Resistant Surgical Masks (FRSM) Type IIR are now required for care staff in the following instance:
When 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 with a cough or for any suspected or confirmed case of COVID 19.

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. Type II Surgical Masks are now required in the following instance:

When within 2 metres of a resident but not delivering personal care or needing to touch them, and there is no one within 2 metres who has a cough

These recommendations apply:

- for tasks such as: performing meal rounds, medication rounds, prompting people to take their medicines, preparing food for residents who can feed themselves without assistance, cleaning close to residents
- when working in communal areas such as dining rooms, lounges, corridors with residents
- whatever your role in care (i.e. applies to all staff, care workers, cleaners etc.)

3. Type I or II surgical masks are required for the following*

When performing a task in a care home even with no direct contact with resident(s). Any other situation when in a care home and at a distance of 2 metres or more away from residents

These recommendations apply:

- when in a care home and not meeting conditions set out in 1 or 2
- e.g. when working in staff only areas, such as staff common rooms, office, laundry room, kitchen.
- whatever your role (i.e. applies to all staff, care workers, cleaners, receptionists etc.) even if you do not deliver care to residents

*Note: this is not considered PPE, i.e. mask use in this scenario is not used for protection of the staff member wearing the mask but is to prevent them passing on COVID-19 from their mouth and nose to other people in the care home. All other measures to protect you and others should continue i.e. hand hygiene (cleaning your hands regularly and appropriately); respiratory hygiene (“catch it, bin it, kill it”), avoiding touching your face with your hands, following standard infection prevention and control precautions and increased cleaning of frequently touched surfaces. Ensure you practice social distancing (at least 2 metres from other individuals including staff members).

Office Staff

If you are working alone you will not be expected to wear a mask but when you leave the private work area to move through the care home building, e.g. on an errand, or for meal breaks, you should put on a surgical mask (Type I or II).

If you share an office with others, care homes can perform specific (e.g. office) workplace risk assessments. If these demonstrate robust and reliable COVID-19 prevention measures, including but not necessarily limited to social/physical distancing, hand hygiene and frequent surface and equipment decontamination, then face masks for staff may not be needed when staff are in the office. If a workplace risk assessment has not been done then you should wear a surgical mask.

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.

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.



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.

Types of PPE for facial protection along with their specifications:

Surgical Mask



A surgical mask is a loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. These are often referred to as facemasks, although not all face masks are regulated as surgical masks. Note that the edges of the mask are not designed to form a seal around the nose and mouth.

Fluid Resistant Surgical Mask- When 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 or when working with someone who is “Medically Shielding” or for any suspected or confirmed case of COVID 19.



- 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.

Filtering Face Piece Respirator- Only necessary if performing a task such as Suctioning where aerosol particles are produced.



- FFP3 (European standard) respirators filter 99% of particles. FFP2 respirators are specified to filter 94% of particles. All respirators need to be fitted to the wearer before use.
- The N99 (American standard) respirator is an alternative to the FFP3 and also filters 99% of particles.
- An N95 respirator is specified to filter 95% of particles and is a close equivalent to the FFP2.
- Procedures/Care that requires an FFP3 mask also require Eye/Face

Protection.

- Where staff have beards or facial hair, further guidance is available via the following link. <https://www.hse.gov.uk/respiratory-protective-equipment/fit-testing-basics.htm>. If there are good reasons for having a beard (eg for religious reasons), alternative forms of RPE, that do not rely on a tight fit to the face, are available.

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 (FRSM (Type IIR) surgical masks) 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 be up to 8 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) and disposable respirators (FFP3/ FFP2/ N95) in cases of stock shortage

This excludes re-usable respirators that can be re-used according to manufacturer’s instructions. FFP3/FFP2/N95 respirators have a large capacity for the filtration and retention of airborne contaminants. Sessional use or re-use over the course of a day in health or social care, would not approach anywhere near that capacity.

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 maybe 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.