

Guidance on the use of PPE featuring Face coverings in Education

Children's services

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 clinically vulnerable and clinically extremely vulnerable 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.

People at moderate risk (clinically vulnerable)

- are 70 or older
- have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are very obese (a BMI of 40 or above)
- are pregnant – see [advice about pregnancy and coronavirus](#)

People at high risk (clinically extremely vulnerable):

- 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 that 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 chronic obstructive pulmonary disease (COPD)
- people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease)
- people on immunosuppression therapies sufficient to significantly increase risk of infection
- problems with your spleen, e.g. splenectomy (having your spleen removed)
- adults with Down's syndrome
- adults on dialysis or with chronic kidney disease (stage 5)
- women who are pregnant with significant heart disease, congenital or acquired
- other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions

Government Guidance

COVID-19: how to work safely in care homes - guidance [here](#) (Adults care and homes associated with FE colleges)

PPE portal: how to order COVID-19 personal protective equipment (PPE) – guidance [here](#)

Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE) - guidance [here](#)

Guidance for full opening: special schools and other specialist settings - [here](#)

Face coverings in Education guidance [here](#)

2 December guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19 - guidance [here](#)

New National Restrictions from 5 November - guidance [here](#)

Children's services guidance and approach

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, but they should also take into consideration education related guidance for FE colleges by the DfE.

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) and all the associated guidance*.

Effective Infection protection and control

There are important actions that children and young people, their parents and carers, and those who work with them, can take during the coronavirus (COVID-19) outbreak to help prevent the spread of the virus.

Transmission of coronavirus (COVID-19) mainly occurs through respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can directly infect the respiratory tracts of other people if there is close contact. They also infect others indirectly. This happens when the droplets get onto and contaminate surfaces, which are then touched and introduced into the mouth or eyes of an uninfected person. Another route of transmission is through aerosols (extremely small droplets), but this is only relevant to medical procedures for a very small number of children in education and social care settings.

In all education, childcare and children's social care settings, preventing the spread of coronavirus (COVID-19) 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 protective measures must be employed to reduce the risk of transmission of the infection. These can be seen as a system of controls that, when implemented, creates an inherently safer system in which the risk of transmission of infection is substantially reduced. These controls are as follows:

1. Minimise contact with individuals who are unwell

If you have, or are showing symptoms of, coronavirus (COVID-19) (a new continuous cough, a high temperature, or a loss of, or change in, your normal sense of taste or smell - anosmia), or have someone in your household who is, you should not be in a childcare setting, school or college. You should be at home, in line with the guidance for households with possible coronavirus infection [here](#).

Children in residential schools and care homes who develop symptoms should be cared for in line with the guidance on isolation for residential educational settings [here](#). If you have symptoms you should arrange to have a test to check if you have coronavirus.

2. Clean your hands thoroughly more often than usual

Clean your hands more often than usual, particularly after arriving at your setting, when returning from breaks, when changing rooms, and before and after eating or handling food, as well as after touching your face, blowing your nose and sneezing or coughing.

To clean your hands, you should wash your hands thoroughly for 20 seconds with running water and soap and dry them thoroughly, or use alcohol hand rub/sanitiser ensuring that all parts of the hands are covered.

3. Ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach

Avoid touching your mouth, eyes and nose. Cover your mouth and nose with disposable tissues when you cough or sneeze. If one is not available, sneeze into the crook of your elbow, not into your hand. Dispose of tissues into a disposable rubbish bag and immediately clean your hands with soap and water or use a hand sanitiser.

4. Introduce enhanced cleaning, including cleaning frequently touched surfaces often using standard products, such as detergents and bleach

Cleaning should be generally enhanced, including:

- more frequent cleaning of rooms or shared areas that are used by different groups
- cleaning frequently touched surfaces more often than normal, such as:
 - door handles
 - handrails
 - table tops
 - play equipment
 - toys
 - electronic devices (such as phones)

When cleaning, use the usual products, like detergents and bleach, because these are very effective at getting rid of the virus on surfaces.

All education, childcare and children's social care settings should follow the [PHE guidance on cleaning for non-healthcare settings](#).

5. Minimise contact between individuals and maintain distancing wherever possible

You should, as much as possible, alter the environment of your setting (such as classroom layout) and your timetables (such as staggered break time) to minimise contact and mixing.

6. Where necessary, wear PPE (Please see our pillars 1-5)

Most 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 a distance of 2 metres from others.

PPE is only needed in a very small number of cases if:

- an individual child, young person or other learner becomes ill with coronavirus (COVID-19) symptoms and only then if a distance of 2 metres cannot be maintained
- a child, young person or learner already has routine intimate care needs that involve the use of PPE, in which case the same PPE should continue to be used
- when performing [aerosol generating procedures \(AGPs\)](#)

Read [technical specifications for personal protective equipment \(PPE\)](#).

Please read this section in conjunction with Internal PPE sourcing process section later on in this guidance.

7. Where recommended, use of face coverings in schools – full guidance available [here](#).

The face covering guidance in education has been updated to align it with the local restriction tier system.

Nationwide, the government is not recommending face coverings are necessary in education settings generally because a system of controls, applicable to all education environments, provides additional mitigating measures. Schools and colleges will have the discretion to require face coverings in indoor communal areas where social distancing cannot be safely managed, if they believe that it is right in their particular circumstances. Examples of where education leaders might decide to recommend the wearing of face coverings - for pupils, staff and visitors - in communal areas of the education setting can be found in the main guidance – see hyperlink above.

In primary schools where social distancing is not possible in indoor areas outside of classrooms between members of staff or visitors (for example, in staffrooms), head teachers will have the discretion to decide whether to ask staff or visitors to wear, or agree to them wearing face coverings in these circumstances. But children in primary school do not need to wear a face covering.

It is vital that face coverings are worn correctly and that clear instructions are provided to staff, children and young people on [how to put on, remove, store and dispose of face coverings](#) in all of the circumstances above, to avoid inadvertently increasing the risks of transmission.

Safe wearing of face coverings requires cleaning of hands before and after touching – including to remove or put them on – and the safe storage of them in individual, sealable plastic bags between use. Where a face covering becomes damp, it should not be worn and the face covering should be replaced carefully.

On the basis of current evidence, in light of the mitigating measures education settings are taking, and the negative impact on communication, face coverings will not generally be necessary in the classroom even where social distancing is not possible. There is greater use of the system of controls for minimising risk, including through keeping in small and consistent groups or bubbles, and greater scope for physical distancing by staff within classrooms. Face coverings can have a negative impact on learning and teaching and so their use in the classroom should be avoided.

Where local restriction tiers apply

Consistent with the World Health Organisation's advice, schools and colleges should take additional precautionary measures in areas defined as either tier 2 or tier 3 under the [local restriction tier system](#). Information on the local restriction tiers can be found in the [full list of local restriction tiers by area](#) guidance.

When an area moves to the local restriction tier 2 or tier 3, in education settings where year 7 and above are educated, face coverings should be worn by adults (staff and visitors) and pupils when moving around indoors, such as in corridors and communal areas where social distancing is difficult to maintain. As in the general approach, it will not usually be necessary to wear face coverings in the classroom, where protective measures already mean the risks are lower, and they may inhibit teaching and learning.

When an area moves to the local restriction tier 2 or tier 3, schools and colleges will need to communicate quickly and clearly to staff, parents, pupils and learners that the new arrangements require the use of face coverings in certain circumstances.

Exemptions: Some individuals are [exempt from wearing face coverings](#). For example people who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability, or if you are

speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expression to communicate. The same exemptions will apply in education settings, and we would expect teachers and other staff to be sensitive to those needs.

8. Engage with the NHS test and trace process and respond rapidly to confirmed cases

Education, childcare and children's social care settings and providers must ensure they understand the [NHS test and trace process](#) so that they know how to respond if anyone within the setting is suspected or confirmed to have coronavirus (COVID-19).

They must also know how to contact their local [PHE health protection team](#), and do so as soon as they have a confirmed case or an overall rise in suspected cases. The advice service can be reached by calling **the DfE coronavirus helpline on 0800 046 8687 and selecting option 1 for advice on the action to take in response to a positive case.**

Settings will be put through to a team of advisers who will inform them of what action is needed based on the latest public health advice. If, following triage, further expert advice is required, the adviser will escalate the setting's call to the PHE local health protection team.

Settings should report confirmed cases of coronavirus (COVID-19) through the [online attendance form daily return](#). Settings should also continue to inform their local authority of any confirmed cases.

Anyone who displays symptoms of coronavirus (COVID-19) can and should get a test.

Tests can be booked on the [NHS testing and tracing for coronavirus website](#) or ordered by telephone via NHS 119.

Essential workers, which includes anyone involved in education, childcare or social work, and their households, have [priority access to testing](#). Schools and FE providers also have access to a small number of home testing kits for use in line with our [guidance on home testing kits](#).

Settings must take swift action when they become aware that someone who has attended has tested positive for coronavirus (COVID-19). Based on the advice from their local [PHE health protection team](#), settings must ask those people who have been in close contact with the person who has tested positive to self-isolate for **10** days since they were last in close contact with that person when they were infectious.

Further guidance is available on [NHS test and trace](#), and there is specific guidance for [schools, further education institutions](#) and [early years providers](#).

NHS Covid19 - Test and Trace guidance is also available on the Resource Hub.

How to work safely in specific situations, including where PPE may be required

Reference to PPE in the following situations means:

- fluid-resistant surgical face masks (also known as Type IIR)
- disposable gloves
- disposable plastic aprons
- eye protection (for example a face visor or goggles)

The PPE that should be used in the situations described in pillars 1-5 later on in this guidance.

When PPE is used, it is essential that it is used properly. This includes scrupulous hand hygiene and following guidance on [how to put PPE on and take it off safely](#) in order to reduce self-contamination.

Face masks must:

- cover both nose and mouth
- not be allowed to dangle around the neck
- not be touched once put on, except when carefully removed before disposal
- be changed when they become moist or damaged
- be worn once and then discarded - hands must be cleaned after disposal

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.

More information about **how PPE and face covering should be disposed of** can be found towards the end of this guidance.

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 Senior Staff visitors to our services, visits should only take place if assessed as 'essential' and where telephone, video conferences cannot suffice. There is a separate guidance about visits to our services which can be downloaded from the Resource Hub. 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 young people within the service or suspected/confirmed COVID 19 cases.

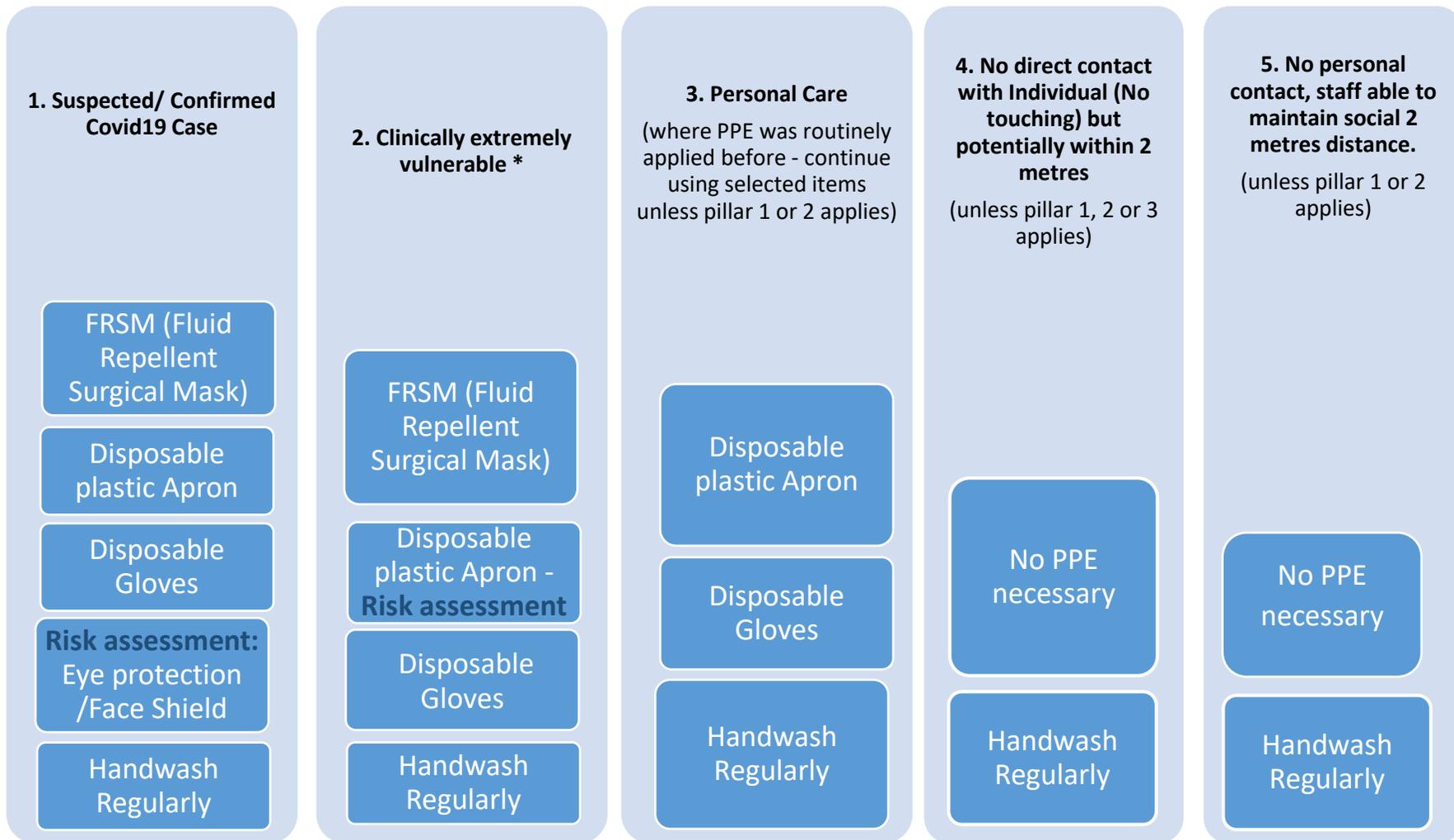
The four UK countries are adopting the COVID-19 guidance for infection prevention and control in healthcare settings. Guidance for care homes was produced jointly by the Department of Health and Social Care, Public Health Wales, Public Health Agency (Northern Ireland), Health Protection Scotland and Public Health England. This specific guidance for children's services is mainly based on *Safe working in education, childcare and children's social care settings, including the use of personal protective equipment* issued by the Department for Education.

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/>

Completing the DRA

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. This include an update on the usage of PPE Portal for Covid related requirements.



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](#).

* All pupils and students should continue to attend education settings at all local tiers unless they are one of the very small number of pupils or students under paediatric or other NHS care and have been advised by their GP or clinician not to attend an education setting, more details are available [here](#).

PPE portal and our internal PPE sourcing process

Eligible health and social care providers can use the government PPE portal to meet the extra need for PPE that has arisen as a direct result of the COVID-19 pandemic.

[PPE portal: how to order COVID-19 personal protective equipment \(PPE\)](#)

Residential care homes: order limits - [here](#)

Children's care homes and secure homes: order limits - [here](#)

Children's residential special schools: order limits - [here](#)

Services should **not** use the portal to order PPE for non-COVID-19 requirements. Services should get this through their normal channels.

Impact in internal changes:

1. Update DRA daily on your current stock of 'core' PPE kit.

From now on the DRA will have an additional question embedded, and some minor amends to related existing questions, which are designed to support with our stock and procurement of PPE.

Sites should now order Covid-related PPE (above their normal day to day PPE requirements) through the [Government portal](#) where possible, and then use the DRA to confirm what else, over and above that being sourced through the portal, is required. Therefore when sites are highlighting they need gloves, masks etc. this will relate to stock that they are not already getting through the portal.

The changes to DRA are as follows:

New question

Have you placed an order for PPE through the government portal in the last 7 days? Yes / No

Amendments to existing questions

- Do you have sufficient stock of PPE for the next 7 days?

If no, (on top of what you may have ordered through the Gov. portal) how many masks do you need? (insert number)?

If no, (on top of what you may have ordered through the Gov. portal) how many boxes of 100 XL gloves do you need? (insert number)?

If no, (on top of what you may have ordered through the Gov. portal) how many boxes of 100 L gloves do you need? (insert number)?

If no, (on top of what you may have ordered through the Gov. portal) how many boxes of 100 M gloves do you need? (insert number)?

If no, (on top of what you may have ordered through the Gov. portal) what other PPE (other than masks and gloves) are you short of?

There is also a N/A in terms of options for the question as to whether they service have placed an order though the Gov portal so that sites that are not eligible can answer N/A rather than No. No is now an answer for those that are eligible but are not using the portal.

2. Services that would ordinarily use PPE for personal care need to continue to order from their normal suppliers. If service cannot obtain stock for ordinary use of PPE (personal care) from normal supplier, they need to use the DRA to flag stock requirements to meet needs for 7 days.

3. Service need to then contact their 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'.
4. If no stock available from drop site, Clive Hevey will review stock levels across region then Group and prioritise delivery to site.

Sites which do not have the option of ordering through the Government portal should confirm that they have not made an order through the portal and then use the DRA to set out what they need. This kit will be procured through existing routes.

What care should be taken in residential settings, including residential schools, residential special schools and children's care homes?

Children's homes, residential special schools and colleges, and other mainstream boarding schools, 16 to 19 academies and residential FE providers are usually considered as 'households' for the purposes of the [household self-isolation policy](#).

A setting's approach to deciding what constitutes a household and who should self-isolate because they are part of this household will depend on the physical layout of the residential educational setting, considering who shares a kitchen or bathroom, dormitories, and staffing arrangements.

Residential settings in which no one is showing symptoms should operate like any other domestic household. However, it is important that soft toys are not shared between children.

If a child in a residential setting develops symptoms of coronavirus (COVID-19):

- a test should be booked immediately to confirm whether the child has coronavirus (COVID-19)
- the [isolation guidance for residential settings](#) should be followed, including being clear on what a 'household' is in your residential setting
- they should self-isolate, avoiding contact with other members of the 'household' as much as possible
- all other children living in the 'household' should also self-isolate in line with [guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)
- staff can continue to enter and leave the home as required, consistent staff rotas should be used where possible and staff should follow good infection prevention control
- staff should wear PPE for activities requiring close contact
- staff should adhere to distancing guidelines as far as they are able to but should take account of children's emotional needs

If a child with symptoms gets a test and the result is positive:

- the setting should contact the PHE dedicated advice service immediately and follow their advice – this can be reached via the DfE coronavirus helpline on 0800 046 8687 and selecting option 1
- staff should wear PPE for activities requiring close contact

If a child who has been in close contact with someone who has tested positive for coronavirus (COVID-19) is self-isolating within a residential setting, no additional PPE is required to be worn by staff caring for the child unless the child themselves develops symptoms and close contact is necessary.

Where possible, residential settings should operate a consistent staff rota to minimise the risk of transmission. If a setting is self-isolating, they should follow careful infection control measures during and after visits, in the same way as any self-isolating household would if they had unavoidable visitors.

What care should apply for children who regularly spit or require physical contact?

If non-symptomatic children present behaviours which may increase the risk of droplet transmission (such as biting, licking, kissing or spitting) or require care that cannot be provided without close hands-on contact, they should continue to receive care in the same way, including any existing routine use of PPE.

The issues will be specific to each child or young person and individual responses will be required. Staff should review and update existing risk assessments.

In these circumstances, to reduce the risk of coronavirus (COVID-19) transmission, no additional PPE is necessary because these are non-symptomatic children in a non-healthcare setting and so the risk of viral transmission is very low. However, 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.

In non-residential settings, what should be done if a child, young person or other learner becomes unwell with symptoms of coronavirus (COVID-19) and needs to be cared for until they can return home?

anyone in an education, childcare or non-residential children social care setting develops symptoms of coronavirus (COVID-19): a high temperature, new and persistent cough or a loss of, or change in, normal sense of taste or smell (anosmia), however mild, they should self-isolate for at least 10 days from when the symptoms started; or if they are not experiencing symptoms but have tested positive for coronavirus (COVID-19) they should self-isolate for at least 10 days starting from the day the test was taken.

If they have tested positive whilst not experiencing symptoms, but develop symptoms during the isolation period, they should restart the 10-day isolation period from the day they develop symptoms.

If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, with appropriate adult supervision if required depending on the age of the child. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.

PPE should be worn by staff caring for the child while they await collection if direct personal care is needed and a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

Any members of staff who have provided close contact care to someone with symptoms, even though wearing PPE, and any other members of staff or pupils who have been in close contact with them, even if wearing a face covering, do not need to go home to self-isolate unless:

- they develop symptoms themselves, in which case, they should also arrange to have a test
- the symptomatic person subsequently tests positive
- they are requested to do so by NHS Test and Trace or the PHE advice service or PHE local health protection team if escalated

Everyone should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people.

Read [COVID-19: cleaning of non-healthcare settings guidance](#).

What protection is needed when settings organise transport for children?

If the children or young people being transported do not have symptoms of coronavirus (COVID-19), there is no need for a driver to use PPE. Read [COVID-19: safer transport guidance for operators](#) for further guidance on PPE and face coverings.

In non-residential settings, any child, young person or other learner who starts displaying coronavirus (COVID-19) symptoms while at their setting should, wherever possible, be collected by a member of their family or household. In exceptional circumstances, if this is not possible, and the setting needs to take responsibility for transporting them home, or if a symptomatic child or young person needs to be transported between residential settings, you should do one of the following:

- use a vehicle with a bulkhead or partition that separates the driver and passenger
- the driver and passenger should maintain a distance of 2 metres from each other
- the driver should use PPE, and the passenger should wear a face mask if they are old enough and able to do so

Does coronavirus (COVID-19) mean that PPE is needed for administering first aid?

Children, young people or learners who require first aid should continue to receive care in the same way. No additional PPE is needed because of coronavirus (COVID-19) for anyone who does not have coronavirus (COVID-19) symptoms.

Does coronavirus (COVID-19) mean that air conditioning should not be used?

Services can continue using most types of air conditioning system as normal. However, if you use a centralised ventilation system that removes and circulates air to different rooms, it is recommended that services turn off recirculation and use a fresh air supply.

Read guidance on [air conditioning and ventilation during the coronavirus outbreak](#).

How should I care 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 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 (COVID-19), in line with [COVID-19: cleaning of non-healthcare settings outside the home](#).

Used PPE and face coverings should not be put in a recycling bin or dropped as litter. Education, childcare and children's social care settings should provide extra bins for staff and customers to throw away face coverings and PPE and should ensure that staff and customers do not use a recycling bin.

Settings should communicate clearly to pupils, staff and visitors a process for removing face coverings when those who use face coverings arrive at their setting and when face coverings are worn within a setting in certain circumstances.

The safe wearing of face coverings requires cleaning of hands before and after touching – including to remove or put them on – and the safe storage of reusable face coverings in individual, sealable plastic bags between use. Where a face covering becomes damp, it should not be worn and the face covering should be replaced carefully. See further guidance on [face coverings in education settings](#).

To dispose of waste such as disposable cleaning cloths, face coverings, tissues and PPE from people with symptoms of coronavirus (COVID-19), including people who are self-isolating and members of their household:

- put it in a plastic rubbish bag and tie it when full
- place the plastic bag in a second bin bag and tie it

- put it in a suitable and secure place marked for storage for 72 hours

This waste should be stored safely and securely kept away from children. You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours.

Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances.

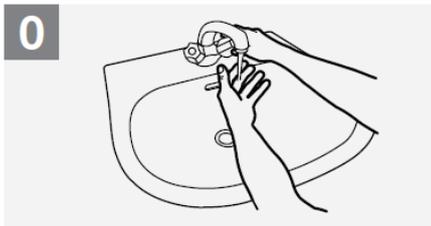
Settings such as residential care homes or special schools that generate clinical waste should continue to follow their usual waste policies.

Read [COVID-19: cleaning of non-healthcare settings outside the home](#).

Handwashing

Before performing hand hygiene:

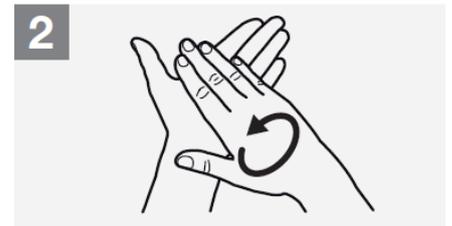
- expose forearms (bare below the elbows)
- remove all hand and wrist jewellery (a single, plain metal finger ring is permitted but should be removed (or moved up) during hand hygiene)
- ensure finger nails are clean, short and that artificial nails or nail products are not worn
- cover all cuts or abrasions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



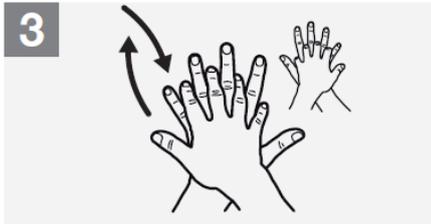
Wet hands with water;



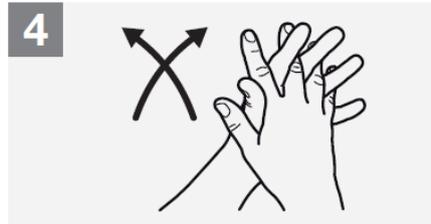
Apply enough soap to cover all hand surfaces;



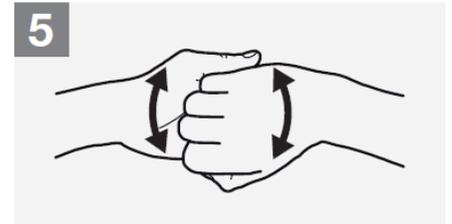
Rub hands palm to palm;



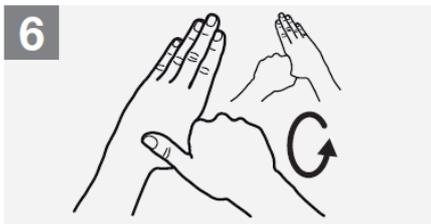
Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



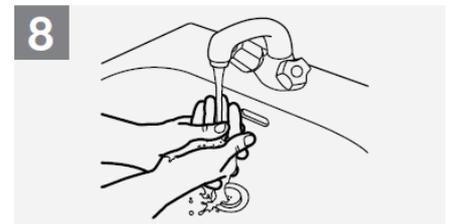
Backs of fingers to opposing palms with fingers interlocked;



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



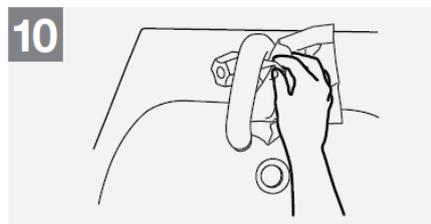
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



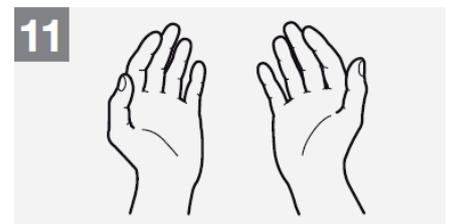
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.

Disposable Gloves

Gloves should be Nitrile, Vinyl and Specialist Gloves or any other suitable material. All gloves should be latex free where possible.

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

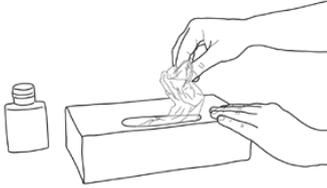
Gloves for meal and food prep/serving

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.

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



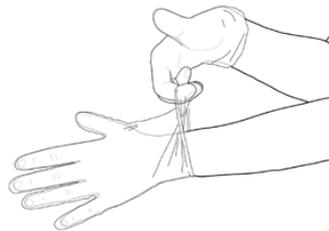
2. Touch only a restricted surface of the glove corresponding to the wrist (at the top edge of the cuff)



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

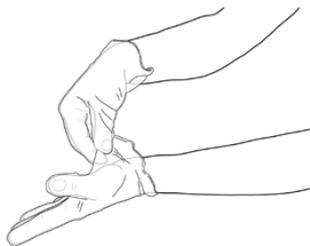


5. To avoid touching the skin of the forearm with the gloved hand, turn the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand

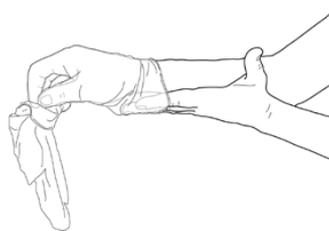


6. Once gloved, hands should not touch anything else that is not defined by indications and conditions for glove use

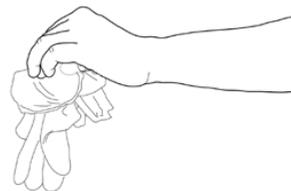
II. HOW TO REMOVE GLOVES:



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.

Face Masks

Fluid Resistant Surgical Masks (FRSM) also known as IIR are required for care staff in the instances described in **How to work safely in specific situations, including where PPE may be required** section of this guidance and in pillars 1-5. Eye Protection should be provided if deemed necessary on risk assessment.

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



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.

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

There is currently an adequate supply of PPE in the UK and no need to reuse PPE unless manufactured as a reusable device.

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 is 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 aerosolisation 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.