

Guidance on the use of PPE

Children's services

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

Contents

Children's services guidance and approach	2
Effective Infection protection and control	3
How to work safely in specific situations, including where PPE may be required	6
Completing the DRA	8
PPE portal and our internal PPE sourcing process	10
What care should be taken in residential settings, including residential schools, residential special schools and children's care homes?.....	10
What care should apply for children who regularly spit or require physical contact?	11
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?	12
What protection is needed when settings organise transport for children?	12
Does coronavirus (COVID-19) mean that PPE is needed for administering first aid?	13
How should PPE be disposed of?	13
Handwashing	13
Disposable Gloves	14
Aprons.....	17
Face Masks.....	18
Sessional use of PPE	19
Face Visors/ Eye Protection	19
Cleaning/ decontamination of reusable non- invasive equipment.....	20
Safe management of linen (laundry)	20

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](#)

The use of personal protective equipment (PPE) in education, childcare and children's social care settings, including for aerosol generating procedures (AGPs) - [here](#)

Schools COVID-19 operational guidance - [here](#)

COVID-19: guidance for children's social care services - [here](#)

Special schools and other specialist settings: coronavirus (COVID-19) - [here](#)

COVID-19: guidance on protecting people defined on medical grounds as extremely vulnerable [here](#)

Coronavirus restrictions: How to stay safe and help prevent the spread - [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 internal guidance applies to Children's services and it is based on several guidance documents issued by the DfE listed in *Government guidance* section on page 1.

Effective Infection protection and control

There are important actions that children and young people, their parents/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

Face coverings- Education

Face coverings help protect the wearer and others against the spread of infection because they cover the nose and mouth, which are the main confirmed sources of transmission of COVID-19. Where pupils in year 7 (which would be children who were aged 11 on 31 August 2021) and above are educated, the government recommends that face coverings should be worn by pupils, staff and adult visitors when moving around the premises, outside of classrooms, such as in corridors and communal areas. This is a temporary measure. More information about the circumstances in which face covering is applied can be found [here](#), the guidance includes transparent face coverings, safe wearing and removal of face coverings and also access to face coverings.

The control measures

The schools should be working in line with [Schools COVID-19 operational guidance](#). [The controls measures](#) have been updated and explored below.

1. Ensure good hygiene for everyone

Frequent and thorough hand cleaning should now be regular practice. You should continue to ensure that pupils clean their hands regularly. This can be done with soap and water or hand sanitiser.

Respiratory hygiene

The 'catch it, bin it, kill it' approach continues to be very important.

The [e-Bug COVID-19 website](#) contains free resources for you, including materials to encourage good hand and respiratory hygiene.

2. Maintain appropriate cleaning regimes, using standard products such as detergents

You should put in place and maintain an appropriate cleaning schedule. This should include regular cleaning of areas and equipment (for example, twice per day), with a particular focus on frequently touched surfaces.

PHE has published guidance on the [cleaning of non-healthcare settings](#).

3. Keep occupied spaces well ventilated

When your school is in operation, it is important to ensure it is well ventilated and that a comfortable teaching environment is maintained.

You should identify any poorly ventilated spaces as part of your risk assessment and take steps to improve fresh air flow in these areas, giving particular consideration when holding events where visitors such as parents are on site, for example, school plays.

Mechanical ventilation is a system that uses a fan to draw fresh air or extract air from a room. These should be adjusted to increase the ventilation rate wherever possible and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated. More about mechanical ventilation can be found [here](#).

Where mechanical ventilation systems exist, you should ensure that they are maintained in accordance with the manufacturers' recommendations.

Opening external windows can improve natural ventilation, and in addition, opening internal doors can also assist with creating a throughput of air. If necessary, external opening doors may also be used (if they are not fire doors and where safe to do so).

You should balance the need for increased ventilation while maintaining a comfortable temperature.

The [Health and Safety Executive guidance on air conditioning and ventilation during the COVID-19 pandemic](#) and [CIBSE COVID-19 advice](#) provides more information.

4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19

When an individual develops COVID-19 symptoms or has a positive test

Pupils, staff and other adults should follow public health advice on [when to self-isolate and what to do](#). They should not come into school if they have symptoms, have had a positive test result or other reasons requiring them to stay at home due to the risk of them passing on COVID-19 (for example, they are required to quarantine). If anyone in your school develops [COVID-19 symptoms](#), however mild, you should send them home and they should follow public health advice.

If a pupil in a boarding school shows symptoms, they should usually self-isolate in their residential setting so that their usual support can continue, others may then benefit from self-isolating in their family home.

For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household.

If a pupil is awaiting collection, they should be left in a room on their own if possible and safe to do so. A window should be opened for fresh air ventilation if possible. Appropriate PPE should also be used if close contact is necessary. Further information on this can be found in the [use of PPE in education, childcare and children's social care settings](#) guidance. Any rooms they use should be cleaned after they have left.

The household (including any siblings) should follow the PHE [stay at home guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#).

Asymptomatic testing

Testing remains important in reducing the risk of transmission of infection within schools.

Staff and secondary school pupils should continue to test twice weekly at home, with lateral flow device (LFD) test kits, 3-4 days apart. Testing remains voluntary but is strongly encouraged.

Secondary schools should also retain a small asymptomatic testing site (ATS) on-site until further notice so they can offer testing to pupils who are unable to test themselves at home.

Schools are strongly encouraged to ask parents and other visitors to take a lateral flow device (LFD) test before entering the school.

Further information on Daily Rapid Testing can be found in the Tracing close contacts and isolation section [here](#).

There is no need for primary age pupils (those in year 6 and below) to regularly test, unless they have been identified as a contact for someone who has tested positive for Covid-19 and therefore advised to take lateral flow tests every day for 7 days.

Children's homes and Foster carers

Staff working in open and secure children's homes, and foster carers, should continue testing twice weekly at home, with rapid lateral flow test (LFT) kits, 3 to 4 days apart. Testing remains voluntary but is strongly encouraged.

Read the guidance on [regular rapid COVID-19 tests if you do not have symptoms](#). Lateral flow devices (LFD) are for testing asymptotically only. You should follow the latest government guidance on confirmatory PCR tests following a positive LFT. If you are symptomatic, you should immediately self-isolate, following [national guidance](#) and book a PCR test.

Open and secure children's homes are also able to [order PCR test kits](#) to offer to staff and children in the unusual circumstances where they may have barriers to testing through the usual channels.

Confirmatory PCR tests

You should follow the latest government guidance on confirmatory PCR tests in [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#) following a positive LFD test. The advice for people who have a positive lateral flow device (LFD) test result has changed. They are no longer required to have a follow-up polymerase chain reaction (PCR) test, and they should stay at home and self-isolate immediately.

People who have a positive LFD test result should only have a follow-up PCR test if:

- they wish to claim the [Test and Trace Support Payment](#)
- they have a health condition that means they may be suitable for new coronavirus (COVID-19) treatments
- they are taking LFD tests as part of research or surveillance programmes, and the programme asks them to do so
- they have a positive day 2 LFD test [after arriving in England](#)

PCR tests – when to do it

PCR tests are the best way to diagnose COVID-19 infection in people who have symptoms and who also may require treatment. If you have any of the main symptoms of COVID-19 (a high temperature, a new, continuous cough or a loss or change to your sense of smell or taste) you should [arrange to have a PCR test](#).

Other considerations

You should ensure that key contractors are aware of the school's control measures and ways of working.

Tracing contacts and isolation

Information related to close contacts in schools are now identified by NHS Test and Trace and education settings will no longer be expected to undertake contact tracing. More useful information can be found [here](#).

Those formerly considered to be clinically extremely vulnerable

Following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be particularly vulnerable, clinically extremely vulnerable (CEV), and high or higher-risk are not being advised to shield again. Children and young people who were previously identified as being in one of these 14 groups, are advised to continue to follow the guidance contained in Coronavirus: how to stay safe and help prevent the spread.

Children and young people previously considered CEV should attend school and should follow the same [COVID-19 guidance](#) as the rest of the population. In some circumstances, a child or young person may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice.

Vaccination

The Government recommends all school staff and eligible pupils take up the offer of a vaccine. You can find out more about the in-school vaccination programme in COVID-19 vaccination programme for children and young people guidance for schools.

Information's for schools about attendance, mandatory certification, vulnerable children self –isolating, remote education and other can be found [here](#).

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

Use of personal protective equipment (PPE)

Most staff in schools will not require PPE beyond what they would normally need for their work.

If a child, young person, or student already has routine intimate care needs that involve the use of PPE, the same PPE should continue to be used. Additional PPE for COVID-19 is only required in a very limited number of scenarios:

- [if an individual child, young person or student becomes ill with COVID-19 symptoms and only then if close contact is necessary](#)
- when performing [aerosol generating procedures \(AGPs\)](#)

What PPE to wear when caring for a symptomatic individual

Depending on how close you need be to an individual with COVID-19 symptoms you may need the following PPE:

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

How much PPE you need to wear when caring for someone with symptoms of COVID-19 depends on how much contact you have.

- A face mask should be worn if you are in face-to-face contact.
- If physical contact is necessary, then gloves, an apron and a face mask should be worn.
- Wear eye protection if a risk assessment determines that there is a risk of fluids entering the eye, for example, from coughing, spitting or vomiting.

If a child tests positive for COVID-19 and needs to remain in a residential setting, the same type and level of PPE as above should be used.

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 should:

- 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.

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.

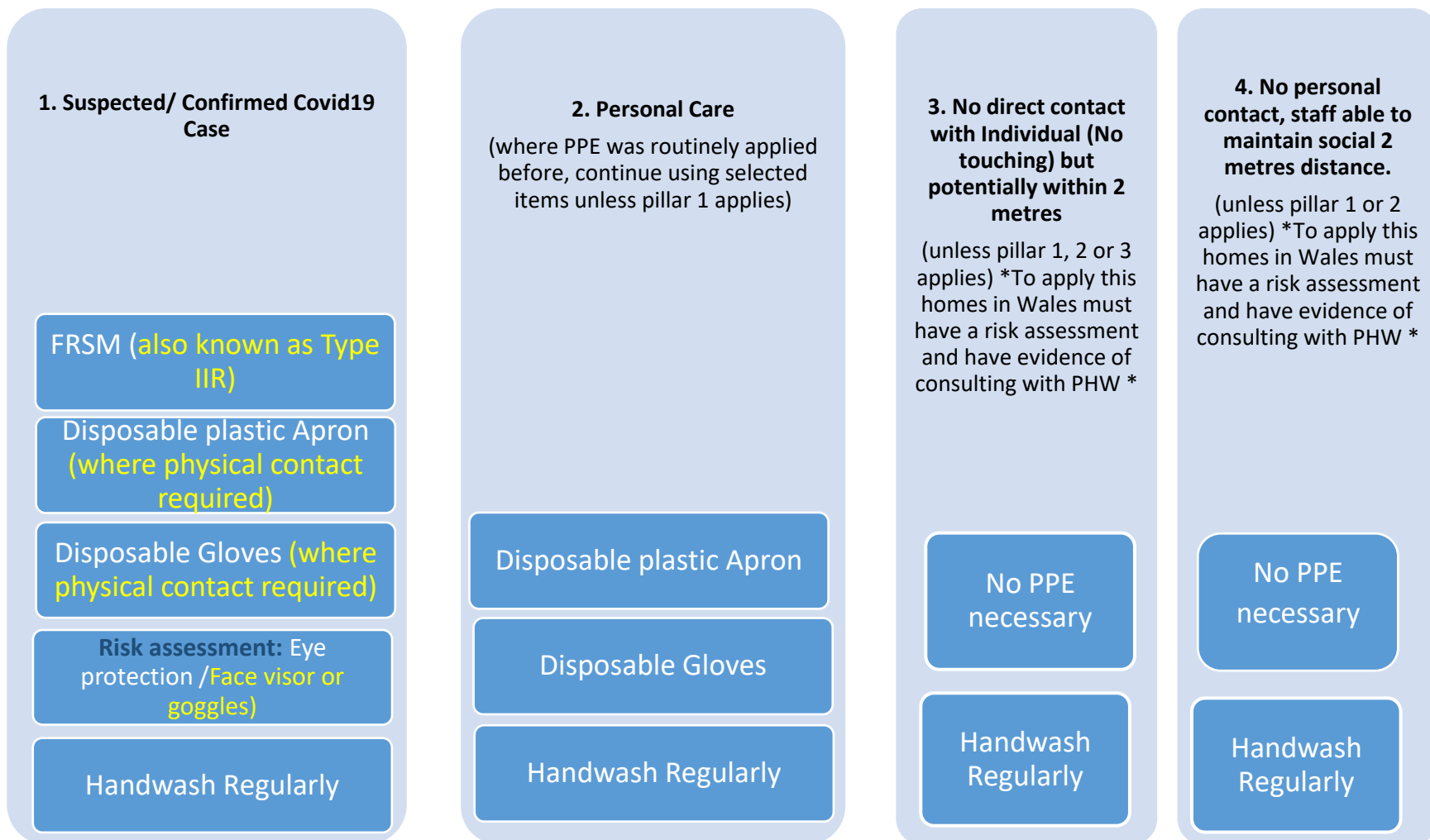
The four UK countries are adopting the COVID-19 guidance for infection prevention and control in healthcare settings. Guidance for care homes was produced jointly by the Department of Health and Social Care, Public Health Wales, Public Health Agency (Northern Ireland), Health Protection Scotland and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

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 FRSM with or without eye protection, as determined by the individual staff member in line with the [Public Health England guidance](#).

*If a child tests positive for COVID-19 and needs to remain in a residential setting, the same type and level of PPE as the one described in 1st column above should be used.

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.

DRA has 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.

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 [guidance for special schools and other specialist setting](#) and [guidance for children's social care services](#) should be followed, including being clear on what a 'household' is in your residential setting.
- they should self-isolate immediately, avoiding contact with other members of the 'household' as much as possible
- From 16 August 2021, children under the age of 18 years old will no longer be required to self-isolate if they are contacted by NHS Test and Trace as a close contact of a positive COVID-19 case. Instead, NHS Test and Trace will work with the positive case to identify very close contacts. This is likely to be a very small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact. We would encourage all individuals to take a Polymerase Chain Reaction (PCR) test if advised to do so. more information about tracing close contacts and isolation can be found [here](#).
- 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

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](#).

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's social care setting who 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, should self-isolate immediately for the next 10 full days counting from the day after their symptoms started. If they did not have any symptoms but have had a positive test (whether this was an LFD or polymerase chain reaction (PCR) test), they should self-isolate from their test date.

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 self-isolate immediately, 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
- they have tested positive from a lateral flow device (LFD) test as part of a community or worker programme

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 transporting children or young people you should read [Coronavirus \(COVID-19\): safer transport guidance for operators](#) for further guidance on how to provide safer services. 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 parents or carers

cannot arrange to have their child collected, if age-appropriate and safe to do so the child should walk, cycle or scoot home following a positive test result.

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

The local authority may be able to help source a suitable vehicle which would provide appropriate protection for the driver, who should be made aware that the individual has tested positive or is displaying symptoms.

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.

How should PPE be disposed of?

Used PPE should be placed in a refuse bag and can be disposed of as normal domestic waste. Used PPE should not be put in a recycling bin or dropped as litter. If the wearer has symptoms of COVID-19, disposal of used PPE and other waste should be in line with [COVID-19: cleaning of non-healthcare settings outside the home](#).

Settings such as residential care homes or special schools that generate clinical waste should continue to follow their usual waste policies. Read [guidance on cleaning non-healthcare settings outside the home](#).

To dispose of waste such as disposable cleaning cloths, 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.

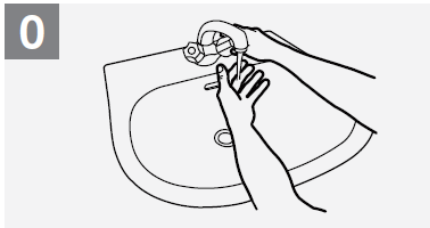
Read [COVID-19: cleaning of non-healthcare settings outside the home](#).

Handwashing

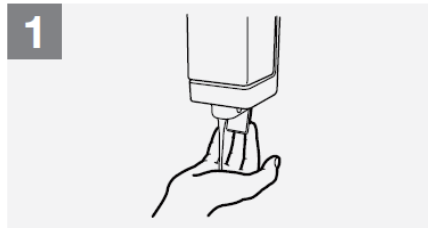
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Before performing hand hygiene:

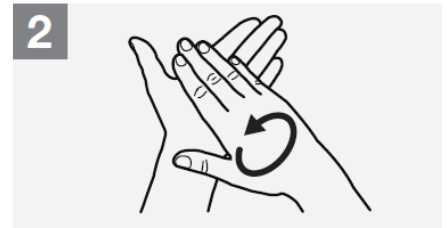
- expose forearms (bare below the elbows)
- remove all hand and wrist jewellery (a single, plain metal finger ring is permitted but should be removed (or moved up) during hand hygiene)
- ensure finger nails are clean, short and that artificial nails or nail products are not worn
- cover all cuts or abrasions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



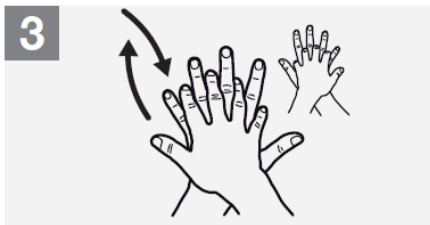
Wet hands with water;



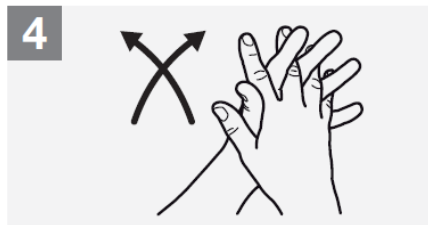
Apply enough soap to cover all hand surfaces;



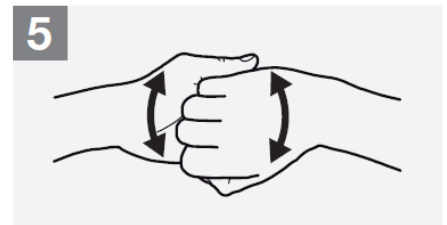
Rub hands palm to palm;



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



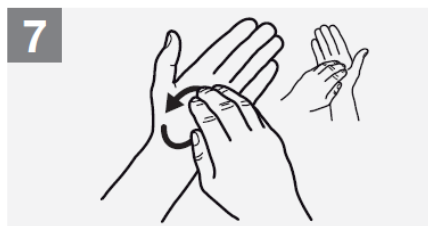
Palm to palm with fingers interlaced;



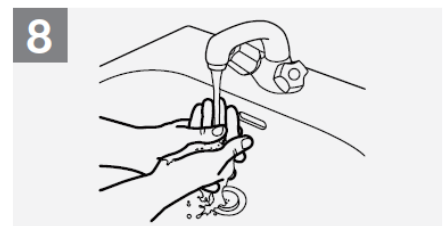
Backs of fingers to opposing palms with fingers interlocked;



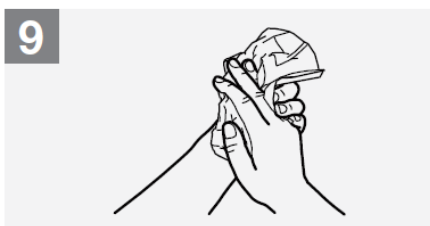
Rotational rubbing of left thumb clasped in right palm and vice versa;



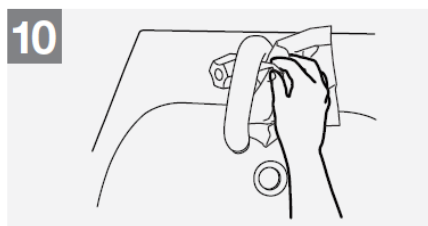
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



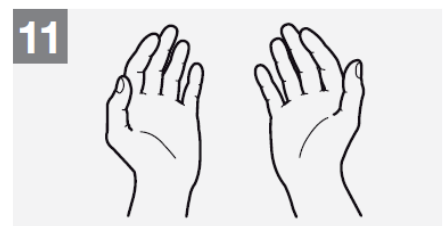
Rinse hands with water;



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

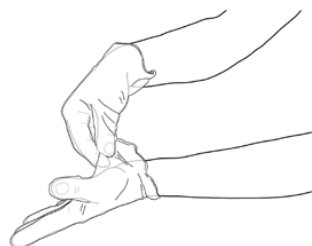


5. To avoid touching the skin of the forearm with the gloved hand, turn the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand

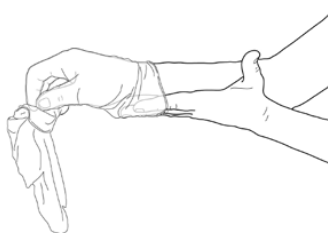


6. Once gloved, hands should not touch anything else that is not defined by indications and conditions for glove use

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.

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.
- ✓ 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.