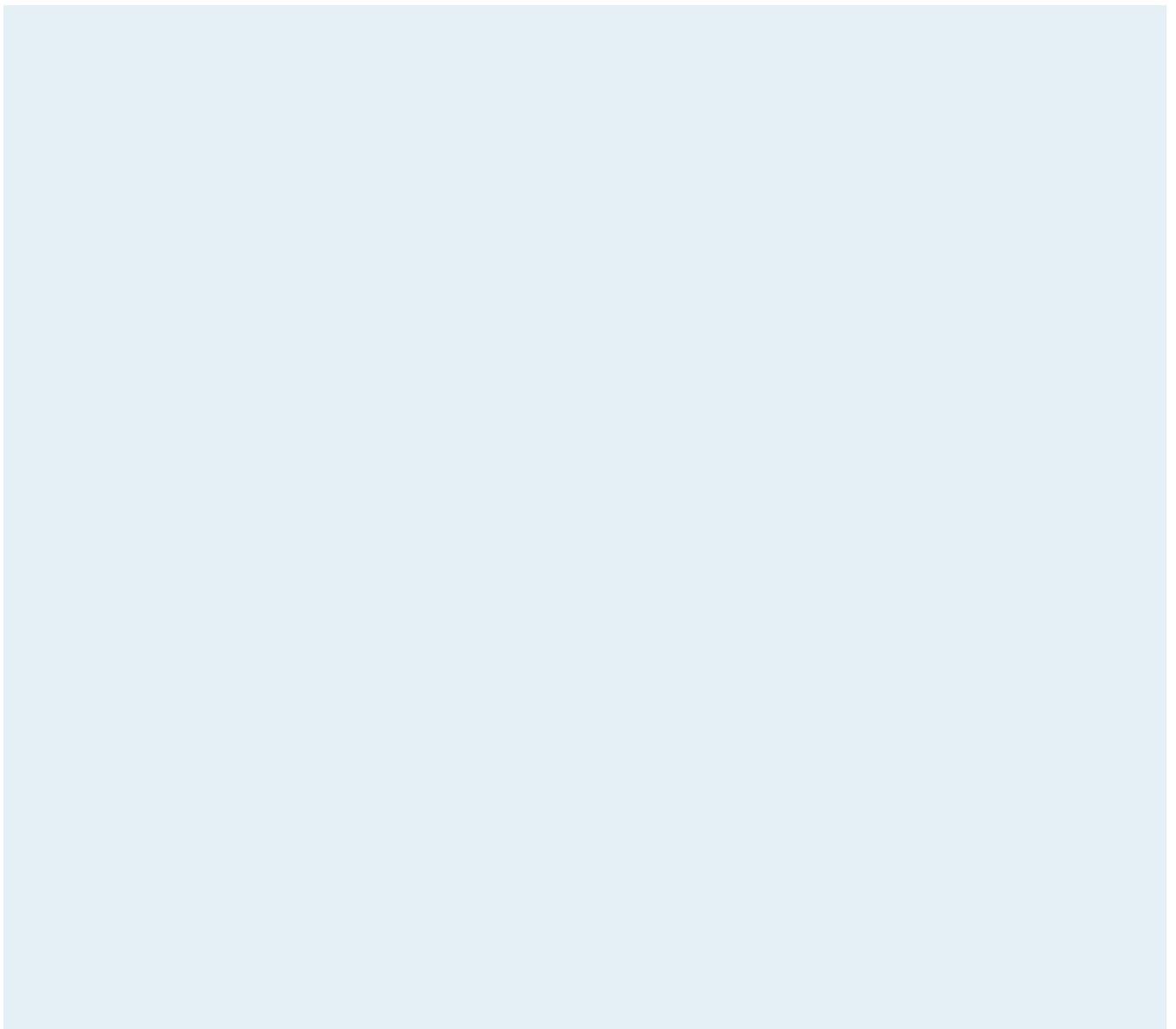




Public Health
England

COVID-19

How to work safely in care homes






PPE recommendations for care home staff in the context of sustained COVID-19 transmission in the UK

Scope and purpose

This document provides guidance on the use of personal protective equipment (PPE) for care workers working in care homes and is also relevant for those providing residential supported living. This guidance is derived from, and should be read in conjunction with, full infection prevention and control (IPC) and PPE guidance found here: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control




When providing personal care which requires you to be in direct contact with the resident(s) (e.g. touching) or within 2 metres of a resident who is coughing

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

Recommended PPE	Explanation
 Disposable gloves	Single use to protect you from contact with resident's body fluids and secretions.
 Disposable plastic apron	Single use to protect you from contact with resident's body fluids and secretions.
 Fluid repellent surgical mask	A fluid-repellent surgical mask can be used continuously while providing care until you take a break from duties.
Eye protection	Eye protection may be needed for care of some residents where there is risk of contamination to the eyes from respiratory droplets or from splashing of secretions e.g. caring for a resident who is repeatedly coughing or may be vomiting. Use of eye protection should be discussed with your manager and be informed by a risk assessment in your care home. Eye protection can be used continuously while providing care until you take a break from duties.

When performing a task requiring you to be within 2 metres of resident(s) but no direct contact with resident(s) (i.e. no touching)





e.g. performing meal rounds, medication rounds etc.

Recommended PPE	Explanation
 Disposable gloves	Not required.
 Disposable plastic apron	Not required.
 Surgical mask	<p>A surgical mask can be used continuously while providing care until you take a break from duties.</p> <p>A fluid repellent surgical mask may be needed where there is high risk from respiratory droplets (e.g. when undertaking prolonged tasks close to residents who are repeatedly coughing).</p> <p>Use of fluid repellent masks should be discussed with your manager and be informed by a risk assessment in your care home.</p>
Eye protection	<p>Eye protection may be needed for certain tasks where there is risk of contamination to the eyes from respiratory droplets or from splashing of secretions (e.g. when undertaking prolonged tasks near residents who are repeatedly coughing or may be vomiting).</p> <p>Use of eye protection should be discussed with your manager and be informed by a risk assessment in your care home.</p> <p>Eye protection can be used continuously while providing care until you take a break from duties.</p>

When working in communal areas with residents- no direct contact with resident(s) though potentially within 2 metres of resident(s)

Note: residents with respiratory symptoms should remain in their room

e.g. working in dining rooms, lounges, corridors etc.

Recommended PPE	Explanation
 Disposable gloves	Not required.
 Disposable plastic apron	Not required.
 Surgical mask	<p>A surgical mask can be used continuously while providing care until you take a break from duties.</p> <p>A fluid repellent surgical mask may be needed where there is high risk from respiratory droplets (e.g. when undertaking prolonged tasks close to residents who are repeatedly coughing).</p> <p>Use of fluid repellent masks should be discussed with your manager and be informed by a risk assessment in your care home.</p>
 Eye protection	Not required.

Frequently Asked Questions for personal protective equipment (PPE) in care homes in the context of sustained COVID-19 transmission in the UK

What should I do if we have a supply shortage of PPE and I am unable to follow this guidance?

Please refer to advice which is published here <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/managing-shortages-in-personal-protective-equipment-ppe> and approved by the Health and Safety Executive on strategies for optimising the use of PPE and consideration for the reuse of PPE when in short supply.

What is meant by sustained transmission of COVID-19?

We are currently experiencing sustained transmission of COVID-19 across the UK. COVID-19 is common in the community and care workers should assume they are likely to encounter people with COVID-19 infection in their routine work.

Sustained transmission means that we are detecting many people with COVID-19 infection who do not have a single recognisable contact with an individual who has had symptoms of infection.

Is PPE required in my care home when none of our residents have symptoms of COVID-19?

As there is sustained transmission of COVID-19 we recommend use of PPE in general, however, in circumstances where no resident has symptoms of fever or cough and where no staff member or visitor has experienced these symptoms in the preceding 14 days, then PPE may not be required.

Your organisation will inform you if this applies and will perform daily risk assessment using the flowchart on page 10.

How does PPE protect me?

Gloves – protect you from picking up the COVID-19 virus from the environment (such as contaminated surfaces) or directly from people with COVID-19. Care must be taken not to touch the face, mouth or eyes when wearing gloves. Gloves must be disposed of correctly after each episode of care.

Disposable plastic aprons – protect your uniform or clothes from contamination when providing care. Aprons must be removed and disposed of after each episode of care correctly to prevent contaminating your hands.

Surgical masks – The aim of wearing a face mask is to protect your mouth and nose from resident's respiratory secretions. Wearing a face mask also protect residents by minimising the risk of transmitting infection from yourself (via secretions or droplets from your mouth, nose and lungs) to residents when you are caring for them.

Fluid repellent surgical masks (FRSM) – protect you from respiratory droplets produced by residents (e.g. when they cough or sneeze), by providing a barrier to prevent these reaching your mouth and nose. They also protect residents from you and fellow care workers as per surgical masks above. Do not go to work if you have symptoms of COVID-19.

Eye protection – protect you from respiratory droplets produced by residents (e.g. when caring for a repeatedly coughing resident), and from splashing of secretions, blood, body fluids or excretions such as vomit by providing a barrier to prevent these reaching your eyes.

Do I need to do anything else to protect myself and others in addition to wearing PPE?

Yes. PPE is only effective when combined with good hand hygiene, good respiratory hygiene and effective infection control practice.

Hand hygiene must be performed immediately before every episode of care and after any activity or contact that potentially results in hands becoming contaminated. This includes the removal of personal protective equipment (PPE), equipment decontamination and waste handling. For more information, please refer to [5 moments for hand hygiene](#) and [other handwashing best practice guides](#).

All staff should practice good respiratory hygiene. Avoid touching mouth, nose and eyes wherever possible during and between care. Frequent cleaning of surfaces which are touched regularly such as handles, handrails, remote controls and table tops is essential.

Why is PPE needed for all care, not just when caring for residents with symptoms?

Where COVID-19 is circulating in the community at high rates, and symptoms can differ from person to person (being relatively mild in some but severe in others) it is not always obvious who might be infectious. Elderly residents often have minimal symptoms of respiratory infection.

We know that about one third of people can carry COVID-19 without having symptoms. You and fellow care workers need to take precautions to both protect your own health and prevent transmission to the vulnerable people you are in contact with and care for during your work.

Why are you recommending continuous use of face masks and eye protection until my break?

There is no evidence to suggest that replacing masks and eye protection between each resident would reduce risk of infection to you. Instead there may in fact be more risk to you by repeatedly changing your face mask/eye protection as this may involve touching your face unnecessarily. We recommend you use face masks and eye protection continuously until you leave for a break both to reduce risk of transmission and also to make it easier for you to conduct your routine work without unnecessary disruption. When you take a break, you should remove your face mask and eye protection, a new mask should be used for the next duty period. Please see donning and doffing guidance provided [here](#). If the item is reusable then you must ensure it is appropriately cleaned before reusing it. There may be circumstances that you would need to remove and replace your face mask or eye protection before the end of your shift, these are detailed below.

Are there circumstances when I should replace my face mask or eye protection before my break?

Yes. A face mask should be discarded and replaced and NOT be subject to continued use in any of the following circumstances:

- if damaged
- if soiled (e.g. with secretions, body fluids)
- if damp
- if uncomfortable
- if difficult to breathe through

Eye protection should be discarded and replaced (or decontaminated if the item is re-usable) and NOT be subject to continued use in any of the following circumstances:

- if damaged
- if soiled (e.g. with secretions, body fluids)
- if uncomfortable.

When removing and replacing PPE ensure you are 2 metres away from residents and other staff – see Donning of PPE video [here](#). Face masks can be worn for up to 8 hours.

Why are you not referring to a “session” in this guidance?

In this guidance, we refer to wearing masks and eye protection 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.

Where you need to remove your mask (e.g. to take a drink or eat) then you need to dispose of it safely or remove safely and store in a bag/ box for future use. Do not dangle your mask or eye protection around your neck.

When can I re-use PPE?

Whilst most PPE items are for once only use, certain PPE items are manufactured to be re-usable. This most commonly applies to eye/face protection items such as goggles or visors. Re-usable items should be clearly marked as such and identified in advance by your organisation/manager.

Re-usable PPE items may be used providing they are appropriately cleaned or stored between uses, according to the manufacturer’s instructions or local infection control policy.

What is a risk assessment and who does this?

Your organisation or manager will perform a risk assessment and provide specific guidance to you as to when/for which residents you need to wear additional items such as eye protection or fluid resistant masks instead of standard surgical masks.

Risk assessment involves assessing the likelihood of encountering a person with COVID-19, considering the ways that infection might be transmitted and how to prevent this with use of PPE items.

So for example your manager may instruct you to wear eye protection when you are providing direct care for a resident(s) who is persistent coughing or actively vomiting (to prevent droplets or secretions from the resident reaching your eye).

You may wish to discuss with your manager in any situations in which you are uncertain.

What is an aerosol generating procedure and when might this be relevant in a care home?

An explanation of aerosol generating procedures (AGPs) and additional PPE requirements are explained [here](#). In care homes, it is unusual to undertake AGPs. A relevant example would be open suctioning of airways when caring for residents with tracheostomies. Your organisation/manager will inform you if AGPs are conducted in your care home and instruct you what precautions are required.

What is the “extremely vulnerable group” and “shielding” and what do I need to do?

Individuals with certain serious health conditions (such as those with particular cancers, lung diseases and with suppressed immune systems) are considered extremely vulnerable to COVID-19. Shielding is a measure to protect people who are extremely vulnerable by minimising all interaction between them and others.

As a minimum, residents in the extremely vulnerable group should be separated from others (e.g. reside in a single room). It is important that when providing care to a resident considered extremely vulnerable that you wear PPE including as a minimum, disposable plastic apron, fluid resistant surgical mask and disposable gloves; and practice excellent hand hygiene to minimise risk of infection. In practice, there is no difference in PPE guidance between providing care to a resident in the extremely vulnerable group and others (though the primary purpose in this case is to protect the vulnerable resident). It is helpful to be aware of who is most vulnerable in your care home. Your manager will help you identify which of your residents is in the extremely vulnerable group.

More detailed explanation of shielding and extremely vulnerable groups:

www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

Case study 1

Helen has been working in her local care home as a health care worker for the past 5 years. Due to coronavirus (COVID-19), the usual routine in the care home has changed and Helen knows that she must take extra precautions in order to keep both herself and the other people in the care home safe and well.

When she helps the residents with personal care, she now knows that she will be required to wear the correct level of PPE.

Helen's first job today is to help Mavis get washed and dressed, so before going in to say good morning to Mavis, Helen washes her hands with soap and water for at least 20 seconds and puts on her apron, her fluid repellent face mask followed by gloves, in that order.

The update Helen has received this morning from Sasha, part of the night team, said that Mavis had a comfortable night's sleep with no complaints.

Mavis was chatty this morning and Helen talked about why she needed to wear the PPE and how it was used to protect both herself and Mavis from coronavirus.

Helen finished getting Mavis washed, dressed and assisted her to sit in her chair. Before Helen left the room to get Mavis's breakfast, she removed her gloves and washed her hands then she removed her apron, and washed her hands again.

Helen ensured that all waste items were put in a plastic rubbish bag which she had brought with her into the room, which she disposed of using the local current protocol.

She kept her mask on for the next task as she could leave this on until she took her next break taking care not to touch the outside of the mask.

Case study 2

Bob is a student nurse but due to COVID-19 he has volunteered to take a placement in his local care home. Initially Bob was quite anxious about having contact with the residents and worried that he may pass on the virus.

The senior carer, Josie, explained that there were precautions in place which helped to stop the virus from spreading and, if Bob understood what precautions he needed to take for different tasks and with different patients, then the risk was minimised.

Bob's first task was to give the residents drinks and snacks if they wanted them, and to encourage them to drink as this helped to prevent dehydration and urine infections.

Josie helped Bob to first assess which residents needed more help than others and to work out what level of Personal Protective Equipment (PPE) he would need to wear when working with them. Some residents were self-caring and did not have any signs of COVID-19 (no cough or temperature) and all he needed to do was to enter the room and leave their drink of choice on the table. There would be no direct contact with these residents and they would be more than 2 metres away and so Bob would need to wear a face mask, but no gloves or apron.

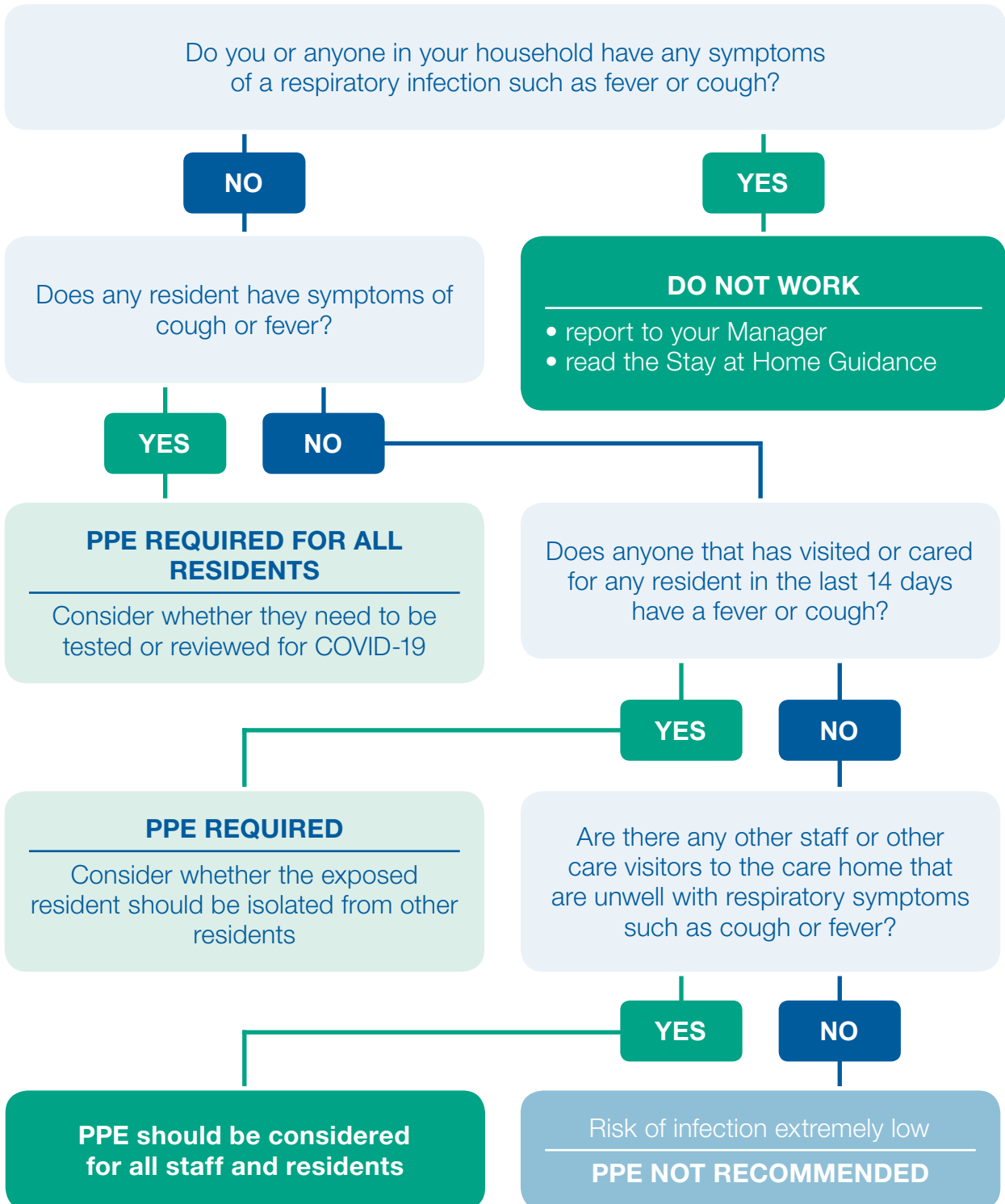
Bob asked what he should do if he was taking drinks to a resident who was likely to make physical contact with him – for example, Mrs Singh, a patient who often grabbed onto the arm or hand of a carer who came into her room.

Josie explained that this would change the assessment and, when visiting her room, Bob should wear single use gloves and disposable plastic aprons for the task he was doing and discard them and wash his hands after leaving the room. He should also visit residents such as Mrs Singh last during the shift.

Finally, Bob asked about taking drinks and snacks to people who had COVID-19 symptoms. Josie explained that, as these people would need more help with eating and drinking, he would need to wear a different level of PPE and showed him the fluid repellent masks, eye protection, gloves and aprons that he needed to wear when caring for people with symptoms.

Josie showed Bob where the PPE was kept and explained that putting it on and taking it off safely was as important as wearing the right PPE. She showed him how to do this and how to dispose of it safely. This meant putting it in a plastic rubbish bag on completion of the task (this may be done in the resident's room) and then dispose of waste using the local current protocol. They went through the guidance together and watched the video developed by Public Health England.

Flowchart for care workers providing care to residents in care home



Remember

Social care staff should wash their hands:

- before leaving home
- on arrival at work
- after using the toilet
- after breaks and activities
- before food preparation
- before eating any food, including snacks
- before leaving work
- on arrival at home

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