Public Health England

COVID-19

# Personal protective equipment (PPE) – resource for care workers working in care homes during sustained COVID-19 transmission in England

## Scope and purpose

This resource provides guidance on the use of personal protective equipment (PPE) for care workers working in care homes during the current period of sustained COVID-19 transmission in the UK. This guidance may be read in conjunction with guidance on admission and care of residents in a care home during COVID-19.

Providers will need to consider how to operationalise recommendations according to their individual circumstances, operating model and residents' needs. Providers may also wish to refer to PPE recommendations for homecare (domiciliary care) settings.

For the purpose of this document, the term 'personal protective equipment' is used to describe products that are either PPE or medical devices that are approved by the Health and Safety Executive (HSE) and the Medicines and Healthcare products Regulatory Agency (MHRA) as protective solutions in managing the COVID-19 pandemic.

Please note that this guidance is of a general nature and that an employer should consider the specific conditions of each individual place of work and comply with all applicable legislation, including the Health and Safety at Work etc. Act 1974 and the Health and Social Care Act 2008: code of practice on the prevention and control of infections.

## Format of this resource

This resource has been designed to be accessible to care workers and providers. It has four sections:

Section 1 contains recommendations on the use of PPE for a range of relevant contexts.

Section 2 provides explanation concerning recommendations and addresses frequently asked questions.

Section 3 contains specialist advice relating to care for people with learning disabilities and/or autism.

Section 4 contains case scenarios designed to illustrate appropriate use of PPE in practice.

## Changes and updates to this resource

- the guidance on use of gloves has been updated 2 November 2020

# Section 1: Recommendations for the use of personal protective equipment (PPE) for care workers working in care homes during sustained COVID-19 transmission in England

Recommendation Table 1.

**When providing close personal care in direct contact with the resident(s) (e.g. touching)**

**OR within 2 metres of any resident who is coughing**

These recommendations apply:

- whether the resident to whom you are providing personal care has symptoms or not, and includes all residents including those in the 'extremely vulnerable' group undergoing shielding and those diagnosed with COVID-19
- whenever you are within 2 metres of any resident who is coughing, even if you are not providing personal care to them
- to all personal care, for example: assisting with getting in/out of bed, feeding, dressing, bathing, grooming, toileting, applying dressings etc. and or when unintended contact with residents is likely (e.g. when caring for residents with challenging behaviour)
- whatever your role in care (i.e. applies to all staff, care workers, cleaners etc.)

These recommendations assume that care workers are not undertaking aerosol generating procedures (AGPs).

Note: PPE is only effective when worn properly, put on and taken off safely and combined with: hand hygiene (cleaning your hands regularly and appropriately); respiratory hygiene ("catch it, bin it, kill it") and avoiding touching your face with your hands, and following standard infection prevention and control precautions (https://www.nice.org.uk/guidance/cg139).

**Table 1: When providing close personal care in direct contact with the resident(s) (e.g. touching) OR within 2 metres of any resident who is coughing**

| Recommended PPE items | Explanation |
|---|---|
| ✓ Disposable gloves | Single use to protect you from contact with residents' body fluids and secretions.<br><br>Vinyl gloves provide sufficient protection for the majority of duties in the care environment, providing the correct size of glove is chosen according to the wearer's hand size.<br><br>If there is a risk of gloves tearing, or the task requires a high level of dexterity, or requires an extended period of wear, then an alternative better fitting glove (e.g nitrile) should be considered. If a change of gloves is required during a task because the glove is torn or punctured, then hand hygiene is needed after removal of the original gloves. Hands should be thoroughly dried to make the donning of new gloves easier and reducing the risk of gloves tearing before donning a clean pair.<br><br>Providers need to consider the characteristics of the different gloves available for the duties the care workers are doing. This includes the gloves required in relation to cleaning products. |
| ✓ Disposable plastic apron | Single use to protect you from contact with residents' body fluids and secretions |
| ✓ Fluid-repellent (Type IIR) surgical mask | Fluid-repellent surgical masks (FRSMs) can be used continuously while providing care, until you take a break from duties (e.g. to drink, eat, for your break time or end of shift).<br><br>The mask is worn to protect you, the care worker, and can be used while caring for a number of different residents regardless of their symptoms. You should not touch your face mask unless it is to put it on or remove it.<br><br>You should remove and dispose of the mask if it becomes damaged, visibly soiled, damp, or uncomfortable to use. You need to use a new mask when you re-start your duties after a break. |

| | |
|---|---|
| Eye protection | Eye protection is recommended for care of some residents where there is risk of droplets or secretions from the resident's mouth, nose, lungs or from body fluids reaching the eyes (e.g. caring for someone who is repeatedly coughing).<br><br>Use of eye protection should be discussed with your manager and you should have access to eye protection (such as goggles or visors).<br><br>Eye protection can be used continuously while providing care, until you need to take a break from duties.<br><br>If you are provided with goggles/a visor that is reusable, then you should be given instructions on how to clean and disinfect following the manufacturer's instructions or local infection control policy and how to store them between duties. If eye protection is labelled as for single use then it should be disposed of after removal. |

Recommendation Table 2.

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

These recommendations apply:

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

**If practical, residents with respiratory symptoms should remain inside their room**, they should be encouraged to follow good hand and respiratory hygiene.

**If unable to maintain 2 metre distance from a coughing resident then follow recommendations in** Table 1 above.

Note: PPE is only effective when worn properly, put on and taken off safely and combined with: hand hygiene (cleaning your hands regularly and appropriately); respiratory hygiene ("catch it, bin it, kill it") and avoiding touching your face with your hands, and following standard infection prevention and control precautions (https://www.nice.org.uk/guidance/cg139).

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

| Recommended PPE items | Explanation |
|---|---|
| ✗ Disposable gloves* | * If required for reasons set out in standard infection prevention and control precautions (e.g. contact with residents' bodily fluids) or if your task involves anyone who is shielding.<br><br>Vinyl gloves provide sufficient protection for the majority of duties in the care environment, providing the correct size of glove is chosen according to the wearer's hand size.<br><br>If there is a risk of gloves tearing, or the task requires a high level of dexterity, or requires an extended period of wear, then an alternative better fitting glove (e.g. Nitrile) should be considered.<br><br>If a change of gloves is required during a task because the glove is torn or punctured, then hand hygiene is needed after removal of the original gloves. Hands should be thoroughly dried to make the donning of new gloves easier and reducing the risk of gloves tearing before donning a clean pair.<br><br>Providers need to consider the characteristics of the different gloves available for the duties the care workers are doing. This includes the gloves required in relation to cleaning products. |
| ✗ Disposable plastic apron* | * Required if for other reasons set out in standard infection prevention and control precautions (e.g. contact with residents' bodily fluids) or if your task involves anyone who is shielding. |
| ✓ Type II surgical mask | Type II surgical masks can be used continuously while providing care, until you take a break from duties (e.g. to drink, eat, take a break from duties at your break time or at end of shift).<br><br>The face mask can be used while caring for a number of different residents regardless of their symptoms. You should not touch your face mask unless it is to put it on or remove it.<br><br>You should remove and dispose of the mask if it becomes damaged, visibly soiled, damp, or uncomfortable to use. You need to use a new mask when you re-start your duties after a break.<br><br>Note: surgical masks do not need to be fluid repellent for use in this situation. However, if you are already wearing a fluid-repellent (Type IIR) surgical mask there is no need to replace it, and if only fluid-repellent (Type IIR) surgical masks are available then these may be used. |
| ✗ Eye protection | Not required. |

Recommendation Table 3.

**Any other situation when in a care home and at a distance of 2 metres or more away from residents**

These recommendations apply:

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

Note: **this is not considered PPE**, i.e. mask use in this scenario is not used for protection of the staff member wearing the mask but is to prevent them passing on COVID-19 from their mouth and nose to other people in the care home. All other measures to protect you and others should continue i.e. hand hygiene (cleaning your hands regularly and appropriately); respiratory hygiene ("catch it, bin it, kill it"), avoiding touching your face with your hands, following standard infection prevention and control precautions https://www.nice.org.uk/guidance/cg139 and increased cleaning of frequently touched surfaces. Ensure you practice social distancing (at least 2 metres from other individuals including staff members).

**Table 3: Any other situation when in a care home and at a distance of 2 metres or more away from residents**

| Recommended PPE items | Explanation |
|---|---|
| ✓ Type I or Type II surgical mask | Type I or Type II surgical masks can be used continuously until you take a break from duties (e.g. to drink, eat, for your break time if stepping outside of the care home or at end of shift when leaving the care home).<br><br>You should not touch your face mask unless it is to put it on or remove it.<br><br>You should remove and dispose of the mask if it becomes damaged, visibly soiled, damp, or uncomfortable to use. You need to use a new mask and put it on immediately after you have finished eating/ drinking or you are re-entering the care home after a break.<br><br>If you have been providing care duties to residents (wearing PPE as per Table 1 or 2) and now are going to take a break or change duties to be working away from residents/ in staff only areas, you should remove your gloves, apron and FRSM, clean your hands and put on a new Type I or Type II face mask.<br><br>Note: if only fluid-repellent Type IIR or Type II surgical masks are available then these may be used in this scenario if stocks are sufficient. Type IR surgical masks can also be used as an alternative. |

# Section 2: Recommendations explained- questions and answers

## PPE recommendations and sustained transmission of COVID-19

### 1 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 you as a care worker should assume that you are likely to encounter people with COVID-19 infection in your routine work. Sustained transmission is when infection is widespread and that for many people with COVID-19 infection, we are unable to work out who or where they got it from.

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

**Yes**. As there is sustained transmission of COVID-19 we recommend you use PPE regardless of whether residents in your care home have symptoms of COVID-19 or not.

Section 1 provides recommendations on what PPE is required and when.

### 3 Why is PPE needed for personal care of all residents and not just when caring for residents with symptoms of COVID-19?

Where COVID-19 is circulating in the community at high rates and symptoms can differ from person to person, it is not always obvious who might be affected by the virus and be infectious to others. Older people might only have minimal symptoms of respiratory infection and a high proportion of individuals with COVID-19 do not display any symptoms at all.

You need to take precautions to both protect your own health and prevent passing on infection to the vulnerable people you care for during your work.

### 4 Why is a recommendation now being made for all care home staff to wear a surgical mask?

The recommendations have been made for all staff to help prevent the spread of infection within the care home. Evidence has shown that those infected with COVID-19 can have very mild or no symptoms and might pass on the virus to others without being aware of it, so it is important we take steps to reduce the risk of this happening.

Wearing a face mask reduces the risk of passing on the virus to other staff either directly e.g. by coughing, or indirectly via hands after touching the mouth or nose and then touching surfaces such as door handles which will then be touched by others.

## 5 Are there differences between recommendations here and previous PPE guidance and if so why?

Yes. This resource has been updated, taking into account the context of sustained transmission of COVID-19 across the UK. This resource also incorporates recommendations on the use of surgical masks in all areas of care homes to further reduce risk of spread of COVID-19 infection within care homes. Advice changes as more information about the virus is known and the scientific evidence is updated.

# PPE overview

## 6 How does PPE protect me?

**Gloves** – protect you from picking up SARS-CoV-2 (the virus that causes COVID-19) from the environment (such as contaminated surfaces) or directly from people infected. The use of gloves may be based on a risk assessment of the task being carried out.

Vinyl gloves provide sufficient protection for the majority of duties in the care environment, providing the correct size of glove is chosen according to the wearer's hand size.

If there is a risk of gloves tearing, or the task requires a high level of dexterity, or requires an extended period of wear, then an alternative better fitting glove (e.g. nitrile) should be considered.

If a change of gloves is required during a task because the glove is torn or punctured, then hand hygiene is needed after removal of the original gloves. Hands should be thoroughly dried to make the donning of new gloves easier and to reduce the risk of gloves tearing before donning a clean pair.

Providers need to consider the characteristics of the different gloves available for the duties the care workers are doing. This includes the gloves required in relation to cleaning products.

**Vinyl**

Vinyl gloves are suitable for short-term, low-risk tasks and are suitable for use in home-based and residential care settings. They do not offer quite the same level of dexterity as nitrile or latex gloves but are a good option for everyday tasks in health and care settings. They are cost effective and latex free. Because they offer less dexterity due to being a looser fit compared to nitrile or latex, they can be more susceptible to tears and punctures than other gloves. However, they still remain a good option. It is important to ensure that the correct size of vinyl gloves is available to the person wearing them.

**Nitrile**

Nitrile gloves are made from a synthetic rubber that is latex-free. They are superior to vinyl when it comes to puncture resistance and general durability. They can be worn for longer periods of time than vinyl. They provide a better fit to the hand (if the correct size of glove is used) and have a long shelf life. They are more expensive than vinyl gloves.

**Natural rubber Latex (must be powder free)**

Latex gloves are made from natural rubber. They must be powder free and can be worn for prolonged periods of time and enable the wearer to have a high degree of dexterity and comfort. However, latex gloves are associated with increased rates of contact dermatitis and allergy in a small proportion of the population. If latex gloves are needed for any specific purpose, then a risk assessment for latex sensitivity and allergy is necessary for both the person wearing the glove and the person receiving care and support.

Disposable gloves are single use and you must dispose of them immediately after completion of a procedure or task and after each resident, and then clean your hands. You must take care not to touch your face, mouth or eyes when you are wearing gloves.

Disposable gloves may be worn for routine cleaning, however if chemicals are being used as part of a decontamination schedule a COSHH assessment must be carried out and the correct PPE worn.

**Disposable plastic aprons** – protect your uniform or clothes from contamination when providing care.

You must wear a disposable plastic apron when providing personal care and when exposure to body fluids is likely. Disposable plastic aprons are single use and you must dispose of them immediately after completion of a procedure or task and after each resident, and then clean your hands.

**Type II and IIR surgical masks** – Wearing a Type II surgical mask provides a barrier, protecting your mouth and nose from a resident's respiratory secretions but are not recommended if you are giving personal care to a resident. Fluid repellent surgical masks (FRSM), which are Type IIR surgical masks, provide additional protection from respiratory droplets produced by residents (e.g. when they cough or sneeze).

Wearing a surgical mask additionally protects residents by minimising the risk of passing on infection from yourself (via secretions or droplets from your mouth, nose and lungs) to residents when you are caring for them. (Note: do not go to work if you have symptoms of COVID-19 such as a new continuous cough, a high temperature, a loss of, or change in, your normal sense of taste or smell).

Surgical mask types are described further in Question 25.

All surgical masks can be used for care of more than one resident providing you do not remove the mask between residents (Table 1).

You should not touch your face mask unless it is to put on or remove it. It is also important that you remove your face mask safely to avoid contaminating yourself.

**Type I surgical masks** - do not protect the staff member wearing the mask but they may prevent spread of COVID-19 in the care home by preventing the staff member wearing the mask from passing on the virus to other people (e.g. through coughing or via their hands after touching their mouth or nose and then touching surfaces).

**Eye protection** – provides a barrier to protect your eyes from respiratory droplets e.g. by a repeatedly coughing resident, and from splashing of secretions (e.g. of body fluids or excretions such as vomit). Eye protection should cover the eye or face completely so prescription spectacles are not sufficient.

As for face masks, eye protection can be used continuously while providing care, until you need to take a break from duties or for reasons provided in Question 10.

Most eye protection is reusable; you should check and follow the manufacturer's instructions or local infection control policy on how to clean and disinfect between uses. Further advice on cleaning is provided in Question 14. If eye protection is labelled as for single use then you should dispose of it of after removal.

## 7 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:

- hand hygiene (cleaning your hands regularly and appropriately)
- respiratory hygiene ("catch it, bin it, kill it") and avoiding touching your face with your hands
- following standard infection prevention and control precautions www.nice.org.uk/guidance/cg139
- correct technique for putting on and taking off PPE
- safe disposal of used PPE

You must perform hand hygiene immediately before every episode of care and after any activity or contact that potentially results in your hands becoming contaminated. This includes after the removal of personal protective equipment (PPE), equipment decontamination and waste handling. Remember do not wear nail varnish or use false nails, keep your nails short and use moisturiser after hand washing to keep the skin on your hands intact. For more information, please refer to My 5 moments for hand hygiene.

Avoid touching your mouth, nose and eyes during and between care. If you are having a drink or food between caring for residents, make sure you practice hand hygiene both before and after you eat and drink.

You and or your manager may want to monitor your residents for symptoms. If any of your residents develop symptoms such as temperature or develop loss or change in normal sense of smell or taste or are unwell or you are concerned about any of them you must inform your manager immediately. Whilst you will wear PPE for all residents as per recommendations, when you know someone has symptoms it may be appropriate to see to those individuals at the end of rounds (where safe to do so) and discuss with your manager ways you might be able to minimise direct contact where practical, to further reduce risk to yourself.

Type I or II surgical masks are recommended when working at least 2 metres away from residents, undertaking activities (or occupying areas of the home) which do not bring you into contact with residents (Table 3). You should maintain a 2 metre social distance from others including staff and visitors. When you have removed a face mask in the care home (e.g. to eat or drink), maintain 2 metres social distancing from others and put on a new surgical mask as soon as is practical.

## 8 What about visitors?

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

## PPE recommendations- explaining 'continuous use' vs 're-use'

### 9 Why are you recommending continuous use of face masks and eye protection when caring for residents until my break?

There is no evidence to suggest that replacing face masks and eye protection between each resident would reduce risk of infection to you. In fact, there may be more risk to you by repeatedly changing your face mask or eye protection as this may involve touching your face unnecessarily.

We recommend you use face masks and eye protection continuously until you need to take a break or otherwise remove it (e.g. to drink, eat at your break time or when you leave at the end of your shift), both to reduce risk to you and to make it easier for you to conduct your usual work without unnecessary disruption.

You can wear the same face mask between residents whether or not they have symptoms of COVID-19.

When you take a break or need to remove your face mask for some other reason, you should remove your eye protection followed by your mask, clean your hands and replace it with a new mask. If you are not expecting to carry out any duties providing care to residents, you should wear a Type I or Type II mask if continuing to work in the home (Table 3). If you are going home, you must dispose of the PPE and mask by following the correct procedure.

You must ensure your eye protection is appropriately cleaned when you remove it/before next use. If your eye protection is labelled as for single use only then it should be disposed of after use.

There may be circumstances that you would need to remove and replace your face mask or eye protection before your break or you otherwise feel you need to, as described below.

The duration of continual use is dependent on a number of factors (for example, heat, nature and duration of your duties, shift-length) and individual factors and is not prescribed here.

Appropriate continuous use will not put you or your residents at additional risk (see Question 11).

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

Yes. You should discard and replace a face mask and NOT continue to use it in any of the following circumstances:

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

You must decontaminate reusable eye protection after each use and NOT continue to use it 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 video on putting on and removing PPE.

### 11 Is it risky to my residents if I use the same mask between residents even if one has symptoms and others don't?

Providing neither you nor the residents touch the mask, then wearing the same face mask between residents does not present risk to you or the resident. You should remove and replace the face mask if soiled, damp, damaged or in other circumstances set out in Question 10.

### 12 Are you recommending re-use of single use face masks?

No. We are recommending that face masks can be used continuously while providing care, unless you need to remove the mask from your face (e.g. to drink, eat or take a break from duties or for other reasons). If face masks are removed for any reason we recommend you should not re-use them.

## Using PPE-practicalities

### 13 How and where should I put on and take off PPE?

Guidance on putting on (donning) and removing (doffing) PPE can be found here. You need to put on your PPE at least two metres away from residents.

Your manager will need to decide the best place to do this in the care home e.g. a dedicated area for putting on and taking off PPE.

Similarly, you should take off PPE when at least two metres away from any resident.

Note that Type I or II surgical masks should be used in all areas of the care home when not otherwise needing to wear PPE (Table 3). So, you need to put a face mask on before you enter or immediately as you enter the care home. Your organisation will need to work out how best to do this in your setting. If you need to remove your face mask for whatever reason, ensure you do this 2 metres away from others (including residents and staff) and replace with a new face mask as soon as practical.

### 14 How should I clean my eye protection (goggles/visors) between uses?

If your eye protection is reusable you should check and follow the manufacturer's instructions or local infection control policy on how to clean and disinfect between uses. As a minimum, between uses you should clean with a neutral detergent wipe, allow to dry, disinfect with a 70% alcohol wipe and leave to dry; or use a single step detergent/disinfectant wipe, allowing the item to dry afterwards. You should store in a bag to avoid possible contamination after cleaning and disinfection is complete. Do not put eye protection on until it is completely dry. Cleaning of reusable PPE items that have been provided to you is your responsibility. Do not smoke and avoid contact with flames whilst wearing eye protection.

If your eye protection is single use then it should be disposed of after use.

## 15 If I wear PPE what should I do about my cleaning my uniform or work clothes?

Regardless of wearing PPE, uniforms should be laundered as follows:

- separately from other household linen if heavily soiled
- at the maximum temperature the fabric can tolerate, then ironed or tumble dried

If you do not wear a uniform, then you should change your clothing when you get home and launder clothing used for work as described for uniforms above. This does not need to apply to underclothes unless contamination from the resident's body fluid (e.g. vomit, or fluids soaked through external items).

# PPE use for particular resident groups and tasks

## 16 How will I know if any of my residents are "shielding" and are "clinically extremely vulnerable from COVID-19" and what do I need to do?

Individuals with certain serious health conditions (such as those with some types of cancer, lung diseases and with suppressed immune systems) are considered extremely vulnerable and if they caught COVID-19 it may cause serious illness and or death. Shielding is a measure to protect people who are extremely vulnerable by minimising all interaction between them and others.

Your organisation must identify which of your residents are in the clinically extremely vulnerable group and require shielding so you would not be expected to make an assessment yourself. However, you should make sure you know which of your residents are in this category.

As a minimum, residents in the extremely vulnerable group should be separated from others (e.g. reside in a single room).

If you have any concerns about whether your residents should belong to this group, then you should discuss with your manager.

When you are delivering personal care to an individual who is shielding you should wear a fluid repellent surgical mask, gloves and an apron.

The primary purpose of wearing PPE in this scenario is to protect the vulnerable individual. This could be achieved with use of non- fluid repellent surgical masks; however, we are recommending use of fluid repellent surgical masks for personal care to additionally protect you (Table 1).

Because people in this group are especially vulnerable, additional precautions are also needed to avoid contaminating surfaces that might be touched by the resident. Therefore, if you are entering the room or living premises of an individual who is shielding you should wear a minimum of a surgical mask, gloves and aprons even if you do not come within 2 metres of the individual being shielded (use a FRSM for personal care of an individual).

Further information on shielding and this group can be found here.

## 17 Is this resource relevant for when I am providing care for clients with learning disabilities, mental health problems, autism and dementia?

This resource was developed for care workers and providers delivering care no matter the underlying condition(s) of the person(s) they are caring for. We do recognise there may be challenges in following PPE recommendations and providing care particularly for people with learning disabilities, mental health problems, autism and dementia. For advice and guidance on applying PPE recommendations for people with learning disabilities and or autism please see Section 3. These principles can be applied to caring for people with a range of conditions e.g. dementia.

NHS England has developed specific guidance for the provision of care to people with suspected or confirmed COVID-19 with learning disabilities, mental health problems, autism and dementia which can be accessed here

## 18 Do I need to wear PPE when caring for young people?

Yes. Even though young people are less likely to develop severe illness from COVID-19 it is important to maintain the same good practice with all residents, this will prevent spread of COVID-19 (between residents, care workers and families and contacts) and protect vulnerable people in the population.

The Department for Education has published guidance on safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE)

## 19 Do I have to wear a mask when within two metres of residents even if I am not performing care tasks?

Yes. You need to follow the recommendations in Table 2 whatever the task you are undertaking if it involves being within 2 metres of a resident (e.g. this includes group activities, when accompanying a resident on an outing). You need to follow the recommendations in Table 3 when you are at work 2 metres or more away from a client.

## 20 What should I do when I am caring for someone who has previously tested positive for COVID-19?

The same PPE recommendations apply for personal care regardless of whether residents have tested positive or not for COVID-19.

# PPE use in specific circumstances

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

In care homes, it is unusual to undertake aerosol generating procedures (AGPs), although some delivering complex care may do so.

AGPs include open suctioning of airways when caring for residents with tracheostomies. AGP precautions are also required for residents who are receiving ventilatory support such as Continuous Positive Airway Pressure (CPAP).

Your organisation/manager will inform you if AGPs are relevant to you and instruct you on additional precautions required. Further information on AGPs including PPE recommendations for staff performing AGPs can be found here and here.

## 22 It is very difficult to meet the needs of our residents by following these recommendations- what should we do?

These recommendations are to protect care workers and residents from COVID-19 during the period of sustained transmission. There may be circumstances where following recommendations presents challenges in caring for the resident, for example where lip reading or facial recognition is especially important for care.

At the beginning of this resource we indicate that: 'Providers will need to consider how to operationalise recommendations according to their individual circumstances' and that this resource should be treated as a guide. Your organisation will decide how best to put into practice PPE guidance so that any negative impact on residents is reduced as far as possible whilst maintaining the health and safety of care workers and residents. Risk assessment should be undertaken in these circumstances.

We recommend you read Section 3 which describes how risk assessment and multidisciplinary decision making (considering capacity of individuals) may be used to approach these situations for residents with learning disability and autism; this approach may be adapted for similar scenarios for residents with different problems e.g. dementia.

Providers may consider approaches to make PPE less intimidating (see Section 3) or alternative approaches to care which reduce risk to care workers and residents (e.g. by permitting a 2 metre social distance more often, use of visual aids).

# PPE items FAQs

## 23 Can I use a homemade face covering or a cloth mask?

There is not sufficient evidence to recommend use of homemade face covering or cloth masks for staff delivering health and care activities so you should not use these when delivering care to residents. Surgical masks should be worn whenever you are in the care home (the type needed depends on the circumstances, as described in Tables 1-3).

You should follow advice as for the general public when outside of work. This includes following guidance on wearing face coverings (not medical grade masks) when in enclosed spaces such as public transport found here.

Visitors to the care home should wear a face covering at all times (this may be a homemade or cloth mask).

## 24 Should I wear an apron that protects my sleeves?

For typical work in a care home it is not necessary to wear an apron that protects your sleeves, but you should clean your forearms when you clean your hands.

Long sleeve aprons are required for aerosol generating procedures (see Question 21).

## 25 What is the difference between surgical mask types and when should I use them?

Type II surgical masks and Type IIR fluid repellent surgical masks (FRSMs) provide barrier protection against COVID-19, i.e. they protect your mouth and nose from being contaminated with the virus as described above under "How does PPE protect me". The fluid repellent nature of a FRSM provides additional protection especially from droplets.

Type I surgical masks do not protect you. Rather, they may prevent transmission in the care home by preventing staff wearing the face mask from passing on COVID-19 from their mouth and nose to other people.

Recommendations in Tables 1 and 3 state when each of these items should be used and why. In summary:

- FRSMs should be used for personal care and when within 2 metres of a coughing person (i.e. where there is risk of droplet transmission)
- Type II surgical masks can be used when undertaking tasks within 2 metres of a resident but not providing personal care (i.e. not touching), providing the resident does not have a cough. Type I or II surgical masks should be used whenever in the care home in any other circumstances i.e. when not within 2 metres of residents

Homemade/cloth masks are NOT recommended for use by health and social care staff in this context though they are suitable for visitors.

Filtering face piece class 2/3 (FFP2/3) respirators are only required for Aerosol Generating Procedures (AGPs). AGPs are explained in Question 21. Care workers working in care homes are not generally expected to be undertaking AGPs and therefore do not typically need to wear FFP3 or N95 respirators. Your organisation/manager will inform you if AGPs are relevant to you and will instruct you if respirators and/or additional precautions are required.

# Risk assessment and social distancing

## 26 What is a risk assessment and who does this?

Risk assessment involves assessing the likelihood of encountering a person with COVID-19, considering the ways that infection might be passed on and how to prevent this with use of PPE items or other measures such as social distancing.

Your organisation or manager will perform a risk assessment and provide specific guidance to you as to when/for which residents or tasks you need to wear items such as eye protection and FRSMs.

So, for example your manager may instruct you to wear eye protection when you are providing personal care for a resident who is repeatedly coughing (to protect your eyes from droplets or secretions).

Whilst risk assessment may be the responsibility of your manager or organisation, you will be involved as you see the residents and can help by telling your manager of any change in their condition.

Your manager should also help you identify any residents who are 'clinically extremely vulnerable' and 'shielding'.

You should discuss situations which you are unsure about with your manager.

## 27 Do I need to wear a face mask if I am able to maintain 2 metres social distance whilst working in the care home?

Even when able to maintain 2 metres social distance, Type I or II surgical masks should be worn in the care home (see Table 3). The only exception is where you work alone separated from other staff (see Question 28 below).

Note: you should wear a minimum of surgical mask, gloves and aprons when entering the room/living area of anyone who is shielding even if you are not going to be within 2 metres of the individual being shielded (see Question 16).

## 28 Do I need to wear a face mask if I work in a private workspace where I work alone?

No, if you are working alone you will not be expected to wear a mask but when you leave the private work area to move through the care home building, e.g. on an errand, or for meal breaks, you should put on a surgical mask (Type I or II).

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

## 29 What if I am already wearing a face mask, do I need to change my mask when leaving the resident care area?

If you have been giving care to residents and you are leaving the area with residents (e.g. eat, drink, to take a break or to change duties), then you need to remove your PPE, including your fluid resistant surgical mask, clean your hands and then put on a new Type I or Type II face mask. (Table 3).

## 30 What happens when I go to the staff room wearing my face mask?

You should continue to maintain social/physical distance of 2 metres while in staff areas/rooms/dining areas. If eating/drinking, you should remove your mask and dispose of it as offensive waste and clean your hands. Do not place the face mask on dining tables or nearby surfaces. Once you have finished eating/drinking you should put on a new face mask.

# Section 3: When you are providing support to people with learning disabilities or autistic people

People with learning disabilities and autistic people in residential care settings need a wide range of types and levels of care. For some, care focuses on supporting them to do their own personal care and participate actively in leisure and social activities. Others may not be able to communicate verbally and could have substantial physical and/or sensory disabilities. Many are very social, some struggle in social situations. Some are naturally very tactile. While others, particularly some autistic people, strongly dislike being touched. Some autistic people find changes of routine very upsetting. Good care involves helping people learn to take as active a part as possible in ordinary activities of their choice. For a small number, this involves a complex balance of risks as small frustrations or changes can lead to forceful reactions with potentially serious consequences. Some people depend on reading carers' facial expressions for communication. Face masks make this harder and so they can cause distress which can result in behaviour that may cause harm to the person themselves or others.

Anyone who has new symptoms suggestive of COVID-19 such as a new persistent cough or temperature, or loss or change in their sense of smell or taste, must be treated as if they possibly have COVID-19 and ideally isolated from other residents. It should be explained to the other residents, as far as possible, that this is not a punishment but is being done to try and stop other people getting ill. Contingency plans should be drawn up in advance if this is likely to be seriously difficult for them or if caring for them in isolation is likely to require substantially more staff input.

Going beyond these it will be important for staff to emphasise repeatedly the importance of the main infection control procedures including:

- keeping 2 metres distant from others
- refraining from socially touching
- hand hygiene
- avoiding touching your mouth, nose and eyes
- respiratory hygiene ("catch it, bin it, kill it")
- regular cleaning, especially of frequently touched surfaces

Use signs, videos and social stories to help with this. Coronavirus (COVID-19):guidance for care staff supporting adults with learning disabilities and autistic adults provides links to some resources.

People with learning disabilities and autistic people communicate in a large variety of ways, some of these are non-verbal. It is important for staff supporting them to use information in their communication plan, if they have one, to guide them about what might be the best way to convey information and understand the person's responses. The National Autistic Society website contains some general information about communicating with autistic people. Families and those who know people best are likely to be able to provide good insights into how to give information about PPE, and how the person might be supported to be accepting of those supporting them wearing it. It is important to remember that each person is unique with their own preferred ways of engaging in communication.

Some people with learning disabilities or autistic people may be distressed or anxious to see staff who support them wearing PPE. They may have difficulty recognising familiar faces and non-verbal communication may be harder.

Steps can be taken to make PPE seem less frightening in several ways. It is important that in doing this you do not alter the PPE items in any way as this could reduce their effectiveness in protecting staff or the people they care for. Care England have provided the following suggestions to help with this:

- staff may be able to greet residents without a mask through a window before entering the space where they actually meet
- explain that by wearing the mask you are helping other people to stay safe and that the mask is now part of your regular working clothes or uniform
- wear disposable picture badges showing staff without masks
- introduce masks by making them in an art session. This will be useful if residents need masks when going out. Have a choice of colours or fabric designs
- try to normalise the wearing of masks around the care home; if there are soft toys around perhaps provide masks for these
- play a game trying to guess what expression people are making behind masks
- use Makaton or BSL or possibly develop shared non-verbal signals for the expressions usually read from faces
- develop a matching pairs game with pictures of people with and without masks
- praise people when they ask questions about the masks. Answer clearly and honestly using their preferred communication method
- consider changing existing staff photos on activity boards or staff boards to photos of the staff wearing masks
- consider graded exposure approaches with the aim of making the PPE acceptable

In exceptional circumstances, a very small number of people may have great difficulty in accepting staff wearing masks (and eye protection if relevant). Despite explanation, education and desensitization they may repeatedly attempt to take them off, or they may react with extreme distress or anxiety. The severity, intensity and/or frequency of the behaviours of concern may place them or the supporting staff at risk of harm. A comprehensive risk assessment for each of these people identifying the specific risks for them and others should be undertaken. Under no circumstances should this assessment be applied to a whole care setting.

The risk assessment needs to determine whether the risks involved in wearing masks (forceful outbursts with potential injury, or unsafe mask removal, or the serious impact on the physical and mental wellbeing from the inability to communicate, or to follow habitual routines) are greater than those involved in not wearing them. Full face visors or transparent (clear fronted, see-through) face masks if available, could be considered as part of risk assessment for use in these circumstances. A multidisciplinary group involving external professionals and the local authority should undertake the assessment. If there is a reason to think that the person lacks capacity to make a decision about the use of PPE, a capacity assessment should be undertaken in accordance with the Mental Capacity Act. Any subsequent decisions should be made according to ‘best interests’ principles. This should involve review of relevant behavioural support options to help using PPE, the level of risk which COVID-19 poses to the individual and the risks likely to be associated with pursuing the use of PPE. Contingency arrangements should be made in case the supported individual develops COVID-19 symptoms. A decision not to use PPE should be kept under review, and alternative

solutions and strategies which might allow introduction of the appropriate level of PPE continuously sought. All decisions should be clearly recorded in a risk management plan agreed by the person being supported (or those who are significant to them if a best interests decision has been made), the multidisciplinary team and the organisation and team providing support.

At the same time management should consider the risks to the staff involved. They should consider the views and wishes of the staff concerned and any characteristics or conditions which may make individual staff members more vulnerable to COVID-19. It may be appropriate to reassign staff members.

# Section 4: Case Scenarios

## 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. This now includes wearing a surgical mask at all times whilst on duty and moving between areas. 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 cough or a temperature.

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 Type IIR fluid repellent surgical 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 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 a disposable plastic apron 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 on putting on and taking off PPE developed by Public Health England.

# CASE STUDY 3

Jasmine had worked at the care home for numerous years and regularly worked a night shift as this gave her more time to spend with her children during the day time. As the senior carer on the shift she had contact with both the residents and the staff members on night duty. They often congregated in the staff room or office when not required by the residents to complete paper work.

COVID-19 meant they had to change some of their practices and implement social distancing amongst themselves wherever possible. They also now had to start wearing surgical masks Type I or Type II when they were within close proximity to other people (which now included their colleagues).

Jasmine explained the reasons to her colleagues and implemented a new procedure whereby all staff members had to don a mask at the entrance of the home, irrespective of whether they had direct care / contact with the residents, and should keep it on during a period of duty. If they needed to remove it to eat or drink, a new mask then needed to be used.

Jasmine explained that if direct care was given to a resident then the mask could be left on between residents providing the front of the mask was not touched, it had not become damaged or had not caused discomfort. Once direct care was completed, and the next task involved working in the laundry (away from the residents) away from the residents, then a new mask either Type I or Type II needed to be worn. All masks needed to be disposed of correctly in the waste streams on completion of the shift and leaving for home.

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# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: @PHE_uk
Facebook: www.facebook.com/PublicHealthEngland



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