

# Guidance for Home Care and Extra Care Housing Staff on what personal protective equipment (PPE) is required

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Version History.			Amended by.
V 1.3.	22 May 2020.	Update to Symptoms throughout document and clarifying disposal of PPE for dealing with non-symptomatic service users.	Alan Tait.

This guide has been written to provide you with simple instructions and guidance on personal protective equipment (PPE) is required for when you are providing care to your service users. There are several posters that go with this guidance and they are attached.

If you are unsure of any part of this Guidance or its practical application, please speak to your Social Care Coordinator.

## General Guidance

There are general principles facilities and individuals can follow to help prevent the spread of respiratory viruses, including COVID-19. Individuals should:

- Wash hands regularly with the liquid soap and paper towels provided.
- Wash hands with soap and water; or use alcohol-based hand rub (ABHR) where available before eating and drinking, and after coughing, sneezing or going to the toilet.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Wherever possible, avoid direct contact with people that have a respiratory illness and avoid using their personal items such as their mobile phone.
- Follow the stay at home guidance if you or someone in your household has symptoms of COVID-19.
- Cover your nose and mouth with a disposable tissue when sneezing, coughing, wiping or blowing your nose. Dispose of all used tissues promptly into a waste bin. Then wash your hands, if facilities are not available use alcohol-based hand rub (ABHR). If there are no tissues available, cough and sneeze into the crook of elbow.

Before you undertake the visit, you should contact the service user to find out whether they, or anyone else in their household, are showing any symptoms of COVID-19, if this is not possible you should find out when keeping a 2 meters social distance. If you are unable to determine the health status of the individual, then treat as a symptomatic service user and follow the guidance below.

The symptoms of COVID-19 are:

- New continuous cough; OR
- Fever; OR
- loss of / change in sense of smell or taste.

## Safe ways for working for all health and care workers

- Staff should be trained on putting on and taking off PPE. Videos are available for training here on Health Protection Scotland website.  
<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-the-correct-order-for-donning-doffing-and-disposal-of-personal-protective-equipment-ppe-for-healthcare-workers-hcws-in-a-primary-care-setting/>

- Staff should know what PPE they should wear for each setting and context.
- Staff should have access to the PPE that protects them for the appropriate setting and context.
- Gloves and aprons are subject to single use as per Standard Infection Control Precautions with disposal after each service user contact.
- Hand hygiene should be practiced and extended to exposed forearms, after removing any element of PPE.

## Non-symptomatic Service Users

When providing care for service users who are not symptomatic (persistent cough and/or fever and/or loss of / change in sense of smell or taste) staff should wear:

- A disposable apron; and
- Disposable gloves when giving personal care.

This is shown in **Appendix 1**.

If the person starts coughing or sneezing, then you should follow the PPE requirements for Symptomatic Service Users below.

The appropriate PPE should be put on in the hall or reception area of the house before you come into contact with the person receiving care or anyone they live with. Similarly, the PPE should be taken off in the hall or reception area. This process is described in, **Appendix 3**.

Dispose of PPE and personal waste (e.g.; used tissues and disposable cleaning cloths) securely within disposable bags and put in with the other household waste as normal.

Once the PPE has been disposed of you should thoroughly wash your hands for 20 seconds. Best practice guidance on how to wash your hands is available in **Appendix 4**. It is vital that social care workers thoroughly wash their forearms if there is a risk of exposure to droplets. This is consistent with the UK policy of bare below the elbows and evidence reviews on the risks of healthcare acquired infections.

## Symptomatic Service Users

When you are giving care to someone who is showing symptoms of COVID-19 (persistent cough and/or fever and/or loss of / change in sense of smell or taste) or where someone else in that household is showing symptoms you should wear:

- Disposable apron.
- Disposable gloves.
- Fluid resistant surgical facemask (FRSM) type IIR.
- A disposable face shield (if there is the likelihood of being contaminated with cough or sneeze droplets on your face).

As can be seen in **Appendix 2** you should keep your forearms bare.

The appropriate PPE should be put on in the hall or reception area of the house before you come into contact with the person receiving care or anyone they live with. The same as for face masks, eye protection should:

- Be well fitted.
- Not be allowed to dangle after use.
- Not be touched once put on.

Be removed as with all PPE within the hall or reception area. You must make sure that you do not touch the potentially contaminated areas of the PPE. The correct method for putting on and removing PPE can be found in **Appendix 3**.

Dispose of PPE and personal waste (e.g. used tissues and disposable cleaning cloths) securely within disposable bags. At the last visit of the day all PPE used that day should be sealed within the second bin bag, tied and labelled. This bag should be stored for 72 hours before being put out for collection. Other household waste can be disposed of as normal.

Once the PPE has been disposed of you should thoroughly wash your hands for at least 20 seconds. Best practice guidance on how to wash your hands is available in **Appendix 4**. Hand hygiene should extend to include washing of exposed forearms. This is consistent with the UK policy of bare below the elbows and evidence reviews on the risks of healthcare acquired infections.

## Shielded Service Users

Shielded service users are those who are at particularly high risk of getting seriously ill if they catch COVID-19. **Your Social Care Coordinators will provide you with the details of which service users you provide care to fall into this category.**

The PPE described below is only for when the service user displays no symptoms of COVID-19 and is in place to prevent you from inadvertently infecting them with the virus.

When providing care for non-symptomatic shielded service users you should wear:

- A disposable apron.
- Disposable gloves.
- A fluid-resistant (Type IIR) surgical masks (FRSM).

When providing care for symptomatic shielded service users you should follow the guidance for caring for Symptomatic Service Users above.

The appropriate PPE should be put on in the hall or reception area of the house before you come into contact with the person receiving care or anyone they live with.

The PPE should be taken off in the hall or reception area.

Dispose of PPE and personal waste (e.g. used tissues and disposable cleaning cloths) securely within disposable bags and disposed of with the other household waste can be disposed of as normal.

Once the PPE has been disposed of you should thoroughly wash your hands for 20 seconds. Best practice guidance on how to wash your hands is available in **Appendix 4**. It is vital that social care workers thoroughly wash their forearms if there is a risk of exposure to droplets. This is consistent with the UK policy of bare below the elbows and evidence reviews on the risks of healthcare acquired infections.

A table summarizing what PPE to wear in each situation is attached in **Appendix 5**.

**Ultimately, where staff consider there is a risk to themselves or the individuals, they are caring for they should wear a fluid repellent surgical mask with or without eye protection, as determined by the individual staff member for the episode of care.**

Please note that there are no circumstances within the Home Care Environment where the sessional use of PPE is acceptable.

## Appendix 1. Unsuspected COVID -19

# Unsuspected COVID-19 PPE in Social/Community/Residential



**Hand hygiene**

Wash your hands with non-antimicrobial liquid soap and water if:

- visibly soiled or dirty;
- caring for an individual with a suspected or known gastro-intestinal infection e.g. norovirus or a spore forming organism i.e. *C. difficile*
- Immediately after removal of PPE.

In all other circumstances alcohol based hand rub can be used as an alternative to hand washing with liquid soap and water.

**Eye Protection / Visor**

- \*self assessment of risk for eye protection session or single use

**Fluid Resistant Surgical Mask**

- \*self assessment of risk for mask session or single use

**Gloves must be:**

- worn when exposure to blood and/or other body fluids is anticipated/likely e.g. toileting or taking blood;
- changed immediately after each patient and/or following completion of a procedure or task;
- changed if a perforation or puncture is suspected;
- appropriate for use, fit for purpose and well-fitting.

**Aprons must be:**

- worn to protect uniform or clothes when contamination is anticipated/likely e.g. when undertaking direct care e.g. assisted wash or aseptic/clean task
- changed between individuals and/or following completion of a procedure or task.

Remember to perform hand hygiene following removal/disposal of PPE.

Please refer to the full UK COVID-19 guidance for Infection Prevention and Control on the HPS COVID-19 web page

April 2020 poster 1 Community Standard v1 April 20

## Appendix 2: Suspected COVID-19

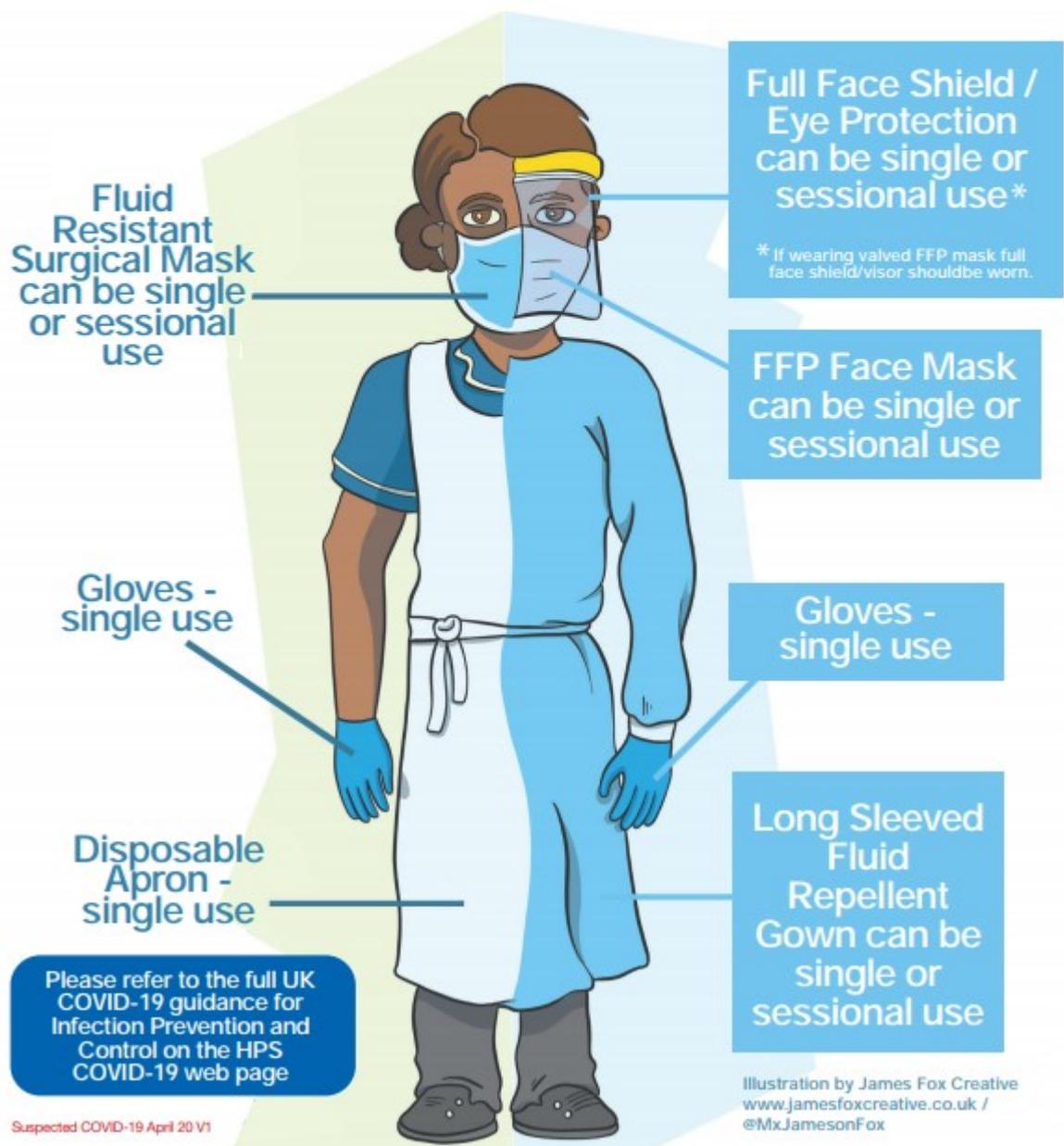
# Suspected/confirmed COVID-19 PPE General Area



General contact  
with COVID-19 case

Aerosol Generating  
Procedures

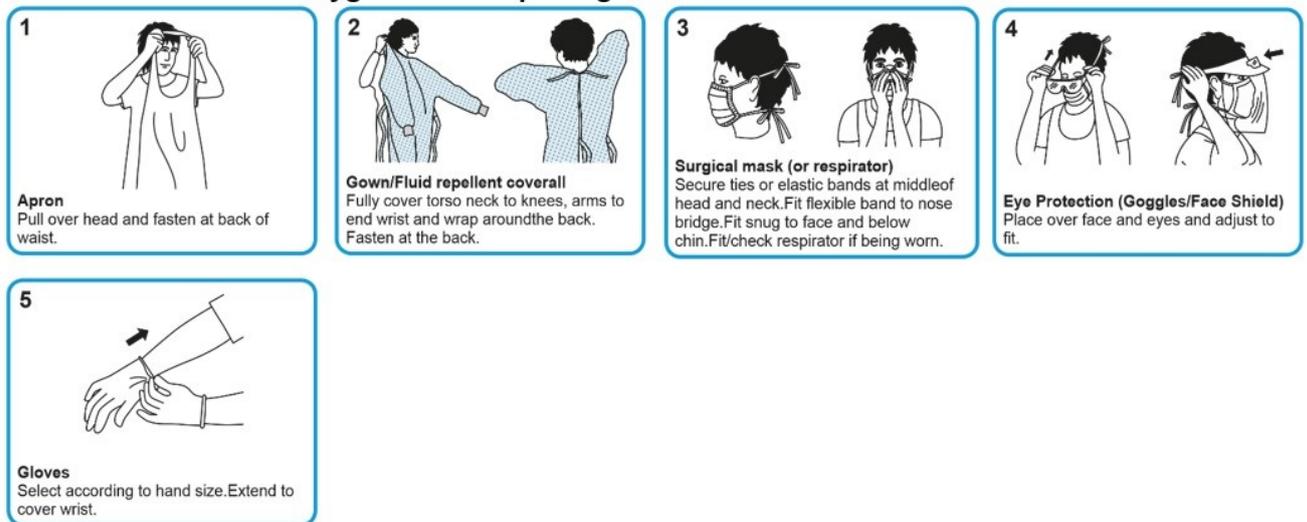
FOR ALL HEALTH & SOCIAL CARE SETTINGS



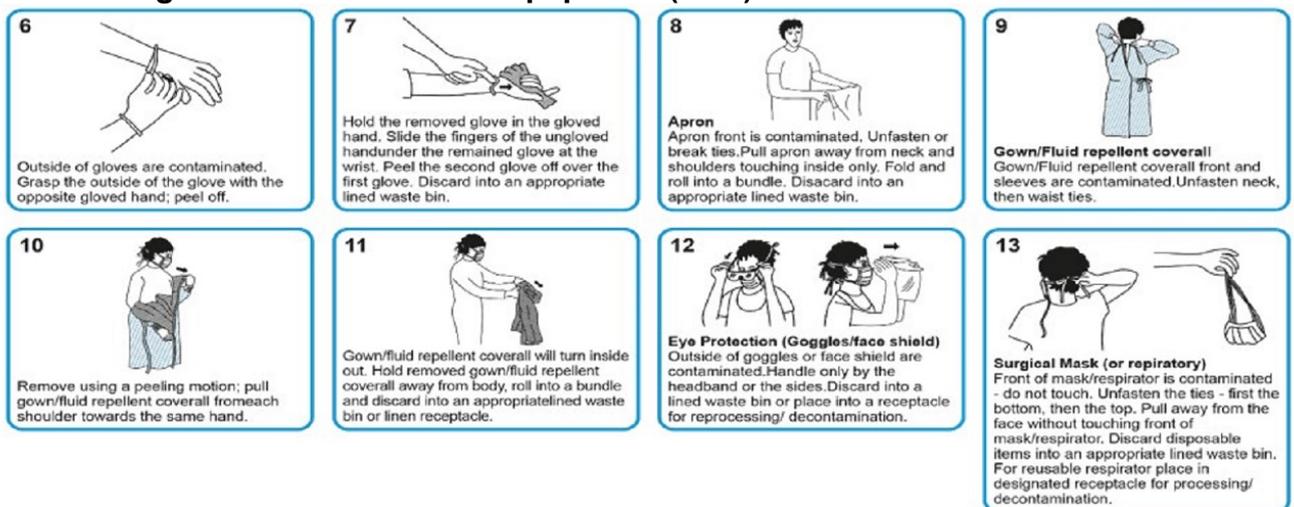
## Appendix 3: Putting on and taking off PPE

### 1. Perform hand hygiene before putting on PPE.

- Perform hand hygiene before putting on PPE



### 2. Removing Personal Protective Equipment (PPE)



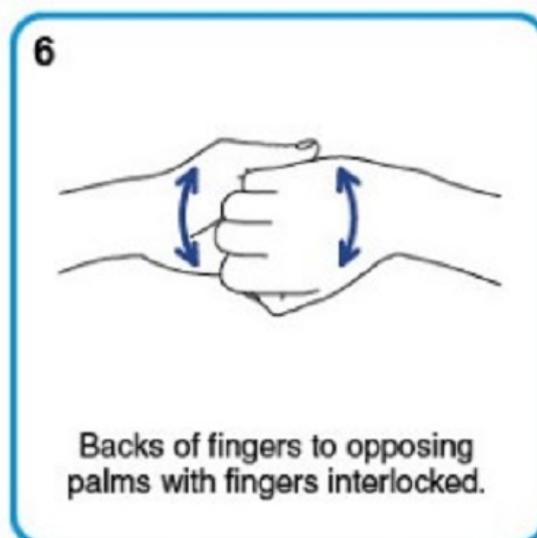
- Perform hand hygiene immediately on removal.
  - All PPE should be removed before leaving the area and disposed of as healthcare waste.

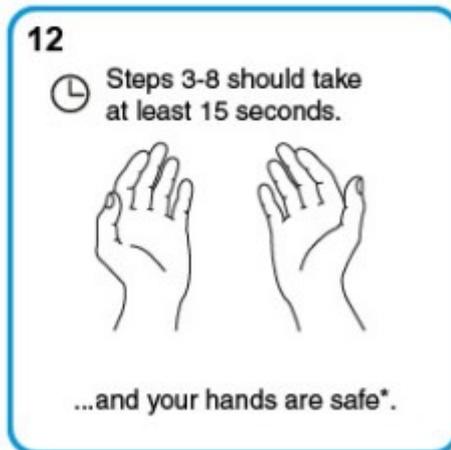
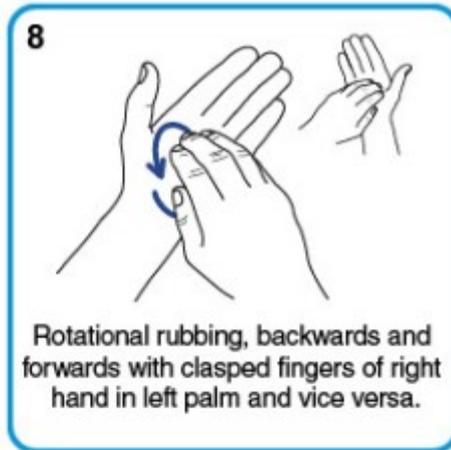
Part of the National Infection Prevention and Control Manual (NIPCM), available at: <http://www.nipcm.hps.scot.nhs.uk/>.

Produced by: Health Protection Scotland, July 2018.

## Appendix 4 Best Practice for Hand Washing

Steps 3-8 should take at least 15 seconds.





## Appendix 5: Recommended PPE for Community Care Setting

Setting.	Context.	Disposable Gloves.	Disposable Plastic Apron.	Disposable fluid-repellent coverall/gown.	Fluid-resistant (Type IIR) surgical mask.	Eye/face protection.
Individuals own home (current place of residence).	Direct care to any member of the household where any member of the household is a possible or confirmed case 1,2.	✓ Single use.	✓ Single use.	✗ n/a.	✓ Single use.	✓ Single use and risk assessed 3.
	Direct care or visit to any individuals in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding 4.	✓ Single use.	✓ Single use.	✗ n/a.	✓ Single use.	✗ n/a.

1. A case is any individual meeting case definition for a possible or confirmed case of COVID-19.

2. Initial risk assessment should take place by phone prior to entering the premises or at 2 metres social distance on entering; where the health or social care worker assesses that an individual within the household is symptomatic with suspected/confirmed cases appropriate PPE should be put on prior to providing care.

3. Risk assessed use refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets or blood or body fluids.

4. Some groups of people are considered to be at extremely high risk of severe illness with COVID-19. Further information can be found on the NHS Inform website.