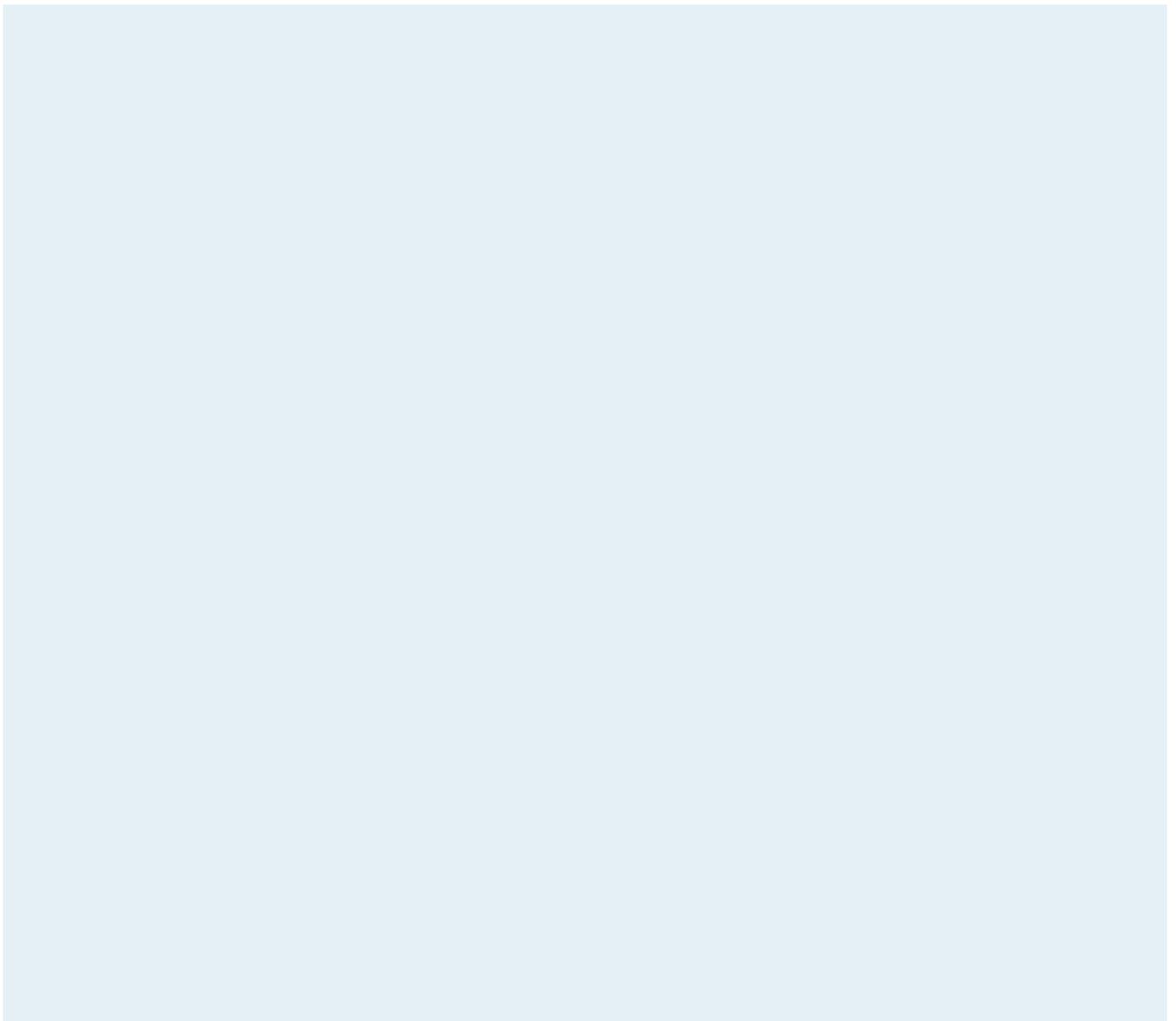




Public Health
England

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 resource provides guidance on the use of personal protective equipment (PPE) for care workers working in care homes during sustained COVID-19 transmission in the UK. This resource explains how PPE guidance applies to the care home setting and is drawn from full infection prevention and control (IPC) and PPE guidance found here: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control.

This resource applies the recommendations from the main PPE guidance to care home settings. It reflects the current context of sustained transmission in the UK. The PPE recommendations in this resource should be followed for all care home interactions during the sustained transmission period.

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

Supported residential living has been removed from the scope of the document based on feedback that this terminology covers settings outside of the focus of this resource. In addition to this resource a resource for domiciliary care has now been published.

Please note that any guidance contained in this resource should be treated as guide, and in the event of any conflict between any applicable legislation and this resource, the applicable legislation shall prevail.

Changes and updates to this resource

This resource has been updated from the previous version of this document as follows:

- the information on PPE has been simplified following feedback for the adult social care sector The flowchart has been removed, for simplicity PPE for COVID-19 is currently recommended for all care homes during sustained COVID-19 transmission
- changes to text, including addition of text to provide further explanation for recommendations and to make content easier to read
- addition of questions to 'frequently asked questions' section including:
 - how and where should I put on and take off PPE?
 - can I use a homemade face mask or cloth mask?
 - should I wear an apron that protects my sleeves?
 - what should we do when we are caring for someone who has previously tested positive for COVID-19?

Care home staff in the context of sustained COVID-19 transmission in the UK

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

These recommendations apply:

- whether the resident you are caring for has symptoms or not, and includes all residents including those in the 'extremely vulnerable' group and those diagnosed with COVID-19.
- whenever you are within 2 metres of any resident who is coughing, even if you are not providing direct care to them.
- to all direct 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).

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

Note: PPE is only effective when combined with: hand hygiene (cleaning your hands regularly and appropriately); respiratory hygiene <https://coronavirusresources.phe.gov.uk/hand-hygiene> and avoiding touching your face with your hands, and following standard infection prevention and control precautions. www.nice.org.uk/guidance/cg139

Recommended PPE items	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-resistant surgical mask	<p>Fluid-repellent surgical masks 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).</p> <p>The mask is worn to protect you, the care worker, and can be used while caring for a number of different residents. You should not touch your face mask unless it is to put it on or remove it.</p> <p>You should remove and dispose of the mask if it becomes damaged, soiled, damp, or uncomfortable to use. You need to use a new mask when you re-start your duties after a break.</p>
Eye protection	<p>Eye protection may be needed 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 or who may be vomiting).</p> <p>Use of eye protection should be discussed with your manager and you should have access to eye protection (such as goggles). If you are provided with goggles, then you should be given instructions on how to clean and store them between duties.</p> <p>Eye protection can be used continuously while providing care, until you need to take a break from duties.</p>

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)

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, or cleaning close to residents.

If practical, residents with respiratory symptoms should remain inside their room, they should be encouraged to follow good respiratory hygiene. If unable to maintain 2 metre distance from a coughing resident then follow recommendations above.

Note: PPE is only effective when combined with: hand hygiene (cleaning your hands regularly and appropriately); respiratory hygiene <https://coronavirusresources.phe.gov.uk/hand-hygiene> and avoiding touching your face with your hands, and following standard infection prevention and control precautions. www.nice.org.uk/guidance/cg139

Recommended PPE items	Explanation
 Disposable gloves	Not required.
 Disposable plastic apron	Not required.
 Surgical mask	<p>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).</p> <p>The mask is worn to protect you, the care worker, and can be used while caring for a number of different residents. You should not touch your face mask unless it is to put it on or remove it.</p> <p>You should remove and dispose of the mask if it becomes damaged, soiled, damp, or uncomfortable to use. You need to use a new mask when you re-start your duties after a break.</p> <p>Note: surgical masks do not need to be fluid repellent for use in this situation. However, if you are already wearing a fluid-repellent surgical mask there is no need to replace it, and if only fluid-repellent surgical masks are available then these may be used.</p> <p>A fluid-resistant surgical mask may be needed where there is high risk from respiratory droplets (e.g. when undertaking prolonged tasks close to residents who are persistently coughing or where it is not certain you can remain 2 metres away from coughing residents).</p> <p>Use of fluid-resistant masks should be discussed with your manager and be informed by a risk assessment in your care home.</p>
Eye protection	<p>Eye protection is not required if you are not within 2 metres of someone with a cough.</p> <p>Eye protection may be needed for care if you cannot maintain a 2 metre distance and is needed for certain tasks where there is risk of droplets or secretions from the resident's mouth, nose, lungs or from body fluids reaching the eyes (e.g. prolonged tasks near residents who are repeatedly coughing or who may be vomiting).</p> <p>Use of eye protection should be discussed with your manager and you should have access to eye protection (such as goggles). If you are provided with goggles, then you should be given instructions on how to clean and store them between visits</p> <p>Eye protection can be used continuously while providing care, until you need to 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)

This guidance applies for tasks such as: working in dining rooms, lounges, corridors etc.

If practical, residents with respiratory symptoms should remain inside their room, they should be encouraged to follow good respiratory hygiene. If unable to maintain 2 metre distance from a coughing resident then follow recommendations above.

Note: PPE is only effective when combined with: hand hygiene (cleaning your hands regularly and appropriately); respiratory hygiene <https://coronavirusresources.phe.gov.uk/hand-hygiene> and avoiding touching your face with your hands, and following standard infection prevention and control precautions. www.nice.org.uk/guidance/cg139

Recommended PPE	Explanation
 Disposable gloves	Not required.
 Disposable plastic apron	Not required.
 Surgical mask	<p>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).</p> <p>The mask is worn to protect you, the care worker, and can be used while caring for a number of different residents. You should not touch your face mask unless it is to put it on or remove it.</p> <p>You should remove and dispose of the mask if it becomes damaged, soiled, damp, or uncomfortable to use. You need to use a new mask when you re-start your duties after a break.</p> <p>Note: surgical masks do not need to be fluid repellent for use in this situation. However, if you are already wearing a fluid-repellent surgical mask there is no need to replace it, and if only fluid-repellent surgical masks are available then these may be used.</p> <p>A fluid-resistant surgical mask may be needed where there is high risk from respiratory droplets (e.g. when undertaking prolonged tasks close to residents who are persistently coughing or where it is not certain you can remain 2 metres away from coughing residents).</p> <p>Use of fluid-resistant masks should be discussed with your manager and be informed by a risk assessment in your care home.</p>
 Eye protection	Not required.

Q&A for personal protective equipment (PPE) in care homes in the context of sustained COVID-19 transmission in the UK

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 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.

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 use of PPE regardless of whether residents in your care home have symptoms.

The [tables](#) provide recommendations on what PPE is required and when.

Why is PPE needed for all residents and 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, 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 we believe that about one third of people overall have a positive test, without displaying symptoms at the time of the test.

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.

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.

Disposable gloves must be worn when providing direct care and when exposure to body fluids is likely. Disposable gloves are single use and must be disposed of immediately after completion of a procedure or task and after each resident, followed by hand hygiene. Care must be taken not to touch the face, mouth or eyes when wearing gloves.

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

Disposable plastic aprons must be worn when providing direct care and when exposure to body fluids is likely. Disposable plastic aprons are single use and must be disposed of immediately after completion of a procedure or task and after each resident, followed by hand hygiene.

Surgical masks – The aim of wearing a face mask is to protect your mouth and nose from a resident's respiratory secretions. Wearing a face mask also 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 cough and or temperature).

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). You should not touch your face mask unless it is to put on or remove it.

Fluid repellent surgical masks (FRSM) – protect you from respiratory droplets produced by residents (e.g. when they cough or sneeze) and secretions, by providing a barrier to prevent these reaching your mouth and nose. They also protect residents from you as explained for surgical masks above. (Note: do not go to work if you have symptoms of COVID-19 such as cough and or temperature).

FRSMs can be used continuously while providing care, same as for surgical masks explained above. You should not touch your face mask unless it is to put on or remove it.

Eye protection – (e.g. reusable goggles) provides a barrier to protect your eyes from respiratory droplets produced by residents (e.g. by a repeatedly coughing resident), and from splashing of secretions (e.g. of body fluids or excretions such as vomit).

As for face masks, eye protection can be used continuously while providing care, until you need to take a break from duties. Eye protection must be decontaminated between uses.

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 <https://coronavirusresources.phe.gov.uk/hand-hygiene> and avoiding touching your face with your hands
- following standard infection prevention and control precautions. www.nice.org.uk/guidance/cg139

Hand hygiene must be performed immediately before every episode of care and after any activity or contact that potentially results in your hands becoming contaminated. This includes 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 5 moments for hand hygiene and other handwashing best practice guides www.who.int/gpsc/tools/5momentsHandHygiene_A3.pdf

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

You and or your manager may want to monitor your residents for symptoms. If any of your residents develop symptoms, become suddenly unwell with a cough and or temperature or you are concerned about any of them you must inform your manager immediately. Whilst you will wear PPE for all patients as per recommendations, when you know someone has symptoms it may be appropriate to visit 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.

Why are you recommending continuous use of facemasks and eye protection 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 end of 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 otherwise need to, you should remove your face mask and eye protection and replace it with a new face mask for your next duty period. You must ensure your eye protection it is appropriately cleaned when you remove it/ before next 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.

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

Yes. A facemask 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 decontaminated after each use 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 www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes/covid-19-putting-on-and-removing-ppe-a-guide-for-care-homes-video

Facemasks can be worn for up to 8 hours.

Why are you not referring to a “session” in these recommendations?

In this resource, 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 www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe

Extra note: Where you need to remove your mask (e.g. to take a drink or eat) then you need to replace it. Do not dangle your mask or eye protection around your neck or otherwise and do not place it on a surface for later re-use.

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

Guidance on putting on (donning) and removing (doffing) PPE can be found here: www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes/covid-19-putting-on-and-removing-ppe-a-guide-for-care-homes-video

You need to put on your PPE at least two metres away from the person you are caring for and any resident with a cough.

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

Similarly, you should take off PPE when at least two metres away from the resident or any person who has a cough.

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 i.e. 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. www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/managing-shortages-in-personal-protective-equipment-ppe Your manager will advise you where this applies.

Advice on re-use of face masks when there is shortage of PPE is provided below.

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

You should inform your manager if you are concerned about shortage of PPE. Advice approved by the Health and Safety Executive on strategies for optimising the use of PPE and consideration for the re-use of PPE when in short supply may be found here: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/managing-shortages-in-personal-protective-equipment-ppe

The Health and Safety Executive recommends that where face masks are to be re-used you should do the following:

- carefully fold your face mask so the outside surface is folded inward and against itself to reduce likelihood of contact with the outer surface during storage
- store the folded mask between uses in a clean sealable bag/ box which is marked with your name
- practice good hand hygiene before and after removal

Re-use of gloves and aprons is not recommended in any circumstances

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.

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.

So for example, your manager may instruct you to wear eye protection when you are providing direct care for a residents who are repeatedly coughing or vomiting (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’ as explained further below.

You may wish to discuss situations which you are unsure about with your manager.

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.

It is important that when providing care to a resident considered clinically extremely vulnerable from COVID-19 that you wear PPE including as a minimum, a disposable plastic apron, a surgical mask and disposable gloves; and practice excellent hand hygiene to minimise risk of infection’. In practice, there is very little 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. For protection of a resident considered clinically extremely vulnerable from COVID-19 the surgical mask does not need to be fluid-repellent, however, we are recommending use of fluid-repellent surgical masks for direct care for all residents to additionally protect you ([tables](#)).

Further information on shielding and this group can be found here www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

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 CPAP.

Your organisation/manager will inform you if AGPs are relevant to you and will instruct you if any additional precautions are required. Further information on AGPs can be found here www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

Can I use a homemade face mask or cloth mask?

There is not sufficient evidence to recommend use of homemade face masks or cloth masks for delivering health and care activities.

Should I wear an apron that protects my sleeves?

It is not necessary to wear an apron that protects your sleeves, but you should clean your forearms when you clean your hands.

What should we do when we are caring for someone who has previously tested positive for COVID-19?

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

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