

**Personal Protective Equipment (PPE) for the COVID-19 Pandemic  
- Guide for Staff Working in Local Authority, Education, Community and Social Care Settings**

**PLEASE READ: Version 31 21.4.20** has been based on national guidance accurate as of **21.4.20**.

- This guide has been developed in partnership with all South West Local Authorities to **assist staff with interpreting the national guidance** to determine **whether and what type of PPE is required for different job roles within local authority, education, community and social care settings**.
- **This is a live document and will need to be updated following changes to national guidance – any changes will be logged below.**
- This guide must be read in conjunction with national infection prevention and control guidance. Guidance for different settings can be found here including guidance for waste disposal and cleaning of non-healthcare settings.

**Changes to previous versions:**

- **Version 31 (21.4.20)** is based on new national PPE guidance published up until 21.4.20.
- It was clarified nationally that we are in a period of **sustained community transmission within the UK** and that Table 4 of the national guidance therefore applies. There has been considerable confusion regarding implementation of Table 4 for local authority and community settings and this has been raised nationally. However, the guidance for staff has been updated to reflect this position which outlines additional PPE for those providing direct patient/resident care to individuals (within 2 metres) who are not currently possible or confirmed cases (added to Version 26).
- In Version 31, we have updated Table A regarding PPE requirements for care homes following new guidance which includes clarification around use of fluid-resistant masks due to the vulnerability of the cohort and the nature of the setting. We have updated the guidance around

shielding in all settings from use of surgical masks to fluid-resistant masks. We have also updated the advice for staff working in households to reflect the care home guidance due to the overlap with supported living. Finally, we have also added advice regarding special schools, including those conveying children to and from these schools due to the unique nature of this role. Please note we are expecting separate national guidance for settings supporting children and young people with complex needs shortly and will update this guidance if necessary following its publication.

- With greater demand for PPE and PPE being in short supply, it is important that PPE is used in line with the guidance, particularly with regards to sessional use. A new section has been added to provide further clarity regarding this (see Section 3 of this document).

**Risk assessment:**

Where appropriate/relevant, **initial risk assessment should take place by phone (or by other remote triage) prior to undertaking the work/entering the premises or at 2 metres social distancing on entering.** Where the worker assesses that an **individual is symptomatic (or if there is someone who is symptomatic within the household you are working with) and they meet the [case definition](#)** for suspected/confirmed COVID-19, appropriate PPE should be put on **prior to** undertaking the work.

**Standard infection control precautions (SICPs) and transmission-based precautions (TBPs) must be used when managing patients with suspected or confirmed COVID-19. SICPs should be used by all staff, in all care settings, always, for all patients/clients.**

**1. Background**

Councils have been asked to identify Personal Protective Equipment (PPE) requirements as part of the response to the COVID-19 pandemic. This briefing sets out some guiding principles, based on guidance at [www.gov.uk/coronavirus](http://www.gov.uk/coronavirus) that can be used to help inform local requests for PPE.

First and foremost, the 'stay at home, protect the NHS, save lives' message means most staff must think differently about how they provide support to people – and where possible stop face-to-face contact unless this cannot be avoided. Staff should also not be entering individual's homes unless this is absolutely necessary.

## **2. Best practice use of PPE**

The principles of PPE are that, if the risk cannot be controlled in another way, PPE should be used as a last resort. Even then, PPE should be used as part of a range of infection, prevention and control measures which includes:

- Strict adherence to [the stay-at-home guidance](#) by staff and members of the public. If members of the public or indeed colleagues do appear to be showing symptoms of a fever and/or a cough, then it is acceptable to ask them to go home immediately and self-isolate.
- Adherence to [social distancing guidelines](#) wherever possible. If this is not feasible (for example when delivering direct care), then time spent in close proximity (i.e. less than 2 metres) should be kept to the shortest duration possible.
- PPE is only effective when combined with good [hand hygiene measures](#), good respiratory hygiene and effective infection control practice. Hand hygiene must be performed immediately before every care episode and after any activity or contact that potentially results in hands becoming contaminated. This includes the removal of PPE, equipment decontamination and waste handling. Good respiratory hygiene includes avoiding touching the mouth, nose and eyes wherever possible.
- Frequent cleaning of surfaces which are touched regularly, such as handles, handrails, remote controls and tabletops. Cleaning and decontaminating of environments should be in accordance with the [guidance](#).
- General interventions may include increased cleaning activity and keeping a property properly ventilated by opening windows whenever safe and appropriate.
- If possible, contaminated waste should be disposed of as clinical waste. Where this is not possible, contaminated waste must be disposed in a plastic bag and tied, placed into second bag and tied, stored in a secure place for 72 hours, then put in the normal waste collection service. For some workers, it may be more appropriate for this to be double bagged and removed from the property for disposal in the normal waste collection service after storing for 72 hours.
- Staff should take regular breaks and rest periods.

### 3. When should PPE be worn?

Staff should have access to the PPE that protects them, and the individual they are helping, which is appropriate for the setting and context, including situations when employees would normally wear PPE as part of standard infection control measures required for that role.

The key issues governing requirements for employees to wear PPE in the response to the COVID-19 pandemic is the **risk of exposure** to someone with symptoms of COVID-19, and the **likelihood of transmission** (to either the staff member or to the individual they are helping) because of the care or procedures they are having to carry out.

#### As a general rule:

**PPE is not required** when risk is managed through **social distancing** (e.g. maintaining a distance of 2 metres) or by **excluding possible or confirmed cases of COVID-19** from the setting (e.g. in schools) through self-isolation at home. This includes most community and care settings where infection prevention and control good practice should apply, including regular cleaning of surfaces and rigorous handwashing.

**PPE is required** when it is necessary to provide care within 2 metres in a setting or within a household where someone is a **possible or confirmed case** of COVID-19 (i.e. gloves, apron, fluid-resistant surgical mask and eye/face protection subject to risk assessment). PPE is also required when staff are providing direct care\* to an individual within a care setting who is not currently a possible or confirmed case (i.e. gloves, apron, fluid-resistant surgical mask, and eye/face protection subject to risk assessment). PPE is required when someone is **shielding** due to their own extreme vulnerability (i.e. gloves, apron and fluid-resistant surgical mask). Please see Table A.

*\*Direct care refers to all caring activities that take place within 2 metres including help with washing, toileting, dressing, oral care and feeding, assistance with medication or walking and getting up/going to bed.*

If performing **Aerosol Generating Procedures (AGPs)**, then a filtering face piece (class 3) (FFP3) respirator, a full-face shield or visor, a disposable long-sleeved fluid repellent coverall/gown (covering arms and body) and gloves should be worn – these procedures are not usually

undertaken by local authority staff, however. In these instances, please see [the guidance for health professionals](#) which includes guidance if FFP3 respirators are not available.

**PPE is also recommended** as a precautionary measure when direct contact (within 2 metres) is necessary and it is not possible to ascertain in advance the health status of individuals (i.e. whether or not they have [symptoms](#) of COVID-19).

**Ultimately where staff consider a risk to themselves, or the individuals they are caring for, they should wear a fluid-resistant surgical mask with or without eye protection as determined by the individual staff member for the care episode/single session.**

The local Public Health England Health Protection Team can be contacted for advice (call 0300 303 8162 or email [swhpt@phe.gov.uk](mailto:swhpt@phe.gov.uk)).

### **Safe donning and doffing your PPE:**

Putting on and removing PPE in the correct way is key for it to provide effective protection. A visual guide for donning and doffing your PPE is available [here](#) or you can watch this [video](#).

[PPE guidance](#) sets out when single and sessional use is appropriate.

In general terms:

- Gloves and aprons are **single use**. This means they should be changed after every service-user contact. For example, if you are seeing three service users in one setting, you would need to use three sets of gloves and aprons.
- Face masks and eye protection are **sessional use**. This means face masks and eye protection can be used continuously until you leave for a break. For example, if you were seeing three service users in one setting, you would need one mask and set of eye protection and would need to change that PPE when you left that setting. There is no evidence to show that discarding disposable respirators, facemasks or eye protection in between each patient reduces the risk of infection transmission to the worker or patient and frequent handling of this equipment to discard and replace it could potentially increase risk of exposure.

- PPE should always be changed and safely disposed of if it becomes soiled, damaged or compromised in anyway. Further information can be found [here](#).
- Most PPE is disposable after use (following the steps set out in section 2). However reusable eye and face protection is acceptable if effectively cleaned between each sessional use. The World Health Organization advises that goggles can be cleaned with soap/detergent and water followed by disinfection using either using either sodium hypochlorite 0.1%<sup>1</sup> (followed by rinsing with clean water) or 70% alcohol wipes. Goggles may be cleaned immediately after removal and hand hygiene is performed OR placed in designated closed container for later cleaning and disinfection. The full guidance is available here [https://www.who.int/publications-detail/rational-use-of-personal-protective-equipment-for-coronavirus-disease-\(covid-19\)-and-considerations-during-severe-shortages](https://www.who.int/publications-detail/rational-use-of-personal-protective-equipment-for-coronavirus-disease-(covid-19)-and-considerations-during-severe-shortages)

#### **4. Why is Public Health England not recommending greater use of face masks outside of clinical and care settings?**

The use of face masks outside clinical or care settings is a hotly debated topic. However, PHE currently state that there is very little evidence of widespread benefit from the use of face masks outside of clinical or care settings, where they play a very important role.

To be effective, face masks must be worn correctly, changed frequently, removed properly, disposed of safely and used in combination with good universal hygiene behaviour.

Research shows that compliance with these recommended behaviours reduces over time when wearing face masks for prolonged periods, such as in the community.

Therefore, Public Health England does not advise use of masks in public places and for those working in supermarkets, waste collection, schools and similar settings.

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<sup>1</sup> e.g. a weak bleach or Milton solution as per the manufacturer's product description

## 5. What roles require PPE?

Thinking through roles in councils by services, it is possible to order employees in terms of the risk and likelihood of exposure to COVID-19 and transmission.

**Our key message is not to use PPE in settings when social distancing (i.e. 2 metre virtual boundary) and hygiene measures are sufficient.**

### 5.1. Adult social care

Any employee required to provide **direct care** within 2 metres to an individual should see Table A for a description of the recommended PPE for their role and context. Direct care refers to all caring activities that take place within 2 metres including help with washing, toileting, dressing, oral care and feeding, assistance with medication or walking and getting up/going to bed.

Due to the vulnerability of the cohort and nature of the setting, PPE is generally recommended in residential care settings when a 2 metre distance cannot be maintained at all times.

For staff **providing care within 2 metres or a home visit to anyone who is shielding** (i.e. they are in the [extremely vulnerable group](#) (or where a member of the household is shielding), they should wear gloves, aprons, and a fluid-resistant surgical face mask (eye protection is subject to risk assessment). For the full range of scenarios, please see Table A below.

### 5.2. Children's services

This is for:

- staff working in settings such as schools and early years provision;

- community based staff visiting families in their homes or community such as all children's social care and Early Help Services including children's centres, Public Health Nursing, family support, youth workers, Youth Offending, short breaks providers and education support staff;
- care settings such as residential special schools, children's homes, foster carer homes, supported living and families' own homes.

Any employee required to provide **direct care within 2 metres** to an individual in a residential or household setting should see Table A for a description of the recommended PPE for their role. Direct care refers to all caring activities that take place within 2 metres including help with washing, toileting, dressing, oral care and feeding, assistance with medication or walking and getting up/going to bed.

For staff **providing care within 2 metres or a home visit to anyone who is shielding** (i.e. they are in the [extremely vulnerable group](#) (or where a member of the household is shielding), they should wear gloves, aprons and a fluid-resistant surgical face mask (eye protection is subject to risk assessment). For the full range of scenarios, please see Table A below.

**In community settings**, like early years and schools, any child or young person with symptoms of COVID-19 should be self-isolating as soon as possible. PPE is not considered necessary if the [the stay-at-home guidance](#) is being followed by people with symptoms. Further advice is provided by the [implementing social distancing in education and childcare settings guidance](#).

**Special schools** are a unique setting. We are expecting national guidance for settings supporting children and young people with complex needs shortly. Pending this guidance, we acknowledge that whilst special schools are similar to other educational settings (in that symptomatic children and staff will be self-isolating away from the setting at home), the cohort are more likely to be vulnerable and the care provided may include delivery of health care interventions (e.g. suction). If escorts or special school staff are performing **Aerosol Generating Procedures (AGPs)**, then a filtering face piece (class 3) (FFP3) respirator, a full-face shield or visor, a disposable long-sleeved fluid repellent coverall/gown (covering arms and body) and gloves should be worn. In instances where health care interventions are required, and in the absence of specific guidance for special schools, please see [the guidance for health professionals](#) which includes advice if FFP3 respirators are not available. You can also refer to [Table 2](#) of the National infection prevention and control [guidance](#). For staff providing direct care, they can follow Table A below.

Staff and drivers conveying asymptomatic children to and from school (who are not providing direct care but may be unable to maintain 2 metres distancing) **should not** require PPE except in exceptional circumstances when a child's health needs reduce the ability to effectively assess symptoms (e.g. if they have a chronic cough) or where behavioural needs increase risk of transmission above normal levels (e.g. through spitting).





In these examples, sessional use of a fluid-resistant surgical mask and eye/face protection if required, whilst delivering care or support within 2 metres, would provide additional protection as it will protect the wearer's nose and mouth from respiratory secretions. This may need to be updated when we receive national direction.

For possible scenarios relating to children's services, please see Table A below.

### **5.3. Place services**

There have been questions asked about the requirement for public facing staff working in registries, crematoria services, and waste operatives sharing cabs.

If they are coming into contact with the public, [social distancing](#) should be followed as much as possible, i.e. keeping the 2 metre distance where possible. Anyone with symptoms should be [self-isolating](#) and not going out, so PPE should not be required for well staff coming into contact with each other.

It is crucial in all roles that you follow the measures outlined in Section 2 of this document.

If you are undertaking essential home visits, such as those covered by Housing Standards, or your role expressly prevents you from maintaining 2 metres social distancing (e.g. some outreach work), PPE may be required. Such scenarios are set out in Table A.

Guidance for staff working in vehicles can be found in row o of Table A. Staff should have access to alcohol or soap-based cleansing spray and/or wipes for all surfaces, which should be cleaned periodically throughout the day and especially at the end of each shift.

There have also been enquiries about what to do if transporting someone to accommodation who is symptomatic or a confirmed COVID-19 case. If 2 metres distancing is not possible, gloves, apron and a fluid-resistant surgical mask should be worn – otherwise, following the social distancing guidance and rigorous hygiene measures are enough.

For possible scenarios relating to place services, please see Table A below.

#### **5.4. Supporting those in the community who are shielding due to extreme vulnerabilities**

For community settings, including the voluntary sector, who may be involved in providing support for people who are **shielding because they are extremely vulnerable** (e.g. shopping or dropping off medication), following the principles of social distancing and guidance on effective handwashing is sufficient.

For staff providing care within 2 metres or a home visit to anyone who is **shielding** (i.e. they are in the **extremely vulnerable group** (or where a member of the household is shielding), they should wear gloves, aprons and a fluid-resistant surgical face mask (eye protection is subject to risk assessment). For the full range of scenarios, please see Table A below.

#### **6. PPE guidance by job roles:**

It is recommended that services continue to carry out risk assessments alongside the guidance to understand the requirements for individual situations. For example, there may be a risk in child protection situations where getting accurate information about the household's status regarding COVID-19 symptoms may be difficult if not impossible. If an employee cannot visit the family safely and maintain social distancing of 2 metres, then it would be reasonable to provide PPE.

1. Where appropriate, try and ascertain whether an individual or household member meets the case definition for a possible or confirmed case of COVID-19 **before the care episode**. Refer to the [current COVID-19 case definition](#).
2. Initial risk assessment for PPE where possible should take place by phone (or by other remote triage) prior to entering the premises or at 2 metres social distancing on entering.
3. **PPE is required** when it is necessary to provide care within 2 metres in a residential care setting or within a household where someone is a **possible or confirmed case** of COVID-19 (i.e. gloves, apron, fluid-resistant surgical mask and eye/face protection subject to risk assessment). PPE is also required when staff are providing direct care (as defined under section 3) to an individual within a care setting (i.e. gloves, apron,

- fluid-resistant surgical mask, and eye/face protection subject to risk assessment). Additionally, PPE is required when someone is **shielding** due to their own extreme vulnerability (i.e. gloves, apron and fluid-resistant surgical mask) or in residential care settings due to the vulnerability of the cohort and nature of the setting.
4. **Use Table A** below to identify if/what PPE is required in relation to the scenario in which you are delivering care/support to an individual. This is to ensure adequate protection against the risks associated with the tasks that must be undertaken. We have tried to include a wide range of scenarios which reflect the work of local authorities and partners. **Where a scenario is not included, please see advice from your line manager or relevant service area.**
  5. Where the potential risk to health, education and social care workers **cannot be established prior to face-to-face assessment or delivery of care within 2 metres**, the recommendation is for health, education and social care workers in any setting to have access to and where required wear aprons, gloves, fluid-resistant surgical masks and eye/face protection.
  6. **Advice regarding risk assessment for type of PPE is provided in Table A; however where staff consider 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 care episode/single session.** The local Public Health England Health Protection Team can be contacted for advice (call 0300 303 8162 or email [swhpt@phe.gov.uk](mailto:swhpt@phe.gov.uk)).
  7. If you require further clarification or have concerns, please escalate them to your **Line Manager**.

#### **Table A – PPE guidance for staff and providers working within local authority, education, community and social care settings**

This table is aimed at staff and providers working within local authority, education, community and social care settings to determine if PPE is required following local risk assessment, with exception of staff who are handling the deceased (please refer to separate guidance).

**This table does not supersede national guidance but has been developed by SW local authorities to try and support with local interpretation of multiple national documents.**

**The scenarios included are not exhaustive, but we have tried to cover a wide range to reflect the work of local authorities and partners.**

Further advice may need to be sought from your line manager/relevant service area.

|  |   | PPE requirements  |   |  |   | Additional measures                    |
|--|---|---|---|--|---|--|
|  |   | 1   | 2   | 3  | 4   | 5                                      |
| Scenario   | Examples of LA work   | Disposable plastic apron (single use)   | Disposable gloves (single use)  | Fluid-resistant (Type IIR) surgical mask sessional use <sup>1</sup>  | Eye/face protection (sessional use face/eye protection/full face visor or goggles) <sup>1</sup> | Hand hygiene as per SICPs <sup>2</sup> |
| <b>STAFF WORKING IN RESIDENTIAL CARE SETTINGS (INCLUDING RESIDENTIAL SUPPORTED LIVING)</b>   |   |   |   |  |   |  |
| a. Staff working in <b>communal areas</b> with resident(s) where they are <b>not providing direct care BUT may be within 2 metres of resident(s)</b> | Care home, hospice - roles may include working in the dining room, lounges, corridors, etc. | <b>Not required but as per the Standard infection control precautions required for the job role</b> | <b>Not required but as per the Standard infection control precautions required for the job role</b> | <b>YES FOR A SURGICAL MASK. Risk assess need for a fluid-resistant mask in accordance with the advice under <sup>1</sup></b> | <b>NO</b>   | <b>YES</b>                             |

|  |  | PPE requirements  |   |  |   | Additional measures                    |
|--|--|---|---|--|---|--|
|  |  | 1   | 2   | 3  | 4   | 5                                      |
| Scenario   | Examples of LA work  | Disposable plastic apron (single use)   | Disposable gloves (single use)  | Fluid-resistant (Type IIR) surgical mask sessional use <sup>1</sup>  | Eye/face protection (sessional use face/eye protection/full face visor or goggles) <sup>1</sup> | Hand hygiene as per SICPs <sup>2</sup> |
| b. Staff working in a residential care setting where they are <b>not providing direct care</b> BUT are <b>unable to maintain 2 metres social distancing</b>                      | Care home, hospice, e.g. performing meal rounds, medication rounds, etc. | <b>Not required but as per the Standard infection control precautions required for the job role</b> | <b>Not required but as per the Standard infection control precautions required for the job role</b> | <b>YES FOR A SURGICAL MASK. Risk assess need for a fluid-resistant mask in accordance with the advice under <sup>1</sup></b> | <b>Need subject to risk assessment<sup>1</sup></b>  | <b>YES</b>                             |
| c. Staff working in residential care settings where they are providing <b>direct care<sup>4</sup></b> to an individual <b>that is not currently a possible or confirmed case</b> | Care home, special school, hospice                                       | <b>YES</b>  | <b>YES</b>  | <b>YES</b>   | <b>Need subject to risk assessment<sup>1</sup></b>  | <b>YES</b>                             |

|   |                                    | PPE requirements                      |                                |   |   | Additional measures                    |
|---|------------------------------------|---------------------------------------|--------------------------------|---|---|--|
|   |                                    | 1                                     | 2                              | 3   | 4   | 5                                      |
| Scenario  | Examples of LA work                | Disposable plastic apron (single use) | Disposable gloves (single use) | Fluid-resistant (Type IIR) surgical mask sessional use <sup>1</sup> | Eye/face protection (sessional use face/eye protection/full face visor or goggles) <sup>1</sup> | Hand hygiene as per SICPs <sup>2</sup> |
| <b>d.</b> Staff working in residential care settings where they are providing <b>direct care</b> <sup>4</sup> to an individual that is <b>possible or confirmed COVID-19 case</b> | Care home, special school, hospice | YES                                   | YES                            | YES   | Need subject to risk assessment <sup>1</sup>  | YES                                    |
| <b>e.</b> Staff providing <b>direct care</b> <sup>4</sup> to any individual meeting the criteria for <b>shielding</b> (i.e. they are in the extremely vulnerable group)           | Care home, special school, hospice | YES                                   | YES                            | YES   | Need subject to risk assessment <sup>1</sup>  | YES                                    |
| <b>STAFF WORKING IN HOUSEHOLDS</b>  |                                    |                                       |                                |   |   |  |

|  |  | PPE requirements   |  |   |   | Additional measures                    |
|--|--|--|--|---|---|--|
|  |  | 1  | 2  | 3   | 4   | 5                                      |
| Scenario   | Examples of LA work  | Disposable plastic apron (single use)  | Disposable gloves (single use)   | Fluid-resistant (Type IIR) surgical mask sessional use <sup>1</sup>   | Eye/face protection (sessional use face/eye protection/full face visor or goggles) <sup>1</sup> | Hand hygiene as per SICPs <sup>2</sup> |
| f. Staff working in a household where they are <b>not providing direct care<sup>4</sup></b> and risk assessment suggests there are <b>no possible or confirmed cases</b> and they are <b>ABLE to maintain 2 metres social distancing</b>       | Social care visit, maintenance visit, social worker visit, children's home worker <sup>7</sup> | NO   | NO   | NO  | NO  | YES                                    |
| g. Staff working within a household where they are <b>not providing direct care<sup>4</sup></b> and risk assessment suggests there are <b>no possible or confirmed cases</b> BUT they are <b>UNABLE to maintain 2 metres</b> social distancing | Social care visit, social worker visit, children's home worker <sup>7</sup>                    | Not required but as per the Standard infection control precautions required for the job role | Not required but as per the Standard infection control precautions required for the job role | YES FOR A SURGICAL MASK. Risk assess need for a fluid-resistant mask in accordance with the advice under <sup>1</sup> | Need subject to risk assessment <sup>1</sup>  | YES                                    |

|   |   | PPE requirements                      |                                |   |   | Additional measures                    |
|---|---|---------------------------------------|--------------------------------|---|---|--|
|   |   | 1                                     | 2                              | 3   | 4   | 5                                      |
| Scenario  | Examples of LA work   | Disposable plastic apron (single use) | Disposable gloves (single use) | Fluid-resistant (Type IIR) surgical mask sessional use <sup>1</sup> | Eye/face protection (sessional use face/eye protection/full face visor or goggles) <sup>1</sup> | Hand hygiene as per SICPs <sup>2</sup> |
| h. Staff working within a household where they are providing direct care <sup>4</sup> and risk assessment suggests there are <b>no possible or confirmed COVID-19 cases</b> | Social care, domiciliary care, health visiting, children's home worker <sup>7</sup>   | YES                                   | YES                            | YES   | Need subject to risk assessment <sup>1</sup>  | YES                                    |
| i. Staff entering a household where there is a possible or confirmed COVID-19 case  | Social care or domiciliary care within symptomatic household, social worker or health visitor visit to symptomatic household, children's home worker <sup>7</sup> | YES                                   | YES                            | YES   | Need subject to risk assessment <sup>1</sup>  | YES                                    |



|  |  | PPE requirements                      |                                |   |   | Additional measures                    |
|--|--|---------------------------------------|--------------------------------|---|---|--|
|  |  | 1                                     | 2                              | 3   | 4   | 5                                      |
| Scenario   | Examples of LA work  | Disposable plastic apron (single use) | Disposable gloves (single use) | Fluid-resistant (Type IIR) surgical mask sessional use <sup>1</sup> | Eye/face protection (sessional use face/eye protection/full face visor or goggles) <sup>1</sup> | Hand hygiene as per SICPs <sup>2</sup> |
| j. Staff who are <b>unable to confirm the health status</b> of individuals in a household in advance of contact and are <b>UNABLE to maintain 2 metres</b> social distancing | Undertaking home visits where prior communication is not possible or appropriate | YES                                   | YES                            | YES   | Need subject to risk assessment <sup>1</sup>  | YES                                    |

|   |   | PPE requirements                      |                                |   |   | Additional measures                    |
|---|---|---------------------------------------|--------------------------------|---|---|--|
|   |   | 1                                     | 2                              | 3   | 4   | 5                                      |
| Scenario  | Examples of LA work                                   | Disposable plastic apron (single use) | Disposable gloves (single use) | Fluid-resistant (Type IIR) surgical mask sessional use <sup>1</sup> | Eye/face protection (sessional use face/eye protection/full face visor or goggles) <sup>1</sup> | Hand hygiene as per SICPs <sup>2</sup> |
| k. Staff providing care or home visit to any individual meeting the criteria for <a href="#">shielding</a> (i.e. they are in an extremely vulnerable group) OR where anyone in the household meets the criteria for shielding (if they are a known possible or confirmed COVID-19 case follow rows i and j where appropriate) | Domiciliary care, children's home worker <sup>7</sup> | YES                                   | YES                            | YES   | NO  | YES                                    |
| <b>EDUCATION &amp; COMMUNITY SETTINGS</b>   |   |                                       |                                |   |   |  |

|  |  | PPE requirements   |  |   |   | Additional measures                    |
|--|--|--|--|---|---|--|
|  |  | 1  | 2  | 3   | 4   | 5                                      |
| Scenario   | Examples of LA work  | Disposable plastic apron (single use)  | Disposable gloves (single use)   | Fluid-resistant (Type IIR) surgical mask sessional use <sup>1</sup> | Eye/face protection (sessional use face/eye protection/full face visor or goggles) <sup>1</sup> | Hand hygiene as per SICPs <sup>2</sup> |
| <b>l.</b> Staff working in education and early years settings where there are <b>no symptomatic children at the setting (as they are self-isolating) BUT</b> staff may be <b>UNABLE to maintain 2 metres social distancing</b> | Education and early years provision, early help services, school classroom, staff working for special schools where they don't meet the criteria in 5.2. | <b>As per the Standard infection control precautions required for the job role</b> | <b>As per the Standard infection control precautions required for the job role</b> | <b>NO (see Section 4 of the document for an explanation)</b>        | <b>NO</b>   | <b>YES</b>                             |
| <b>m.</b> Staff working in non-residential settings where they are <b>unable to confirm the health status</b> of individuals in advance of contact <b>BUT can maintain 2 metres social distancing</b>                          | Homeless outreach service, highways, visits to business premises, Citizens advice, housing services, reception areas                                     | <b>NO</b>  | <b>NO</b>  | <b>NO</b>   | <b>NO</b>   | <b>YES</b>                             |

|   |   | PPE requirements                      |                                |   |   | Additional measures                    |
|---|---|---------------------------------------|--------------------------------|---|---|--|
|   |   | 1                                     | 2                              | 3   | 4   | 5                                      |
| Scenario  | Examples of LA work   | Disposable plastic apron (single use) | Disposable gloves (single use) | Fluid-resistant (Type IIR) surgical mask sessional use <sup>1</sup> | Eye/face protection (sessional use face/eye protection/full face visor or goggles) <sup>1</sup> | Hand hygiene as per SICPs <sup>2</sup> |
| n. Staff working in non-residential settings who are <b>unable to confirm</b> the health status of individuals in advance of contact and are <b>UNABLE to maintain 2 metres social distancing</b>   | Homeless outreach service, practitioners  | YES                                   | YES                            | YES   | Need subject to risk assessment <sup>1</sup>  | YES                                    |
| o. Staff working with colleagues in workplaces e.g. offices where you may be <b>unable to maintain 2 metres social distancing at all times</b> but symptomatic colleagues are <b>excluding (self-isolating) themselves from the workplace</b> | Office working, waste operatives sharing a cab or other workers required to share a vehicle | NO                                    | NO                             | NO  | NO  | YES                                    |

|  |  | PPE requirements                      |                                |   |   | Additional measures                    |
|--|--|---------------------------------------|--------------------------------|---|---|--|
|  |  | 1                                     | 2                              | 3   | 4   | 5                                      |
| Scenario   | Examples of LA work  | Disposable plastic apron (single use) | Disposable gloves (single use) | Fluid-resistant (Type IIR) surgical mask sessional use <sup>1</sup> | Eye/face protection (sessional use face/eye protection/full face visor or goggles) <sup>1</sup> | Hand hygiene as per SICPs <sup>2</sup> |
| p. Staff working in the general community where <b>social distancing (&gt; 2 metres) can be maintained and they do not need to enter households</b>  | Waste collection, community public services, providing shopping or dropping off medication to those who are isolating or shielding | NO                                    | NO                             | NO  | NO  | YES                                    |
| <b>OTHER SCENARIOS</b>   |  |                                       |                                |   |   |  |
| q. For staff who are <b>transferring possible or confirmed COVID-19 cases</b> and they will be <b>within 2 metres of the case (separate guidance is available for those handling the deceased)</b> | Drivers transporting possible or confirmed cases from one location to another  | YES                                   | YES                            | YES   | Need subject to risk assessment <sup>1</sup>  | YES                                    |

|  |   | PPE requirements                      |                                |   |   | Additional measures                    |
|--|---|---------------------------------------|--------------------------------|---|---|--|
|  |   | 1                                     | 2                              | 3   | 4   | 5                                      |
| Scenario   | Examples of LA work   | Disposable plastic apron (single use) | Disposable gloves (single use) | Fluid-resistant (Type IIR) surgical mask sessional use <sup>1</sup>   | Eye/face protection (sessional use face/eye protection/full face visor or goggles) <sup>1</sup> | Hand hygiene as per SICPs <sup>2</sup> |
| r. For staff cleaning areas where confirmed or possible cases are or have been <sup>3</sup>  | Education and Early Years settings, social care settings outside of the home, home care | YES                                   | YES                            | Need subject to risk assessment <sup>3</sup>  | Need subject to risk assessment <sup>3</sup>  | YES                                    |
| s. <b><u>Client/patient use of PPE by possible or confirmed COVID-19 cases</u></b> in clinical areas, communal areas and during transportation |   | NO                                    | NO                             | YES, providing doesn't compromise care and can be tolerated <b>but this does not need to be fluid-resistant (a normal surgical mask is appropriate)</b> . Surgical mask can be worn until damp/uncomfortable. | NO  | N/A                                    |

1. A **fluid-resistant surgical mask** may be needed where there is **high risk from respiratory droplets** (e.g. when undertaking prolonged tasks close to individuals who are repeatedly coughing). **Eye protection** may be needed for certain tasks where there is a **risk of contamination to the eyes from respiratory droplets or from splashing of secretions** (e.g. when undertaking prolonged tasks near individuals who are repeatedly coughing or may be vomiting). **Use of fluid-resistant masks and/or eye protection should be discussed with your line**

**manager and informed by a risk assessment of the setting of work. Ultimately, where staff consider 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 care episode/single session.** The local Public Health England Health Protection Team can be contacted for advice: call 0300 303 8162 or email [swhpt@phe.gov.uk](mailto:swhpt@phe.gov.uk).

2. A **surgical mask and eye protection** can be used **continuously** while providing care until you take a break from duties. **Gloves and aprons** should be changed between individuals. Re-usable PPE can be used – advice on suitable decontamination arrangements should be obtained from the manufacturer, supplier or local infection control. **PPE should not be subject to continued use if damaged, soiled, compromised or uncomfortable** – please refer to the [national guidance](#). Sessional use should always be risk assessed and considered where there are high rates of community cases. If performing **Aerosol Generating Procedures (AGPs)**, then a filtering face piece (class 3) (FFP3) respirator, a full-face shield or visor, a disposable long-sleeved fluid repellent coverall/gown (covering arms and body) and gloves should be worn – these procedures are not usually undertaken by local authority staff however (please see [the guidance for health professionals](#) which includes guidance if FFP3 respirators are not available). Where an AGP is a single procedure, PPE is subject to single use with disposal after each patient contact or procedure as appropriate.
3. PPE is only effective when combined with **good [hand hygiene measures](#), good respiratory hygiene and effective infection control practice**. Hand hygiene must be performed immediately before every care episode and after any activity or contact that potentially results in hands becoming contaminated. This includes the removal of PPE, equipment decontamination and waste handling. Wash hands for 20 seconds with soap and water wherever possible as first line. If handwashing facilities are not available for some staff roles, then use an alcohol-based hand sanitiser for 20-30 seconds that contains at least 60% alcohol. The effectiveness of hand sanitiser requires clean, non-soiled hands and please wash hands at your first opportunity. Handwashing should include washing of forearms when forearms have been exposed or may have been exposed to respiratory droplets or other body fluids. All staff should practice good respiratory hygiene – avoid touching mouth, nose and eyes wherever possible.
4. If a risk assessment of the setting indicates that a higher level of virus may be present or there is visible contamination with body fluids, then the need for additional PPE to protect the cleaner's eyes, mouth and nose might be necessary. The local Public Health England Health Protection Team can advise on this (call 0300 303 8162 or email [swhpt@phe.gov.uk](mailto:swhpt@phe.gov.uk)).
5. If possible, keep the contaminated area closed off and secure for 72 hours. After this time the amount of virus contamination will have decreased substantially, and you can clean as normal with your usual products.
6. When the term **direct care** is used, this refers to all caring activities that take place **within 2 metres** including help with washing, toileting, dressing, oral care and feeding, assistance with medication or walking and getting up/going to bed.

7. Due to the size and nature of a children's home for children looked after, this setting is more akin to a household than a residential care setting so has been included in these rows.

**National guidance:**

<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>

[Infection prevention control advice and PPE advice in full](#)

[Cleaning in a non-healthcare setting](#)

[Shielding guidance](#)

## 7. Equipment specifications

### Fluid-resistant (Type IIR) surgical masks (FRSM)

|   |
|---|
| Provide barrier protection against respiratory droplets reaching the mucosa of the mouth and nose |
| Should be well fitted   |
| Single use or single session use and then discarded and NOT subject to continued use              |
| There is no evidence that respirators add value over FRSMs for droplet protection                 |

### Eye and face protection

|   |
|---|
| Provides protection against contamination to the eyes from respiratory droplets, splashing of secretions, blood, body fluids or excretions  |
| Use any one of the following: <ul style="list-style-type: none"> <li>• surgical mask with integrated visor</li> <li>• full face shield or visor</li> <li>• polycarbonate safety spectacles or equivalent</li> </ul> |
| Regular corrective spectacles are not considered adequate eye protection  |
| Eye protection should be:   |



- well fitted
- not allowed to dangle after or between each use
- not touched once put on
- removed outside the patient room, cohort area or 2 metres away from possible or confirmed COVID-19 cases

Can either use:

- Disposable, single-use, eye and face protection
- Or re-usable eye and face protection if decontaminated between single or single sessional use, according to the manufacturer's instructions or local infection control policy

It is important that the eye protection maintains its fit, function and remains tolerable for the user

Eye and face protection should be discarded and replaced and not be subject to continued use if damaged, soiled (e.g. with secretions/body fluids) or uncomfortable

### **Disposable aprons and gowns**

Disposable plastic aprons must be worn to protect staff uniform or clothes from contamination when providing care within 2 metres and during environmental and equipment decontamination

Disposable aprons are subject to single use and must be disposed of immediately after completion of a procedure or task and after each patient contact

Hand hygiene should be followed and extended to exposed forearms

### **Disposable gloves**

Disposable gloves must be worn when providing direct patient care and when exposure to blood and or other body fluids is anticipated or likely, including during equipment and environmental decontamination

Disposable gloves are subject to single use and must be disposed of immediately after completion of a procedure or task and after each patient contact, followed by hand hygiene

## **8. PPE Distribution**

The councils have limited stocks of PPE. Providers need to continue to order from their usual suppliers.

In addition the National Supply Disruption Response (NSDR) should be contacted if there is an urgent requirement for PPE via the 24/7 helpline 0800 915 9964.

The councils contingency supply may be called upon while you are awaiting a delivery for an urgent need.

### **For Dorset Council area**

If you need to make a request for PPE please contact [adultscommissioningteam@dorsetcouncil.gov.uk](mailto:adultscommissioningteam@dorsetcouncil.gov.uk) stating 'PPE request' in the subject field and providing details listed below.

Your request will then be passed to staff dedicated to supplying PPE. If the council can fulfil some, or all, of your PPE request, our preference is that you collect the equipment from Charminster Depot, Dorchester, DT2 9RP; you will be supplied with exact details for collection when you make your request. Please do not visit the Depot without an appointment.

If you cannot collect, a delivery can be made to you but this will need to be arranged and may delay you receiving the equipment.

### **For BCP Council area**

The BCP Council contact email for providers, carers or PAs to request PPE in the BCP area is [provider.engagement@bcpcouncil.gov.uk](mailto:provider.engagement@bcpcouncil.gov.uk).

Your request will then be passed to staff dedicated to supplying PPE.



BCP Council's preference is that you collect the equipment from Town Hall, Bournemouth. Please do not visit the Town Hall without an appointment. If you cannot collect from the Town Hall, a delivery can be made to you but this will need to be arranged and may cause delay.

Before contacting the appropriate council, please make sure you are able to provide the following information:

- Name, email and telephone number of the requestor;
- Name, email and telephone number of a contact for the next 24 hrs
- Reason for request: COVID-19 patients , or usual infection control requirement
- Which products you are requesting and in what quantity
  - 5L bottle of hand wash
  - Smaller bottles of hand wash
  - Large tub of wipes
  - Small packet of wipes
  - Fluid Repellent Masks
  - Gloves with size(s) specified
  - Goggles
  - Aprons
  - Full aprons/suits