

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

PLEASE READ: Issue 5 (version 45 11.6.20) has been based on national guidance accurate as of **11.6.20**.

- 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 guide does not supersede national guidance but has been developed to try and support with local interpretation of multiple national documents and should be read in conjunction with national [guidance](#).
- **Please note that this is a live document and will need to be updated following any changes to national guidance** – changes will be logged below. This is the fourth issue of this document to staff.

Changes to previous issues of this document:

- We are currently in a period of **sustained community transmission within the UK** and [Table 4](#) of the national PPE guidance therefore applies in the “NHS and independent sector”. There has been considerable confusion regarding implementation of [Table 4](#) for local authority and community settings and this has been raised nationally. However, the publication of subsequent guidance for [care homes](#) and [domiciliary care](#) settings supports the interpretation that [Table 4](#) now applies in health and adult social care settings.
- This **5th issue of the guidance for local authority staff (version 45 11.6.20)** has been updated to reflect the new guidance on coronavirus [symptoms](#), [staying alert and safe \(social distancing\)](#), [staying safe outside your home](#) and [working safely](#), along with updated [guidance for specific settings](#). Information on modes of transmission has also been added to best practice use of PPE. Additional guidance has also been added to the section on education, childcare and children’s services. We note that the Government has made announcements about mandatory use of face coverings on public transport. We also note the announcement regarding wider use of surgical masks in hospital settings and the indication that this may soon also apply in some social care contexts. This guidance will be further updated in line with any published guidance on this matter as it arises. Finally, as this guidance has grown in breadth and scope, we have added a contents section to enable navigation.

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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 which can be used to help inform local requests for PPE.

2. Best practice use of PPE

The **transmission of COVID-19** is thought to occur mainly through **respiratory droplets** generated by coughing, sneezing and talking, and through contact with **contaminated surfaces or objects**. **Droplet transmission** occurs when a person is in **close contact** with someone with the infection. These droplets fall on people and surfaces in the area and can directly contaminate the surfaces of the mouth, nose or eyes or be picked up on the hands and transferred when someone touches their face. **This is why 2 metres social distancing has been recommended throughout the national guidance as an effective prevention measure**

Airborne transmission is different from droplet transmission as the particles are smaller and so have the potential to remain suspended in the air for longer periods of time and spread over a greater distance. Airborne transmission of COVID-19 is only considered a risk when performing Aerosol Generating Procedures (AGPs) (see Section 4).

Whilst PPE offers some protection against droplet and environmental spread, social distancing combined with good hand and respiratory hygiene is essential and sufficient in most circumstances outside of health and social care settings.

The principles of PPE are that, if the risk cannot be controlled in another way, PPE should be used as a last resort.

Unless you are in a situation where the risk of COVID-19 is very high (for example in clinical and some social care settings or when responding to a suspected or confirmed case of COVID-19), the role of PPE in providing additional protection is extremely limited and thus it is unlikely to be required.

When PPE is recommended, it should be used as part of a range of infection, prevention and control measures which includes:

- Adherence to [the stay-at-home guidance](#) for households with possible coronavirus infection.
- Adherence to [the staying alert and safe \(social distancing\) guidelines](#) and the [staying safe outside your home guidelines](#) which include key advice about trying to keep two metres distance from others as a precaution where possible/appropriate.
- Good [hand hygiene measures](#), good respiratory hygiene and [effective infection control practice](#). Good 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.
- Cleaning and decontaminating of environments in accordance with the [guidance](#).
- Increased cleaning activity of surfaces which are touched regularly (e.g. door handles, lift buttons, communal areas like bathrooms, kitchens, tea points, handrails, remote controls and tabletop) and keeping the area properly ventilated by opening windows and doors whenever safe and appropriate.
- There is some evidence that the virus can stay on fabrics for a few days, although usually it is shorter. Therefore, if you are working with people outside your household, wash your clothes regularly.
- If you are working in a high-risk setting (for example domiciliary care or adult residential care), we recommend you launder clothes and/or uniforms daily as follows:
 - Separately from other household linen
 - In a load not more than half the machine capacity
 - At the maximum temperature the fabric can tolerate, then ironed or tumble dried.
- If available in your setting, PPE and other contaminated waste should be disposed of as clinical waste. Where not available, waste should be placed in a refuse bag and can be disposed of as normal domestic waste (not recycling) unless the client has symptoms of COVID-19 (new continuous cough OR fever OR loss/change to your sense of taste or smell) – see the advice below.
- Waste from people with symptoms of COVID-19, waste from cleaning of areas where they have been (including disposable cloths and tissues) and PPE waste from their care:
 1. should be put in a plastic rubbish bag and tied when full;
 2. the plastic bag should then be placed in a second bin bag and tied;
 3. it should be put in a suitable and secure place and marked for storage for 72 hours. Waste should be stored safely and securely kept away from children. You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours. Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives.

- Staff should take regular breaks and rest periods.

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

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 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 carrying out.

As a general rule:

PPE is not required when risk can be managed through [social distancing](#) (e.g. maintaining social distancing and reducing the number of people you come into contact with regularly where you can), implementing [sensible measures to control the risks in your workplace](#), and by **excluding possible or confirmed cases of COVID-19 from the setting** (e.g. in offices or schools) alongside adherence to [the stay-at-home guidance](#).

This applies to local authority and community settings where all reasonable steps can be taken to control risks, maintain a 2 metre distance, and where cleaning, handwashing and hygiene procedures are in line with the guidance.

PPE is required when:

- You are providing **direct care** to an individual within health and social care settings. Direct care in this context is defined as referring to all caring activities that involve direct physical contact with the client including help with washing, toileting, dressing, oral care and feeding, assistance with medication or walking and getting up/going to bed.
- You are unable to maintain 2 metres social distancing from someone who is a suspected or confirmed case of COVID-19 (i.e. when someone has [symptoms](#) of COVID-19 or is currently isolating due to household exposure).

- You are unable to maintain 2 metres social distancing 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) (see Table A and to be informed by risk assessment).
- You are unable to maintain 2 metres social distancing in a high-risk setting. High risk settings include clinical, domiciliary and older adult care. Examples of low-risk settings include schools, offices, and most children's social care settings.
- PPE is also required in most circumstances where you are visiting or providing direct care to anyone outside your own home who is currently [shielding](#) (i.e. they are in the extremely vulnerable group).

For the full range of scenarios, please see Table A below.

Aerosol Generating Procedures (AGPs) are not usually undertaken by local authority staff and thus this guidance does not cover AGP scenarios. If you are required to undertake an AGP (**on any individual regardless of symptoms**), 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 these instances, please see [guidance for health professionals](#). There is no evidence that respirators add value over FRSMs for droplet protection.

When PPE is recommended, homemade face masks or cloth masks **are not** an adequate alternative. All PPE stock should be quality assured, usually evidenced by a CE mark and a BS EN number. The [national specification for PPE document](#) provides further information on the essential technical requirements of all PPE recommended by the guidance.

4. Use of face coverings

The [government now advises](#) that, if you can, you should wear a face covering in **enclosed public spaces where social distancing is not possible** and **where you will come into contact with people you do not normally meet**. This is most relevant for short periods indoors in crowded areas, for example, on public transport or in some shops. From 15th of June it will be mandatory to wear a face covering on public transport (that is bus, coach, train, tram, ferry and aircraft passengers) and when visiting hospitals. [Guidance](#) for transport operators states that they should support individual workers who choose to use face coverings in situations where social distancing is not possible. Please note this change is not currently applicable to school transport (see Section 5.2). Safer travel guidance for passengers can be found here. Further guidance can also be found in Section 5.4 of this document.

We are awaiting national guidance for both health and social care settings regarding wider use of face coverings such as by visitors to hospital settings and will update this document accordingly.

Evidence suggests that wearing a face covering **does not protect you**. However, if you are infected but have not yet developed [symptoms](#), it may provide some **protection for others** you come into close contact with.

Face coverings do not replace social distancing or self-isolation. If you have [symptoms](#) of COVID-19, you and your household must isolate at home: wearing a face covering does not change this. You should arrange a test to see if you have COVID-19.

A face covering is not the same as the surgical masks or respirators used by healthcare and other workers as part of personal protective equipment. These should continue to be reserved for those who need them to protect against risks in their workplace, such as health and care workers, and those in industrial settings, like those exposed to dust hazards.

Face coverings should not be used by children under the age of 3 or those who may find it difficult to manage them correctly. For example, primary age children unassisted, or those with respiratory conditions.

It is important to use face coverings properly and wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on, and after removing it.

[How to wear and make face coverings](#) provides guidance on appropriate use and how to [make face-coverings at home](#). The key thing is it should cover the mouth and nose.

5. What roles require PPE?

The general position is that workplaces should not encourage the precautionary use of extra PPE to protect against COVID-19 outside of health and social care settings or when responding to a suspected or confirmed case of COVID-19.

Workplaces (outside of health and social care settings) should instead reduce risk to the lowest reasonably practicable level by taking preventative measures as outlined in the following [guidance](#).

Health and social care settings have separate guidance including working safely in [care homes](#) and in [domiciliary care and guidance for children's social care services](#).

Our key message is that PPE generally is not required in settings when the risks can be managed through [social distancing](#), [self-isolation](#), hygiene and a [change to working practices](#).

Situations where PPE might be required are outlined below by service area and in Table A.

5.1 Adult social care

Due to the vulnerability of the cohort and nature of the setting, PPE is generally recommended in residential and home care settings when a 2 metre distance cannot be maintained at all times. See Table A for a description of recommended PPE by role and context.

From 15th of June, all hospital staff, regardless of role, will be required to wear surgical masks whilst in the workplace. This is due to hospitals being a very high risk setting for transmission, even if you are not having direct patient contact. The Government also announced that they are working with the social care sector on how this approach can be applied in social care settings and this guidance will be updated to reflect this in due course.

Guidance for **people receiving direct payments** can be found [here](#) and the advice in Table A for staff working within households should be followed.

5.2 Education, childcare and children's services

Most staff in education, childcare and children's services will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain distance of 2 metres from [others \(see Table A\)](#).

PPE is only needed in a small number of cases:

- children, young people and learners whose care routinely **already involves the use of PPE due to their intimate care needs** should continue to receive their care in the same way;
- if a child, young person or other learner becomes **unwell with symptoms of coronavirus** (new continuous cough OR fever OR loss/change to sense of smell or taste) while in an education or childcare setting and needs **direct personal care** until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult **if a distance of 2 metres cannot be maintained**. If **contact** with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn (see Table A).

Additional advice for early years and schools

Community settings, like early years and schools, differ from household settings in that any child or young person with symptoms of COVID-19 should not be attending (see [the stay-at-home guidance](#)); therefore PPE is not considered necessary. However, as outlined above, we do recommend each school retains a small amount of emergency stock, should a learner become unwell in their setting and require care within 2 metres. Further advice is provided by the [implementing protective measures in education and childcare settings guidance](#). This outlines actions that children and young people, their parents and those who work with them can take during the coronavirus outbreak, to help prevent the spread of the virus.

Members of staff that have been supervising a child or young person with symptoms of COVID in a school or early years setting can return to work once the child/young person has been collected. They should not need to change their clothes if the guidance described here has been followed, unless the clothes have been obviously soiled such as with vomit.

With the exception of the scenarios described above, wearing a face covering or face mask in schools or other education settings is not recommended as the risk is managed by reducing the number of new people staff and learners come into contact with. Schools and other education or childcare settings should therefore not require staff, children and learners to wear face coverings. Cleaning and hygiene are effective measures in controlling the spread of the virus. Face coverings (or any form of medical mask where instructed to be used for specific clinical reasons) should not be worn in any circumstance by those who may not be able to handle them as directed (for example, children under the age of 3, or those with special educational needs or disabilities) as it may inadvertently increase the risk of transmission. **Most staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others.**

Advice for **shielded and clinical vulnerable children and staff** – or for those **living with a shielded or clinically vulnerable person** - can be found [here](#).

Staff should follow their normal practice when caring for babies generally and when changing nappies, provided the child is not showing symptoms of coronavirus. This includes continuing to use the PPE that they would normally wear in these situations, for example aprons and gloves. If a child shows symptoms, they should not attend a childcare setting and should be at home. Guidance can be found [here](#).

Additional advice for special schools

Guidance for staff managing children and young people with education, health and care plans, including those with complex needs can be found [here](#). This recognises that some children and young people with special educational needs present behaviours that are challenging to manage in the current context. If non-symptomatic children present behaviours which may increase the risk of droplet transmission (such as spitting), they should continue to receive care in the same way, including any existing routine use of PPE. To reduce the risk of coronavirus transmission, [no additional PPE is necessary](#), but additional measures, including minimising close contact where possible, increased hand washing and enhanced cleaning space will be required as set out in guidance for [supporting children and young people with SEND](#) and [implementing protective measures in education and childcare settings](#).

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 (see [the guidance for health professionals](#)). 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.

Additional advice for school transport

If the children or young people being [transported](#) do not have symptoms of coronavirus, **there is no need for a driver to use PPE**. [Guidance](#) for transport operators states that they should support individual workers who choose to use face coverings in situations where social distancing is not possible.

In non-residential settings, any child, young person or other learner who starts **displaying coronavirus symptoms** while at their setting should, wherever possible, be collected by a member of their family or household. In exceptional circumstances, where this is not possible, and the setting

needs to take responsibility for transporting them home, or where a symptomatic child or young person needs to be transported between residential settings, you should do one of the following:

- use a vehicle with a bulkhead
- the driver and passenger should maintain a distance of 2 metres from each other
- the driver should use PPE (see Table A), and the passenger should wear a face mask if they are old enough and able to do so

The Government have indicated that, from 15th of June, the use of [face coverings on public transport \(i.e. trains, planes, ferries, trams, buses and coaches\) will be mandatory](#), as these are enclosed spaces where you are unable to socially distance from individuals you would not normally come into contact with. Safer travel guidance for children and young people on public transport can be found [here](#). This requirement has not been extended to school transport.

School transport is unlike public transport in that it generally carries the same group of children to and from the same destination each day – which may help to reduce the risk of cross infection. School transport services will have measures in place to reduce risk including regular cleaning and ensuring social distancing. It is also important that those using face coverings are able to do so properly. The [guidance](#) states that face coverings should not be used by children under the age of 3 or those who may find it difficult to manage them correctly. Face coverings are therefore not required on school transport unless the child or young person wants to wear one and they are able to do so safely.

Additional advice for health visitors

PPE guidance for health visitors has not been included in this document because they work within clinical settings. Health visitors should refer to national guidance for [health professionals](#) and adhere to [Table 4](#) of the national PPE guidance whilst in a period of sustained community transmission.

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

5.3 Staff working in other LA roles, such as community settings and place-based services

The government, in consultation with industry, has produced [guidance](#) to help ensure **workplaces are as safe as possible** during the coronavirus pandemic. There are guides covering different types of work outside of health and social care settings. Please refer to the guide(s) that are most relevant to your workplace.

Staff who need to work in households (e.g. maintenance visits) outside of health and social care should follow this [guidance](#). Staff should communicate with households prior to arrival, and on arrival, to ensure the household understands the **social distancing** and **hygiene measures** that should be followed once work has commenced.

Staff should maintain 2 metres social distancing wherever possible. Where social distancing guidelines cannot be followed in full in relation to a particular activity, consideration should be given as to whether that activity needs to continue and, if so, take all the **mitigating actions** possible to reduce the risk of transmission between staff. A range of suitable mitigation activities can be found [here](#).

No work should be carried in a household which is **isolating** because one or more family members has symptoms – or where an individual has been advised to [shield](#) – **unless it is to remedy a direct risk to the safety of the household**. When working in a household where somebody is clinically vulnerable but has not been asked to shield (e.g. home of someone over 70), prior arrangements should be made with vulnerable people to avoid any face-to-face contact e.g. when answering the door. You should be particularly strict about handwashing, coughing and sneezing hygiene, such as covering your nose and mouth and disposing of single-use tissues.

Guidance for staff working in vehicles can be found [here](#) and [safer travel guidance for passengers](#) covers staff travelling together. This guidance recommends that you should wear a **face covering** in an **enclosed space** where **social distancing isn't possible** and where you will come into **contact with people you do not normally meet**. The evidence suggests that wearing a face covering does not protect you, but it may protect others if you are infected but have not yet developed symptoms.

The only circumstances where PPE is likely to be required is when staff are transporting someone 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 national safer travel guidance, social distancing guidance and rigorous hygiene measures are enough.

Staff transferring a patient without COVID-19 symptoms to a medical appointment who are unable to maintain 2 metres distancing should wear a surgical mask.

For possible scenarios relating to community settings and place-based services, please see Table A below.

5.4 Transport services and safer travel

The Government have indicated that, from 15th of June, the use of [face coverings on public transport \(i.e. trains, planes, ferries, trams, buses and coaches\) will be mandatory](#), as these are enclosed spaces where you are unable to socially distance from individuals you would not normally come into contact with. This requirement has not been extended to taxis or other modes of transport, such as private hire or employer conveyance of employees. We are awaiting national guidance and will update this document accordingly.

Guidance for staff working in vehicles can be found [here](#) along with [safer travel guidance for passengers](#). This guidance recommends that you should wear a **face covering** in an **enclosed space** where **social distancing isn't possible** and where you will come into **contact with people you do not normally meet**. The evidence suggests that wearing a face covering does not protect you, but it may protect others if you are infected but have not yet developed symptoms.

5.5 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, not entering the property, 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, or a household member, are in the [extremely vulnerable group](#)), they should wear gloves, aprons and a surgical face mask – this does not need to be fluid-resistant unless they are providing direct care. For the full range of scenarios, please see Table A below.

5.6 Unpaid carers

Guidance for those who provide unpaid care to friends or family can be found [Here](#)

Unpaid carers living within the same household as the person they are caring for will not need to use PPE, even if providing direct care, unless the person they are caring for is displaying COVID-19 symptoms or is COVID-19 positive.

Carers who do not live in the same household as the person they care for, or the cared for person has COVID-19 symptoms or is COVID-19 positive, should refer to Table A scenarios a - k.

Those people who are most at risk of either being infected or transmitting infection will be more likely to be in need of PPE. The use of PPE should only be considered as a matter of last resort when other protective measures are insufficient.

PPE does not replace good hygiene and most people will be able to reduce risk effectively by following the guidance on social distancing, washing hands in the right way, and wiping down hard surfaces.

6. Risk assessment for PPE

It is recommended that **services continue to carry out risk assessments** alongside the guidance to understand the requirements for individual situations. However, there may be occasions where this may not be feasible; 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. Where the potential risk to staff **cannot be established prior to face-to-face assessment or delivery of care within 2 metres**, the recommendation is for health 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.
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. Organisations can also contact the local Public Health England Health Protection Team for advice (call 0300 303 8162 or email swhpt@phe.gov.uk).

7. 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 the 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.

For PPE to be effective, it needs to be used appropriately and in accordance with the guidance. Advice can be found after Table A.

		PPE requirements				Use of additional measures ² to reduce COVID risk including SICPs
		1	2	3	4	
Scenario	Examples of LA work	Disposable plastic apron (single use)	Disposable gloves (single use)	Fluid-resistant (Type IIR) surgical mask sessional use ¹	Eye/face protection (sessional use face/eye protection/full face visor or goggles) ¹	

		PPE requirements				Use of additional measures ² to reduce COVID risk including SICPs
		1	2	3	4	
Scenario	Examples of LA work	Disposable plastic apron (single use)	Disposable gloves (single use)	Fluid-resistant (Type IIR) surgical mask sessional use ¹	Eye/face protection (sessional use face/eye protection/full face visor or goggles) ¹	
STAFF WORKING IN ADULT SOCIAL CARE SETTINGS (including residential and domiciliary care)						
a. Staff able to maintain more than 2 metres social distancing from residents or household members	Care home, hospice, home visit	NO	NO	NO	NO	YES
b. Staff working in residential and household settings where they are not providing direct care⁴ BUT may be within 2 metres of resident(s) who are NOT possible or confirmed cases.	Care home, hospice - roles may include working in the dining room, lounges, corridors, etc. Home visit where direct care <u>not</u> provided.	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 ¹	Need subject to risk assessment ¹	YES

		PPE requirements				Use of additional measures ² to reduce COVID risk including SICPs
		1	2	3	4	
Scenario	Examples of LA work	Disposable plastic apron (single use)	Disposable gloves (single use)	Fluid-resistant (Type IIR) surgical mask sessional use ¹	Eye/face protection (sessional use face/eye protection/full face visor or goggles) ¹	
c. Staff providing any care within 2 metres of individuals who are possible or confirmed cases OR d. Staff working in a household within 2 metres of individuals where prior risk assessment is not possible	Care home, hospice, home visit Some home visits	YES	YES	YES	Need subject to risk assessment ¹	YES

		PPE requirements				Use of additional measures ² to reduce COVID risk including SICPs
		1	2	3	4	
Scenario	Examples of LA work	Disposable plastic apron (single use)	Disposable gloves (single use)	Fluid-resistant (Type IIR) surgical mask sessional use ¹	Eye/face protection (sessional use face/eye protection/full face visor or goggles) ¹	
<p>Staff working in residential or household settings where they are providing direct care⁴ to any individual(s) who:</p> <p>e. is not a possible or confirmed case</p> <p>f. is a possible or confirmed case</p> <p>g. meets the criteria for shielding (i.e. they are in the extremely vulnerable group)</p>	Care home, hospice, domiciliary care visit	YES	YES	YES	Need subject to risk assessment ¹	YES
<p>h. Staff providing any other type of care to an individual meeting the criteria for shielding (i.e. they are in the extremely vulnerable group) (see row g if you are providing direct care⁴)</p>	Care home, hospice, home visit	YES	YES	YES FOR A SURGICAL MASK	NO	YES

		PPE requirements				Use of additional measures ² to reduce COVID risk including SICPs
		1	2	3	4	
Scenario	Examples of LA work	Disposable plastic apron (single use)	Disposable gloves (single use)	Fluid-resistant (Type IIR) surgical mask sessional use ¹	Eye/face protection (sessional use face/eye protection/full face visor or goggles) ¹	
i. Staff transferring possible or confirmed COVID-19 cases and they will be within 2 metres of the case (separate guidance is available for those handling the deceased)	Drivers transporting possible or confirmed cases from one location to another	YES	YES	YES	Need subject to risk assessment ¹	YES
j. Staff transferring people who are not possible/confirmed cases to medical appointments - they are not providing direct care but may come within 2 metres	Volunteers driving patients to medical appointments	NO	NO	YES FOR A SURGICAL MASK	NO	YES

		PPE requirements				Use of additional measures ² to reduce COVID risk including SICPs
		1	2	3	4	
Scenario	Examples of LA work	Disposable plastic apron (single use)	Disposable gloves (single use)	Fluid-resistant (Type IIR) surgical mask sessional use ¹	Eye/face protection (sessional use face/eye protection/full face visor or goggles) ¹	
k. Client/patient use of PPE by possible or confirmed COVID-19 cases in clinical areas, communal areas and during transportation	Patient being discharged from hospital to home	NO	NO	YES , providing doesn't compromise care and can be tolerated but this does not need to be fluid-resistant (a normal surgical mask is appropriate) . Surgical mask can be worn until damp/uncomfortable.	NO	YES
STAFF WORKING IN EDUCATION, CHILDCARE AND CHILDREN'S SERVICES						
I. Staff able to maintain 2 metres social distancing from children and their families	Social care visit, some school staff	NO	NO	NO	NO	YES

		PPE requirements				Use of additional measures ² to reduce COVID risk including SICPs
		1	2	3	4	
Scenario	Examples of LA work	Disposable plastic apron (single use)	Disposable gloves (single use)	Fluid-resistant (Type IIR) surgical mask sessional use ¹	Eye/face protection (sessional use face/eye protection/full face visor or goggles) ¹	
m. Staff not providing direct care⁴ BUT UNABLE to maintain 2 metres distance, from individuals who are not possible or confirmed cases and no one is shielding	Early years and school settings, social care visit, children's home worker	NO	NO	NO	NO	YES
n. Staff providing direct care⁴ to individuals who are not possible or confirmed cases and no one is shielding	Early years settings, special schools (note: clinical staff should follow guidance for health professionals), social care visit, portage	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	NO	NO	YES

		PPE requirements				Use of additional measures ² to reduce COVID risk including SICPs
		1	2	3	4	
Scenario	Examples of LA work	Disposable plastic apron (single use)	Disposable gloves (single use)	Fluid-resistant (Type IIR) surgical mask sessional use ¹	Eye/face protection (sessional use face/eye protection/full face visor or goggles) ¹	
o. Staff supervising a possible or confirmed case and are unable to maintain 2 metres distance but no physical contact is required (see row p)	School or early years setting where a child becomes unwell within the setting and must be supervised until collected and 2 metre distance unable to be kept e.g. due to child's age ⁶	NO	NO	YES	NO	YES

		PPE requirements				Use of additional measures ² to reduce COVID risk including SICPs
		1	2	3	4	
Scenario	Examples of LA work	Disposable plastic apron (single use)	Disposable gloves (single use)	Fluid-resistant (Type IIR) surgical mask sessional use ¹	Eye/face protection (sessional use face/eye protection/full face visor or goggles) ¹	
<p>p. Staff working or providing care within 2 metres of individuals who are possible or confirmed cases where physical contact is required⁶</p> <p>OR</p> <p>q. Staff working or providing care within 2 metres of individuals where prior risk assessment is not possible due to the nature of the scenario in which they are working (see examples)</p>	<p>Social care visit, children's home worker, school or early years setting where a child becomes unwell within the setting</p> <p>-----</p> <p>Unannounced social care visit, special school in specific scenario where health needs (e.g. a chronic cough) may make assessment of symptoms difficult</p>	YES	YES	YES	Need subject to risk assessment ¹	YES

		PPE requirements				Use of additional measures ² to reduce COVID risk including SICPs
		1	2	3	4	
Scenario	Examples of LA work	Disposable plastic apron (single use)	Disposable gloves (single use)	Fluid-resistant (Type IIR) surgical mask sessional use ¹	Eye/face protection (sessional use face/eye protection/full face visor or goggles) ¹	
r. Staff entering a household setting where anyone is shielding (i.e. they are in an extremely vulnerable group)	Portage	YES	YES	YES FOR A SURGICAL MASK	NO	YES
s. Staff transferring possible or confirmed COVID-19 cases and they will be within 2 metres of the case (separate guidance is available for those handling the deceased)	Drivers transporting possible or confirmed cases from one location to another	Risk assess if needed i.e. providing direct contact	Risk assess if needed i.e. providing direct contact	YES	Need subject to risk assessment ¹ and not to be worn whilst driving	YES
t. Children or young people being transported from one setting to another who do not have symptoms of COVID-19 who are not providing direct care ⁴ but may come within 2 metres	School transport and escorts not providing health interventions/direct care ⁴ (see Section 5.3)	NO	NO	NO	NO	YES

		PPE requirements				Use of additional measures ² to reduce COVID risk including SICPs
		1	2	3	4	
Scenario	Examples of LA work	Disposable plastic apron (single use)	Disposable gloves (single use)	Fluid-resistant (Type IIR) surgical mask sessional use ¹	Eye/face protection (sessional use face/eye protection/full face visor or goggles) ¹	
COMMUNITY SETTINGS AND PLACE BASED SERVICES						
u. Staff working in community settings where they are able to maintain 2 metres social distancing (this includes making adaptations to the work environment to promote social distancing and safer working)	Homeless outreach services, highways, visits to business premises, citizens advice, housing services, reception areas, waste collection, parking enforcement, community public services, providing shopping or dropping off medication to those who are isolating or shielding	NO	NO	NO	NO	YES
v. Staff UNABLE to maintain 2 metres distance, from individuals who are NOT possible or confirmed cases in enclosed spaces where they are coming into contact with people they do not normally meet.	Public protection services (e.g. pest control, environmental health), visits to business premises	NO	NO	No to surgical mask but face covering recommended ⁵	NO	YES

		PPE requirements				Use of additional measures ² to reduce COVID risk including SICPs
		1	2	3	4	
Scenario	Examples of LA work	Disposable plastic apron (single use)	Disposable gloves (single use)	Fluid-resistant (Type IIR) surgical mask sessional use ¹	Eye/face protection (sessional use face/eye protection/full face visor or goggles) ¹	
w. Staff working with a consistent small group in workplaces where social distancing and hygiene measures are in place and symptomatic colleagues are excluding (i.e. self-isolating) themselves from the workplace	Office working, waste operatives sharing a cab or other workers required to share a vehicle with regular colleagues.	NO	NO	NO	NO	YES
x. Staff transferring or travelling with others they would not normally meet where social distancing is not possible BUT no one is a possible or confirmed case	Taxi drivers, place services	NO	NO	No to surgical mask but face covering recommended ⁵⁵	NO	YES

		PPE requirements				Use of additional measures ² to reduce COVID risk including SICPs
		1	2	3	4	
Scenario	Examples of LA work	Disposable plastic apron (single use)	Disposable gloves (single use)	Fluid-resistant (Type IIR) surgical mask sessional use ¹	Eye/face protection (sessional use face/eye protection/full face visor or goggles) ¹	
y. Staff who are UNABLE to maintain 2 metres distance from individuals who are possible or confirmed cases OR their health status is unknown in advance	In place/community services there are few examples where this scenario should apply as staff should always try and ascertain an individual's health status in advance of contact. However, we recognise that for some roles this will be challenging such as homeless outreach.	YES	YES	YES	Need subject to risk assessment ¹	YES
CLEANING OF NON-HEALTH CARE SETTINGS						
z. For staff cleaning areas where confirmed or possible cases are or have been ³	Education and Early Years settings, social care settings outside of the home, home care	YES	YES	Need subject to risk assessment ³	Need subject to risk assessment ³	YES

		PPE requirements				Use of additional measures ² to reduce COVID risk including SICPs
		1	2	3	4	
Scenario	Examples of LA work	Disposable plastic apron (single use)	Disposable gloves (single use)	Fluid-resistant (Type IIR) surgical mask sessional use ¹	Eye/face protection (sessional use face/eye protection/full face visor or goggles) ¹	
aa. For staff undertaking regular and enhanced daily cleaning of non-health care settings where there has not been a possible or confirmed case	Regular and enhanced daily cleaning of non-health care settings	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	NO	NO	YES

NOTE: STAFF REQUIRED TO WORK IN OTHER SETTINGS (OUTSIDE OF THE LA) MAY BE REQUIRED TO WEAR PPE IN LINE WITH NATIONAL GUIDANCE E.G. HOSPITALS

1. A **fluid-resistant surgical mask** is needed where there is **high risk from respiratory droplets** (e.g. when undertaking 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). **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.

A **surgical mask and eye protection** can be used **continuously** while providing care until you take a break from duties (see Section 7 of this document). **Gloves and aprons** must be changed between individuals and hands and forearms cleaned after removal.

Re-usable PPE (usually eye/face protection) can be used – advice on suitable decontamination arrangements should be obtained from the manufacturer, supplier or local infection control policy. Your manager will advise you where this [applies](#).

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](#)). Where an AGP is a single procedure, PPE is subject to single use with disposal after each patient contact or procedure as appropriate.

2. PPE is only one form of mitigation activity that can be used to reduce COVID risk in the workplace (see Section 2 and relevant PHE guidance for how to work safely in your workplace). 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.
3. 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). 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.
4. When the term **direct care** is used, this refers to all caring activities that involve physical contact with the client including help with washing, toileting, dressing, oral care and feeding, assistance with medication or walking and getting up/going to bed.
5. Face coverings are recommended for when you are in an enclosed space **where social distancing is not possible** and where you will come into **contact with people you do not normally meet** (e.g. people who are not part of your usual home or work environment). We are awaiting further national guidance regarding wider use of face coverings.
6. Members of staff that have been supervising a child or young person with symptoms of COVID in a school or early years setting can return to work once the child/young person has been collected. They should not need to change their clothes if the guidance described here has been followed, unless the clothes have been obviously soiled for example with vomit.

8. Safe use of PPE

Putting on (donning) and removing (doffing) PPE in the correct way is key for it to provide effective protection. Guidance can be found [here](#).

You need to put on your PPE at least two metres away from the person you are visiting and anyone in the household with a cough. You will need to decide the best place to do this. For example, you could do so just before or just after entering the client's home or in a separate room to the client. Similarly, you should take off PPE when at least two metres away from the client or any person who has a cough.

[PPE guidance](#) sets out when single and sessional (continual) 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 for **sessional (continual) use**. This means they can be used **continuously** until you take a break from your duties or otherwise need to remove them. New facemasks and eye protection would then be used as needed for your next duty period. 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. The advice is:
 - You can wear the same face mask between residents/clients whether or not they have symptoms of COVID-19. You should not touch your face mask or allow it to dangle around your neck.
 - You may wear the same face mask between different homecare visits if it is safe to do so while travelling, and you are able to avoid touching the mask, and have no need to remove it during your journey (e.g. to have a drink).
 - Masks and eye protection should NOT be subject to continued use if damaged, soiled (e.g. with secretions, body fluids), uncomfortable or causing skin irritation or when the mask becomes damp. Further information can be found [here](#).
- When removing and replacing PPE ensure you are 2 metres away from clients and other staff – see Donning of PPE [video](#).
- Most PPE is disposable after use (following the steps set out in section 2). However, **certain 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. Your manager will advise you where this applies. 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%¹ (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](#).

Risk assessment for staff exposures: If a health or social care worker, has come into close contact with a confirmed COVID-19 patient, resident or service-user or a symptomatic patient, resident or service-user suspected of having COVID-19, while not wearing PPE, or had a breach in their PPE while providing personal care to a patient, resident or service-user with confirmed or suspected COVID-19, then the staff member should inform their line manager and refer to the following [guidance](#).

9. What should you do if there is a supply shortage of PPE and you are unable to follow PPE recommendations?

You should inform your manager if you are concerned about any 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 can be found [here](#).

10. Equipment specifications

It is important that recommended PPE are the right specification to provide adequate protection to yourself and others. [The essential technical specification for PPE equipment](#) has been published by the Government. This includes details of the required relevant standards for design and performance, usually denoted by a BS EN number.

When surgical masks or fluid resistant surgical masks are recommended, **homemade face masks or cloth masks are not an adequate alternative.**

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

Provide barrier protection against respiratory droplets (from coughing or sneezing) reaching the mucosa of the mouth and nose. There is no evidence that respirators add value over FRSMs for droplet protection
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Should be well fitted

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

Single use or single session use and then discarded and NOT subject to continued use

Relevant Standard: BS EN 14683 (ensure **Type IIR**)

Surgical (Type II) masks

Provide barrier protection against respiratory secretions (e.g. those produced when talking) reaching the mucosa of the mouth and nose but not from droplets produced e.g. from coughing

Should be well fitted

Single use or single session use and then discarded and NOT subject to continued use

Relevant Standard: BS EN 14683 (**Type II**)

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:

- surgical mask with integrated visor
- full face shield or visor
- polycarbonate safety spectacles or equivalent

Regular corrective spectacles are not considered adequate eye protection

Eye protection should be:

- well fitted
- optically clear
- resistant to fogging
- resistant to droplets and splashes
- 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 and 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

Relevant Standards: BS EN 166:2002 or Technical Specification to satisfy the requirements of [Annex II of PPE Regulation \(EU 2016/425\)](#)

Disposable aprons and gowns

Disposable plastic aprons must be worn to protect staff uniform or clothes from contamination when providing direct care or within 2 metres of a person who is coughing 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 (examination 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
Should be made from well-established materials for this product such as nitrile, vinyl or latex
Relevant Standards: BS EN 455-3:2015; 455-4:2009; ANSI/ISEA 105 or ASTM D6319

11. PPE Distribution

The process for PPE distribution varies by service area and employer please refer to accompanying local guidance and/or speak to your line manager. Please try to source PPE through your normal routes in the first instance.

Name	Service area	Contact
Wendy McEvoy	Adult Services (all Adult Social Care services except "Care Providers")	wendy.mcevoy@gloucestershire.gov.uk
Brenda Yearwood	Care Providers	brenda.yearwood@gloucestershire.gov.uk
Wendy Williams	Children's Services (including Education and Schools)	wendy.williams@gloucestershire.gov.uk
Gavin Roberts	Gloucestershire Fire and Rescue (including Coroners, Trading Standards, Animal Health)	gavin.roberts@gloucestershire.gov.uk
Sheema Rahman	Prevention Wellbeing and Communities	sheema.rahman@gloucestershire.gov.uk
Ben Watts	Economy, Environment & Infrastructure, (inc Library's; Registration; Highways; Integrated Transport; Waste; Community Infrastructure; Strategic Infrastructure; Traveller Services)	ben.watts@gloucestershire.gov.uk

Small residential social care providers (24 beds or fewer) and domiciliary social care providers (99 clients or fewer) can access emergency supplies through the national [PPE portal](#). Eligible organisations should have received an invitation to register via their email account registered with the Care Quality Commission. If you think you are eligible, but have not been invited, you can contact the customer service team on 0800 876 6802.