



Public Health
England

COVID-19

**Personal protective equipment (PPE)
– resource for care workers delivering
homecare (domiciliary care) during sustained
COVID-19 transmission in the UK**



Scope and purpose

This resource provides guidance on the use of personal protective equipment (PPE) for care workers visiting people's homes to deliver care (domiciliary care) during sustained COVID-19 transmission in the UK. It explains how PPE guidance applies to the homecare (domiciliary care) setting and is drawn from full infection prevention and control (IPC) and PPE guidance found [here](#).

This resource is intended for care workers and providers delivering visiting homecare including extra care housing (i.e. where care workers visit individuals in their place of residence).

Providers will need to consider how to operationalise recommendations according to their individual circumstances, operating model and clients, needs. Providers may also wish to refer to [PPE recommendations for care home settings](#)

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

Please note that this guidance is of a general nature and that an employer should consider the specific conditions of each individual place of work and comply with all applicable legislation, including the [Health and Safety at Work etc. Act 1974](#) and the [Health and Social Care Act 2008](#)

Format of this resource

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

- Section 1** contains recommendations on the use of PPE for a range of relevant contexts. Recommendations are presented in table format for ease of reference.
- Section 2** provides explanation concerning recommendations and addresses frequently asked questions.
- Section 3** contains specialist advice relating to care for people with learning disabilities and/or autism.
- Section 4** contains case scenarios designed to illustrate appropriate use of PPE in practice.

Changes and updates to this resource

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

- addition of questions and answers to Section 2
- addition of Section 3 relating to care for people with learning disabilities and/or autism
- further explanation/minor changes to responses to selected questions in Section 2
- further detail added to recommendations including specification of surgical mask types (defined in consultation with HSE and MHRA)

Section 1: Recommendations for the use of personal protective equipment (PPE) for care workers delivering homecare (domiciliary care) in a client’s home during sustained COVID-19 transmission in England

Recommendation Table 1.

When providing close personal care in direct contact with the client(s) (e.g. touching) OR within 2 metres of anyone in the household who is coughing

These recommendations apply:

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

These principles are also suitable for extra-care housing schemes. These recommendations assume that care workers are not undertaking aerosol generating procedures (AGPs).

Note: PPE is only effective when combined with: hand hygiene (cleaning your hands regularly and appropriately); [respiratory hygiene](#) and avoiding touching your face with your hands, and following standard infection prevention and control precautions (<https://www.nice.org.uk/guidance/cg139>), (https://improvement.nhs.uk/documents/4957/National_policy_on_hand_hygiene_and_PPE_2.pdf).

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

Recommended PPE items	Explanation
<p>✓ Disposable gloves</p>	<p>Single use to protect you from contact with the client’s body fluids and secretions.</p>
<p>✓ Disposable plastic apron</p>	<p>Single use to protect you from contact with the client’s body fluids and secretions.</p>
<p>✓ Fluid-repellent (Type IIR) surgical mask</p>	<p>Fluid-repellent surgical masks (FRSMs) can be used continuously while providing care, unless you need to remove the mask from your face (e.g. to drink, eat, take a break from duties).</p> <p>You can wear the same mask between different homecare visits (or visiting different people living in an extra care scheme), if it is safe to do so whilst travelling. This may be appropriate when travelling between households on foot or by car or by public transport, so long as you do not need to take the mask off, or lower it from your face and providing it does not compromise your safety (e.g. driving ability) in any way. You should not touch your face mask. The mask is worn to protect you, the care worker, and can be used while caring for a number of different clients regardless of their symptoms.</p> <p>You should remove and dispose of the mask if it becomes damaged, visibly soiled, damp, or uncomfortable to use. If removed, you would then need to use a new mask when you start your next homecare visit.</p>
<p>Eye protection</p>	<p>Eye protection is recommended for care of clients where there is risk of droplets or secretions from the client’s mouth, nose, lungs or from body fluids reaching the eyes (e.g. caring for someone who is repeatedly coughing).</p> <p>Use of eye protection should be discussed with your manager and you should have access to eye protection (such as goggles or visors). Eye protection can be used continuously while providing care, unless you need to remove the eye protection from your face (e.g. to take a break from duties). We do not recommend continued use of eye protection when driving or cycling.</p> <p>If you are provided with goggles/a visor that is reusable, then you should be given instructions on how to clean and disinfect following the manufacturer’s instructions or local infection control policy and store them between visits. If eye protection is labelled as for single use then it should be disposed of after removal.</p>

Recommendation Table 2.

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

These recommendations apply:

- for tasks such as: removing medicines from their packaging, prompting people to take their medicines, preparing food for clients who can feed themselves without assistance, or cleaning
- whatever your role in care (i.e. applies to all staff, care workers, cleaners etc.)

If practical, household members with respiratory symptoms should remain outside the room or rooms where the care worker is working, they should be encouraged to follow good hand and respiratory hygiene and remain 2 metres away.

If unable to maintain 2 metre distance from anyone in the household who is coughing (including the client) then follow recommendations in [Table 1](#) above.

These principles are also suitable for extra-care housing schemes.

Note: PPE is only effective when combined with: hand hygiene (cleaning your hands regularly and appropriately); [respiratory hygiene](#) and avoiding touching your face with your hands, and following standard infection prevention and control precautions (<https://www.nice.org.uk/guidance/cg139>), (https://improvement.nhs.uk/documents/4957/National_policy_on_hand_hygiene_and_PPE_2.pdf).

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

Recommended PPE items	Explanation
<p> Disposable gloves*</p>	<p>* Required if for other reasons set out in standard infection prevention and control precautions (e.g. contact with clients’ bodily fluids) or if anyone in the household is shielding.</p>
<p> Disposable plastic apron*</p>	<p>* Required if for other reasons set out in standard infection prevention and control precautions (e.g. contact with clients’ bodily fluids) or if anyone in the household is shielding.</p>
<p> Type II surgical mask</p>	<p>Type II surgical masks can be used continuously while providing care, unless you need to remove the mask from your face (e.g. to drink, eat, take a break from duties).</p> <p>You can wear the same mask between different homecare visits (or visiting different people living in an extra care scheme), if it is safe to do so whilst travelling. This may be appropriate when travelling between households on foot or by car or by public transport, so long as you do not need to take the mask off, or lower it from your face and providing it does not compromise your safety (e.g. driving ability) in any way. You should not touch your face mask.</p> <p>The mask can be used while caring for a number of different clients regardless of their symptoms.</p> <p>You should remove and dispose of the mask if it becomes damaged, visibly soiled, damp, or uncomfortable to use. If removed, you would then need to use a new mask when you start your next homecare visit.</p> <p>Note: surgical masks do not need to be fluid repellent for use in this situation. However, if you are already wearing a fluid-repellent (Type IIR) surgical mask there is no need to replace it, and if only fluid-repellent (Type IIR) surgical masks are available then these may be used. If the next visit you undertake includes personal care, then you will need to follow recommendations in Table 1 for the next visit.</p>
<p> Eye protection</p>	<p>Not required.</p>

Section 2: Recommendations explained- questions and answers

PPE recommendations and sustained transmission of COVID-19

1 What is meant by sustained transmission of COVID-19?

We are currently experiencing sustained transmission of COVID-19 across the UK. COVID-19 is common in the community and you as a care worker should assume that you are likely to encounter people with COVID-19 infection in your routine work. Sustained transmission is when infection is widespread and that for many people with COVID-19 infection, we are unable to work out who or where they got it from.

2 Should I always put on PPE when I visit my clients regardless of their symptoms?

Yes. As there is sustained transmission of COVID-19 we recommend you use PPE regardless of whether the person you are caring for has symptoms or not.

[Section 1](#) provides recommendations on what PPE is required and when.

3 Why is PPE needed for personal care of all clients and not just when caring for clients with symptoms?

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

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

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

Yes. This resource was developed in the context of sustained transmission of COVID-19 across the UK. There are some differences between this resource and previously published PPE guidance because the context has changed.

5 Which PPE guidance should I follow?

You should follow the recommendations in this resource for PPE during the sustained transmission period for all homecare (domiciliary care) interactions.

All necessary recommendations from the main [COVID-19 personal protective equipment \(PPE\) guidance](#) have been applied in this resource and are relevant during the period of sustained transmission. There is therefore no reason to refer to Tables 1-4 in the main COVID-19 personal protective equipment (PPE) guidance. When the context changes away from sustained transmission and recommendations need to change then this resource will be modified.

PPE overview

6 How does PPE protect me?

Gloves – protect you from picking up the COVID-19 virus from the environment (such as contaminated surfaces) or directly from people with COVID-19.

You must wear disposable gloves when providing personal care and when exposure to body fluids is likely. Disposable gloves are single use and you must dispose of them immediately after completion of a procedure or task and after each client, and then wash your hands. You must take care not to touch your face, mouth or eyes when you are wearing gloves.

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

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

Surgical face masks - Wearing a Type II surgical face mask provides a barrier, protecting your mouth and nose from a client's respiratory secretions. Fluid repellent surgical masks (FRSM), which are Type IIR surgical face masks, provide additional protection from respiratory droplets produced by clients (e.g. when they cough or sneeze).

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

Surgical mask types are described further in [Question 31](#).

All surgical masks can be used for care of more than one client providing you do not remove the mask between clients ([Table 1](#)).

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

Eye protection - provide a barrier to protect your eyes from respiratory droplets produced by clients (e.g. by a repeatedly coughing client), and from splashing of secretions (e.g. of body fluids or excretions such as vomit).

Eye protection can be used for more than one client providing they are not removed between clients, as outlined above ([Table 1](#)). Most eye protection is reusable; you should check and follow the manufacturer's instructions or local infection control policy on how to clean and disinfect between uses. Further advice on cleaning is provided in [Question 17](#). If eye protection is labelled as for single use then you should dispose of it after removal.

7 Do I need to do anything else to protect myself and others in addition to wearing PPE?

- **Yes.** PPE is only effective when combined with:
- hand hygiene (cleaning your hands regularly and appropriately),
- [respiratory hygiene](#) and avoiding touching your face with your hands,
- following standard infection prevention and control precautions www.nice.org.uk/guidance/cg139

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

If you know that there aren't suitable facilities for cleaning your hands in the client's home, you should carry hand sanitiser or cleaning wipes with you to make sure that you can clean your hands when you need to.

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

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

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

8 Why are you recommending continuous use of face masks and eye protection for the care of more than one client?

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

We recommend you use face masks continuously until you need to remove it (e.g. to drink, eat or to take a break from duties), both to reduce risk to you and to make it easier for you to conduct your usual work without unnecessary disruption.

You can wear the same face mask between different homecare visits, if it is safe to do so whilst travelling. This includes travelling between households on foot or by car or by public transport, so long as you do not need to take the mask off, or lower it from your face. You should not touch your face mask. If you consider it will impair your driving ability or compromise your safety in any way whilst travelling, you should remove your face mask before travelling. We do not recommend continued use of eye protection when driving or cycling.

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

When you take a break or need to remove your face mask for some other reason, you should remove your face mask and eye protection and replace it with a new face mask for your next duty period. You must ensure your eye protection is appropriately cleaned when you remove it/before next use. If your eye protection is labelled as for single use only then it should be disposed of after use.

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

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

Appropriate continuous use will not put you or your clients at additional risk (see [Question 10](#))

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

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

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

You must decontaminate reusable eye protection after each use and NOT continue to use it in any of the following circumstances:

- if damaged
- if soiled (e.g. with secretions, body fluids)
- if uncomfortable or causing skin irritation

When removing and replacing PPE ensure you are 2 metres away from clients and other staff – see video on [putting on and removing PPE](#).

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

Providing neither you or the clients touch the mask, then wearing the same face mask between clients/visits does not present risk to you or the client.

You should remove and replace the face mask if soiled, damp, damaged or in other circumstances set out in [Question 9](#).

11 Do I have to wear a mask on my way to visit my first client, and on my way home?

This resource contains guidance on use of PPE when you are caring for clients. The journey to your first client and on your way home from your last client does not involve contact with the client or household. You should put on PPE as per recommendations before contact with your first client. You should remove PPE and dispose of it or decontaminate it if reusable after your final client and before your journey home.

You should follow advice for the general public when outside of work (i.e. before work duties commence and after work duties end). This includes following guidance on wearing face coverings (not medical grade masks) when in enclosed spaces such as public transport found [here](#).

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

In this resource, we refer to wearing face masks and eye protection continuously until you need to remove them or take a break. The period of duty between your breaks is the equivalent to what we refer to as a “session” in the [main PPE guidance](#).

When you need to remove your face mask (e.g. to take a drink, eat, if visibly soiled or damp) then you need to dispose of it safely. Do not dangle your face mask or eye protection around your neck.

13 Are you recommending re-use of single use face masks?

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

14 When can I re-use PPE?

Whilst most PPE items are for once only use, certain PPE items are manufactured to be reusable. This most commonly applies to eye/face protection items i.e. goggles or visors. Reusable items should be clearly marked as such and identified in advance by your organisation/manager.

You can use reusable PPE items, providing you clean and store them appropriately between uses, according to the manufacturer’s instructions or local infection control policy. Your manager will advise you where this applies.

Advice on re-use of face masks when there is shortage of PPE and no other option, is provided by HSE and summarised in [Question 26](#).

Using PPE-practicalities

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

Guidance on putting on (donning) and removing (doffing) PPE can be found [here](#).

You need to put on your PPE at least two metres away from 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.

16 What should I do with waste including PPE?

Waste should be placed in a refuse bag and can be disposed of as normal domestic waste unless the client has symptoms of COVID-19 (a new continuous cough, a high temperature, a loss of, or change in, your normal sense of taste or smell) <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>.

Waste from people with symptoms of COVID-19, waste from cleaning of areas where they have been (including disposable cloths and used 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. This waste does not require a dedicated clinical waste collection in the above circumstances.

Do NOT put any items of PPE (or face coverings of any kind) in the recycling bin.

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

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

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

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

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

- separately from other household linen if heavily soiled
- wash in a load not more than half the machine capacity
- at the maximum temperature the fabric can tolerate, then ironed or tumble dried

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

PPE use for particular client groups and tasks

19 How will I know if any of my clients are “shielding” and are “clinically extremely vulnerable from COVID-19” and what do I need to do?

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

Your organisation should have a list of all clients who are shielded and in the clinically extremely vulnerable group so you do not need to make an assessment yourself. However, you should make sure you know which of your clients are on this list before your duties begin.

Clients who are “shielding” will also have received a letter telling them that they are shielding. The local authority and the client’s general practice will also be aware.

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

When you are delivering personal care to OR undertaking any care or task which requires you to be within 2 metres of an individual who is shielding you should wear a fluid repellent surgical mask, gloves and an apron.

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

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

Further information on shielding and this group can be found [here](#).

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

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

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

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

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

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

22 Do I have to wear a mask when within two metres of clients even if not performing care tasks?

Yes. You need to follow the recommendations in [Table 2](#) whatever the task you are undertaking if it involves being within 2 metres of a client (e.g. this includes group activities, when accompanying a client on an outing).

23 What should I do when I am caring at home for someone who has previously tested positive for COVID-19?

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

PPE use in specific circumstances

24 What is an aerosol generating procedure and when might this be relevant to me?

Most homecare workers are not expected to be undertaking aerosol generating procedures (AGPs), although some who are working in complex care may do so.

AGPs include open suctioning of airways when caring for clients with tracheostomies. AGP precautions are also required for clients who are receiving ventilatory support such as CPAP, at home.

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

25 Is this resource relevant to solo and live-in homecare?

This resource is applicable for care workers who visit people's homes to deliver care (domiciliary care) rather than for care workers living in the same household as the client.

Solo carers are care workers who provide care for only one person but do not live in the same household as the client. If you are a solo carer, then you should follow the recommendations in this resource.

If you are living with your client on an ongoing basis, and your client is your only client, then you are considered as part of the same household. You should follow all applicable publicly available guidance (e.g. on household isolation in the event that any person in the household develops symptoms of COVID-19 <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>) and use PPE as per standard infection and prevention control guidance. Though some

information may be relevant, if you are a care worker living in the household of your only client then you do not need to follow recommendations in this resource. If you do visit other clients, you do need to follow recommendations in this resource.

26 What should we do if we have a supply shortage of PPE and we are unable to follow these recommendations?

You should inform your manager if you are concerned about shortage of PPE. Advice approved by the Health and Safety Executive on strategies for optimising the use of PPE and consideration for the re-use of PPE when in short supply may be found [here](#).

The Health and Safety Executive (HSE) recommends that where there are acute shortages and face masks and or eye protection are to be re-used you should do the following:

For face masks:

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

For eye protection:

Eye protection is typically reusable (single use only items should be clearly labelled). If in extremely short supply, the HSE recommend that single use only items could be re-used in a similar way as reusable items (see [Question 17](#)).

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

Note: re-use is NOT the same as continual use (see [Question 13](#)).

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

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

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

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

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

PPE items FAQs

28 Can I use a homemade face covering or a cloth mask?

There is not sufficient evidence to recommend use of homemade face coverings or cloth masks for delivering health and care activities so you should not use these when delivering care to clients.

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

29 Should I wear an apron that protects my sleeves?

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

30 What PPE do I need to wear when cleaning?

If you undertake cleaning duties, then you should use usual household products, such as detergents and bleach as these will be very effective at getting rid of the virus on surfaces. Frequently touched surfaces should be cleaned more frequently. If you are within two metres of a client, then you should wear a FRSM, plus the gloves and aprons you normally use for cleaning.

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

Type II surgical masks and Type IIR fluid repellent surgical masks (FRSMs) provide barrier protection against COVID-19, i.e. they protect your mouth and nose from being contaminated with the virus as described above under "[How does PPE protect me?](#)"

Recommendations in [Table 1](#) and [Table 2](#) state when each of these items should be used and why. In summary, Type II surgical masks can be used when undertaking tasks within 2 metres of a client but not providing personal care (i.e. not touching), providing the client does not have a cough. FRSMs should be used for personal care and when within 2 metres of a coughing person (i.e. where there is risk of droplet transmission). The fluid repellent nature of a FRSM provides additional protection especially from droplets.

Type II and fluid repellent (Type IIR) surgical masks (FRSMs) should be CE marked - details on specifications for new manufactures can be found [here](#). (Note this cannot be used as a purchasing guide in its own right but it provides the relevant BS EN Standards for Medical Devices and PPE).

Type I surgical masks and homemade/cloth masks are NOT recommended in this context.

Filtering face piece class 2/3 (FFP2/3) respirators or N95 respirators are only required for Aerosol Generating Procedures (AGPs). AGPs are explained in [Question 24](#). Homecare care workers are not generally expected to be undertaking AGPs and therefore do not typically need to wear FFP3 or N95 respirators. Your organisation/manager will inform you if AGPs are relevant to you and will instruct you if respirators and/or additional precautions are required.

Risk assessment and social distancing

32 What is a risk assessment and who does this?

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

Whilst risk assessment may be the responsibility of your manager or organisation, you will be involved as you see the clients and can help by telling your manager of any change in their condition. This will determine when and for which clients or duties you need to wear items such as eye protection and FRSMs.

So, for example, if practical on receiving your client list you might call clients ahead of your visit to check on their symptoms and then discuss with your manager. Your manager might instruct you to wear eye protection and a fluid-repellent mask for all the visits you will make that day. This would be appropriate, when you are going to be providing personal care for clients who are known to be coughing (to prevent droplets or secretions from the client reaching your eye).

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

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

33 Do I need to wear PPE if I am able to maintain 2 metres social distance?

If you are able to maintain a distance of 2 metres away from clients and household members you do not need to wear PPE unless for other reasons set out in [standard infection prevention and control precautions](#) (e.g. contact with clients' bodily fluids) or if anyone in the household is shielding.

In usual work circumstances this may be challenging to achieve a 2 metre distance and care workers and employers should consider wearing PPE if they cannot be sure that a two-metre distance can be maintained.

You should wear a minimum of surgical mask, gloves and aprons when entering the household where anyone is shielding even if you are not going to be within 2 metres of the individual being shielded (see [Question 19](#)).

Section 3: When you are providing support to people with learning disabilities and/or autism in domiciliary care

People with learning disabilities and/or autism who receive home care have a wide spectrum of needs. Some need help or support or prompting in managing their house or flat, undertaking household chores and participating actively in leisure and social activities. Others, need more extensive, including physical care. Some have complex forensic needs or behavioural difficulties. Care workers providing care for them may focus on anticipating and trying to pre-empt problematic or challenging behaviours. Some care workers provide home respite support for more severely disabled people normally cared for by family members. Many people with learning disabilities requiring home care are very social and often very tactile. Others, particularly those with autism struggle in social situations and often strongly dislike being touched. Some, particularly autistic people can be very upset by changes of routine.

The publication [Coronavirus \(COVID-19\): guidance for care staff supporting adults with learning disabilities and autistic adults](#) sets out general issues in providing home care for people with learning disabilities and/or autism. It provides a number of links to resources to help with this. You need to support people you are providing care for to practice and maintain the main infection control procedures including:

- staying at home apart from trips out for the approved purposes: work, exercise, and medical appointments
- keeping social distance from others
- refraining from socially touching
- handwashing
- avoiding touching your mouth, nose and eyes
- [respiratory hygiene](#) (covering mouth and nose with a tissue while coughing or sneezing, throwing tissue away, then cleaning hands)
- regular cleaning, especially of frequently touched surfaces

Use signs, videos and social stories to help with this.

You should also plan for what should happen if the person cared-for or the care worker develop symptoms or signs of COVID-19, for supporting the person through the inevitable changes, and for possible bereavement if this looks likely.

The level of PPE you will need depends on the sort of care tasks you are undertaking and on whether the person you are providing care for is particularly vulnerable or poses specific risks. You should follow the recommendations in [Section 1](#) of this guidance.

Some people who have tendencies like autism can be very upset by changes of routine. Good care involves helping people learn to take as active a part as possible in ordinary activities. For a small number this involves a complex balance of risks as small frustrations or changes can lead to forceful reactions with potentially serious consequences. Some people with limited language capacity or impaired hearing depend on reading carers' facial expressions for communication. Face masks make this harder and so they can cause distress which can result in behaviour that may cause harm to the person themselves or others.

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

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

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

The risk assessment needs to determine whether the risks involved in wearing masks (forceful outbursts with potential injury, or unsafe mask removal, or the serious impact on the physical and mental wellbeing from the inability to communicate, or to follow habitual routines) are greater than those involved in not wearing them. A multidisciplinary group involving external professionals and the local authority should undertake the assessment. You should formally assess the person's capacity to decide this for themselves in accordance with the Mental Capacity Act and you should make any subsequent substitute decision according to 'best interests' principles. This should involve review of relevant behavioural support options to help using PPE, the level of risk which COVID-19 poses to the individual and the risks likely to be associated with pursuing the use of PPE. You should make contingency arrangements in case the supported individual develops COVID-19 symptoms. You should keep any decision not to use PPE under review, and you should keep seeking alternative solutions and strategies which might allow introduction of the appropriate level of PPE. You should document all decisions clearly in a risk management plan agreed by the person being supported (and/or their advocate), the multidisciplinary team and the organisation and team providing support.

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

Section 4: Case Scenarios

CASE STUDY

1

Angel and Laila received their weekly rota emails from Karen, the manager of the care agency they worked for. The rota listed the clients they would be visiting during the week.

As Angel's shift started at 6am she went to see Mrs Kowalski first, Mrs Kowalski was an early riser.

On arriving at the house Angel usually lets herself in to the property using the key which was in the key safe near the front door. However, because of Covid-19 she was taking extra precautions, so she wiped down the key pad with a wipe before opening it and taking out the key.

As usual, she called out good morning to Mrs Kowalski to let her know she had arrived, whilst at the same time cleaning her hands with alcohol gel.

Angel's job that morning was to help Mrs Kowalski get out of bed, help her walk to the bathroom for a wash, help her get dressed and prepare her breakfast. She would then wash the dishes, clean down the surfaces, and put some laundry in the washing machine.

As Mrs Kowalski needed personal care, Angel put on her PPE in the hallway. First, she put on her apron, secured the fluid repellent surgical face mask, eye protection (Mrs Kowalski had a habit of sneezing frequently) and lastly her gloves.

While putting on PPE, Angel talked to Mrs Kowalski explaining why she needed to wear it and how it helps prevent them both being exposed to the virus. Angel changed her gloves and apron and washed her hands between caring for Mrs Kowalski and doing the cleaning tasks.

Angel took off the gloves and apron and disposed of them in the refuse bag which she carried with her, she then removed her eye protection placing it into a designated bag to enable her to decontaminate it later, before placing the used gloves and apron bag in the dustbin outside Mrs Kowalski's house. She then cleaned her hands using the alcohol gel she had brought with her.

As she was going to visit another client just two doors away, she did not need to take off her mask as this was still comfortable, intact and had not been contaminated by any sneezing during the visit.

CASE STUDY

2

Angel's next call was fairly close, so she walked to the flat where the Southwick family live.

Rowan and his wife Hazel lived with their adult son Arran and their pet dog.

Rowan has chest problems from his previous occupation as a miner and enjoys a beer and a cigarette. Rowan understood that because of COVID-19 Angel had to limit contact with his other family members and understood the reasons why the dog and his wife were asked to stay in another room in the flat whilst Angel helped him get out of bed and dressed.

Angel still had her mask on from her previous visit, so she just needed to clean her hands with alcohol gel and put on a new apron, her eye protection followed by new gloves which she did when she arrived at the house.

Rowan was usually chesty in the mornings and Angel helped him to cough into his tissues and dispose of them correctly.

When Angel had finished her job and Rowan was comfortable, she called to the rest of the family to say that she was finished but asked for them to give her a few minutes to take off her PPE.

Angel removed her PPE by stepping towards the door, carefully taking off her gloves, placing them in the rubbish bag and cleaning her hands with alcohol gel. She then removed her apron, taking care not to touch the front of the apron and placed the apron in the rubbish bag. Alcohol gelling her hands again before she removed her eye protection, alcohol gelled her hands again and placed the eye protection into a box sealed with a lid for decontamination. She then removed her mask extremely carefully, making sure that she did not touch the front of the mask because it could be contaminated. Finally, she cleaned her hands again with alcohol gel. She carefully placed the PPE in the rubbish bag.

CASE STUDY

3

Angel had arranged to meet Laila at the next client's home, so she drove the four miles to the house of James Jones and his wife, Abbey. They were a younger couple who had learning difficulties but lived a fairly independent life.

Abbey needed double-handed care because she was quite a large lady and her husband could not manage to care for her on his own.

Mr Jones liked routine and knew the time that the care workers usually arrived, so he would look out for their car, open the door then go into the kitchen whilst his wife was cared for. He also liked familiarity and got anxious when strangers attended the house.

Laila had not met the couple before, so Angel briefed her about the routine before they went inside.

Both Abbey and James needed a lot of physical reassurance and comforting. Usually they would all chat in the same room, but because of COVID-19, Angel thought it would be good if James could see Laila through the window first, before she put her PPE on to go into the house, so he wouldn't get too anxious as his usual other care worker was on a day off.

Once James was understood that Laila was going to help them with Abbey they went into the house.

Both Angel and Laila put on the PPE in the hallway, first alcohol gelling their hands, putting on their aprons, followed by the face masks, and gloves.

Eye protection wasn't needed during the care for Abbey as she was usually fairly well and didn't suffer from coughs, sneezes or any uncontrolled reactions.

Putting on PPE was becoming routine for Angel and Laila, but they both talked to each other through the steps to make sure the order was right after learning about it from the PHE video.

Once Abbey was washed, dressed and comfortable and had had a drink Angel and Laila removed their gloves and aprons, put them into the rubbish bag, cleaned their hands with alcohol gel again and called to James that he could now go back into his wife. They asked James to ensure that they had at least a two-metre gap between them whilst they talked to reassure him that everything was okay.

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