

HS15 *Personal Protective Equipment (PPE) [During COVID-19 Pandemic]*

1. Policy Statement

- 1.1 Shared Lives South West have a duty of care to all staff and Carers to identify and meet Personal Protective Equipment (PPE) requirements as part of the response to the COVID-19 pandemic.
- 1.2 This policy outlines when, how and what PPE should be worn, and how Shared Lives South West will provide PPE to those that need it.

2. Introduction

- 2.1 The transmission of COVID-19 is thought to occur mainly through respiratory droplets generated by coughing and sneezing, and through contact with contaminated surfaces.
- 2.2 In the context of this policy, Personal Protective Equipment (PPE) refers to safety items such gloves, aprons, face masks and eye protection which can be worn as a barrier against the transmission of COVID-19.
- 2.3 The use of PPE is only one part of a broad approach to infection control and should always be considered as a 'last resort' once all other efforts to minimise or remove the risk of transmission have been exhausted.
- 2.4 The first steps that everyone must take to protect against the transmission of COVID-19 are;
 - to remain more than 2 metres away from anyone who is confirmed to have COVID-19 or someone who is showing symptoms, unless absolutely necessary
 - remain more than 2 metres away from anyone who doesn't live in your household, wherever possible
 - self-isolate if you are symptomatic and get a COVID-19 test
 - follow 14-day household quarantine rules if someone you live with becomes symptomatic
 - employ good hand hygiene, following advice and appropriate thorough handwashing
 - adopting thorough cleaning practices at home

3. Interpreting Government Guidance

- 3.1 Public Health England (PHE) have provided guidance which covers the use of PPE by health and social care workers conducting work in more common settings, such as hospitals and care homes. This guidance does not specifically cover those working in Shared Lives, or indeed similar care settings such as fostering.

- 3.2 Guidance for the general public, including on shielding and protecting people who are clinically extremely vulnerable, social distancing and when there is a possible COVID-19 infection, does not advise the use of PPE in the home or wider community settings.
- 3.3 As the person being supported in a shared lives placement shares a home and ordinary family life with a Shared Lives Carer, Shared Lives South West do not believe it would be appropriate to adopt full PPE guidance at all times. Instead, a common sense approach should be adopted that addresses situations where a significant risk of infection transmission exists, but recognises that PPE is not suitable for ordinary family life.
- 3.4 Shared Lives South West are committed to working with our partners in Shared Lives Plus, local government, and Public Health England to ensure that suitable guidance on using PPE within Shared Lives is produced.

4. General Principles

- 4.1 Shared Lives South West will ensure that all relevant guidance from Public Health England is considered and that policies and guidance are updated whenever government guidance changes.
- 4.2 Shared Lives South West will ensure that all staff and Carers are given clear guidance on how and when to use PPE, and that they have access to PPE when it is needed.
- 4.3 Shared Lives South West recognise that in certain situations the use of PPE might present a barrier to communication or impede effective delivery of care, e.g. where a person uses lip reading for communication, or if someone becomes anxious or unhappy if they cannot see facial expressions. In such situations a holistic approach will be adopted with all alternatives considered.
- 4.4 Shared Lives South West are not responsible for issuing guidance or providing PPE when staff or Carers are conducting activities considered part of ordinary life for the general public, such as exercising outdoors, travelling or shopping. In such instances, staff and Carers are urged to follow government guidance for the general public to the best of their abilities but should not use PPE provided by Shared Lives South West in these scenarios.

5. What PPE to Use

- 5.1 There are four basic items of PPE that might be suitable for situations faced by Shared Lives Carers and staff;
 - Disposable gloves
 - Disposable plastic apron
 - Fluid-resistant (Type IIR) surgical mask
 - Eye protection

- 5.2 PHE guidance on how to safely put on and take off PPE should be followed at all times. This information is also available as a video and anyone intending to use PPE should ensure they are comfortable that they understand the guidance before using PPE.

[PHE - Taking off Personal Protective Equipment \(PPE\)](#)

[PHE - Putting on Personal Protective Equipment \(PPE\)](#)

[PHE - Putting on and removing PPE Guide \(Video\)](#)

- 5.3 Gloves and aprons should be single use and should be discarded safely after each situation where close support is provided. Fresh gloves and aprons should be worn before providing close support to another person.
- 5.4 Disposable plastic aprons are used to protect clothes from contamination. Short sleeve garments should be worn under the apron and then hand hygiene should be practiced and extended to exposed forearms, after removing any element of PPE.
- 5.5 Fluid-resistant (Type IIR) surgical masks should;
- cover both nose and mouth
 - not be allowed to dangle around the neck after or between each use
 - not be touched once put on
 - be changed when they become moist or damaged
 - be worn once and then discarded – hand hygiene must be performed after disposal
- 5.6 Fluid-resistant (Type IIR) surgical masks can be used for up to four hours, providing they haven't been touched or removed during that time, and this may cover the provision of close support to more than one person.
- 5.7 Eye protection, in the form of plastic safety goggles, should be well fitted, not be allowed to dangle after or between each use, and not be touched until being safely removed. Re-usable eye protection should be physically cleaned with detergent in warm water with a disposable cloth or paper towel then dried thoroughly with paper towels before being used again.
- 5.8 PPE should not be subject to continued use if damaged, soiled, compromised, or uncomfortable. All PPE must be disposed of safely, in separate rubbish bags from household waste.
- 5.9 Reusable items, such as leather gloves or fabric facemasks, are not suitable as PPE and should not be used in situations where PPE is required.

6. Using PPE in the Carer household

- 6.1 If no one in the Carer household has symptoms of COVID-19, there is no need to use PPE at home, unless already being used for provision of personal care.

- 6.2 If someone in the Carer household has symptoms of COVID-19 this must be carefully managed through a combination of isolation, distancing, cleaning routines and personal hygiene, as well as careful use of PPE. Using PPE alone will be ineffective.
- 6.3 Anyone who develops COVID-19 symptoms should stay at home for 7 days from when their symptoms started. Any household members who remain well should stay at home for 14 days from when the first person developed symptoms. There shouldn't be any visitors to the household whilst people are isolating, although there may be exceptional circumstances to this, such as vital assistance from Support Carers.
- 6.4 The Carer should immediately notify Shared Lives South West when anyone in the household first develops symptoms. This allows the scheme to provide support, prepare any contingency arrangements and provide any PPE needed.
- 6.5 Anyone with COVID-19 symptoms should;
- Minimise time spent in shared spaces such as kitchens, bathrooms and sitting areas, and keep shared spaces well ventilated
 - Spend as much time in their own bedroom as possible
 - If possible, use a separate bathroom from other people in the household
 - Use separate towels to other people in the household
 - Avoid using the kitchen at the same time as others and take their meals back to their room to eat
- 6.6 Ordinary household products, like detergents and bleach, should be used to regularly clean frequently touched surfaces such as door handles, handrails, remote controls and table tops. Shared toilets and bathrooms should be cleaned every time they are used.
- 6.7 Good personal hygiene should be adhered to, including frequent handwashing and using disposable tissues to catch and bin germs coughs and sneezes, or to keep the face clean from excess saliva.
- 6.8 Where the Carer has symptoms they should isolate as much as possible, asking other family members or Support Carers to assist them in their role. If this is not possible, the Carer should use PPE whenever they have to be within 2 metres of the person they support.
- 6.9 Where the person being supported has symptoms they must be encouraged to isolate as much as possible and avoid communal areas, especially if there are other people in the household who do not have symptoms. In this situation the Carer should use PPE whenever they have to be within 2 metres of the person.
- 6.10 Any materials that could have come in contact with COVID-19, such as used tissues, cleaning materials and used PPE, should be carefully disposed of in separate rubbish bags from ordinary household waste.

6.11 The Carer should monitor the health and wellbeing of everyone in the home and call the NHS on 111 if they feel that the person with symptoms cannot cope at home.

6.12 The latest government guidance on testing should be followed at all times.

7. Other times when Carers might use PPE

7.1 Carers do not need to wear PPE when conducting activities considered part of ordinary life for the general public, such as exercising outdoors.

7.2 When supporting a person to undertake a medical appointment, such as visiting a doctor's surgery or hospital, due to the increased risk of transmission from those settings, Carers should wear PPE.

7.3 Careful risk assessment is key when supporting a new referral, either for a 'cup of tea visit' or when the person is moving in for the first time. Shared Lives South West will endeavour to obtain a COVID-19 test for that person if moving from a hospital or care home, and if we don't get this and still proceed with the placement then PPE will be required. If the person has been isolating somewhere safer, such as a family home, and has no symptoms, PPE should not be required.

8. The people being supported

8.1 It would not be practical or reasonable to expect all of the people being supported in Shared Lives to follow guidance on the correct use of PPE, and any scenario where assistance is needed to safely put on and take off PPE would undermine the purpose of using PPE.

8.2 Where the person being supported or their Carer have symptoms and are in the Carer household, the use of PPE by those providing support, as well as the other measures outlined above, should be sufficient to avoid the person having to wear PPE.

8.3 Where the person being supported is entering a higher risk environment, such as visiting a doctor's surgery or hospital, if the Carer feels it is appropriate and manageable, they can assist the person to wear a mask and gloves to give them additional protection.

9. Support Carers

9.1 Support Carers providing support to a Carer household don't ordinarily need to wear PPE, especially if there are no COVID-19 symptoms in the household and they are only providing support to one household.

9.2 Any external Support Carers providing support to a household that has COVID-19 symptoms should limit their time in the household and wear PPE at all times.

- 9.3 Where a Support Carer is providing support to more than one household, or also works in another health or care setting, this increases the risk that they might bring the infection into the home and they should therefore wear PPE.
- 9.4 If a Support Carer or anyone that they live with develops symptoms they should follow isolation guidelines and not visit the Carer household.

10. Shared Lives South West Staff

- 10.1 Staff do not need to wear PPE to work in any of our offices. Relevant measures will be in place to ensure distancing is adhered to, that strict cleaning regimes are in place, and that visitors are not accepted to the office, removing the need to use PPE in the office.
- 10.2 Before undertaking any visit, the member of staff should undertake a basic risk assessment. This should include determining if anyone they are visiting has had any symptoms recently, identifying whether anyone they are visiting is in a group considered extremely vulnerable to COVID-19, and considering options for using large open spaces such as gardens to ensure distancing.
- 10.3 Whilst the undertaking risk assessments will principally apply to Shared Lives Coordinators visiting Carer households, these considerations should be made by all staff undertaking any work outside of their own home or a Shared Lives South West office. If the potential risks cannot be established, PPE should be worn.
- 10.4 When conducting a visit to an applied or approved Carer household where there are no symptoms, the member of staff can risk assess to determine if PPE is necessary. In such cases, the member of staff should bring PPE with them and offer to wear it if it will make the person they are visiting more comfortable.
- 10.5 If the member of staff is visiting a household that contains someone in a group considered extremely vulnerable to COVID-19, PPE should be worn for that person's safety.
- 10.6 If any member of staff or anyone that they live with develops COVID-19 symptoms they should follow isolation guidance and not conduct any work outside of their own home.

11. Face Coverings

- 11.1 Staff, Carers and the people being supported must follow government guidelines on the use of 'face coverings' in community settings at all time, such as on public transport, in shops or in places of worship.
- 11.2 PPE provided by Shared Lives South West should not be used as 'face coverings' in community settings. Staff, Carers and the people being supported must purchase or produce their own reusable 'face coverings'.

12. Suspected COVID-19 Death in the Carer household

- 12.1 In the tragic but unlikely event that a person with COVID-19 symptoms dies whilst in the Carer household, specific measures should be taken;
- Call 999 (inform them of any concerns relating to Covid-19) and leave the room or property until emergency services arrive. Do not touch or move the body in any way.
 - If there are other people in the property, encourage them to leave the room and close the door to the room where the person is.
 - Once the body has been removed, secure the room and do not re-enter for at least 72 hours, if possible. Careful consideration on decontamination will be needed, which Shared Lives South West will assist in arranging.
 - PPE should be used when cleaning the room or removing any personal belongings.
- 12.2 The Carer should notify Shared Lives South West as soon as they have called 999. The scheme will support the Carer in following the normal 'death in service' procedures.

13. Management of PPE Supplies

- 13.1 Shared Lives South West recognise that, due to worldwide shortages, PPE is a precious resource and must only be used when there is a clinical need to do so.
- 13.2 Sufficient but proportionate stocks of PPE will be maintained in all offices and the distribution of PPE will be carefully monitored and recorded.
- 13.3 Shared Lives South West will provide all Shared Lives Carers with emergency supplies to be retained and used immediately in the event that PPE is needed. These packs will include sufficient gloves, aprons, masks, hand sanitiser and eye protection to use until more comprehensive supplies are delivered. For this to work the Carer must contact a Shared Lives Coordinator or Team Leader immediately upon identifying the need to use PPE.
- 13.4 Where a situation develops that warrants the use of PPE, the Administration team must be contacted by the Shared Lives Coordinator or Team Leader to ensure that any PPE required beyond any emergency supplies provided is distributed.
- 13.5 The standard PPE to be provided is as follows;
- 50 x pairs of disposable gloves
 - 50 x disposable apron
 - 50 x fluid-resistant (Type IIR) surgical mask
 - 3 x hand sanitiser
 - 1 x eye protection (If not already provided in emergency packs)

This is per person being support and per week, so multiples of this will be required depending on the circumstances involved.

13.6 Any inappropriate or wasteful use of PPE supplies will be addressed.

14. Review

14.1 Due to the constantly changing response to the COVID-19 pandemic and associated updates of government advice on the use of PPE, this policy will be reviewed every month, or earlier if needed.

14.2 Once the COVID-19 pandemic has finished this policy will be removed.

15. Responsibilities

15.1 The Chief Executive is responsible for ensuring the organisation has a robust and up-to-date approach to handling the COVID-19 pandemic, including the use of PPE.

15.2 All staff and Carers must be familiar with this policy to ensure an effective response to the COVID-19 pandemic.

Appendix 1 – PHE Putting on PPE

Appendix 2 – PHE Taking off PPE

Appendix 3 – PPE Usage Chart

References

The latest government guidance can be found at; <https://www.gov.uk/coronavirus>



How to work safely in care homes

Putting on personal protective equipment (PPE)

Before putting on your PPE:

- make sure you drink some fluids before putting on your PPE
- tie hair back
- remove jewellery
- check PPE in the correct size is available

- 1** Clean your hands using alcohol hand rub/gel or use soap and water.



- 2** Put on apron and tie at waist.



- 3** Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



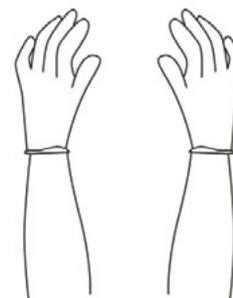
- 4** With both hands, mould the metal strap over the bridge of your nose.



- 5** Don or put on your eye protection, if required due to the risk of splashing.



- 6** Put on gloves.



Please see the Putting on and taking off PPE – a guide for care homes video here:
<https://youtu.be/ozY50PPmsvE>



How to work safely in care homes

Taking off personal protective equipment (PPE)

- PPE should be removed in an order that minimises the risk of self-contamination
- Gloves, aprons (and eye protection if used) should be taken off in the resident's room or cohort area
- This is the type of PPE is needed when providing personal care which requires you to be in direct contact with the resident(s) (e.g. touching) or within 2 metres of a resident who is coughing

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off.
Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.



2 Clean hands.



3 Apron.
Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated.** Discard.



4 Remove eye protection if worn due to risk of splashing.
Use both hands to handle the straps by pulling away from face and discard or disinfect before using again.



5 Clean hands.



6 Remove your facemask once your your care task is completed and before you take a break, eat a snack or change activities. Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only because the front of the face mask may be contaminated. Lean forward slightly. Discard. **DO NOT** reuse once removed.



7 Clean hands with soap and water.



Please see the guide and instruction video here:
www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes

Recommended PPE for Shared Lives Carers and Staff



Setting	Context	Disposable Gloves	Disposable Plastic Apron	Fluid Resistant (Type IIR) Surgical Mask	Eye Protection	Additional Comments
In the community	Conducting exercise in public spaces, with or without the person being supported	✗	✗	✗	✗	
	Purchasing essential household supplies, e.g. shops, supermarkets etc	✗	✗	✗	✗	
	Transporting the person being supported e.g. for exercise, visiting family, attending respite or day service	✗	✗	✗	✗	
	Supporting a person to attend a doctor or hospital appointment	✓	Risk Assess	✓	Risk Assess	
In the Carer Household	Carer providing close support to a person where there are no symptoms in the household	✗	✗	✗	✗	
	Carer providing close support to a person where they or the person has symptoms	✓	✓	✓	✓	
	Carer providing a 'cup-of-tea visit'	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk assess in advance, decisions led by symptoms and where the environment the person is coming from
	Carer when a person is transferred from another setting, e.g. hospital, residential home, another Carer	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk assess in advance, decisions led by symptoms and where the environment the person is coming from
Support Carers	Support Carer who is only providing support to one household	✗	✗	✗	✗	
	Support Carer providing support to multiple households, or who also works in another health or care setting	✓	Risk Assess	✓	✗	PPE is used to protect the household from the Support Carer, therefore aprons might not be needed.
	Support Carer providing support where someone in the household has symptoms	✓	✓	✓	✓	
Staff	Working in the office	✗	✗	✗	✗	
	Visiting a carer household to conduct a necessary visit but no confirmed case or symptoms	Risk Assess	✗	Risk Assess	✗	If safe distancing is possible, PPE might not be required but should be offered
	Visiting a carer household to conduct a necessary visit where there is a confirmed case or symptoms	✓	✓	✓	✓	
	Visiting a carer household to conduct a necessary visit, there is no confirmed case or symptoms, but the person is in an extremely vulnerable group	✓	Risk Assess	✓	✗	
	Conducting an initial visit	Risk Assess	✗	Risk Assess	✗	If safe distancing is possible, PPE might not be required but should be offered