Infection Control and the use of Personal Protective Equipment (PPE) for COVID-19

Guidance for frontline staff and workers carrying out home visits

How is COVID-19 spread?

By coming into contact with the droplets from coughs and sneezes of an infected person or from touching surfaces with these droplets on them from previous coughs and sneezes.

Please also remember that 80% of the population will catch the infection and the majority of people who catch it will experience mild to moderate symptoms. We are however working hard to slow the spread of the virus and protect those people who are most vulnerable in our population. The guidance on PPE is therefore offered with this in mind.

How can I reduce my risk of infection?

The most important thing you can do is HAND WASHING

- Wash your hands often with soap and water – do this for at least 20 seconds
- Use hand sanitiser gel if soap and water are not available
- Wash your hands as soon as you get back home
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze
- Put used tissues in the bin immediately and wash your hands afterwards

DO NOT touch your eyes, nose or mouth if your hands are not clean.

For more information on hand washing visit: https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/

Social Distancing

Wherever possible maintain 2 metres between yourself and someone who has symptoms of Covid 19 and reduce your face to face contact time with them to under 15 minutes, this will reduce the likelihood of cough and sneeze droplets being shared. Before visiting anyone in their home, please consider if the visit is necessary and follow the guidance set out on the home visiting sheet attached.
When should I use PPE?

PPE is only necessary if you are seeing or supporting someone who has symptoms of COVID-19 and you are providing personal care (defined as close personal contact such as washing and bathing, personal hygiene or in contact with bodily fluids).

PPE should be removed after each client episode, should not be used for longer than necessary and should be removed carefully in a way to reduce the chance of cross contamination.

Thorough handwashing after each client contact is as essential as wearing PPE.

FAQs

What basic PPE should people wear when they are working with clients who do not have symptoms of COVID-19 (i.e. no coughing and/or a high temperature)?

No PPE would be required, only use the PPE you would normally wear for the procedures/duties you are carrying out.

What basic PPE should people wear when they are working in close personal contact (such as washing and bathing) with clients who have symptoms of COVID-19?

- Disposable gloves
- Apron
- IIR (water repellent) surgical face mask
- Eye protection (if risk of contamination of eyes by splashes or droplets)

Do I need to wear PPE if I am visiting a home where someone within the home has symptoms of Covid 19?

If you are going to be providing close personal care for the person with symptoms them YES you do need to wear PPE, if it is another member of the family with symptoms and you are not providing that person with personal care, then NO.

How can I protect myself if I am in a home with someone and I cannot get 2m away from the symptomatic person but I am NOT delivering personal care to them (i.e. I am carrying out an assessment or erecting equipment)?

PPE is not required in this situation, but you should try and keep as far away from the symptomatic person as possible and be in close proximity for as short as time as possible. Think about using corridors as well as rooms to create distance and remember to wash your hands thoroughly on leaving the home or use hand sanitizer.

Continued…
If someone with symptoms does touch me or have close contact with me while I am on a home visit, but not wearing PPE will I get Covid 19?

The virus can travel between people if it is shared through the air, i.e. someone sneezes/coughs in another person’s face or you touch a surface where the droplets are sitting and don’t wash your hands before touching your own mouth, eyes or nose.

So, the best way to stay safe is to give yourself distance from the symptomatic person. But if this does not happen then reduce your close contact to as short a period as possible and then WASH your hands thoroughly after the contact or use hand sanitizer if soap and water are not available. These will reduce the likelihood of you contracting the virus.

If I am providing close personal care will an IIR mask protect me if my client has COVID-19 symptoms?

Yes, these masks are fluid repellent and therefore will provide protection whilst carry out most caring tasks such as washing, dressing, feeding.

When should I wear a FFP3 mask?

These are ONLY needed when supporting someone during a procedure that produces aerosol droplets, these procedures are typically carried out in hospitals and therefore there is no need for anyone providing care in the community to have a FFP3 mask for their caring roles.

Why are staff in hospitals being given FFP3 but carers and other staff in a community setting are only being advised to use IIR masks?

Staff in hospitals are often having to carry out procedures that are aerosol generating such as intubations or bronchoscopy.

For more information on the use of face masks refer to the attached guidance.

What else can I do to reduce the risk of infection if I need to visit a home where someone within the home has symptoms of Covid 19?

Ensure you wash your hands before and after the visit, taking hand-sanitiser or bottled water and soap if necessary.

Keep the visit short - up to 15 minutes - and if more time is required take break a break every 15 minutes and step outside for fresh air.

Make sure that everyone is aware of social distancing of 2 m and using a tissue to put over their mouth if needing to cough (catch it, bin it, kill it).

Consider whether conversations can be held outside, eg from the front door or in the garden.

Ask for windows to be opened to increase ventilation during the visit.

Establish who in the house has symptoms, and keep symptomatic people out of the room for the visit where at all possible eg. asking an adult to move to another part of the house.
The following tables have been taken from a document that was produced by Surrey Local Resilience Forum dated 24th March 2020. They provide a simple reference which we hope clarifies that PPE is suitable in each situation.

If the employee works in a non-healthcare setting they should refer to Table 1.

If the employee works in residential care, supported care or home care they should refer to Table 2.

If the employee is part of community healthcare provision they should refer to Table 3.

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### Table 1 - Non-Healthcare settings (Includes services provided by local government, educational settings, voluntary sector, private business sector)

<table>
<thead>
<tr>
<th>Work situation</th>
<th>Type of PPE needed</th>
<th>Additional items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples include: Safeguarding assessments; equipment delivery; emergency utility call outs (e.g. gas, water) etc.</td>
<td>Disposable plastic apron (single use)</td>
<td>Disposal bags (for waste) *</td>
</tr>
<tr>
<td>Well staff visiting well client</td>
<td>Disposable gloves (single use)</td>
<td>Hand Hygiene (hand washing or hand sanitiser)</td>
</tr>
<tr>
<td>Well staff helping ill clients but NO close personal contact (maintain &gt;2m social distancing)</td>
<td>Fluid repellent surgical mask (single use)</td>
<td></td>
</tr>
<tr>
<td>Well staff cleaning areas where ill clients are/have been</td>
<td>Eye protection (single use if available) **</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disposal bags (for waste) *</td>
<td></td>
</tr>
</tbody>
</table>

* Waste must be disposed in plastic bag and tied, placed into second bag and tied, stored in a secure place for 72 hours, then put in normal waste collection service

** If single use eye protection is not available, it must be washed and dried between clients
Table 2 - Residential care, supported care and home care (children and adults)

<table>
<thead>
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<td>Disposable plastic apron (single use)</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Hand Hygiene (hand washing or hand sanitiser)</td>
<td></td>
</tr>
</tbody>
</table>

| Well staff visiting well client | No | No | No | No | No | Yes |
| Well staff providing close personal contact*** to ill clients | Yes | Yes | Yes | Yes (where risk of splashing) | Yes | Yes |
| Well staff helping ill clients but NO close personal contact (maintain >2m social distancing) | No | No | No | No | Yes | Yes |
| Well staff cleaning areas where ill clients are/have been | Yes | Yes | No (unless visible bodily fluids) | No (unless visible bodily fluids) | Yes | Yes |

* Waste must be disposed in plastic bag and tied, placed into second bag and tied, stored in a secure place for 72 hours, then put in normal waste collection service

** If single use eye protection is not available, it must be washed and dried between clients

*** Close personal contact such as washing and bathing, personal hygiene, contact with bodily fluids
### Table 3 - Community based healthcare (e.g. Health Visiting)

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>Disposable plastic apron (single use)</td>
<td>Disposal bags (for waste)</td>
</tr>
<tr>
<td>Well healthcare worker with well patient (no COVID-19 symptoms)</td>
<td>No</td>
<td>Hand Hygiene</td>
</tr>
<tr>
<td></td>
<td>Disposable gloves (single use)</td>
<td><em>(hand washing or hand sanitiser)</em></td>
</tr>
<tr>
<td>Well healthcare worker more than 1 metre from a patient with possible/confirmed COVID-19 (ill patients)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fluid repellent surgical mask (single use)</td>
<td></td>
</tr>
<tr>
<td>Well healthcare worker within 1 metre of a patient with possible/confirmed COVID-19 (ill patients)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eye protection (single use if available) **</td>
<td></td>
</tr>
<tr>
<td>Well healthcare worker undertaking nose or throat swabs from a patient with possible COVID-19 (ill patient)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eye protection (where risk of splashing)</td>
<td></td>
</tr>
<tr>
<td>Well staff cleaning areas where ill clients are/ have bee</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No (unless visible bodily fluids)</td>
<td></td>
</tr>
</tbody>
</table>

* Waste must be disposed of following clinical waste guidelines

** If single use eye protection is not available, it must be washed and dried between clients
Is someone in the house self-isolating?
No

Is the client self-isolating?
Yes

If the client is self-isolating, can the interaction be done remotely?
No

If the interaction cannot be delayed please take the following precautions when interacting with a client:
- Limit the visit to 15 minutes if possible
- Try to keep a distance of 2 meters away from client for as much of the visit as is practically possible
- Ask clients to use tissues themselves where possible
- Take a break after 15 minutes if possible and ventilate the room with fresh air.
- Wash your hands thoroughly before and after all interactions. If soap and water are not available hand sanitizer can be substituted.
- Carry tissues yourself so that you can ‘catch it, bin it, kill it’
- If you are providing personal care then wear appropriate PPE

If no one in the household self-isolating, continue to treat/visit as normal with usual hygiene procedures

If the interaction cannot be done remotely, can it be delayed while the client is self-isolating?
Yes

Delay until client is out of self-isolation

Have you been able to speak to the client over the phone?
Yes

If the interaction cannot be done remotely, please do so.