

Personal Protective Equipment (PPE) during the Covid-19 pandemic



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Covid-19 is a new infection and as we learn about it, there have been some changes in the guidance in relation to PPE use. For the latest information, please make sure that you check the Health Protection Scotland (HPS) website (<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-non-healthcare-settings/>) The information in this document is based on version 4 of the HPS Guidance issued on 14th April 2020.

It is important to recognise that staff will have heightened anxieties due to the current situation. There is a lot of information available in the public domain, but not all of this is based on scientific evidence. This means that in some cases there is a perceived risk which is vastly different from the actual risk that staff face. The Council will base our decisions on the national guidance and scientific evidence about the actual risks.

The national guidance is that:

“Occupations should continue to use any PPE required as per local policies (business as usual). If a risk assessment of the setting indicates that a higher level of contamination may be present (for example, where unwell individuals have slept such as a hotel room or boarding school dormitory) or there is visible contamination with body fluids, then the need for additional PPE such as, an apron and gloves should be considered.” (Covid-19 Guidance for Non Healthcare Settings, Health Protection Scotland)

There are good reasons for not using PPE inappropriately. Gloves can be just as contaminated as hands can, for example, and it is much easier for you to wash your hands regularly than it is to keep gloves clean. Yes, new pairs of gloves can be used regularly but all forms of PPE are becoming more difficult to source at the moment and we must ensure that we have sufficient stock of these essential items where there is an actual risk to the health and wellbeing of staff members.



The World Health Organisation advice on masks is as per this diagram. While some nations have asked everyone to wear masks, this is not currently supported by the medical evidence which is regularly reviewed by the World Health Organisation and Health Protection Scotland.

For those **within Care settings**, the PPE outlined on the following page should be used where a case of Covid-19 has **been confirmed or is suspected** or there is other good reason in the professional opinion of the carer. This would include staff in Residential Care settings (including cleaners), Care at Home, MECS, and essential visits by Social Work or Housing Support teams.

In all situations, PPE needed for business as usual tasks must continue to be used for these tasks.

Recommended PPE for primary, outpatient, community and social care by setting, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-resistant coverall/gown	Surgical mask	Fluid-resistant (Type A) surgical mask	Filtering face piece respirator	Eye/face protection ¹
Any setting	Performing an aerosol generating procedure ² on a possible or confirmed case ³	✓ single use ⁴	✗	✓ single use ⁴	✗	✗	✓ single use ⁴	✓ single use ⁴
Primary care, ambulatory care, and other non-emergency outpatient and other clinical settings e.g. optometry, dental, maternity, mental health	Direct patient care – possible or confirmed cases ³ (within 2 metres)	✓ single use ⁴	✓ single use ⁴	✗	✗	✓ single or sessional use ^{4,5}	✗	✓ single or sessional use ^{4,5}
	Working in reception/communal area with possible or confirmed cases ³ and unable to maintain 2 metres social distance ⁶	✗	✗	✗	✗	✓ sessional use ⁶	✗	✗
Individuals own home (current place of residence)	Direct care to any member of the household where any member of the household is a possible or confirmed case ^{3,7}	✓ single use ⁴	✓ single use ⁴	✗	✗	✓ single or sessional use ^{4,5}	✗	✓ risk assessed single or sessional use ^{4,5,8}
	Direct care or visit to any individuals in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding ⁹	✓ single use ⁴	✓ single use ⁴	✗	✓ single use ⁴	✗	✗	✗
	Home birth where any member of the household is a possible or confirmed case ^{3,7}	✓ single use ⁴	✓ single use ⁴	✓ single use ⁴	✗	✓ single or sessional use ^{4,5}	✗	✓ single or sessional use ^{4,5}
Community and social care, care home, mental health inpatient and other overnight care facilities e.g. learning disability, hospices, prison healthcare	Facility with possible or confirmed cases ³ – and direct resident care (within 2 metres)	✓ single use ⁴	✓ single use ⁴	✗	✗	✓ sessional use ⁶	✗	risk assessed sessional use ^{4,5}
Any setting	Collection of nasopharyngeal swabs ¹⁰	✓ single use ⁴	✓ single or sessional use ^{4,5}	✗	✗	✓ single or sessional use ^{4,5}	✗	✓ single or sessional use ^{4,5}

Table 2

1. This may be single or reusable face/eye protection/face visor or goggles.
 2. The list of aerosol generating procedures (AGPs) is included in section 6.1 at: www.gov.uk/government/publications/when-to-use-covid-19-protective-equipment-when-to-use-covid-19-personal-protective-equipment-when-to-use-covid-19-protective-equipment-when-to-use-covid-19-protective-equipment
 3. A case is any individual meeting case definition for a possible or confirmed case: <https://www.gov.uk/government/publications/when-to-use-covid-19-protective-equipment-when-to-use-covid-19-personal-protective-equipment-when-to-use-covid-19-protective-equipment-when-to-use-covid-19-protective-equipment>
 4. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
 5. A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round, providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and considered where there are high rates of hospital cases. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
 6. Non clinical staff should maintain 2m social distancing, through marking out a controlled distance; sessional use should always be risk assessed and considered where there are high rates of community cases.
 7. Near risk assessment should take place by phone prior to entering the premises or at 2 metres social distance on entering, where the health or social care worker assesses that an individual is symptomatic with suspected/confirmed cases appropriate PPE should be put on prior to providing care.
 8. Risk assessed use refers to utilising PPE when there is an anticipated/likely risk of contamination with sputum, droplets or blood or body fluids.
 9. For expansion of shielding and definition of extremely vulnerable groups see guidance: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>