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 delivering homecare (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: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control.

This resource is primarily for care workers and providers delivering care in the following contexts: visiting homecare, extra care housing, and live-in homecare.

It applies the recommendations from the main PPE guidance to domiciliary care settings. It reflects the current context of sustained transmission in the UK. The recommended PPE items in this resource should be followed for all homecare (domiciliary care) interactions during the sustained transmission period.

Organisations will need to consider their individual circumstances and operating model and may also need to refer to the care home PPE resources www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes. Providers will need to consider how to operationalise recommendations according to their individual circumstances.

Please note that any guidance contained in this resource should be treated as guide, and in the event of any conflict between any applicable legislation and this resource, the applicable legislation shall prevail.

Care workers delivering homecare (domiciliary care) in a client's home during sustained COVID-19 transmission in the UK

When providing personal care which requires you to be in direct contact with the client(s) (e.g. touching) OR you are within 2 metres of anyone in the household who is coughing

These recommendations apply:

- whether the client you are caring for has symptoms or not, and includes all clients, including those in the 'extremely vulnerable' group.
- 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 direct 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).

These principles are also suitable for extra-care housing schemes and live-in homecare. 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 https://coronavirusresources.phe.gov.uk/hand-hygiene and avoiding touching your face with your hands, and following standard infection prevention and control precautions https://www.nice.org.uk/guidance/cg139

Table 1

Recommended PPE items	Explanation
✔ **Disposable gloves**	Single use to protect you from contact with the client's body fluids and secretions.
✔ **Disposable plastic apron**	Single use to protect you from contact with the client's body fluids and secretions.
✔ **Fluid-repellent surgical mask**	Fluid-repellent 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). You may 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. You should not touch your face mask. The mask is worn to protect the care worker, and can be used while caring for a number of different clients. You should remove and dispose of the mask if it becomes damaged, soiled, damp, or uncomfortable to use. If removed, you would then need to use a new mask when you start your next homecare visit.
Eye protection	Eye protection may be needed for care of some 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 or who may be vomiting). Use of eye protection should be discussed with your manager and you should have access to eye protection (such as goggles). If you are provided with goggles, then you should be given instructions on how to clean and store them between visits 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).

When your visit does not require you to touch the client but you need to be within two metres of the client

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.

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 respiratory hygiene and remain 2 metres away. If unable to maintain 2 metre distance from anyone who is coughing (including the client) then follow recommendations above.

Note: PPE is only effective when combined with: hand hygiene (cleaning your hands regularly and appropriately); respiratory hygiene https://coronavirusresources.phe.gov.uk/hand-hygiene and avoiding touching your face with your hands, and following standard infection prevention and control precautions https://www.nice.org.uk/guidance/cg139

Table 2

Recommended PPE items	Explanation
✗ **Disposable gloves**	Not required.
✗ **Disposable plastic apron**	Not required.
✓ **Surgical mask**	Surgical 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). You may wear the same mask between different homecare visits, 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. You should not touch your face mask. The mask is worn to protect the care worker, and can be used while caring for a number of different clients You should remove and dispose of the mask if it becomes damaged, soiled, damp, or uncomfortable to use. If removed, you would then need to use a new mask when you start your next homecare visit.
✗ **Eye protection**	Not required.

Frequently Asked Questions

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 care workers should assume they are likely to encounter people with COVID-19 infection in their 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.

Do I always have to put on PPE when I visit my clients regardless of their symptoms?

As there is sustained transmission of COVID-19, we recommend the use of a face mask regardless of whether the person you are caring for has symptoms or not. Other items of PPE, such as eye protection, gloves and aprons will be dependent on the task that you are completing. The tables provide recommendations on what PPE is required and when.

Why is PPE needed for 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 we believe that about one third of people overall have a positive test, without displaying symptoms at the time of the test

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

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.

Disposable gloves must be worn when providing direct care and when exposure to body fluids is likely. Disposable gloves are single use and must be disposed of immediately after completion of a procedure or task and after each client, followed by hand hygiene. Care must be taken not to touch the face, mouth or eyes when wearing gloves.

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

Disposable plastic aprons must be worn when providing direct care and when exposure to body fluids is likely. Disposable plastic aprons are single use and must be disposed of immediately after completion of a procedure or task and after each client, followed by hand hygiene.

Surgical masks - The aim of wearing a face mask is to protect your mouth and nose from a client's respiratory secretions. Wearing a face mask also 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 cough and or temperature).

Surgical masks can be used for care of more than one client providing they are not removed between clients, as outlined above.

Fluid repellent surgical masks (FRSM) – protect you from respiratory droplets produced by clients (e.g. when they cough or sneeze) and secretions, by providing a barrier to prevent these reaching your mouth and nose. They also protect clients from you and fellow care workers as explained for surgical masks above. (Note: do not go to work if you have symptoms of COVID-19 such as cough and or temperature).

FRSMs can be used for care of more than one client providing they are not removed between clients, as outlined above (table 1).

Eye protection – eg: reusable goggles – provides 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). Eye protection is usually re-usable though must be decontaminated between uses.

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 https://coronavirusresources.phe.gov.uk/hand-hygiene and avoiding touching your face with your hands
- following standard infection prevention and control precautions www.nice.org.uk/guidance/cg139

Hand hygiene must be performed 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 5 moments for hand hygiene and other handwashing best practice guides https://www.who.int/gpsc/tools/5momentsHandHygiene_A3.pdf

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, become suddenly unwell with a cough and or temperature or you are concerned about any of them you must inform your manager immediately. Whilst you may wear PPE for all patients 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.

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, take a break from duties, or to travel on public transport), both to reduce risk to you and to make it easier for you to conduct your usual work without unnecessary disruption.

You may 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.

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

When you take a break or otherwise need to, 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 it is appropriately cleaned when you remove it/ before next 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.

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

Yes. A face mask should be discarded and replaced and NOT be subject to continued use in any of the following circumstances:

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

Eye protection should be decontaminated after each use and NOT be subject to continued use 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 Donning of PPE video www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes/covid-19-putting-on-and-removing-ppe-a-guide-for-care-homes-video

Face masks can be worn for up to 8 hours.

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 www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe

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

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

Guidance on putting on (donning) and removing (doffing) PPE can be found here: www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes/covid-19-putting-on-and-removing-ppe-a-guide-for-care-homes-video

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.

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 (new continuous cough, shortness of breath, fever) www.gov.uk/government/publications/covid-19-stay-at-home-guidance

Waste from people with symptoms of COVID-19, waste from cleaning of areas where they have been (including disposable cloths and tissues) and PPE waste from their care:

1. Should be put in a plastic rubbish bag and tied when full

2. The plastic bag should then be placed in a second bin bag and tied

3. It should be put in a suitable and secure place and marked for storage for 72 hours

Waste should be stored safely and securely kept away from children. You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours.

Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances.

When can I re-use PPE?

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

Re-usable PPE items may be used providing they are appropriately cleaned or stored between uses, according to the manufacturer's instructions or local infection control policy www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/managing-shortages-in-personal-protective-equipment-ppe Your manager will advise you where this applies.

Advice on re-use of face masks when there is a shortage of PPE is provided below.

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 any shortage of PPE. Advice approved by the Health and Safety Executive on strategies for optimising the use of PPE and consideration for the re-use of PPE when in short supply may be found here: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/managing-shortages-in-personal-protective-equipment-ppe

The Health and Safety Executive recommends that where face masks are to be re-used you should do the following:

- 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

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

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.

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 or fluid-repellent surgical masks.

So, for example, on receiving your client list and reviewing your clients' plan of care and what you need to do to help them, you then 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 direct care for clients who are known to be coughing, or who might be vomiting (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' as explained further below.

You may wish to discuss situations which you are unsure about with your manager.

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 might 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.

It is important that when providing care to a client considered clinically extremely vulnerable from COVID-19 that you wear PPE including as a minimum, a disposable plastic apron, a surgical mask and disposable gloves; and practice excellent hand hygiene to minimise risk of infection'. In practice, there is very little difference in PPE guidance between providing care to a client in the extremely vulnerable group and others though the primary purpose in this case is to protect the vulnerable client. For protection of a client considered clinically extremely vulnerable from COVID-19 the surgical mask does not need to be fluid-repellent, however, we are recommending use of fluid-repellent surgical masks for direct care for all clients to additionally protect you (table 1).

Further information on shielding and this group can be found here www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

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 will instruct you if any additional precautions are required. Further information on AGPs can be found here www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

If I wear PPE what should I do about my cleaning my uniform?

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

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

If care workers do not wear uniform they should change their clothing when they get home and launder as for uniforms.

Can I use a homemade face mask or cloth mask?

There is not sufficient evidence to recommend the use of homemade face masks or cloth masks for delivering health and care activities.

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.

What should we do when we are caring at home for someone who has previously tested positive for COVID-19?

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

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 into 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 facemask, 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 (placing the previous ones in the refuse bag) and washed her hands between caring for Mrs Kowalski and doing the cleaning tasks.

After completing the cleaning tasks, Angel took off the gloves and apron and disposed of them in the same refuse bag which she carried with her, before placing it 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

Angels 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 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. 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 facemasks, 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 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 and then placed them in the outside domestic waste bin (as neither James or Abbey had symptoms of COVID-19 there was no need to store the waste for 72 hours before disposal). Angel and Laila then cleaned their hands with alcohol gel again and called to James that he could now go back in to 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 OK.

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About Public Health England

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