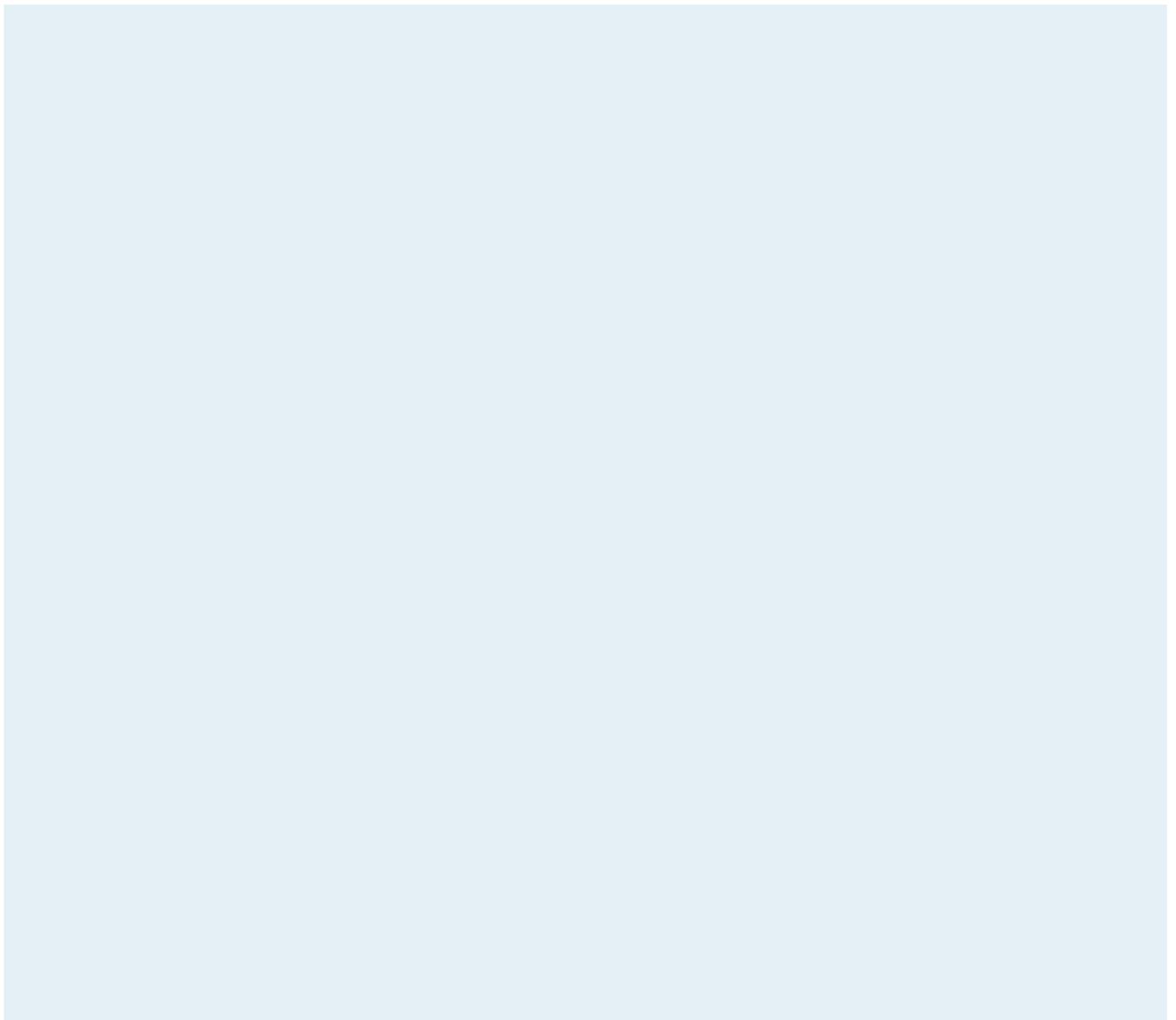




Public Health
England

COVID-19

Personal protective equipment (PPE)
– resource for care workers working in
care homes during sustained COVID-19
transmission in England



Scope and purpose

This resource provides guidance on the use of personal protective equipment (PPE) for care workers working in care homes during the current period of sustained COVID-19 transmission in the UK. This resource explains how PPE guidance applies to the care home setting and is drawn from full infection prevention and control (IPC) and PPE guidance found [here](#).

Providers will need to consider how to operationalise recommendations according to their individual circumstances, operating model and residents' needs. Providers may also wish to refer to [PPE recommendations for homecare \(domiciliary care\) 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.
- 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:

- the title of this resource has changed from "How to work safely in care homes" to better reflect the content.
- removal of table 3 for simplicity (the scenario previously described has been merged into Table 2)
- 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 working in care homes during sustained COVID-19 transmission in England

Recommendation Table 1.

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

These recommendations apply:

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

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 resident(s) (e.g. touching) OR within 2 metres of any resident who is coughing

Recommended PPE items	Explanation
<p>✓ Disposable gloves</p>	<p>Single use to protect you from contact with residents’ body fluids and secretions</p>
<p>✓ Disposable plastic apron</p>	<p>Single use to protect you from contact with residents’ 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, until you take a break from duties (e.g. to drink, eat, for your break time or end of shift).</p> <p>The mask is worn to protect you, the care worker, and can be used while caring for a number of different residents regardless of their symptoms. You should not touch your face mask unless it is to put it on or remove it.</p> <p>You should remove and dispose of the mask if it becomes damaged, visibly soiled, damp, or uncomfortable to use. You need to use a new mask when you re-start your duties after a break.</p>
<p>Eye protection</p>	<p>Eye protection is recommended for care of some residents where there is risk of droplets or secretions from the resident’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).</p> <p>Eye protection can be used continuously while providing care, until you need to take a break from duties.</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 duties. 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 resident 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: performing meal rounds, medication rounds, prompting people to take their medicines, preparing food for residents who can feed themselves without assistance, cleaning close to residents
- when working in communal areas such as dining rooms, lounges, corridors with residents
- whatever your role in care (i.e. applies to all staff, care workers, cleaners etc.)

If practical, residents with respiratory symptoms should remain inside their room, they should be encouraged to follow good hand and respiratory hygiene.

If unable to maintain 2 metre distance from a coughing resident then follow recommendations in [Table 1](#) above.

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 resident 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 residents’ bodily fluids) or if your task involves anyone who 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 residents’ bodily fluids) or if your task involves anyone who is shielding.</p>
<p> Type II surgical mask</p>	<p>Type II surgical masks can be used continuously while providing care, until you take a break from duties (e.g. to drink, eat, take a break from duties at your break time or at end of shift).</p> <p>The face mask can be used while caring for a number of different residents regardless of their symptoms. You should not touch your face mask unless it is to put it on or remove it.</p> <p>You should remove and dispose of the mask if it becomes damaged, visibly soiled, damp, or uncomfortable to use. You need to use a new mask when you re-start your duties after a break.</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.</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 Is PPE required in my care home when none of our residents have symptoms of COVID-19?

Yes. As there is sustained transmission of COVID-19 we recommend you use PPE regardless of whether residents in your care home have symptoms.

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

3 Why is PPE needed for personal care of all residents and not just when caring for residents 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 the vulnerable 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 use during the sustained transmission period for all care home 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 resident, 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 resident, 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 resident's respiratory secretions. Fluid repellent surgical masks (FRSM), which are Type IIR surgical face masks, provide additional protection from respiratory droplets produced by residents (e.g. when they cough or sneeze).

Wearing a face mask protects residents by minimising the risk of passing on infection from yourself (via secretions or droplets from your mouth, nose and lungs) to residents 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 27](#).

All surgical masks can be used for care of more than one resident providing you do not remove the mask between residents ([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 – provides a barrier to protect your eyes from respiratory droplets produced by residents (e.g. by a repeatedly coughing resident), and from splashing of secretions (e.g. of body fluids or excretions such as vomit).

As for face masks, eye protection can be used continuously while providing care, until you need to take a break from duties.

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 15](#). 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.

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

You and or your manager may want to monitor your residents for symptoms. If any of your residents develop symptoms such as temperature or develop loss or change in normal sense of smell or taste, or are unwell or you are concerned about any of them you must inform your manager immediately. Whilst you will wear PPE for all residents as per recommendations, when you know someone has symptoms it may be appropriate to see to those individuals at the end of rounds (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 facemasks and eye protection until my break?

There is no evidence to suggest that replacing face masks and eye protection between each resident 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 and eye protection continuously until you need to take a break or otherwise remove it (e.g. to drink, eat, at your break time or end of shift), 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 residents 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 below.

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 residents at additional risk (see [Question 10](#))

9 Are there circumstances when I should replace my facemask 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
- 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

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

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

Providing neither you or the residents touch the mask, then wearing the same face mask between residents does not present risk to you or the resident. You should remove and replace the face mask if soiled, damp, damaged or in other circumstances set out in [Question 9](#).

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

In this resource, we refer to wearing masks and eye protection continuously until you 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](#).

Extra note: Where you need to remove your mask (e.g. to take a drink, eat, if visibly soiled or damp) then you need to replace it. Do not dangle your mask or eye protection around your neck or otherwise and do not place it on a surface for later re-use.

12 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.

13 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 23](#) below.

Using PPE-practicalities

14 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 residents.

Your manager will need to decide the best place to do this in the care home e.g. a dedicated area for putting on and taking off PPE.

Similarly, you should take off PPE when at least two metres away from any resident.

15 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.

16 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 resident's body fluid (e.g. vomit, or fluids soaked through external items).

PPE use for particular resident groups and tasks

17 How will I know if any of my residents 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 must identify which of your residents are in the clinically extremely vulnerable group and require shielding so you would not be expected to make an assessment yourself. However, you should make sure you know which of your residents are in this category.

As a minimum, residents in the extremely vulnerable group should be separated from others (e.g. reside in a single room).

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

When you are delivering personal care to 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 resident. Therefore, if you are entering the room or living premises 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 if you are going to be for personal care of an individual).

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

18 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](#)

19 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 residents, this will prevent spread of COVID-19 (between residents, 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 \(PPE\)](#)

20 Do I have to wear a mask when within two metres of residents even if I am 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 resident (e.g. this includes group activities, when accompanying a resident on an outing).

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

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

PPE use in specific circumstances

22 What is an aerosol generating procedure and when might this be relevant in a care home?

In care homes, it is unusual to undertake aerosol generating procedures (AGPs), although some delivering complex care may do so.

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

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](#).

23 What should we do if we have a supply shortage of PPE and we are unable to follow this guidance?

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:

- 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 ([Question 15](#)).

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

Note: re-use is NOT the same as continual use (see [Question 12](#)).

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

These recommendations are to protect care workers and residents from COVID-19 during the period of sustained transmission. There may be circumstances where following recommendations presents challenges in caring for the resident, 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 residents is reduced as far as possible whilst maintaining the health and safety of care workers and residents. 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 residents with learning disability and autism; this approach may be adapted for similar scenarios for residents 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 to care workers and residents (e.g. by permitting a 2 metre social distance more often, use of visual aids).

PPE items FAQs

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

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

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](#).

26 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.

27 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 resident but not providing personal care (i.e. not touching), providing the resident 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 22](#). Care workers working in care homes 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

28 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.

Your organisation or manager will perform a risk assessment and provide specific guidance to you as to when/for which residents or tasks you need to wear items such as eye protection and FRSMs.

So for example your manager may instruct you to wear eye protection when you are providing personal care for a residents who are repeatedly coughing (to protect your eyes from droplets or secretions).

Whilst risk assessment may be the responsibility of your manager or organisation, you will be involved as you see the residents and can help by telling your manager of any change in their condition.

Your manager should also help you identify any residents who are ‘clinically extremely vulnerable’ and ‘shielding’.

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

29 Why has the risk assessment flowchart been removed from this resource?

The first version of this resource contained a risk assessment flowchart to guide decision making on whether to use PPE, based on whether there were any residents or staff in the care home with symptoms of COVID-19.

Since the publication of the first version of this resource, PHE continued to monitor the COVID-19 situation in care homes. There were increasing reports of COVID-19 outbreaks in care homes leading to substantial numbers of deaths among residents. It was also found that a high proportion of people infected with COVID-19 in care home outbreaks did not have any symptoms.

Risk assessment based on symptoms therefore might not identify that an outbreak is occurring until after there has been significant spread of COVID-19 infection in the care home.

It is considered likely that a high proportion of care homes will be affected by COVID-19 during the period of sustained transmission.

Our overriding priority in producing this resource is to protect care workers and residents, many of whom may be at higher risk of severe illness and or death compared to the general public.

The decision to remove the risk assessment flowchart was taken to ensure best protection for both care home residents and care workers during the period of sustained transmission and to simplify guidance.

30 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 residents 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 room/living area of anyone who is shielding even if you are not going to be within 2 metres of the individual being shielded (see [Question 17](#)).

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

People with learning disabilities and/or autism in residential care settings need a wide range of types and levels of care. For some, care focuses on supporting them to do their own personal care and participate actively in leisure and social activities. Others may be far more disabled with little or no language and often with substantial physical and/or sensory disabilities. Many are very social, some struggle in social situations. Some are naturally very tactile. Others, particularly autistic people, strongly dislike being touched. 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.

Any people who have any new symptoms suggestive of COVID-19 such as a new persistent cough or temperature, or loss or change in their sense of smell or taste, must be treated as a possible COVID-19 case and ideally isolated from other residents. As far as possible explain to everyone that should this need arise, it is not a punishment but to try and stop other people getting ill. You should develop contingency plans if you think this is likely to be seriously difficult for them or if caring for them in isolation is likely to require substantially more staff input.

Going beyond these it will be important for staff to emphasise repeatedly the importance of the main infection control procedures including:

- keeping 2 metres distant 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. [Coronavirus \(COVID-19\):guidance for care staff supporting adults with learning disabilities and autistic adults](#) provides links to some resources.

Some people with learning disabilities or autism may be distressed or anxious to see their care staff in PPE. They may have difficulty recognising familiar faces. Non-verbal communication is harder.

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.

- staff may be able to greet residents without a mask through a window before entering the space where they 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 staff without masks

- introduce masks by making them in an art session. This will be useful if residents need masks when going out. Have a choice of colours or fabric designs
- try to normalise the wearing of masks around the care 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 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 changing existing staff photos on activity boards or staff boards to photos of the staff wearing masks
- 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 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.

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 staff members more vulnerable to COVID-19. It may be appropriate to reassign staff members.

Section 4: Case Scenarios

CASE STUDY

1

Helen has been working in her local care home as a health care worker for the past 5 years. Due to coronavirus (COVID-19), the usual routine in the care home has changed and Helen knows that she must take extra precautions in order to keep both herself and the other people in the care home safe and well.

When she helps the residents with personal care, she now knows that she will be required to wear the correct level of PPE.

Helen's first job today is to help Mavis get washed and dressed, so before going in to say good morning to Mavis, Helen washes her hands with soap and water for at least 20 seconds and puts on her apron, her fluid repellent face mask followed by gloves, in that order.

The update Helen has received this morning from Sasha, part of the night team, said that Mavis had a comfortable night's sleep with no complaints.

Mavis was chatty this morning and Helen talked about why she needed to wear the PPE and how it was used to protect both herself and Mavis from coronavirus.

Helen finished getting Mavis washed, dressed and assisted her to sit in her chair. Before Helen left the room to get Mavis's breakfast, she removed her gloves and washed her hands then she removed her apron, and washed her hands again.

Helen ensured that all waste items were put in a plastic rubbish bag which she had brought with her into the room, which she disposed of using the local current protocol.

She kept her mask on for the next task as she could leave this on until she took her next break taking care not to touch the outside of the mask.

CASE STUDY

2

Bob is a student nurse but due to COVID-19 he has volunteered to take a placement in his local care home. Initially Bob was quite anxious about having contact with the residents and worried that he may pass on the virus.

The senior carer, Josie, explained that there were precautions in place which helped to stop the virus from spreading and, if Bob understood what precautions he needed to take for different tasks and with different patients, then the risk was minimised.

Bob's first task was to give the residents drinks and snacks if they wanted them, and to encourage them to drink as this helped to prevent dehydration and urine infections.

Josie helped Bob to first assess which residents needed more help than others and to work out what level of Personal Protective Equipment (PPE) he would need to wear when working with them.

Some residents were self-caring and did not have any signs of COVID-19 and all he needed to do was to enter the room and leave their drink of choice on the table. There would be no direct contact with these residents and they would be more than 2 metres away and so Bob would need to wear a face mask, but no gloves or apron.

Bob asked what he should do if he was taking drinks to a resident who was likely to make physical contact with him – for example, Mrs Singh, a patient who often grabbed onto the arm or hand of a carer who came into her room.

Josie explained that this would change the assessment and, when visiting her room, Bob should wear single use gloves and disposable plastic aprons for the task he was doing and discard them and wash his hands after leaving the room. He should also visit residents such as Mrs Singh last during the shift.

Finally, Bob asked about taking drinks and snacks to people who had COVID-19 symptoms. Josie explained that, as these people would need more help with eating and drinking, he would need to wear a different level of PPE and showed him the fluid repellent masks, eye protection, gloves and aprons that he needed to wear when caring for people with symptoms.

Josie showed Bob where the PPE was kept and explained that putting it on and taking it off safely was as important as wearing the right PPE. She showed him how to do this and how to dispose of it safely. This meant putting it in a plastic rubbish bag on completion of the task (this may be done in the resident's room) and then dispose of waste using the local current protocol. They went through the guidance together and watched the video developed by Public Health England.

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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