

Summary of the Position Statement for Personal Protective Equipment (PPE)

Purpose

To summarise the Public Health England (PHE) position statement on PPE provision for staff working in local authority, education, community and social care settings.

Context

The COVID-19 pandemic requires that staff in some health, social care, and community settings use PPE. The purpose of PPE is to protect staff from acquiring COVID-19 from those they are caring for, as well as providing protection to vulnerable groups of COVID-19 transmission from staff. With greater demand for PPE and PPE being in short supply, it is important that PPE is used appropriately. This will ensure that PPE is available to those who are at greatest risk.

National Guidance

National guidance on the use of PPE has been issued by Public Health England (PHE) for staff in different settings. This position statement summarises the interpretation of PHE guidance by local authorities in the South West as is correct at **21st May 2020**. It draws on multiple guidance documents issued by PHE and aims to support implementation at a local level. [Detailed PHE guidance on PPE](#) can be accessed is available.

This guidance has been agreed by NHS Somerset Clinical Commissioning Group (CCG), Somerset County Council and endorsed by the trade unions.

Best practice and use of PPE

The principles of PPE are that, if the risk cannot be controlled in another way, PPE should be used as a last resort. Unless you are in a situation where the risk of COVID-19 is very high, the role of PPE in providing additional protection is extremely limited and thus unlikely to be required. Even then, PPE should be used as part of a range of infection, prevention and control measures which includes

- Strict adherence to [the stay-at-home guidance](#), anyone showing symptoms of a fever and / or cough should be asked to go home immediately and self-isolate;
- Adherence to [the staying alert and safe \(social distancing\) guidelines](#) and the [staying safe outside your home guidelines](#)
- Good [hand hygiene measures](#), good respiratory hygiene and [effective infection control practice](#).
- Cleaning and decontaminating of environments in accordance with the guidance.

When PPE should be worn

Staff should have access to the PPE that protects them, and the individual they are helping, which is appropriate for the setting and context, including situations when employees would normally wear PPE as part of standard measures required for that role.

As a general rule

- **PPE is not required** when risk can be managed through [social distancing](#) or implementing [sensible measures to control the risks in your workplace](#).
- **PPE is not required** when excluding possible or confirmed cases of COVID-19 from the setting (e.g. in schools or offices) through self-isolation at home, alongside adherence to [the stay-at-home guidance](#).
- **PPE is required** when staff are providing direct care within a health or social care setting. Direct care refers to all caring activities that take place within 2 meters, such as washing, toileting, dressing, oral care and feeding, assistance with medication or walking and getting up / going to bed.
- **PPE is required** when you are unable to maintain 2 metres social distancing from someone who is a suspected or confirmed case of COVID-19.
- **PPE is required** when you are unable to maintain 2 metres social distancing and it is not possible to ascertain in advance the health status of individuals.
- **PPE is required** when you are unable to maintain 2 meters social distancing in a high-risk setting. High risk settings include clinical, domiciliary and older adult care. Examples of low-risk settings include schools, offices and most children's social care settings.
- **PPE is required** in most circumstances where you are visiting or providing direct care to anyone outside your own home who is currently [shielding](#).

PPE for specific roles

Detailed recommendations for the specific types of PPE required for specific roles in local authority, education, community and social care settings are provided in the full document developed by South West Local Authorities. **Consult the full document to identify specific PPE requirements for different roles and settings, for both adults and children.**

Safe donning and doffing of PPE

Putting on and removing PPE in the correct way is key for it to provide effective protection. PPE guidance sets out when single and sessional use is appropriate. In general:

- Gloves and aprons are **single use**. This means they should be changed after every service-user contact.
- Face masks and eye protection are **sessional use**. This means face masks and eye protection can be used continuously until you leave for a break.
- PPE should always be changed and safely disposed of if it becomes soiled, damaged or compromised in any way.
- Most PPE is disposable after use. However reusable eye and face protection is acceptable if effectively cleaned between each sessional use.

[Videos and posters](#) showing donning and doffing of PPE are provided by PHE.

Risk assessment

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. It is recommended that **services continue to carry out risk assessments** alongside the guidance to understand the requirements for individual situations.

However, there may be occasions where this may not be feasible; for example, there may be a risk in child protection situations where getting accurate information about the household's status regarding COVID-19 symptoms may be difficult if not impossible. If an employee cannot visit the family safely and maintain social distancing of 2 metres, then it would be reasonable to provide PPE.

Where appropriate/relevant, **an initial risk assessment should take place by phone (or by other remote triage) prior to undertaking the work/entering the premises** or at 2 metres social distancing on entering.

Where the worker assesses that an individual is symptomatic (or if there is someone who is symptomatic within the household you are working with) and they meet the [case definition](#) for suspected/confirmed COVID-19, appropriate PPE should be put on prior to undertaking the work. A short risk assessment template to document decisions is available.

Further information

[Somerset Adult and Social Care](#) COVID-19 guidance is kept up to date with links to local and national guidance.

Frequently Asked Questions

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 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.

A face mask protects 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 to clients when you are caring for them.

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.

Eye protection – e.g. 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).

Can I reuse 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.

Should everyone working in the community not wear a face mask?

The [government now advises](#) that you should wear a face covering in an enclosed space where social distancing is not possible and where you will come into contact with people you do not normally meet. This is most relevant for short periods indoors in crowded areas, for example, on public transport or in some shops. Evidence suggests that wearing a face covering does not protect you. However, if you are infected but have not yet developed [symptoms](#), it may provide some **protection for others** you come into close contact with. Face coverings do not replace social distancing or self-isolation. If you have [symptoms](#) of COVID-19, you and your household must isolate at home: wearing a face covering does not change this.

A face covering is not the same as the surgical masks or respirators used by healthcare and other workers as part of personal protective equipment. These should continue to be reserved for those who need them to protect against risks in their workplace, such as health and care workers, and those in industrial settings, like those exposed to dust hazards.

Why is PPE required for all clients and not just when caring for clients with symptoms in care homes and for domiciliary care?

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 if your work involves caring for people.

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

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

Your manager and yourself will need to decide the best place to do this e.g. have a dedicated area for putting on and taking off PPE. You need to put on your PPE at least two metres away from the person you are caring for and any resident with a cough. See guidance on [donning and doffing PPE](#).

How do I get hold of PPE?

It is the responsibility of each organisation to provide their staff and volunteers with the PPE suitable for their role. In the first instance, contact your manager. Somerset has established systems to procure PPE from national and local suppliers. It should be noted that there continues to be high demand and shortages at a national level for PPE.