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PHW Advisory note:
**Use of personal protective
equipment (PPE) in social care
settings (care homes and
domiciliary care) in Wales**

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This resource provides guidance on the use of personal protective equipment (PPE) for care workers working in social care settings in Wales based on the UK infection prevention and control (IP&C) guidance for managing COVID-19.

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1 Scope and purpose

This resource provides guidance on the use of personal protective equipment (PPE) for care workers working in social care settings in Wales based on UK infection prevention and control (IP&C) guidance for managing COVID-19.

The resource was updated on 2nd November 2020 taking into account UK COVID-19 IP&C guidance and updates to the Welsh Government (WG) policy on face coverings in indoor spaces issued September 2020.

The UK COVID-19 IP&C guidance has been developed and issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS)/ National Services Scotland, Public Health England (PHE) and NHS England as official guidance.

The Royal College of Nursing, other Royal Colleges and professional societies were also consulted in its development.

The UK COVID-19 IP&C guidance is regularly reviewed and updated and should be checked to ensure that most up to date guidance is being followed (PHE; [link](#)).

This guidance should be read in conjunction with GUI-001 *Guidance on the prevention and management of cases, incidents and outbreaks of COVID-19 in residential settings in Wales*, which provides additional guidance on infection control measures (PHW; [link](#)).

2 Implementing IP&C and PPE guidance within care homes and in domiciliary care

See tables of recommended PPE for use in various scenarios in Appendix 1.

2.1 General advice on implementing PPE guidance in social care settings

It is key that across Wales we ensure that PPE is used correctly and appropriately so that health and social care workers are protected. It is very important that in using the PPE specified and provided, that all social care staff have had the appropriate training to put it on (donning) and take it off safely (doffing) to ensure they do not inadvertently contaminate themselves

on removal of PPE or when going between service users or residents (PHE; [link](#)).

Video on how to don and doff PPE in care home settings is available [here](#) (PHE).

Health and Safety Executive guidance on PPE is available [here](#) (HSE).

Outside of the clinical/ care-giving areas it is important that social distancing, hand hygiene (before moving out into communal areas) and respiratory etiquette (PHW; [link](#)) are used as the key measures for reducing transmission of the virus. Social care staff **must** report any symptoms (WG; [link](#)) suggestive of COVID-19 immediately to their line manager **before** attending work if possible. It is good practice to ask staff as they start their shift if they are well and have any symptoms.

Standard infection prevention and control precautions (SICP; PHW [link](#)) must be applied in combination with the fluid-resistant surgical mask (FRSM) and eye protection to protect the carer from the infection risk.

Careful attention to hand hygiene (NHSE; [link](#)) is required before contact with the service user, during doffing and after disposal of PPE. PPE can be contaminated in use and pose a risk to others if not removed and disposed of correctly (PHE; [link](#)).

It is also important to apply the rules on social distancing of 2m wherever possible even when using PPE. This could be in a person's own home or in nursing and residential settings if no direct care is being given e.g. chatting or discussing their care. Staff also need to maintain social distancing (remain at least 2 meters apart) in the workplace at all time between themselves, during their shift, handovers and during their breaks (WG; [link](#)). Staff should avoid travelling to work together as social distancing cannot be maintained but if car sharing is essential all will need to wear a face covering during their shared journey, the passenger should sit in the back of the vehicle and the windows should be opened to improve ventilation.

Phone triage should be used whenever possible to ascertain if any of those being cared for in their own home are known or suspected to have COVID-19 and service users or their carer should be encouraged to notify any risks to their care provider before a visit, if they are able.

Social care workers must be alert to any symptoms of infection during their visits or in their daily assessment (NHSE; [link](#)) within a residential or care home as the elderly may not present with typical fever and cough but may

be displaying behaviour or signs that they are unwell (especially in dementia patients). If a resident or service user has any symptoms that may be related to COVID-19 the care worker must immediately escalate the information to their manager so that testing and isolation can be implemented in a timely manner.

While this advisory note is focused on PPE, making the home a COVID-19 safe environment relies on ensuring **all** IP&C measures are implemented effectively, especially the application of standard infection control precautions (SICP):

- Hand hygiene
- Increased frequency of cleaning of the environment and of patient care equipment
- Reducing the movement of staff where possible
- Symptom checking testing
- Waste management.

Social care staff also need to consider how they can ensure compassionate care and effective communication when wearing PPE (SCW; [link](#)).

2.2 PPE practical examples

As we prepare for the winter months and a second wave of COVID-19 infections, it is important to continue with high standards of IP&C measures and the correct and appropriate use of personal protective equipment (PPE). There is also a need to incorporate the latest Welsh Government guidance on face coverings/ masks for indoor settings including use in health and social care settings.

PPE is recommended for use by **all social care workers** when providing **direct care**, when within 2 meters of residents/ service users and when in the clinical/ care-giving areas or in a client's home.

If caring for residents or services users with possible or confirmed COVID-19, the required PPE is FRSM, eye protection, gloves and apron as per Table 1 (Appendix 1), with the following additional considerations:

- Sessional use of masks/ eye protection can be considered, but should be for a "session" of work within an area with several positive residents if you have them. If you are only managing one positive case in an area, PPE should be removed as single use in total when you leave the resident/ service user's room.
- If you have several cases/ possible cases of COVID-19 infection within your home consideration should be given to cohorting affected residents together and assigning staff to COVID-19 cohort areas or

non-cohort areas as far as possible per shift so that infected and non-infected residents are physically distanced within the care home/ residence.

- Isolation precautions for the resident/ service user: The resident/ service user should remain in their own room, ideally with *en-suite* toilet/ bathroom or a designated toilet/ bathroom. Meals should be taken in their room and they should not leave the room for socialising and should not have visitors unless there are exceptional circumstances. Enhanced cleaning of their room/ bathroom is recommended.

In ***all clinical*** or ***care areas including resident*** dining areas of social care establishments staff, including visiting staff e.g. porters, should wear a face mask (Type IIR – FRSM) ***at all times***. When providing direct care, staff should continue to wear appropriate PPE as outlined in Appendix 1.

Health and social care staff in “indoor public spaces” within the health and social care facility e.g. reception areas/ waiting rooms/ care home dining areas should wear a Type I or Type II medical face mask unless other control have been put in place e.g. plastic screens. A local decision may be taken by the home, to use type IIR FRSM masks in all these scenarios for ease of use/ supply. However, if this decision is made, there must then be clarity that PPE used for delivering care/ in clinical areas or resident areas needs to be removed and disposed of, hands decontaminated and a clean new FRSM mask worn to move into the other communal indoor spaces. This is in line with Welsh Government updated guidance on the use of face coverings in indoor settings.

- Staff are not required to wear a medical face mask in break rooms or when changing but social distancing must be followed.
- Where possible, consideration should be given to facilitating the use of outdoor spaces for break times, which provide a safer alternative than enclosed indoor spaces. Alternatively, consideration should be given to staggering of staff breaks. Staff who do not work within a clinical or care area (e.g. offices, canteen staff) should not be required to wear a medical face mask on the premises, when 2m social distancing measures are in place.

2.3 PPE in specific circumstances

2.3.1 Social care workers in residential and nursing homes

Will be required to wear disposable single use *gloves and aprons, a FRSM and eye protection (the FRSM and eye protection can be sessional use e.g. providing ongoing care for a group of residents, medication round, whilst in

the clinical care giving areas.) The eye protection is used if the resident is COVID positive or there is likely to be splashes for example the resident is spluttering/ coughing directly into the face of the carer or there is an increased risk of blood and body fluid splashes to the face in accordance with Standard Infection Control Procedures. Ensure thorough hand hygiene (NHSE; [link](#)) before putting on and after removing the PPE.

*Vinyl gloves provide sufficient protection for the majority of duties in the care environment except when exposure to blood or body fluids is anticipated and providing the correct size of glove is chosen according to the wearer's hand size.

2.3.2 Social care workers visiting people in their own home

Will be required to wear disposable single use gloves and aprons and an FRSM whilst in the home. The eye protection is used if the person is COVID positive or there is likely to be splashes for example spluttering/coughing directly into the face of the carer or there is an increased risk of blood and body fluid splashes to the face in accordance with SICP. **Staff must remove all PPE before leaving the house.** Hand hygiene as described above.

2.3.3 Social care workers visiting children in their own home

Will be required to wear a FRSM whilst in the home and single use gloves and aprons (if providing direct care). The eye protection is used if the child is COVID positive or there is likely to be splashes for example spluttering/ coughing directly into the face of the carer or there is an increased risk of blood and body fluid splashes to the face in accordance with SICP. Staff must remove all PPE before leaving the house. Hand hygiene as described above.

Eye protection can be reused if it not marked as single use. This can be cleaned with the routine disinfectant wipes or solution used in the social care settings.

2.3.4 Social care workers performing aerosol generating procedures (AGPs)

If the resident/service user has possible or confirmed COVID-19 the care worker will be required to wear PPE appropriate for performing an AGP as defined [here](#) (PHE).

The PPE items required are disposable gloves and long sleeve gown, FFP3 mask, full face visor (can be used sessional for same patient only for a period of care). Advice, training and fit testing for AGP should be sought

from the local health board who are providing support to social care for this aspect of COVID-19 management. Hand hygiene as described above.

If the home does not have an ongoing incident, outbreak or COVID case then with regular testing of staff it can be considered **low risk** and patients would not then be considered a possible or confirmed COVID-19 case. In this situation an FRSM, **visor** (can be used sessional for same patient for a period of care) single use gloves, apron can be worn in place of the above AGP PPE items. Hand hygiene as described above.

If further residents develop symptoms the home would need to revert to the PPE items for AGP as detailed above.

2.3.5 Social care workers caring for residents/ service users prior to admission to hospital for elective procedures

To support residents/ service users to enter a **low risk/** green elective pathway into acute care if they are booked to have surgery for example, the care home/ social care establishment should follow guidance from the admitting local health board/ Trust, but as a general guide:

Residents/ service users will need to be protectively isolated from exposure to other residents/ service users/ visitors for 14 days prior to admission and tested for COVID-19 at 72hrs prior to admission to hospital (this is in addition to 2 weekly testing of residents and staff). The resident/ service user will need to be in a single room or at home in self-isolation prior to admission. Staff should wear FRSM masks to visit residents/ service users or PPE as required for direct/ personal care in Appendix 1.




2.3.6 Other IP&C measures

Best practice: how to hand rub (PHE; [link](#))

Best practice: how to hand wash (PHE; [link](#))

3 Appendix 1

Table 1: When providing direct/ personal care, which requires you to be in direct contact with the resident(s) (e.g. touching)

Recommended PPE items	Explanation
<p>*Disposable gloves</p> 	<p>Single use to protect you from contact with resident's body fluids and secretions</p> <p>*Vinyl gloves provide sufficient protection for the majority of duties in the care environment except when exposure to blood or body fluids is anticipated and providing the correct size of glove is chosen according to the wearer's hand size.</p>
<p>Disposable plastic apron</p> 	<p>Single use to protect you from contact with resident's body fluids and secretions</p>
<p>Fluid-repellent surgical mask (FRSM) Type IIR</p> 	<p>The mask is worn to protect you, the care worker, and can be used while caring for a number of different residents. You should not touch your face mask unless it is to put it on or remove it.</p> <p>FRSM 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>If you are providing homecare visits (or visiting different people living in an extra care scheme) you should remove and dispose of your mask when leaving the care home setting.</p> <p>You should remove and dispose of your mask if it becomes damaged, 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>Risk assess</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) and always if the resident is COVID positive or suspected (possible)</p> <p>Use of eye protection should be discussed with your manager and you should have access to eye protection (such as safety 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 how to store them between duties.</p>

If eye protection is labelled for single use then it should be disposed of after removal.

Table 2: When within or visiting a *clinical or care area* of a social care establishment or client's home, but not providing direct/ personal care: e.g. serving meals, chatting to the resident, delivering mail, visiting





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' blood or other bodily fluids)</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' blood or other bodily fluids)</p>
<p>Fluid-repellent surgical mask (FRSM) Type IIR</p> 	<p>The mask is worn to protect you, the care worker, and can be used while caring for a number of different residents. You should not touch your face mask unless it is to put it on or remove it. It must be disposed of when leaving the care home setting</p> <p>FRSM 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>If you are providing homecare visits (or visiting different people living in an extra care scheme) you should remove and dispose of your mask after visiting each individual</p> <p>You should remove and dispose of your mask if it becomes damaged, 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>Not required</p>

Table 3: When working in “indoor public spaces” within the health and social care facility e.g. reception areas/ waiting rooms/ care home dining areas - no direct contact









Recommended PPE items	Explanation
<p data-bbox="300 521 587 555">Disposable Gloves</p> 	<p data-bbox="715 521 863 555">Not required</p>
<p data-bbox="252 732 635 766">Disposable plastic apron</p> 	<p data-bbox="715 732 863 766">Not required</p>
<p data-bbox="252 1010 635 1077">Type I or Type II surgical mask*</p> 	<p data-bbox="715 943 1533 1093">Type I or Type II surgical masks can be used continuously until you take a break from duties (e.g. to drink, eat, for your break time if stepping outside of the care home or at end of shift when leaving the care home). 2m social distancing is still required when wearing a Type I or Type II surgical masks and when masks are removed for breaks</p> <p data-bbox="715 1126 1533 1182">You should not touch your face mask unless it is to put it on or remove it.</p> <p data-bbox="715 1216 1533 1272">You should remove and dispose of the mask if it becomes damaged, visibly soiled, damp, or uncomfortable to use.</p> <p data-bbox="715 1305 1533 1395">You need to use a new mask and put it on immediately after you have finished eating/ drinking or you are re-entering the care home after a break.</p> <p data-bbox="715 1429 1533 1585">If you have been providing care duties to residents (wearing PPE as per previous PPE tables) and now are going to take a break or change duties to be working away from residents/ in staff only areas, you should remove your gloves, apron and FRSM, clean your hands and put on a new Type I or Type II face mask.</p> <p data-bbox="715 1619 1533 1697">*Note: if only fluid-repellent Type IIR surgical masks are available then these may be used in this scenario if stocks are sufficient – local decision.</p>
<p data-bbox="331 1744 555 1778">Eye Protection</p> 	<p data-bbox="715 1744 863 1778">Not required</p>

Table 4: When undertaking an Aerosol Generating Procedure (AGP) e.g. managing someone on long-term non-invasive ventilation/ CPAP or with tracheostomy in a home where there are suspected or confirmed cases of COVID-19.

Recommended PPE items	Explanation
<p>*Disposable gloves</p> <p style="text-align: center;"></p>	<p>Single use to protect you from contact with resident's body fluids and secretions</p>
<p>Single-use gown</p> <p style="text-align: center;"></p>	<p>Single use to protect you from contact with resident's body fluids and secretions</p>
<p>Filtering face piece (FFP3) mask or hood*</p> <p style="text-align: center;"></p>	<p>Required to protect your from aerosolised virus particles generated by the procedure.</p> <p>all staff who are required to wear an FFP3 respirator must be fit tested for the relevant model to ensure an adequate seal or fit (according to the manufacturers' guidance); fit checking (according to the manufacturers' guidance) is necessary when a respirator is put on (donned) to ensure an adequate seal has been achieved. Staff must be trained to safely remove the PPE also.</p> <p>* If the care home does not have any suspected or confirmed COVID cases in last 14 days then with regular testing of staff it can be considered low risk. In this situation, following risk assessment an FRSM can be worn in place of the FFP3 mask for AGP's.</p>
<p>Visor</p> <p style="text-align: center;"></p>	<p>Single use or re-usable.</p> <p>If you are provided with 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 how to store them between duties.</p> <p>If the visor is labelled as for single use then it should be disposed of after removal.</p>

*Vinyl gloves provide sufficient protection for the majority of duties in the care environment except when exposure to blood or body fluids is anticipated and providing the correct size of glove is chosen according to the wearer's hand size.