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# COVID 19 and domiciliary care frequently asked questions: Personal protective equipment when supporting service users in their own homes

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This document provides answers to frequently asked questions about personal protective equipment (PPE) when supporting service users in their own homes.

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# 1 Introduction

Public Health Wales (PHW) provide key guidance on *Use of personal protective equipment (PPE) in social care settings (care homes and domiciliary care) in Wales* (ADV-001; [link](#)) during the COVID 19 pandemic that includes details on how to wear and dispose of PPE safely. This frequently asked questions (FAQ) document aims to provide responses to commonly asked questions by providers in the domiciliary care setting.

## 2 Questions and answers

### 2.1 When should I wear eye protection?

Eye protection includes use of either a full face visor or safety goggles. They should be worn in the following situations:

- When looking after service users with a diagnosis of COVID 19
- When looking after service users who are suspected of having COVID 19 with symptoms (high temperature or new continuous cough, loss of taste or smell)
- When there is a risk of body fluid/ respiratory secretions causing splash to the face.

If you have been advised to wear a visor or goggles by the employer/provider for any contact with service users, this will be down to local decision making and risk assessment.

A full face visor (not goggles) should be used when performing any aerosol generating procedures (AGPs).

### 2.2 What are aerosol generating procedures (AGP)?

An AGP is a medical procedure which generates very small airborne particles (aerosols). These include non-invasive ventilation and tracheostomy procedures such as suctioning. Aerosol production creates a higher risk of transmission.

Coughing and sneezing are not considered AGPs as they predominantly form larger respiratory droplets.

A list of AGP's can be found [here](#).

Personal Protective equipment (PPE) for AGP [here](#).

## 2.3 When should PPE be changed?

You must change your visor or goggles between service users in different households. If you are looking after service users in the same home, you can use your visor and medical mask for a “session” of care unless they become contaminated. \*

If you need to take a break in that “session” ( e.g. leave the home to eat/drink, comfort break, end of visit etc) you should remove all your PPE, following IPC guidance on safe removal (doffing) then put on (don) a new set of PPE. Aprons or gowns (gowns are used for aerosol generating procedures (AGPs)) and gloves are **single use only** and need to be changed between each service user and then hand hygiene performed.

A guide to doffing and donning can be found [here](#).

Link to hand hygiene video [here](#).

*\* sessional use is where care workers are providing continuous care for a group or cohort of service users and only applies to face masks and eye protection when this is indicated.*

## 2.4 Can I reuse my visor or goggles?

If the visor is single use, you will need to dispose of it after each use. If the visor is reusable, follow manufacturer’s instructions. Generally, a reusable visor can be cleaned with a disinfectant wipe or cloth and left to dry. It can then be stored in a container or cover to protect it and used again. It can be marked with your name but not marked with any service user information such as their name or address. Discard the visor if it becomes damaged or difficult to clean.

Decisions on reuse of single use items need to be made locally by the provider following detailed risk assessment.

## 2.5 How do I dispose of my used PPE?

Guidance on waste management can be found [here](#)

Where clinical staff are providing services in the home of a patient who has tested positive for COVID-19 and is still in their isolation period, then PPE can be left behind in a bag. Waste should only be considered infectious clinical waste if it is visibly contaminated with respiratory secretions such as sputum or mucus from the mouth and nose. If the patient’s bin is due to be collected in the next 72 hours, the contaminated waste should be put in a bag and put out after the bin has been collected.

## 2.6 When do I need to be bare below the elbow?

Exposed forearms ("Bare Below the Elbows") are required when providing direct care to a service user, when preparing and handling food and when any exposure to contamination from blood/ body fluids/ infectious materials is anticipated e.g. while cleaning, disposing of waste, handling items exposed to blood or body fluids. Sleeves and items worn on the wrist or fingers can become heavily contaminated with infectious organisms so short sleeves are recommended.

Forearms need to be exposed to perform hand hygiene correctly and effectively, you should therefore:

- Wear short sleeves or roll up long sleeves
- Remove watches or push bracelets worn for religious reasons up your forearms
- Remove rings
- Do not wear false nails.

## 2.7 What PPE is used when car sharing?

If possible staff should avoid car sharing when community COVID-19 infection rates are high. It must be noted that if an individual in the car tests positive for COVID 19 all other occupants may be considered a close contact if there were no control measures in place. All alternatives should therefore be explored.

If no other options:

Everyone in the car should wear a fluid-resistant surgical mask Type 11R (FRSM), share the car with the same people each time, minimise the group size at any one time and open the windows for ventilation during the journey. Where seating arrangements allow, face away from each other and travel either side by side or behind others rather than facing them. Clean the frequently touched areas of the car between journeys using household cleaning products and pay attention in particular to door handles, arm rests etc. See safe travel guidance [here](#)

## 2.8 Where can I safely put on and take off PPE in the home of a service user?

In the home you need to put on and take off PPE at least 1 metre away from the service user, this should be increased to 2 metres for service users who are suspected or confirmed respiratory infection. Identify an area e.g. near entry point to the home or room to put on and remove PPE. Removal of PPE should be done carefully in the correct order and then perform hand hygiene

**before leaving the home.** Donning and doffing of PPE should take place in the home or at entry point but not in your vehicle.

A guide to doffing and donning can be found [here](#).

Link to hand hygiene video [here](#).

## **2.9 Do I need additional PPE for new variant strains of COVID 19?**

No, the route of transmission has not changed and therefore the same protective equipment is recommended alongside IP&C controls. This is regularly reviewed

## **2.10 If the service user and staff members have been vaccinated, is PPE still required?**

Yes, this is still necessary at present and it is vital that standard IP&C precautions are not relaxed. See IPC guidance [here](#). Although all staff should be encouraged and enabled to receive their vaccines and booster dose, this should not be solely relied upon to prevent infection and transmission.