**Covid-19 personal protective equipment in the community setting**

1. **Introduction**

This document outlines the procedure to follow when visiting patients and delivering care within the Community setting.

1. **Purpose/Scope**

This document will inform staff of the personal protective equipment (PPE) required and the procedure for donning and doffing PPE whilst carrying out home visits within the Community. **PPE requirements for aerosol generating procedures** are described in appendix 1.

1. **PPE/equipment required**

The following must be carried and put on by staff entering a patient’s home environment:

* A standard plastic apron
* Eye protection in the form of a visor or reusable glasses/over glasses\*
* A clean fluid resistant surgical mask (FRSM)\*
* infectious waste bags (orange)
* Hand wipes and alcohol gel

**Gloves must also be worn** when there is known infection, or exposure to blood/body fluid, non-intact skin or mucous membranes is anticipated (e.g. assisting with personal cares). When using gloves the following must be applied:

* Put on before an invasive procedure and removed on completion
* Changed immediately after completing a procedure on the same patient
* Changed if torn or punctured
* Hands must always be cleaned following removal of gloves

Gloves are not required to be worn when undertaking administrative tasks for example using the telephone, using a computer or tablet, writing in the patient chart; giving oral medications\*

\*unless known infection

1. **Process**

* Decontaminate hands with alcohol hand gel.
* Put on PPE (donning).
* **KEEP MASK ON** and remove other PPE **INSIDE** the house and place into waste bag.
* Remove the mask at the door and place into the same waste bag with other PPE (doffing).
* Decontaminate hands with hand wipes and place in waste bag.
* Waste should be double bagged and sealed.
* Decontaminate hands with alcohol hand gel.
* Place waste bag in transport box UN3291 or UN3373.

1. **Management of Waste**

All waste associated with possible or confirmed COVID-19, including PPE, is Category B infectious clinical waste and requires safe disposal.

Waste should be double bagged in infectious waste bags (Orange) and transported back to base for disposal in compliance with Health Technical Memorandum 07-01: Safe management of healthcare waste (see ‘Management of Category B infectious waste in the community’ p.119 and ‘Transporting offensive or infectious waste from patients’ homes’ p.125.

Appendix 1. PPE requirements for aerosol generating procedures (AGP)

1. **Equipment**

The highest risk of transmission of respiratory viruses is during AGPs of the respiratory tract, and enhanced respiratory protective equipment is indicated for those performing or assisting in such procedures. This should be donned before entering the patient area. Donning and doffing pictoral information is shown in appendix 2. The equipment required is:

* Long sleeved disposable fluid repellent gown (covering the arms and body)
* Filtering face piece class 3 (FFP3) respirator
* Eye protection
* Gloves
* Face visor

A full-face shield or visor and gloves are required during AGPs on possible and confirmed cases, regardless of the clinical setting.

Where an AGP is a single procedure, PPE is subject to single use with disposal after each patient contact or procedure as appropriate.

1. **Respiratory protection**

Where an FFP3 mask has an exhalation valve this reduces the fluid resistant protection. Full-face shield/visor must be worn where blood or body fluid splashing is anticipated.

1. **PPE removal**

* PPE must be removed (as appendix 2) and disposed of as per section 5. Management of Waste on completion of the procedure
* Hands must be cleaned after removal and disposal of used PPE
* Clean PPE must be donned for the remainder of the visit
* Eye protection should be cleaned and stored ready for next use

Appendix 2. Putting on and removing PPE for AGP



