**QUICK GUIDE TO NEW PPE REGULATIONS**

The following quick guide is a summary of the information available in the Standard Operating Procedure - Covid19

**Staff are requested to treat all patient interactions as though a COVID-19 positive case**

**Standard Operating Procedure Covid19**

**Personal Protective Equipment (PPE)**

1. **Introduction**

This document outlines the procedure to follow when delivering care During the Covid-19 Pandemic.

1. **Purpose/Scope**

This revised guidance concerns use of personal protective equipment (PPE) by all staff working within 2 meters of a service user, in the context of the current COVID-19 pandemic. It supersedes previous PPE guidance. This guidance relates solely to considerations of PPE, represents one section of infection prevention and control guidance for COVID-19 and should be used in conjunction with local policies.

1. **Rational**

Every ward is a community of people – staff and patients. As much as possible, this community should work together to ensure the safety of everyone.

Healthcare, social care and support workers may be subject to repeated risk of contact and droplet transmission during their daily work. It is also understood that in routine work there may be challenges in establishing whether patients and individuals meet the case definition for COVID-19 prior to a face-to-face assessment or care episode.

Measures currently in place to reduce the transmission of coronavirus include:

* **Social distancing** This aims to reduce social interaction between people by keeping a distance of 2 meters.
* **Shielding** This is a measure to protect people who are clinically extremely vulnerable due to serious underlying health conditions This group are at very high risk of severe illness from (COVID-19) and should be rigorously supported to follow the shielding measures which require minimising all interaction between those who are extremely vulnerable and others.

As an additional safety measure this updated SOP includes the most recent Public Health guidance which provides the steer that **all** interactions with all patients should be treated universally as though they are positive cases in line with scientific evidence.

We know that the guidance from point 4 onwards is a new way of working and we understand that people will be concerned about working in ways that they have never encountered before due to Covid-19.

You are encouraged by professional regulators to continue to use your professional judgement to deliver safe care and there may be times that you have to depart from established procedures. The context in which you are working will be taken into consideration, should there be any concerns about practice raised. Please see joint statement from the Chief Executives of statutory regulators of health and care professionals available at: <https://www.nmc.org.uk/news/news-and-updates/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus/>

1. **Single and sessional use of PPE within 2 meters of a service user**
* Aprons (or coveralls) and gloves are subject to single use as per Standard Infection Control Precautions (SICPs), with disposal and hand hygiene **up to the elbows** after each patient contact.
* Fluid-resistant (Type IIR) surgical masks (FRSM) are subject to single sessional use (they can remain in place when moving from one service user to the next and removed when outside of 2 meters, when taking breaks).
* Remember to hydrate yourself
* A single session refers to a period of time where a health and social care worker is undertaking duties in a specific clinical care setting or exposure environment. For example, a session might comprise a ward round or taking observations of several patients in a cohort bay or ward or administering medication. A session ends when the health and social care worker leaves the clinical care setting or exposure environment and moves to another.
* Once the PPE has been removed it should be disposed of safely.
* The duration of a single session will vary depending on the clinical activity being undertaken. PPE should not be subject to continued use if damaged, soiled, compromised, uncomfortable, and a session should be ended.
* The duration of use of PPE items should not exceed manufacturer’s instructions. (Approx. 8hrs). Prolonged periods of use may result in skin damage.
* Consider use of a barrier skin wipe/skin protectant if you are likely to be wearing PPE for extended periods. This will not protect your skin from over-tightening but may protect it from increased moisture.
* Check the barrier product does not build up residue under the mask.
* Take time to fit your mask before starting a clinical consultation. Ensure all folds in your mask have been used to optimise the correct fit for you and do not over-tighten.
* If you feel your mask is digging in, move away from direct patient contact, remove the mask using doffing guidance and allow the skin to recover for approximately five minutes.
* Replace your mask with a new one ensuring a good fit.
* Regularly inspect your skin for signs of redness/soreness.
* It is important that you take regular breaks (we recommend every two hours) from wearing a mask to relieve the pressure and reduce moisture build-up.
* Where possible, rotate in teams where FFP3 can be removed between clinical shifts. This will help allow the skin time to recover.
* Stay well hydrated throughout the day.
* Barrier products are effective in cases where irritation behind masks is caused by perspiration and friction, Total barrier creams (i.e MEDI DERMA S) applied at the start of your shift may significantly reduce skin damage.
* It is recommended that you keep your skin clean and well hydrated/moisturised – apply creams at least 30 minutes before applying PPE.
* Appropriateness of single vs sessional use is dependent on the nature of the task or activity being undertaken and the local context.
* Visors should be worn where service users are suspected or have tested positive for Covid 19.

While generally considered good practice, there is no evidence to show that discarding disposable respirators, facemasks or eye protection in between each patient reduces the risk of infection transmission to the health and social care worker or the patient. Indeed, frequent handling of this equipment to discard and replace it could theoretically increase risk of exposure in high demand environments, for example by leading to increasing face touching during removal.

The rationale for recommending sessional use in certain circumstances is therefore to reduce risk of inadvertent indirect transmission, as well as to facilitate delivery of efficient clinical care.

1. **Aerosol generating procedures (AGP)**
* The highest risk of transmission of respiratory viruses is during AGPs of the respiratory tract, and use of enhanced respiratory protective equipment is indicated for health and social care workers performing or assisting in such procedures.
* A long sleeved disposable fluid repellent gown (covering the arms and body).
* A filtering face piece class 3 (FFP3) respirator
* A full-face shield or visor and gloves are recommended 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.

**6. Individuals homes**

* For provision of direct care to any member of a household where one or more is a possible or confirmed case, plastic aprons, FRSMs, eye protection and gloves are recommended.
* For delivery of care to any individual meeting criteria for shielding (vulnerable groups) or where anyone in the household meets criteria for shielding, as a minimum, single use disposable plastic aprons, surgical mask and gloves must be worn for the protection of the patient as covered in section 4.

**7. Service user’s use of PPE**

* In clinical areas, communal waiting areas and during transportation, it is recommended that suspected or confirmed COVID-19 cases wear a fluid-resistant (Type IIR) surgical face mask (FRSM) if this can be tolerated. The aim of this is to minimise the dispersal of respiratory secretions, reduce both direct transmission risk and environmental contamination. A FRSM should not be worn by service users if there is potential for their clinical care to be compromised (for example, when receiving oxygen therapy via a mask). An FRSM can be worn until damp or uncomfortable.
* Service users should be provided with a FRSM if they request a mask regardless of their known Covid 19 status.
1. **Waste Management**

All waste associated with possible or confirmed 2019-nCoV, including PPE, is Category B infectious clinical waste and requires safe disposal. Waste should be double orange bagged in accordance with Health Tech memorandum 07-01: Safe Management of Healthcare Waste.

* Decontaminate hands with alcohol hand gel.
* Remove the mask PPE with 2 meters of the isolation area.
* Place in waste bag.
* Waste should be double bagged and sealed. Then placed into a second bag (Orange)
* Decontaminate hands with alcohol hand gel.

**Please remember to wash your hands up to the elbows with every new patient contact and intervention.**