

the manufacturer, supplier or local infection control

- guidance for when case status is unknown and SARS-CoV-2 is circulating at high levels
- recommendation on patient use of facemasks

#### 4. Safe ways for working for all health and care workers

- staff should be trained on donning and doffing PPE. Videos are available for training
- staff should know what PPE they should wear for each setting and context
- staff should have access to the PPE that protects them for the appropriate setting and context
- gloves and aprons are subject to single use as per SICPs with disposal after each patient or resident contact
- fluid repellent surgical mask and eye protection can be used for a session of work rather than a single patient or resident contact
- gowns can be worn for a session of work in higher risk areas
- hand hygiene should be practiced and extended to exposed forearms, after removing any element of PPE
- staff should take regular breaks and rest periods

#### 5. Summary of PPE recommendations for health and social care workers

Table 1 ([https://www.gov.uk/ukgwa/20200402215434mp\\_/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control](https://www.gov.uk/ukgwa/20200402215434mp_/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)) summarises PPE recommendations for health and social care workers by context for both NHS and independent sectors in secondary care inpatient clinical settings.

Table 2 ([https://www.gov.uk/ukgwa/20200402215434mp\\_/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control](https://www.gov.uk/ukgwa/20200402215434mp_/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)) summarises recommended PPE for primary, outpatient and community care settings.

Table 3 ([https://www.gov.uk/ukgwa/20200402215434mp\\_/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control](https://www.gov.uk/ukgwa/20200402215434mp_/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)) summarises recommended PPE for ambulance, paramedics, first responders and pharmacists.

Table 4 ([https://www.gov.uk/ukgwa/20200402215434mp\\_/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control](https://www.gov.uk/ukgwa/20200402215434mp_/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)) summarises recommendations where COVID-19 transmission is sustained.

It is recognised that provision of healthcare is dynamic and in a single care episode more than one context may be encountered, PPE should be changed (upgraded) as appropriate.

#### 6. Sessional use of PPE

Aprons and gloves are subject to single use as per Standard Infection Control Precautions (SICPs), with disposal and hand hygiene after each patient contact. Respirators, fluid-resistant (Type IIR) surgical masks (FRSM), eye protection and long sleeved disposable fluid repellent gowns can be subject to single sessional use in circumstances outlined in Table 1 ([https://www.gov.uk/ukgwa/20200402215434mp\\_/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control](https://www.gov.uk/ukgwa/20200402215434mp_/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)) and section 7

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. A session ends when the health and social care worker leaves the clinical care setting or exposure environment. 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.

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.

PPE should not be subject to continued use if damaged, soiled, compromised, uncomfortable or in other circumstances outlined in section 10, and a session should be ended. While the duration of a session is not specified here, the duration of use of PPE items should not exceed manufacturer's instructions. Appropriateness of single vs sessional use is dependent on the nature of the task or activity being undertaken and the local context.

## 7. Risk assessment

For common contexts where health and social care workers are providing care to patients and individuals who are known to be possible or confirmed COVID-19 cases, PPE recommendations are specified. Attempts should be made, where appropriate, to ascertain whether a patient or individual meets the case definition for a possible or confirmed case of COVID-19 before the care episode. Refer to the current COVID-19 case definition. ([https://webarchive.nationalarchives.gov.uk/ukgwa/20200402215434mp\\_/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection](https://webarchive.nationalarchives.gov.uk/ukgwa/20200402215434mp_/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection))

Initial risk assessment where possible should take place by phone, other remote triage, prior to entering the premises or clinical area or at 2 metres social distance on entering. Where the health or social care worker assesses that an individual is symptomatic and meets the case definition, appropriate PPE should be put on prior to providing care.

Where the potential risk to health and social care workers cannot be established prior to face-to-face assessment or delivery of care (within 2 metres), the recommendation is for health and social care workers in any setting to have access to and where required wear aprons, FRSMs, eye protection and gloves.

Health and social care workers should consider need for contact and droplet precautions based on the nature of care or task being undertaken. Risk assessment on use of eye protection for example, should consider the likelihood of encountering a case(s) and the risk of droplet transmission (risk of droplet transmission to eye mucosa such as with a coughing patient) during the care episode. Sessional use of FRSMs and eye protection is indicated if there is perceived to be close or prolonged interaction with patients in a context of sustained community COVID-19 transmission.