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Title:	<b>Personal Protective Equipment (PPE) Guidance – Care at Home</b>	
Document Author:	Associate Director Nursing and Professional Practice	
Applicability:	As Indicated	

(Based upon National PHE guidance)

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe> (last accessed 03 March 2021)

**We are following the advice of Public Health England (PHE) and recognise that this is updated regularly as more is learnt about the virus. When new guidance is published this guidance will be adapted. It is your responsibility to use all the resources wisely. The Health and Safety Executive (HSE) have stated that FFP2 and N95 respirators (filtering at least 94% and 95% of airborne particles respectively) offer protection against COVID-19 and may be used if FFP3 respirators are not available.**

**Frequently asked questions can be found in appendix 6**

### **Scope**

As the prevalence of COVID-19 cases in the community setting increases, this guidance is to help protect staff, patients and essential visitors as far as possible.

This guidance includes:

- all staff working with direct patient contact in their own home
- all patients who have tested positive for COVID-19
- other patients in at risk group 'shielded patients'
- all visitors including parents, carers & birthing partners

### **Guidance**

- Comprehensive PPE guidance, including donning/doffing can be found on the HIVE <https://thehive.torbayandsouthdevon.nhs.uk/>
- This guidance should be read in conjunction with the Standard operating procedures for donning and doffing Appendix [1](#) & [2](#)
- PPE is required to be worn at all times
- Plastic seat covers (those used by garages when your car is being repaired) will be made available for staff using their own vehicles
- Additional uniforms / scrubs will be made available for care at home staff in order to change when required from COVID to no COVID visit. Shower/changing facilities are detailed Appendix 2
- It is safe to take uniform home in a red acetate bag and then washed at home on a hot cycle
- Plastic disposable car seat covers can be ordered through Agresso

## **Tier 1 - PPE for ALL staff providing direct care or visit in patients own home or in clinics in a community setting**

### **PPE Required:**

Disposable gloves

Disposable plastic apron

Fluid resistant surgical mask (FRSM)

- Immediately prior to entering the first house don a fluid resistant surgical mask (FRSM), gloves and apron
- Conduct a risk assessment for the requirement for eye protection (visor or goggles)- based on the degree of prolonged physical contact. Visors and goggles can be reusable or sessional use.
- Ensure you perform hand hygiene as per the 'five moments for hand hygiene' throughout the day, including forearms
- Please use PPE appropriately and responsibly, it is a valuable resource. We want to keep staff and patients safe but can only do this if we do not waste PPE
- The FRSM should be changed when the mask is wet on the inside or visibly soiled, or when leaving each person's house
- Do not touch FRSM until removal
- Please aim to hydrate well pre-shift and on allocated breaks, to minimise removal of FRSM if visiting patient in close proximity
- When changing the FRSM it must be disposed of into clinical waste

## **Tier 2 – PPE for Patients and Visitors**

- COVID-19 positive/symptomatic patients should be provided with a FRSM
- Patients in an at risk group (as defined by [PHE](#)) [Appendix 4](#) should be encouraged to wear a Fluid resistant surgical mask (FRSM)
- Patients not known to have COVID-19 can be given a FRSM if they request one
- In the rare event of carers/visitors being present for an aerosol generating procedure (AGP – [see appendix 1](#)) they must be provided with appropriate PPE, equivalent to staff. FFP3 masks would require a fit check rather than fit test. Ideally visitors should not be present during AGPs.
- Essential visitors should be provided with a FRSM.

## **Tier 3 – Droplet based precautions - PPE for staff providing direct patient care to patients with COVID-19 – confirmed or suspected and any household member**

- Immediately prior to entering the first house don a fluid resistant surgical mask (FRSM), gloves and apron
- Eye protection (visor or goggles- can be reusable or disposable)

- Hand hygiene must be performed after removing PPE.
- Follow SOP for donning and doffing Tier 3 protection, and for disposal of waste

#### **Tier 4 – Aerosol based precautions - PPE for staff performing Aerosol Generating Procedure (AGP)** (see [appendix 5](#) for list of AGPs)

We recognise that conflicting advice is unsettling for staff caring for patients and a consistent approach is required. We will follow the advice of Public Health England (PHE), recognising that this advice is changing frequently.

The current trust guidance is as follows:

- [For all AGPs staff must don](#)
  - FFP3 mask (fit tested) or powered respirator  
NB: *The Health and Safety Executive (HSE) have stated that FFP2 and N95 respirators offer protection against COVID-19 and may be used if FFP3 respirators are not available*
  - Long sleeved fluid repellent gown disposable
  - Surgical gloves
  - Eye protection
  - Optional surgical hat

**If working in a positive cohort area where AGPs are performed, where full PPE is maintained for the entirety of the shift, when performing personal care to a patient, don**

- an outer pair of gloves
- an additional disposable apron
- these should be changed between patients . If double gloved then both pairs of gloves need to be changed after each patient contact, not just the top ones.

#### **PPE advice for AGPs**

##### **General Measures for AGPs**

The following general measures are recommended for AGPs:

- Hand hygiene and avoidance of contact of hands with the face remain of paramount importance in the prevention of spread of COVID-19
- For COVID-19 positive patients and for those with clinical signs or a high degree of suspicion, an AGP should be delayed, if possible, until after the patient's infective period.
- AGPs should be performed in a dedicated space, preferably in a separate room with doors shut
- Equipment present in the space identified for the AGP should be kept to an absolute minimum to prevent contamination and to facilitate cleaning
- Staff/parent/carers present for an AGP should be kept to the absolute minimum required to perform the AGP
- Staff working within the same space/room as an AGP should wear full PPE with long sleeved gown, gloves, eye protection and a FFP3 respirator

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- Full AGP PPE is required during the AGP and for a period of 60 minutes afterwards. However, cleaning can commence immediately if staff are wearing AGP PPE. After 60 minutes, staff can enter the room wearing PPE appropriate for the task.
  - Staff performing intubation, extubating and the insertion and removal of LMAs are AGPs these procedures and those within 1m should be in full PPE and can remain in PPE for the duration of the operation.

Certain other procedures/equipment may generate an aerosol from material other than patient secretions but are not considered to represent a significant infectious risk. (These are outlined in [Appendix 5](#))

Appendix 1

<b>Purpose</b>	<b>Care at Home Operational - Standard operating procedure for Donning and Doffing Tier 3 protection</b>
	<b>The following guidance is for all Community staff caring for patients that are suspected or positive with COVID19</b>
<b>Version</b>	2
<b>Date</b>	03.02.21
<b>Key info</b>	<p><b>Contacts:</b></p> <ul style="list-style-type: none"> <li>• Infection control team (Torbay Hospital) 01803 655757</li> <li>• Clinical site manager (Torbay Hospital) 07825 110090</li> <li>• PHE - PHE Health Protection Team 0300 0308162 Opt 1 then Opt 2 (skip Opt 1 if OOHS)</li> </ul> <p><b>PLEASE READ ALL INSTRUCTIONS CAREFULLY AND FOLLOW STEP BY STEP</b></p>
	<p>Visiting a household where there is a person with suspected or confirmed COVID - 19</p>
<b>Equipment</b>	<p><b>Uniform to be worn for ‘green’ (low risk) Community visits and scrubs to be worn for ‘amber’ (medium risk) or ‘blue’ (high risk) visits (staff who are moving from a green to an amber/ blue visit at the end of the day can maintain their uniform).</b></p> <p>In exceptional circumstances when a visit to a suspected or known positive COVID patient cannot be left to the end of a shift due to the care being time specific, then the staff member will need to change into scrubs for this specific visit and <b>must</b> then return to their base/home and after removing their scrubs <b>must</b> shower before putting on a clean uniform and continuing with their other visits.</p> <p><b>Each base will need to arrange a suitable room for changing and storing linen waiting to be collected. Shower facilities are available in some areas of the Trust see Appendix 3. In the exceptional need to visit a covid patient before a non covid patient the staff member must shower in between contacts.</b></p> <p>Ensure you have supplies of the PPE you require (check you have the right size)</p> <ul style="list-style-type: none"> <li>• Fluid-resistant surgical mask</li> <li>• Goggles or face shield (eye glasses are not appropriate protection)</li> <li>• Plastic disposable apron</li> <li>• Clinell hand wash wipes or alcohol hand gel</li> <li>• Disposable pairs of gloves</li> <li>• Chlorox wipes</li> <li>• Plastic bag to transport goggles or visor back to base (if using)</li> <li>• The household’s waste bags if patient consents to maintain the waste in their house (this is the preferred option).</li> </ul>

**Donning &  
Doffing of  
PPE**

1. Telephone to book a time to visit- check the parking arrangements outside and close to the property. Check lone worker arrangements
  - Ask patient if they can have a well family/friend to open the door and then go into a separate room so that the staff can don PPE in the entrance
  - If the patient is alone, ask them to open the door and move into a separate room so that staff can don PPE inside the front door
2. As per phone instructions to the patient, ask whoever opens the door to move to another room before you enter the property and remain there until you have full PPE on (no time delay is required from the person exiting the front door area and you entering)

**3. Put on your PPE as follows:**

Perform hand hygiene with alcohol hand gel or hand wipes before putting on PPE.



Put on apron and tie at waist.



Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.

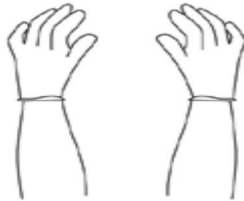


With both hands, mould the metal strap over the bridge of your nose.



Put on eye protection if using.

Put on gloves.



#### 4. Post intervention, doffing of PPE as follows:

**PPE must be removed in the order shown below to minimise the potential for cross contamination. Hands must be decontaminated with alcohol hand gel between each PPE item removed.**

Request that the patient and family stay in a separate room whilst you remove your PPE.

Place all waste in any plastic bag if being left at the property or yellow waste bag if you need to transport the waste as you remove it.

Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off.

Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.



Perform hand hygiene with alcohol hand gel or hand wipes.



Buddy unfastens or breaks apron ties at the neck and let the apron fold down on itself.



Buddy unfastens or breaks ties at waist then fold apron in on itself – do not touch the outside – this will be contaminated. Discard and decontaminate hands.



Remove goggles (if used) once your clinical work is completed and use both hands to handle the arms by pulling away from face and place on a hard surface ready to be decontaminated as per Standard Operating Procedure (SOP) - see Appendix 1.



Perform hand hygiene with alcohol hand gel or hand wipes.





Remove facemask once your clinical work is completed. Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.



Perform hand hygiene with alcohol hand gel or hand wipes.



5. Put on clean pair of gloves and apron and decontaminate your goggles as per SOP, Appendix 1 –Once wiped over with a Clorox wipe and waiting correct time period, place the goggles into a plastic bag and, when you return to your base, follow the SOP from point 4 (repeat wiping with Clorox).
6. Ensure all waste is in the waste bag (includes all PPE, and packaging) and secure with a cable tie.
7. If leaving waste at the property, with gloves on wipe down outside of bag and then place in a second bag and secure with a second tie. Dispose as below.

#### 10. Waste collection and disposal.

- Waste generated from possible and confirmed cases of COVID19 patients in their own home can be put into normal household waste bags. Tie the waste bag and wipe it over with a Chlorox wipe (or equivalent 5000ppm of sodium hypochlorite wipe) and place into another waste bag. The waste bags need to be stored for 72hrs (safely away from children) and with the householders' consent, the waste bags can then be put into the main household waste bin. If the household waste collection date is more than 72 hours away you can put it straight into their bin.
- Where households share a communal waste area (i.e. flats or sheltered housing) the waste must be stored for at least 72 hours before being placed in the communal waste area.
- If the patient does not give consent for the waste to be stored on the property for 72hrs then the please take waste (in the sealed and wiped sharps bin) to the boot of the car. Apply waste label to outside of waste sharps bin and transport

back to be left in the Category B waste bin marked 'Rigid containers' outside of ED.

**For Torbay Waste:** PPE needs to be double bagged but can go into the normal waste. Collection dates can be checked here <https://www.torbay.gov.uk/recycling/bin-collections/> (last accessed 03 March 2021)

OR

**For Teignbridge Waste:** Teignbridge council ask that the waste is left for 72 hrs before being placed in a black bag and placed in normal waste.

<https://www.teignbridge.gov.uk/recycling-and-waste/bin-collections/when-are-my-bins-and-boxes-collected/> (last accessed 03 March 2021)

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## Standard Operating Procedure

### Decontamination & Reuse of Plastic Goggles

#### Equipment:

- Chlorox wipes (or equivalent 5000ppm of sodium hypochlorite wipe/ 1000ppm hypochlorite wipe)
- Disposable gloves
- Plastic goggles or visor



#### Process:

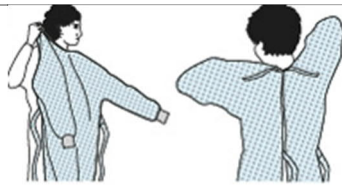
1. Please remove PPE in the recommended order:
  - ❖ Peel off gloves and disinfect hands using alcohol hand rub
  - ❖ Plastic apron, without touching the outside then and disinfect hands using alcohol hand rub
  - ❖ Plastic goggles/visor without touching the front.
  - ❖ Place plastic goggles/visor on a hard surface in the doffing room.
  - ❖ Fluid resistant face mask
2. Perform hand hygiene and put on a clean pair of disposable gloves
3. Thoroughly clean the goggles with a Chlorox wipe (or equivalent 5000ppm of sodium hypochlorite wipe) ensuring all areas are cleaned and a contact time of 1 minute. If a lower strength wipe is used the contact time needs to be 10 mins before rinsing.
4. Either:
  - a) Place in plastic bag and return to base. At base put on clean gloves, remove goggles from bag and wipe with Clorox again. Rinse with water to ensure any disinfectant residue is removed & thoroughly dry with a paper towel. Decontaminate the hard surface in the doffing area once you have decontaminated your plastic gogglesOr
  - b) If you are reusing goggles/ visor while still on visits you must rinse the goggles/ visor VERY thoroughly (e.g. water must run off) after wiping with Chlorox wipes and prior to drying thoroughly. A water source kept in the car for this purpose must be refreshed every day.
5. You can retain your clean plastic goggles for use during the shift or put them in the donning room for others to use.

Please ensure if they become cracked or damaged that they are disposed of in the clinical waste.

Appendix 2

<b>Purpose</b>	<b>Care at Home Operational - Standard operating procedure for Donning and Doffing Tier 4 protection</b>
	<b>The following guidance is for all Community staff caring for patients that are suspected or positive with COVID19, when the staff member is performing an aerosol generating procedure</b>
<b>Version</b>	2
<b>Date</b>	03.02.21
<b>Key info</b>	<p><b>Contacts:</b></p> <ul style="list-style-type: none"> <li>• Infection control team (Torbay Hospital) 01803 655757</li> <li>• Clinical site manager (Torbay Hospital) 07825 110090</li> <li>• PHE - PHE Health Protection Team 0300 0308162 Opt 1 then Opt 2 (skip Opt 1 if OOHS)</li> </ul> <p>PLEASE READ ALL INSTRUCTIONS CAREFULLY AND FOLLOW STEP BY STEP</p>
	<p>Visiting a household where there is a person with suspected or confirmed COVID -19 and staff member will perform an aerosol generating procedure</p>
<b>Equipment</b>	<p><b>Either uniform / scrubs to be worn (dependant on availability) for Community visits. On returning to base change out of uniform/scrubs and either take home to launder if uniform or if scrubs put them in double acetate red bags and put into a linen bag, do not fill more than three quarters full.</b></p> <p>In exceptional circumstances when a visit to a suspected or known positive COVID patient cannot be left to the end of a shift due to the care being time specific, then the staff member will need to change into scrubs for this specific visit and <b>must</b> then return to their base/home and after removing their scrubs <b>must</b> shower before putting on a clean uniform and continuing with their other visits.</p> <p><b>Each base will need to arrange a suitable room for changing and storing linen waiting to be collected. Shower facilities are available in some areas of the Trust see appendix 3. In the exceptional need to visit a covid patient before a non covid patient the staff member must shower inbetween contacts.</b></p> <p>Ensure you have supplies of the PPE you require (check you have the right size)</p> <ul style="list-style-type: none"> <li>• FFP3 mask (that you have been mask fit trained with)</li> <li>• Goggles or face shield (eye glasses are not appropriate protection)</li> <li>• Long sleeve gown</li> <li>• Clinell hand wash wipes or alcohol hand gel</li> </ul>

	<ul style="list-style-type: none"> <li>• Disposable pairs of gloves</li> <li>• This instruction sheet</li> <li>• Clorox wipes</li> <li>• The household's waste bags if patient consents to maintain the waste in their house (this is the preferred option) or 2 yellow waste bags (double bagging) and red tags to tie waste bags and a rigid container (e.g. large sharps bin) if you are needing to transport the waste back to your base.</li> </ul>
<p><b>Donning &amp; Doffing of PPE</b></p>	<ol style="list-style-type: none"> <li>1. It is envisaged the team will work in pairs- one will don PPE and provide the care - the other will remain by the door to provide support with donning but then withdraw outside.</li> <li>2. Telephone to book a time to visit - check the parking arrangements outside and close to the property. Check lone worker arrangements             <ul style="list-style-type: none"> <li>• Ask patient if they can have a well family/friend to open the door and then go into a separate room so that the staff can don PPE in the entrance</li> <li>• If the patient is alone, ask them to open the door and move into a separate room so that staff can don PPE inside the front door</li> </ul> </li> <li>3. As per phone instructions to the patient, ask whoever opens the door to move to another room before you enter the property and remain there until you have full PPE on (no time delay is required from the person exiting the front door area and you entering).</li> </ol> <p><b>Put on your PPE as follows:</b></p> <ol style="list-style-type: none"> <li>4. Perform hand hygiene with alcohol hand gel or hand wipes before putting on PPE.</li> </ol> <div data-bbox="505 1289 743 1507" data-label="Image"> </div> <ol style="list-style-type: none"> <li>5. Once inside, don PPE in the following order – first pair of gloves, long sleeve gown, FFP3 mask &amp; fit check, goggles or face shield and outer gloves. Leave waste bag hand hygiene <u>outside</u> the door.</li> <li>6. Put on one pair of gloves.</li> <li>7. Long sleeved gown: Fully cover torso from neck to below the knees, arms to end of wrists &amp; wrap around the back. Fasten in back of neck and waist.</li> </ol>



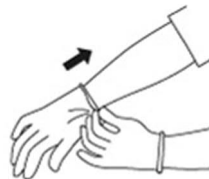
8. Put on FFP3 mask as per training.



9. Put on eye protection.



10. Put on another pair of gloves over the cuffs of the gown and pull up as high as they will go up the arm.



11. Post intervention and before leaving the house, remove PPE by the exit.

**PPE must be removed in an order that minimises the potential for cross contamination (see below). Hands must be decontaminated with alcohol hand gel between each PPE item removed**

Request that the patient and family stay in a separate room whilst you remove your PPE. Place all waste in any plastic bag if being left at the property or yellow waste bag if you need to transport the waste as you remove it.

12. Buddy undoes ties at back of gown.

13. Peel off outer gloves and dispose in waste bag. If wearing 2 pairs of gloves the pair underneath need to be gelled after removing the top pair.



14. Remove gown by using a peeling motion, fold gown in on itself and place in waste bag.



15. As you remove gown, remove the inner gloves.

16. **Perform hand hygiene** use hand wipes and alcohol gel.

17. Remove goggles: use both hands to handle the arms by pulling away from face and place in waste bag



18. Perform hand hygiene with alcohol hand gel or hand wipes.



19. Remove face mask from behind and dispose in waste bag.



20. Afterwards perform hand hygiene with alcohol gel and put on a clean pair of gloves.

21. Ensure all waste is in the waste bag (includes all PPE, and packaging) & secure with a cable tie.

22. If leaving waste at the property, with gloves on wipe down outside of bag and then place in a second bag and secure with a second tie. Dispose as below.

23. If transporting waste back to your base, with gloves on wipe down outside of bag and then place in rigid container (e.g. sharps bin) and seal after all items have been put in. Dispose as below.

**24. Waste collection and disposal.**

- a) Waste generated from possible and confirmed cases of COVID19 patients in their own home can be put into normal household waste bags. Tie the waste bag and wipe it over with a Chlorox wipe (or equivalent 5000ppm of sodium hypochlorite wipe) and place into another waste bag. The waste bags need to be stored for 72hrs (safely away from children) and with the householders' consent, the waste bags can then be put into the main household waste bin. If the household waste collection date is more than 72 hours away you can put it straight into their bin.
- b) Where households share a communal waste area (i.e. flats or sheltered housing) the waste must be stored for at least 72 hours before being placed in the communal waste area.
- c) If the patient does not give consent for the waste to be stored on the property for 72hrs then the please take waste (in the sealed and wiped sharps bin) to the boot of the car. Apply waste label to outside of waste sharps bin and transport back to be left in the Category B waste bin marked 'Rigid containers' outside of ED.

**For Torbay Waste:** PPE needs to be double bagged but can go into the normal waste

25. Collection dates can be checked here

<https://www.torbay.gov.uk/recycling/bin-collections/> (last accessed 03 March 2021)

OR

**For Teignbridge Waste:** Teignbridge council ask that the waste is left for 72 hrs before being placed in a black bag and placed in normal waste.

<https://www.teignbridge.gov.uk/recycling-and-waste/bin-collections/when-are-my-bins-and-boxes-collected/> (last accessed 03 March 2021)



### Appendix 3 - Showering facilities for Community based Staff

Although shower facilities is not deemed an essential within current PPE guidance it is recommended that staff visiting COVID +ve or suspect shower at the end of their shift before changing into their own clothes and returning home.

Below are available shower facilities across Torbay and South Devon

Site	Showering facilities available	Comments
<b>Hospitals</b>		
Brixham Hospital	1 in old hospital	As patient cohort increases this may not be sufficient
Dawlish Hospital	Male and female showering facilities	
Totnes Hospital	4 showers on top floor used by ward staff 1 ground floor used by community team	
Newton Abbot Hospital		To remain a Green site; facilities not useable by community staff
<b>Community bases</b>		
Kings Ash House	1 shower in a disabled toilet	
Union House	1 shower	
St Edmunds	1 shower within the Carers suite	
Teignmouth HWBC	1 shower currently identified for use by the Covid Hot GP clinic 1 shower currently for theatre staff use only	
Albany Clinic	Currently using Kingskerswell Surgery, however this involves travel from Albany Clinic	If GP hot clinic in Cricketfield surgery? option for shower block
Ashburton HWBC	1 shower currently used by community nurses & stroke team	

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#### Appendix 4 - List of patients who required shielding/vulnerable

- Solid organ transplant recipients
- People with specific cancers
- People with cancer who are undergoing active chemotherapy
- People with lung cancer who are undergoing radical radiotherapy
- People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
- People having immunotherapy or other continuing antibody treatments for cancer
- People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
- People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD
- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell)
- People on immunosuppression therapies sufficient to significantly increase risk of infection
- Women who are pregnant with significant heart disease, congenital or acquired

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## Appendix 5 - Aerosol Generating Procedures

- Intubation, extubation and the insertion and removal of LMAs and related procedures e.g. manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract)
- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Bronchoscopy and upper ENT airway procedures that involve suctioning
- Upper Gastro-intestinal Endoscopy where there is open suctioning of the upper respiratory tract
- Surgery and post mortem procedures involving high-speed devices
- Some dental procedures (e.g. high-speed drilling)
- Non-invasive ventilation (NIV) e.g. Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP)
- High Frequency Oscillatory Ventilation (HFOV)
- Induction of sputum
- High flow nasal oxygen (HFNO)

### **Procedures that may generate an aerosol from material other than patient secretions and that are not considered to represent a significant infectious risk**

- Administration of pressurised humidified oxygen;
- Administration of medication via nebulisation. Note: During nebulisation, the aerosol derives from a non-patient source (the fluid in the nebuliser chamber) and does not carry patient-derived viral particles. If a particle in the aerosol coalesces with a contaminated mucous membrane, it will cease to be airborne and therefore will not be part of an aerosol. Staff should use appropriate hand hygiene when helping patients to remove nebulisers and oxygen masks.
- Removal of plaster casts



Public Health  
England



## Frequently Asked Questions on wearing Personal Protective Equipment (PPE)

### What is PPE?

Personal Protective Equipment is what we use at work to protect ourselves (all health care workers) and our patients from coronavirus. The amount of PPE you need will depend upon where you work.

### Why do we have a new guide on PPE?

We are learning more about coronavirus every day. The new guide has been produced by experts from many different areas and takes into account this new knowledge.

### Does the WHO (World Health Organisation) support his guide?

The WHO has confirmed that the UK's guidance is consistent with the highest levels of protection in the world.

### Does all face-to-face patient contact put me at risk of catching coronavirus and should I wear PPE all the time?

Looking after patients means that we often have to get closer than 2 metres. What PPE you need to wear will depend upon where you work. We take your safety very seriously and you will be given clear instructions on what to wear in each area.



### What is an aerosol generating procedure (AGP)?

An AGP results in tiny droplets of fluid that become suspended in the air and may contain coronavirus which could then be breathed in. If you are working in an area where AGPs are performed, you will be given the right PPE to protect yourself and training to make sure you use it correctly.

### If I am on a COVID-19 ward but am not in direct contact with patients, do I need to wear PPE?

Yes, if you are on a COVID-19 ward more than 2 metres from a patient then you should wear a face mask and assess the need for eye protection.

If you are within 2 metres of a patient on a COVID-19 ward, you should use disposable gloves, a disposable apron and fluid-resistant surgical mask, with eye protection. If an AGP is to be performed you will need more protection and these procedures will not be performed until all staff in the area are safe. You will need to wear gloves, gown, an FFP3 mask (or FFP2) and eye protection.

### Can the virus land and stay on my hair? Do I need to wear a cap to cover my hair as well as recommended PPE?

The virus does not land and stay on hair for any length of time. Surgical hats or other headwear is not required for clinical staff apart from areas where they are normally worn such as operating theatres.

**What should I do with my shoes?**

You should wear the right shoes for the area where you work and your trust will have a dress code you should follow.

**Should I shower when I get home?**

There is no requirement to routinely shower after you finish work. However, do ensure you follow recommended hand hygiene measures at work, when you are out and about, and when you are at home.

**Should I remove my uniform or workwear before going home?**

It is best practice to change into your uniform when you arrive at work and out of it before you leave. You shouldn't wear your uniform when travelling. If you wear your own clothes, then you should change when you get home.

This does not apply to community health workers who are required to travel between patients in the same uniform.

Wash uniforms and clothing worn at work at the hottest temperature suitable for the fabric. A wash for 10 minutes at 60°C removes almost all micro-organisms. Washing with detergent at lower temperatures – down to 30°C – eliminates MRSA and most other micro-organisms, including coronaviruses.

**Should clinicians wear scrubs in all clinical areas with patient contact?**

There is no requirement to wear scrubs, but you will be given local guidance on this. Organisations may consider the use of theatre scrubs for staff who do not usually wear a uniform but who are likely to come into close contact with patients e.g. medical staff.

**Should staff assisting with AGPs wear PPE as well as staff carrying out the AGP?**

Yes. AGPs should only be performed when all staff in the area are safe and wearing the correct PPE.

**In an emergency do I need to put on PPE if it costs valuable time?**

If you are working in an area where emergency care is given, your department will ensure that you are wearing the right PPE. Sudden procedures, such as chest compressions for cardiac arrest can be started without PPE. However, if an emergency AGP is needed, this will be delayed until staff in the area are safely protected in the appropriate PPE.

**What is the difference between standard surgical mask and FFP2/3?**

A standard surgical mask will protect you and your patient from virus that may be present in spittle. You will be clearly told where and when you should wear this mask and also when patients should wear one.

A FFP mask has a filter that removes particles and must be used in certain areas where there is a risk of particles in the air carrying coronavirus usually where an AGP is taking place. The areas and times when these masks are needed will be made clear by your trust.

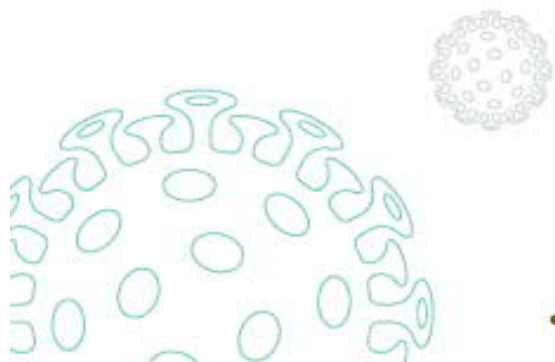
You should make sure your FFP mask fits properly. If you have any doubts, ask!

**Can you re-use PPE?**

You should change gloves and aprons between each patient and wash your hands. However, you can wear gowns, respirators and eye protection for an entire session (eg ward round or GP session), depending on the area where you work. This will be made clear to you by your organisation.

**Some of the PPE I have is out of date, is it safe?**

Yes, these have a much longer shelf-life than the date marked and all PPE has passed stringent tests. Any supply that is not up to standard is destroyed.



## Document Control Information

*This is a controlled document and should not be altered in any way without the express permission of the author or their representative.*

*Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.*

*If printed, this document is only valid for the day of printing.*

*This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.*

<b>Ref No:</b>	2704		
<b>Document title:</b>	Personal Protective Equipment (PPE) Guidance – Care at Home		
<b>Purpose of document:</b>	Standard Operating Procedure – COVID-19		
<b>Date of issue:</b>	05 March 2021	<b>Next review date:</b>	05 March 2024
<b>Version:</b>	1	<b>Last review date:</b>	
<b>Author:</b>	Associate Director Nursing & Professional Practice		
<b>Directorate:</b>	Trustwide		
<b>Equality Impact:</b>	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
<b>Committee(s) approving the document:</b>	Gold Command Team – COVID-19		
<b>Date approved:</b>	26 February 2021		
<b>Links or overlaps with other policies:</b>			

<b>Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.</b>	Yes <input type="checkbox"/>	
	Please select Yes      No	
<b>Does this document have implications regarding the Care Act?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have training implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have financial implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is this document a direct replacement for another?</b>	<input type="checkbox"/>	<input type="checkbox"/>

<i>If yes please state which documents are being replaced:</i>		

### Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
05 March 2021	1	New	Gold Command Team – COVID-19

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## The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on ICON.

<https://icon.torbayandsouthdevon.nhs.uk/areas/mental-capacity-act/Pages/default.aspx>

## Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.



**Rapid (E)quality Impact Assessment (EqIA)** *(for use when writing policies)*

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users	<input type="checkbox"/>	Staff	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
Could the policy treat people from protected groups less favourably than the general population? <b>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</b>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
<b>VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion</b>			
Is inclusive language <sup>5</sup> used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible <sup>6</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>EXTERNAL FACTORS</b>			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users	<input type="checkbox"/>	Trade Unions	<input type="checkbox"/>
Protected Groups (including Trust Equality Groups)		<input type="checkbox"/>	
Staff	<input type="checkbox"/>	General Public	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <b>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>ACTION PLAN: Please list all actions identified to address any impacts</b>			
Action	Person responsible	Completion date	
<b>AUTHORISATION:</b>			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

**Please contact the Equalities team for guidance:**

For Devon CCG, please email [d-ccg.equalityanddiversity@nhs.net](mailto:d-ccg.equalityanddiversity@nhs.net) & [d-ccg.QEIA@nhs.net](mailto:d-ccg.QEIA@nhs.net)

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pfd.sdhct@nhs.net](mailto:pfd.sdhct@nhs.net)

**This form should be published with the policy and a signed copy sent to your relevant organisation**

Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

<sup>2</sup> Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

<sup>3</sup> Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

<sup>4</sup> Consider how someone will be aware of (or access) a service if socially or geographically isolated

<sup>5</sup> Language must be relevant and appropriate, for example referring to partners, not husbands or wives

<sup>6</sup> Consider both physical access to services and how information/ communication is available in an accessible format

<sup>7</sup> Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

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## Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes  No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on [dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net),
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.