

Date: 9 April 2020



## **Our approach to Safe Working Practices and Personal Protective Equipment (PPE)**

As this is a new disease, it is important that guidance on how to best protect the public and frontline staff comes from experts in the field, and those who know how best to control the spread of infections. This means that we must follow the expert guidance; this guidance is not fixed but develops as public health experts gain a better understanding of the disease.

The latest version of the Infection Control/PPE Guidance from 7 April 2020 can be found here

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

In a social care working situation it cannot realistically be guaranteed that you will be able to maintain a two metre distance between yourself and a service user.

If you are providing an enablement service and you can provide the support required from 2 metres, for example if you are providing prompts and guidance, then you should do so. Where a service user requires hands on care and support, the Guidance in the link above applies.

I am informed that this guidance has been cascaded to all staff and that the risk assessment for ERT was updated to reflect this.

The updated recommended PPE for community care in an individual's own home is in the Guidance in section 8.10.

## **Sharing information on confirmed and suspected COVID cases**

We now have a sharing of information protocol in place to share suspected or known positive cases between ERT, District Nursing Teams and independent providers and there is a system to log this onto CareFirst.

This information is now relayed to response by control room operators, and can be accessed by Senior SCOs in the ERT teams, so that staff can prepare appropriately for scheduled visits.

Community Alarm control operators are also asking the screening questions for each call, where this is possible, to try to determine any risk prior to passing the call to ERT SCOs responding.

### **Risk assessment and Screening questions**

In order to minimise risk we have issued guidance to all workers that on arriving at a service user's home a number of screening questions must be asked. If a service user is unable to provide the information, then staff should treat the situation as a suspected case and use PPE as recommended in the Guidance.

The Scottish Government, with COSLA and the SJC Unions have agreed today, 09-04-20, that the Guidance published on 2 April 2020 (updated on 7 April) is the official and fully comprehensive Guidance on the matter of the use of PPE in the context of COVID19.

That Guidance makes it clear that social and home care workers can wear a fluid resistant face mask along with other appropriate PPE where the person they are visiting or otherwise attending to is neither confirmed nor suspected of having COVID19, if they consider doing so necessary to their own and the individual's safety (see section 7).

The guidance had input from Royal Colleges and is endorsed by expert scientific groups, as well as the Chief Medical Officers and Chief Nursing Officers in the UK.

The Scottish Government has also given assurances that it will take all possible steps to ensure that all appropriate supplies will be made available to the workforce.

### **PPE and hand hygiene**

The most important way to reduce the spread of COVID is to wash your hands.

Staff should wash and/or hand sanitise their hands before and following any contact, and regularly throughout the day.

If the service user, or anyone else in the household, is displaying any symptoms or has been diagnosed as a positive case of COVID-19, then (PPE of single use gloves/single use apron/single use fluid resistant mask) should be used (see PPE Guidance).

The SCO should assess whether eye protection should be worn (see PPE Guidance).

The disposable aprons and gloves provided to all staff working within Angus Health and Social Care Partnership are recommended and approved PPE.

If a staff member's uniform is soiled we recommend that this is changed.

The recommendation in the Guidance is that staff uniforms should be transported home in a disposable bag and should be laundered daily, separated from the other household linen, in a load making up not more than half the machine capacity and at the maximum temperature the fabric can tolerate, then ironed or tumble dried. The uniforms are short sleeved and the hand hygiene guidance has been extended to include exposed arms.

As per infection control guidelines, hair should be worn short or tied up; there is no specific extended guidance in relation to hair within the COVID-19 national guidelines.

We have a robust stock control and ordering and distribution system in place with one point of contact to co-ordinate PPE in place.

### **Summary of PPE Guidance**

- When caring for people with suspected or confirmed COVID

Staff should wear a disposable apron, gloves, fluid resistant surgical mask and eye/face protection when dealing with suspected or confirmed COVID-19.

- When caring for people who are very vulnerable (defined in the Guidance as the shielded patients) but are not suspected or confirmed COVID

Staff should wear a disposable apron, gloves and a surgical mask that does not need to be fluid resistant. No eye protection is required. This is set out in table 2 in the Guidance.

- For people undergoing high aerosol generating procedures (e.g. ventilated patients, CPAP)

Staff should wear fluid repellent gown, gloves, eye protection, face fitted (FPP3) mask.

Note: Wearing this PPE will be under the direction of suitably qualified NHS staff member.

- For all other people

Staff should assess the risk of any anticipated/likely risk of contamination with splashes, droplets or blood or body fluids to determine if there is a requirement for wearing a mask/eye protection. This is set out in table 4.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/877599/T2\\_Recommended\\_PPE\\_for\\_primary\\_outpatient\\_and\\_community\\_care\\_by\\_setting\\_poster.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877599/T2_Recommended_PPE_for_primary_outpatient_and_community_care_by_setting_poster.pdf)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/877603/T4\\_Additional\\_considerations\\_of\\_COVID-19\\_poster.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877603/T4_Additional_considerations_of_COVID-19_poster.pdf)

### **PPE compliance and supply.**

I do appreciate that the Guidance does not always appear to be being consistently applied in all services. To address this, Karen Fletcher, Lead Nurse, is part of a working group that will produce a risk template so a consistent approach can be taken across Tayside. The first meeting was Wednesday 8 April and we would hope to have a draft ready this week or early next week.

There is a tendency for people to think that the most effective PPE is the highest grade of barrier/filtering. This is not necessarily the case. Items such as FFP3 face masks and fluid repellent gowns are not normally required in community settings and require correct fitting to be effective. They are also uncomfortable to wear, and their use needs to be restricted to where they are assessed as needed.

We will continue to provide a continuous supply of the recommended PPE. We are currently working to source and supply face protection as a matter of urgency, bearing in mind that a full face visor is only required if there is an aerosol generating piece of equipment in the service user's home. Where a service user who has aerosol generating procedures displays symptoms of CV19, staff would require a gown and FFP3 mask.

All cars and community alarm vans, from last week, have kit provided to ensure staff have access to the appropriate equipment as it is needed. There is also guidance for staff re putting on and removing PPE in a folder in each office base, and the video link to this is on each staff member's phone via CM2000.

We will update our advice if (as is likely) the Guidance changes over time as knowledge of the virus develops.

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