

PRIORITIES FOR PERSONAL PROTECTIVE EQUIPMENT (PPE) STOCK

ALLOCATION FOR BARNET

Priority 1: Staff who will be performing aerosol generating procedures on a confirmed case (by testing) or a possible case (with Covid-19 symptoms) in all settings.

PPE should include (as per Appendix I) disposable gloves, disposable fluid-repellent gown, Filtering Face Piece Respirator (FFP3 mask) and goggles/eyes and face protector – all single use.

Symptoms of possible* Covid-19 include:

- Requiring admission to hospital (a hospital practitioner has decided that admission to hospital is required with an expectation that the patient will need to stay at least one night)
 - and**
 - have either clinical or radiological evidence of pneumonia
 - or**
 - acute respiratory distress syndrome
 - or**
- influenza like illness (fever $\geq 37.8^{\circ}\text{C}$ and at least one of the following respiratory symptoms, which must be of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing

***PHE definition of a possible case**

Priority 2: Staff who will have close, direct and personal contact (e.g. bathing, washing and staying within 2m of infected person) with a confirmed or suspected case of Covid-19 in care homes*, or someone who is self-isolating, should wear PPE up to 14-day period from the start of symptoms or positive test (see <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes>).

PPE should include (As per Appendix I) disposable gloves and plastic apron for single use, fluid-resistant surgical mask for sessional use and face/eye protection for sessional use, if at risk of splashing.

Care homes who have 2 or more confirmed or possible cases of COVID-19 (either residents or staff), can consider wider use of PPE for all staff in personal and direct contact with all residents of care homes. It is important however to ensure staff as well as residents are cohorted, as per these guidelines. <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes>.

*Although people are infectious up to 7 days from first onset of symptoms, care homes residents are more vulnerable and their immune system may have been weaker. Therefore 14-day isolation and adequate PPE is recommended.)

OR

Staff who will have close, direct and personal contact with a confirmed or suspected case of Covid-19 in any other setting (apart from care homes) up to 7-day period from the start of symptoms or a positive test.

OR

If another household member has symptoms or confirmed Covid-19, and the individual being cared for and their worker cannot remain at a safe protected distance (2 metres) from that symptomatic member of the household.

Priority 3: Direct/personal care or visit to any individuals in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding. This is irrespective of COVID-19 infection.

PPE should include disposable gloves, disposable plastic apron and surgical mask – all single use.

ALL OTHER STAFF that do not come under P1, P2 or P3 categories, will need to practice stringent social distancing and regular hygiene measures. It is recommended to assess their risk of exposure to COVID-19 individually and before visits, however wider use of PPE in communities where there is no sustained transmission of COVID-19, is not recommended, at present.

PLEASE CONTACT covid19@barnet.gov.uk to obtain PPE stock or hand sanitisers for your service.

Appendix I – Recommended Personal Protective Equipment for community settings, 4th April 2020



Recommended PPE for primary, outpatient and community care by setting, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection ¹
Any setting	Performing an aerosol generating procedure ² on a possible or confirmed case ³	✓ single use ⁴	✗	✓ single use ⁴	✗	✗	✓ single use ⁴	✓ single use ⁴
Primary care, ambulatory care, and other non emergency outpatient and other clinical settings e.g. optometry, dental, maternity, mental health	Direct patient care – possible or confirmed case(s) ³ (within 2 metres)	✓ single use ⁴	✓ single use ⁴	✗	✗	✓ single or sessional use ^{4,5}	✗	✓ single or sessional use ^{4,5}
	Working in reception/communal area with possible or confirmed case(s) ³ and unable to maintain 2 metre social distance ⁶	✗	✗	✗	✗	✓ sessional use ⁵	✗	✗
Individuals own home (current place of residence)	Direct care to any member of the household where any member of the household is a possible or confirmed case ^{3,7}	✓ single use ⁴	✓ single use ⁴	✗	✗	✓ single or sessional use ^{4,5}	✗	✓ risk assess single or sessional use ^{4,5,8}
	Direct care or visit to any individuals in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding ⁹	✓ single use ⁴	✓ single use ⁴	✗	✓ single use ⁴	✗	✗	✗
	Home birth where any member of the household is a possible or confirmed case ^{3,7}	✓ single use ⁴	✓ single use ⁴	✓ single use ⁴	✗	✓ single or sessional use ^{4,5}	✗	✓ single or sessional use ^{4,5}
Community-care home, mental health inpatients and other overnight care facilities e.g. learning disability, hospices, prison healthcare	Facility with possible or confirmed case(s) ³ – and direct resident care (within 2 metres)	✓ single use ⁴	✓ single use ⁴	✗	✗	✓ sessional use ⁵	✗	risk assess sessional use ^{4,5}
Any setting	Collection of nasopharyngeal swab(s)	✓ single use ⁴	✓ single or sessional use ^{4,5}	✗	✗	✓ single or sessional use ^{4,5}	✗	✓ single or sessional use ^{4,5}

Table 2

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1. This may be single or reusable face/eye protection/full face visor or goggles.
 2. The full list of aerosol generating procedures (AGPs) is within the IPC guidance [note APGs are undergoing a further review at present].
 3. A case is any individual meeting case definition for a possible or confirmed case: <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-w-n-cov-infection>
 4. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
 5. A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round, providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment.
 6. Sessional use should always be risk assessed and considered where there are high rates of hospital cases. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
 7. Non clinical staff should maintain 2m social distancing, through marking out a controlled distance, sessional use should always be risk assessed and considered where there are high rates of community cases.
 8. Initial risk assessment should take place by phone prior to entering the premises or at 2 metres social distance on entering, where the health or social care worker assesses that an individual is symptomatic with suspected/confirmed cases appropriate PPE should be put on prior to providing care.
 9. Risk assessed use refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets or blood or body fluids.
 10. For explanation of shielding and definition of extremely vulnerable groups see guidance: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>





Public Health
England



COVID-19 Safe ways of working

A visual guide to safe PPE

General contact with confirmed or possible COVID-19 cases

- Eye protection to be worn on risk assessment
- Fluid resistant surgical mask
- Disposable apron
- Gloves

Aerosol Generating Procedures or High Risk Areas

- Eye protection eye shield, goggles or visor
- Filtering facepiece respirator
- Long sleeved fluid repellent gown
- Gloves

Clean your hands before and after patient contact and after removing some or all of your PPE

Clean all the equipment that you are using according to local policies

Use the appropriate PPE for the situation you are working in (General / AGPs or High Risk Areas)

Take off your PPE safely

Take breaks and hydrate yourself regularly

For more information on infection prevention and control of COVID-19 please visit:
www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

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References:

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

<https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes>.

Barnet Public Health Team, 6th April 2020