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Guidance on the use of Personal Protective Equipment (PPE) in Disability Services

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Please be aware that within the changing nature of the epidemic clinical guidance regarding management may change quite quickly. Keep updated and please refer to the following websites regularly for updates:
www.hse.ie/coronavirus and www.hpsc.ie

All HSE Guidance and Resources for Disability Services are available on

https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/

Actions for Healthcare Workers

Implement Standard Precautions for infection prevention and control with all people whom you support at all times

- Hand hygiene
- Respiratory hygiene and cough etiquette
- Environmental hygiene

Promote respiratory hygiene and cough etiquette

- which involves covering mouth and nose with a tissue when coughing and sneezing or coughing into the crook of an elbow
- discarding used tissue into a waste bin
- cleaning hands

Maintain a physical distance of at least 1 metre (3 feet) but ideally 2 metres from individuals with respiratory symptoms (where possible)

Avoid touching your face

Clean your hands regularly as per WHO 5 moments

Cleaning and disinfection also very important

Use Contact and Droplet Precautions (use of PPE) in addition to Standard Precautions when working within 1 metre of person who is confirmed/suspected COVID-19. PPE Use:

- Mask
- Gloves
- Eye protection (if risk of contamination to eyes from splashing of blood, body fluids, excretions or secretions including respiratory secretions)
- Plastic disposable Apron (if risk of blood or body fluid splashing on HCW's clothes)

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1.0 Ways of transmitting COVID-19

This virus is spread by large respiratory particles of liquid referred to as droplets. These large droplet particles tend to fall to adjacent surfaces relatively quickly (floor, table top) and do not travel long distances. Spread of infection by droplet borne viruses requires that either the person is within 1m of the person who is COVID-19 positive so the droplets impact directly on exposed mucosa or that virus is introduced into the respiratory tract following contamination of the hands with virus from droplets that has impacted on surfaces. The most critical element in preventing transmission of respiratory viruses such as COVID-19 is **consistent adherence to standard (and contact and droplet when working within at least 1 metre of a suspected or COVID-19 positive service user) precautions**.

2.0 Standard Precautions

2.1 Hand hygiene

Standard precautions include hand hygiene before and after **every** episode of service user contact (WHO 5 moments https://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/). Clean your hands using an alcohol hand gel or soap and water and dry with a disposable paper towel when you arrive at each house/room and before you leave each house/room and after any contact with the services user as per WHO 5 moments in Hand Hygiene. Hand hygiene refers to any action of hand cleansing, such as hand washing with soap and water or hand rubbing with an alcohol based hand rub. Alcohol based hand rubs are the gold standard for hand hygiene practice in healthcare settings when hands are not visibly soiled. However, if hands are visibly soiled or have had direct contact with body fluids they should be washed with liquid soap for at least 20 seconds and running water then dried thoroughly with disposable paper towel.

2.2 Respiratory Hygiene and Cough Etiquette

Cough and sneeze etiquette relates to precautions taken to reduce the spread of virus via droplets produced during coughing and sneezing. Service users, staff and visitors should be encouraged to practice good cough and sneeze etiquette, which includes coughing or sneezing into the elbow or a tissue, and disposing of the tissue, then cleansing the hands.

2.3 Environmental Hygiene, Cleaning & Disinfection

Regular, scheduled cleaning of **all** service user care areas is essential during an outbreak. Frequently touched surfaces are those closest to the service user should be cleaned more often. During a suspected or confirmed COVID-19 outbreak, an increase in the frequency of cleaning the facility to twice daily with a detergent followed by disinfection clean is recommended using:

- A combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine (av.cl.) or
- A general purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1,000 ppm av.cl

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NOTE: In addition to Standard Precautions, Contact and Droplet precautions are required when working **within at least 1 metre** of a suspected (symptomatic or asymptomatic) or confirmed positive COVI-19 person - **this requires the use of PPE including the use of a gloves, apron (or disposable long sleeved gown for high contact activities) and a surgical mask.**

3.0 Setting in which support is provided for a person with a disability (*e.g., the person's own home, community or group home, or residential care facility*)

3.1 Organisational assessment and planning for accessing PPE

The requirements for the type of PPE that you need to use are the same, regardless of the community setting in which you are supporting people with a disability.

As part of their contingency planning for COVID-19, organisations should proactively conduct risk assessments with staff around assessment and planning for the amount of PPE it may need and ensure that there is a robust process for ordering, distribution**,** storing, etc. and a process for accessing emergency supplies, if required. Those in a management/governance position in the organisation, in consultation with staff should be planning, sourcing, and advocating through the relevant routes for sufficient stocks of PPE in line with service user and organisational needs

PPE that is intended for once off use in normal circumstances should be used as such. The measures outlined in Section 6.0 of this document are to be used only in the exceptional circumstances of a shortage of PPE where they are better than no PPE.

3.2 When is PPE required in addition to standard precautions?

During this pandemic, any person whom you support who is showing symptoms of COVID-19 (new onset of fever 38 degrees Celsius or above, new onset of symptoms of respiratory tract infection or acute deterioration of existing respiratory disease) whether or not they have been tested must be treated as a person with suspected COVID-19.

The core determinant of the type of PPE required is **whether or not you can maintain at least 1 metre distance** from the person that you are supporting **at all times.**

Where possible **maintain a distance of 1-2 metres**, whether the person with a disability is:

- not showing any signs of COVID-19
- is symptomatic but not diagnosed
- a confirmed COVID-19 diagnosis.

3.3 Desensitising people with an intellectual disability for PPE use

People with a disability may be afraid when they are approached by staff (or family members) wearing PPE, in particular, a mask and gown. The may not recognise the person as their key support worker/carer even when hearing their voice. They may not understand why they cannot see the face of the people they know best. Many organisations have developed Easy Read programmes of support to help desensitise people with disabilities and explain why the equipment is necessary. It is recommended that these programmes are done **proactively,** a couple of times per day, with people with a disability before there is a confirmed case in the service/home.

A number of these programmes of support can be found on the HSE Disability Resources website at https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/

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4.0 Contact and Droplet Precautions

Where COVID-19 is suspected or confirmed, and if you **must** breach the 1-2 metre distance (for example in order to provide hands on or intimate care) then you must use Standard Precautions **PLUS** Contact and Droplet Precautions.

PPE should be used based on the risk of exposure (type of activity) and transmission of virus (contact, droplet, or aerosol). Type of PPE use will vary. Hand hygiene should be performed before and after putting on and taking off PPE. The Health Care Worker can risk assess to select appropriate PPE following droplet and contact assessment as outlined in Table 1.

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/Interim%20Guidance%20for%20use%20of%20PPE%20%20COVID%2019%20v1.0%2017_03_20.pdf

4.1 Requirement for Personal Protective Equipment (PPE)

Personal protective equipment while important is the last line of defence. All staff should be trained in hand hygiene and the use of PPE. It is recommended that staff undertake the HSEland module on putting on and removing PPE https://www.hseland.ie/dash/Account/Login

- This guidance applies to ALL healthcare settings and where appropriate/necessary in peoples' homes or place of residence. The requirement for PPE is based on the anticipated activities that are likely to be required.
- The unnecessary use of PPE will deplete stocks and increases the risk that essential PPE will not be available for you and your colleagues when needed.

4.2 PPE Requirements per Activities to be Performed

Activities to be performed	PPE requirements
Delivery of nebulised medications via simple face mask (This is NOT considered an aerosol generating procedure as it is not supported by evidence or plausible hypothesis and not recognised by most national bodies.)	Hand Hygiene Surgical Face Mask Gloves Gown OR Plastic Apron Risk Assessment Re: Eye Protection
Service users with respiratory symptoms/suspected/confirmed COVID-19 who do not require an aerosol generating procedure but **do**	• Hand Hygiene • Disposable Single Use Nitrile Glove • Long sleeved disposable gown (where available) *

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require high contact service user care activities that provide increased risk for transfer of virus and other pathogens to the hands and clothing of healthcare workers including (but not limited to) • Close contact for physical examination / physiotherapy • Changing incontinence wear • Assisting with toileting • Device Care or Use • Wound Care • Providing personal hygiene • Bathing/showering • Transferring a service user • Care activities where splashes/sprays are anticipated	• Surgical facemask ** • Eye Protection*** *If gowns are not available, disposable aprons provide substantial protection. The value of a plastic apron is less if staff are not bare below the elbow as long sleeves are easily contaminated (CCO letter 25/03/2020) **Options may include the use of FFP2 masks in situations in which they are not strictly required or the use of any surgical mask that is fluid repellent, fully covers the nose and mouth and can be tied appropriately for ease of removal (CCO letter25/03/2020) ***Eye protection is recommended as part of standard infection control precautions when there is a risk of blood, body fluids, excretions or secretions splashing into the eyes. Individual risk assessment must be carried out before providing care. This assessment will need to include 1. Whether service users with possible COVID-19 are coughing. 2. The task you are about to perform
Service users with respiratory symptoms/suspected/confirmed COVID-19 where the **tasks being performed are unlikely to provide opportunities for the transfer of virus/other pathogens to the hands and clothing.** Low contact activities for example • Initial Clinical Assessments • Taking a respiratory swab • Recording temperature • Checking Urinary Drainage Bag • Inserting a peripheral IV cannula • Administering IV fluids • Helping to feed a service user	• Hand Hygiene • Disposable Single Use Nitrile Gloves* • Disposable Plastic Apron • Surgical facemask** • Eye Protection*** *Gloves must be changed between service users and hand hygiene must be performed before and after putting on gloves on. **Options may include the use of FFP2 masks in situations in which they are not strictly required or the use of any surgical mask that is fluid repellent, fully covers the nose and mouth and can be tied appropriately for ease of removal (CCO letter25/03/2020) ***Eye protection is required to be worn as part of standard infection control precautions

	when there is a risk of blood, body fluids, excretions or secretions splashing into the eyes. Individual risk assessment must be carried out before providing care. This assessment will need to include 1. Whether service users with possible COVID-19 are coughing. 2. The task you are about to perform
Cleaning	**PPE Requirements**
Cleaning where the person with suspected or positive COVID-19 is present	• Hand Hygiene • Disposable Plastic Apron • Surgical Facemask • Household or Disposable Single Use Nitrile Gloves

Table 1 (HPSC Preliminary COVID-19 IPC Guidance including Outbreak Control in Residential Care Facilities (RCF) and Similar Units v 1.1 30/03/2020)

4.3 Types of PPE

4.3.1 Gloves

It is essential that hands are cleaned with an alcohol hand rub or washed thoroughly before putting on and after removing gloves. If hands are soiled when putting on gloves – that is a perfect environment for the virus to thrive. Disposable single use nitrile gloves should be worn.

Disposable, single use gloves should be worn for:

- All activities that have a risk of contact with blood or body fluids
- Direct contact with broken skin for examples wound or a rash
- Direct contact with eyes, inside the nose and mouth
- For handling equipment likely to be soiled with blood or body fluids
- Cleaning surfaces or handling clothing or linen soiled with body fluids.

Household gloves may be used for cleaning activities in the home if disposable gloves are not available. These may be washed while on the gloved hands with hot water and detergent and left to dry after use.

4.3.1.1 Changing gloves

Gloves can carry the virus from one service user to another or from one part of the body to another, so gloves must be changed:

- Between different care episodes for the same service user. For example, attending to the hygiene of a service user, who has been incontinent and then needs assistance with eye care; gloves must be removed and **hand hygiene carried ou**t between these two care episodes
- Single-use disposable gloves should be discarded after each use in the service user's home and must never be worn when leaving a house and must never be re-used when caring for another service user.

Hands must be cleaned immediately before and after removing gloves.

4.3.2 Masks

This guidance **DOES NOT RECOMMEND** use of **surgical facemasks** in situations other than for contact **(within at least 1 metre)** with service users with droplet transmitted infection including suspected or confirmed COVID-19. Masks should be fluid repellent.
Masks should only be worn in the following circumstances:

- Worn by people who have respiratory symptoms of viral infection, (for example cough, sneeze, nasal discharge) or a confirmed diagnosis of COVID-19 infection
- Worn by relatives/household members or caregivers of people in close contact with those who have suspected or confirmed COVID-19 infection
- Worn by healthcare workers (HCW) who are likely to spend more than a few minutes within at least 1 m of distance of people with suspected or confirmed respiratory virus infection (including infection with COVID-19)
- Worn by HCW who due to the nature of their work and the likelihood of exposure to secretions routinely wear surgical face masks for example, dentists.

Personnel other than those outlined above do not need to wear surgical face masks.

Wearing surgical masks when they are not indicated can create a false sense of security and distract from other essential preventive measures such as hand hygiene respiratory hygiene and cough etiquette

Tips when wearing a surgical face mask

- Must cover the nose and mouth of the wearer
- Must not be allowed to dangle around the HCWs neck after or between each use
- Must not be touched once in place
- Must be changed when wet or torn
- Must be worn once and then discarded as health care risk waste (as referred to as clinical waste)
- Having removed gloves and performed hand hygiene, grasp and lift mask ties from behind the head and remove mask away from your face.
- Avoid touching the front of the mask and holding the hand ties only, discard in a waste bag (as per instructions in section 5.4).

4.3.3 Disposable Plastic Aprons

Disposable plastic aprons are recommended to protect staff uniform and clothes from contamination when providing direct service user care and when carrying out environmental and equipment decontamination. If a disposable plastic apron is the only apron type available then the staff member or carer should be bare below the elbow as long sleeves are easily contaminated.

A plastic disposable apron should be worn if there is a risk of blood or body fluids splashing onto the home care worker's clothes. Aprons are single use and should be discarded after each use in the service user's home and must never be worn when leaving a house and must never be re-used when caring for another service user.

4.3.4 Fluid resistant gowns (after risk assessment)

Fluid resistant gowns are recommended when there is a risk of extensive splashing of blood and or other body fluids where a disposable plastic apron does not provide adequate cover to protect HCWs uniform or clothing during high contact with suspected and confirmed COVI-19 persons.

If non- fluid resistant gowns are used and there is a risk of splashing with blood or other body fluids a disposable plastic apron should be worn underneath.

If long sleeved gowns are not available then it is imperative that Healthcare Workers are bare from the elbow down and that they wash arms thoroughly.

4.3.5 Eye Protection (after risk assessment)

Eye protection/Face visor should be worn when there is a risk of contamination to the eyes from splashing of blood, body fluids, excretions or secretions (including respiratory secretions). Depending on the risk assessment, the following eye protection may be worn.

- Goggles/safety spectacles
- Surgical mask with integrated visor
- Full face shield or visor

4.4 Wearing PPE on a Cohort Ward/Unit/Residence for those with COVID-19

- Surgical face masks do not need to be changed when moving between service users in a cohort area; however the mask should be changed when wet, damp, moist, damaged or soiled and removed when leaving the cohort area, for example going to break. Don't touch front of mask when removing.
- Surgical face masks should not be reused once removed e.g. when going to answer the telephone
- Eye protection where used does not need to be changed in between service users on a cohort ward but should be disposed of. In exceptional circumstances where there is short supply, goggles may be cleaned with a disinfectant wipe when leaving the cohort area.
- Gloves should be changed and hand hygiene performed between service users and changed as appropriate when completing different tasks on the same service user

Plastic aprons should be changed between service users. Gowns (where available) may be worn between service users in a cohort area, if not damaged or contaminated with blood and body fluids and should be removed before leaving the cohort area.

4.5 Putting on and removing PPE

https://www.hseland.ie/dash/Account/Login

PPE should be put on and removed in the most practical place that can be identified. This may be in a hallway or separate room. If there is no hallway or other room, PPE should be put on and removed at a distance of 1 to 2 m from the service user.

It is essential that the correct sequence and procedure is followed for putting on and removing PPE as follows:

4.5.1 Putting on PPE

1. Clean the hands.
2. Put on a disposable plastic apron or where necessary for the task a surgical gown (see guidance).
3. Put on a surgical mask, secure ties/straps to middle back of head and neck.
4. Fit flexible band to bridge of nose. Fit snug to face and below chin.
5. Put on gloves–and if wearing a gown pull gloves up over the cuffs of the gown.

4.5.2 Removing PPE:

In the service user's room

1. Prepare disposable waste bag in advance, and have a second bag ready for double-bagging as described below.
2. Remove gloves (avoid touching outside of gloves and dispose in waste bag).
3. Clean the hands.
4. Remove apron (or gown in required) by pulling from the back and avoid touching the front and dispose in waste bag.

Directly outside the service user's room

1. Grasp and lift mask ties from behind the head and remove mask away from your face.
2. Avoid touching the front of the mask and holding the ties only, discard in a waste bag.
3. It is essential that used personal protective equipment is discarded into a disposable waste bag. This waste bag should be placed into a second waste bag, tied securely and kept separate from other waste within the home. It should be left for 72 hours before it is left out for removal.
4. Clean the hands.

4.6 Disposal of used PPE and waste

- Discard waste including tissues, disposable cleaning cloths, into a healthcare risk waste bag if one is available.
- Remove the disposable PPE and discard in a healthcare risk waste bag if one is available.

If a healthcare risk bag (yellow) is not available:

- Put all personal waste including used tissues and all cleaning waste in a plastic rubbish bag.
- Tie the bag when it is almost full and then place it into a second bin bag and tie.
- Once the bag has been tied securely leave it somewhere safe. The bags should be left for three days (72 hours) before collection by your waste company.
- Other household waste can be disposed of as normal without any time delay.

4.7 Extended use of PPE

If there are a number of COVID-19 patients to be seen in sequence try to identify one person who can perform the essential tasks in the service user room space. If that person dons gown, mask, eye protection (if required) and gloves they must change gloves and perform hand hygiene between patients but otherwise may wear the same set of PPE (i.e. mask and eye protection) as they move directly from one COVID-19 patient to another unless the PPE is contaminated with blood and body fluids or damaged.

This practice does not reduce protection for the healthcare worker and in the context of a sequence of COVID-19 cases is unlikely to represent a significant risk to the patients. If a plastic apron is worn over the gown and is changed after each patient this reduces the potential for carry-over of non-COVID-19 related infectious organisms from patient to patient (CCO Letter 25th March 2020).

IMPORTANT NOTE - Clothes worn (uniform or otherwise) **during a shift must be changed** before the staff member exits the workplace to avoid cross contamination in the community. These clothes must then be washed using hot water (>65 degrees for at least 10 minutes) and standard laundry detergent and dried in a dryer on as hot a setting as the fabric allows (see Management of Linen).

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5.0 Cleaning AND Disinfection

5.1 Principles of cleaning and disinfection

Cleaning and Disinfection is recommended during COVID-19 case and outbreak. There is a heightened standard of cleaning (beyond routine) during a pandemic even if there is not an outbreak or confirmed case on site. The emphasis for this cleaning is on regularly touched surfaces. Either a 2-step clean (using detergent first, then disinfectant) or 2-in-1 step clean (using a combined detergent/disinfectant) is required. Regular household cleaning products should be used first for cleaning, and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite (bleach) should be applied.

The following principles should be adhered to:

- Service User's room/zone should be cleaned daily
- Frequently touched surfaces should be cleaned more frequently. These include:
  - Bedrails, bedside tables, light switches, remote controllers, commodes, doorknobs,
  - Sinks, surfaces and equipment close to the service user e.g. walking frames, sticks
  - Handrails and table tops in facility communal areas, and nurse's station counter tops

Persons assigned to clean should:

- Observe standards, contact and droplet precautions
- Adhere to the cleaning product manufacturer's recommended dilution instructions and contact time as per manufacturer's instructions
- Wear gloves (disposable single, nitrile or household gloves) and a disposable apron.
- Physically clean all surfaces in the environment and furniture with particular emphasis on close contact surfaces (e.g. door handles, bed rails) using a household detergent solution followed by a disinfectant or combined household detergent and disinfectant for example one that contains a hypochlorite (bleach solution).
- No special cleaning of walls or floors is required

NOTE - The room should be thoroughly cleaned when the ill service user is moved or discharged. Increased cleaning to twice daily should occur when the facility has suspected or confirmed COVID-19.

5.1 Care of Equipment

Equipment and items in the suspected or COVID-19 positive person's areas should be kept to a minimum. Ideally, reusable care equipment should be dedicated for the use of an individual service user. If it must be shared, it must be cleaned and disinfected between each service user use in line with manufacturer's instructions.

5.3 Management of Linen

- Avoid shaking any clothing to reduce the possibility of spreading virus through the air.
- Linen should be washed using hot water (>65 degrees for 10 minutes) and standard laundry detergent.
- Linen should be dried in a dryer on a hot setting. There is no need to separate the linen for use by ill service users from that of other service users.
- Appropriate PPE (as described below under Contact and Droplet Precautions) should be used when handling soiled linen.
- Unbagged linen should not be carried out of the service user's room.
- Place all laundry in a water soluble bag and then place in an outer laundry bag clearly identified with labels, colour-coding or other methods. All laundry bags should be secured until removed by the laundry services where applicable, or laundry should be washed as described above in the person's home.

5.4 Crockery and cutlery

These should be washed in a hot dishwasher or if not available, by hand using hot water and detergent, rinsed in hot water and dried. There is no need to separate the crockery and cutlery for use by ill service users from that of other service users.

Eating and drinking utensils should be cleaned in a dishwasher or with hot water and washing up liquid after use. These can be dried and reused.

5.5 Signage

The home or care facility should place signs at the entrances and other strategic locations within the facility to inform visitors of the infection prevention control requirements. A droplet precaution sign must be placed outside symptomatic service users' rooms to alert staff and visitors to the requirement for transmission-based precautions.

5.6 Staffing

For suspected or confirmed cases of COVID-19 it is preferable that only staff who have been designated to care for service users with COVID-19 provide care for these service users. During an outbreak of COVID-19, wherever possible, healthcare workers should not move between wards or units of the facility to provide care for other service users. This is particularly important if not all units are affected by the outbreak. It is preferable to cohort staff to areas (in isolation or not in isolation) for the duration of the outbreak.

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6.0 Reprocessing of PPE

6.1 Eye Protection

Reprocessing of plastic eye protection has already been performed in a number of hospitals. This is not ideal but is reasonably practical and can be done with very low risk. The used plastic eye protection may be collected for central processing by cleaning and disinfection or where this is not possible can be wiped with a disinfectant wipe and allowed to dry. If the item is damaged or visibly soiled it should not be re-processed.

6.2 Surgical Masks

There are a number of options for reprocessing of surgical masks. At the present time it may be prudent to collect used surgical masks in a clean and dry container so that reprocessing may be performed if necessary. One relatively simple option that has been reported as effective for some types of mask is heating in a hot- air oven at 70°C for 30 minutes. This should be done under the direct guidance of an Infection and Prevention Control specialist and only where specialised reprocessing facilities exist. Other options may provide a higher degree of assurance; the process should be documented and monitored as carefully as practical to ensure that the intended temperature is achieved for the specified period of time (CCO Letter 25th March 2020).

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