

Wednesday 3rd March

PPE Best Practice for all Adult Care Settings

The webinar will begin shortly



Agenda

1. What is coronavirus?

2. How many cases and deaths have there been?

3. Virus variants

4. What are our solutions?

5. Following the correct guidance PPE-

- *Best practice examples- Including Good PPE auditing and correct donning and doffing for different PPE*

- *Incorrect Practice- Including double masks, double gloves, wearing gowns rather than aprons*

6. Fit testing

7. Q&A

Speakers

Sarah Mantle

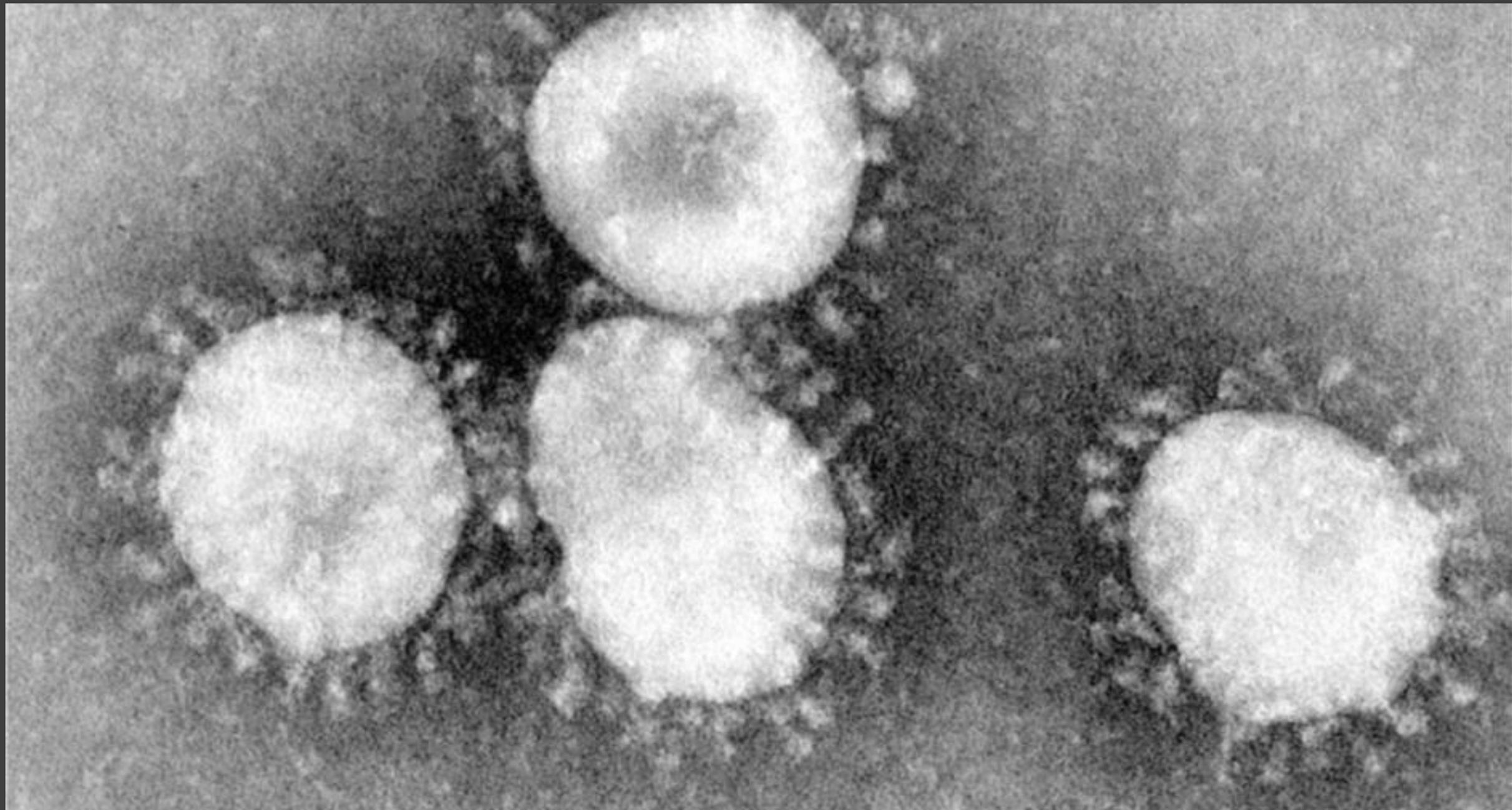
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Joel Bonnet

Public Health Service, Hertfordshire County Council

Kevin Williams and Angela O'Reilly

Arco

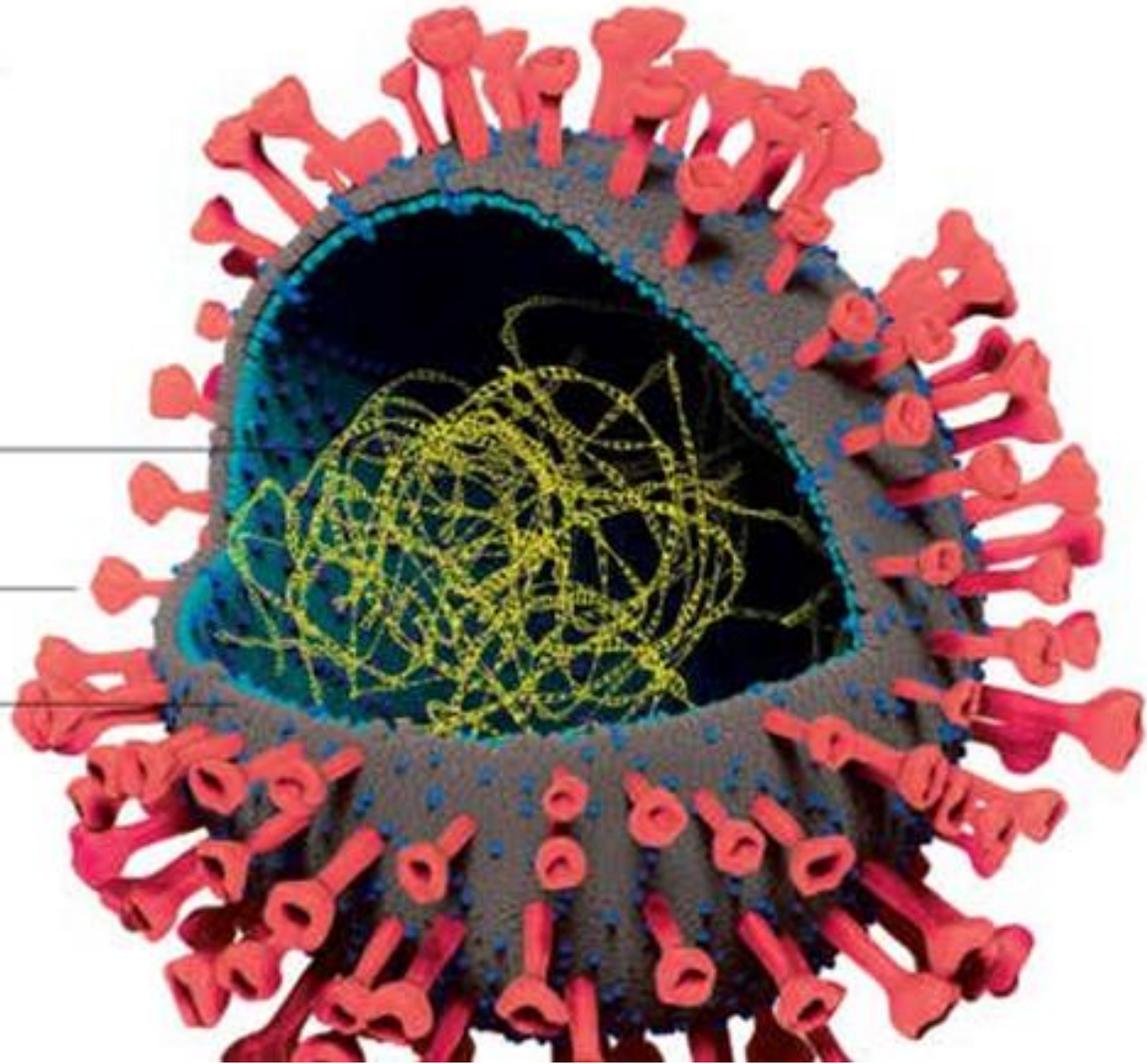


Anatomy of a virus

RNA enclosed
in protein

Spike protein

Lipid membranes



Severe Acute Respiratory Syndrome (SARS-CoV)

First reported in 2002



Total cases: 8,098 from 17 countries

Total deaths: 744

Middle East Respiratory Syndrome (MERS-CoV)

First reported in 2012



Total cases: more than 2,500 from 21 countries

Total deaths: approximately 860

COVID-19 (SARS-CoV-2)

First reported in 2019



New cases reported daily

On March 11, 2020, the World Health Organization declared COVID-19 a global pandemic. The last pandemic reported was the H1N1 flu pandemic in 2009, which killed hundreds of thousands globally.

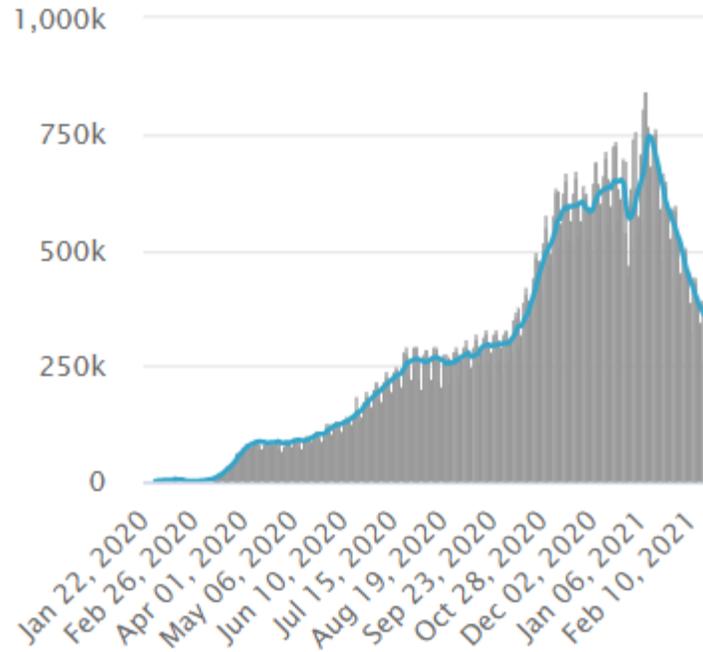
daily

linear

logarithmic

Daily New Cases

Cases per Day
Data as of 0:00 GMT+0



7-day moving average

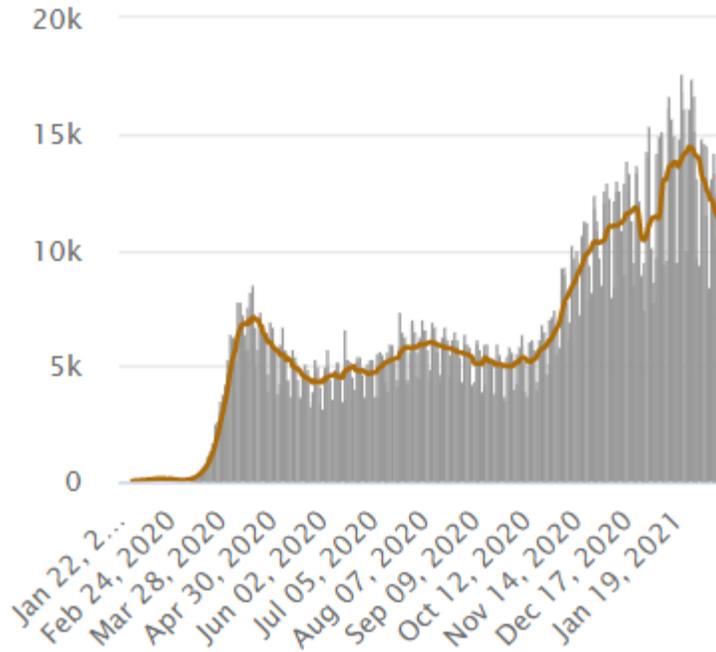
daily

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Daily Deaths

Deaths per Day
Data as of 0:00 GMT+0

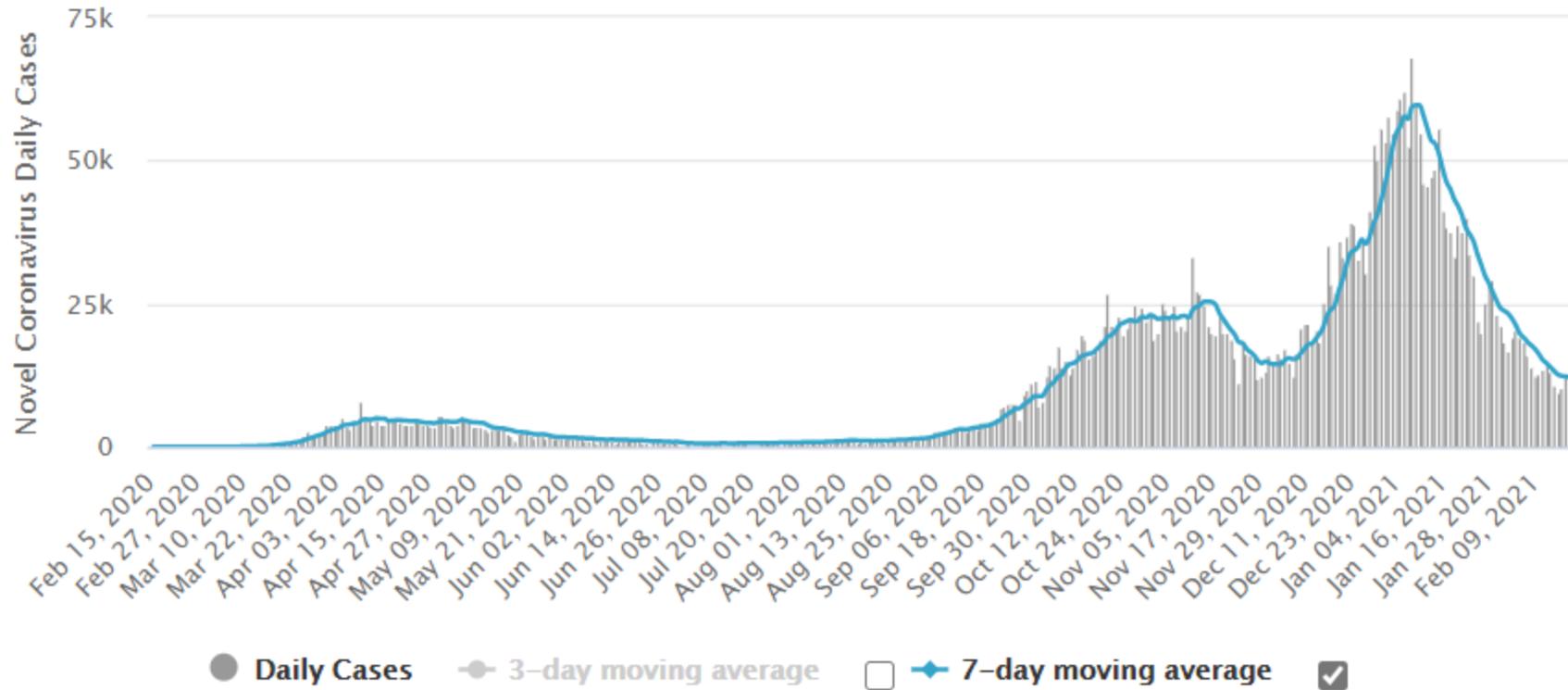


7-day moving average

Daily New Cases in the United Kingdom

Daily New Cases

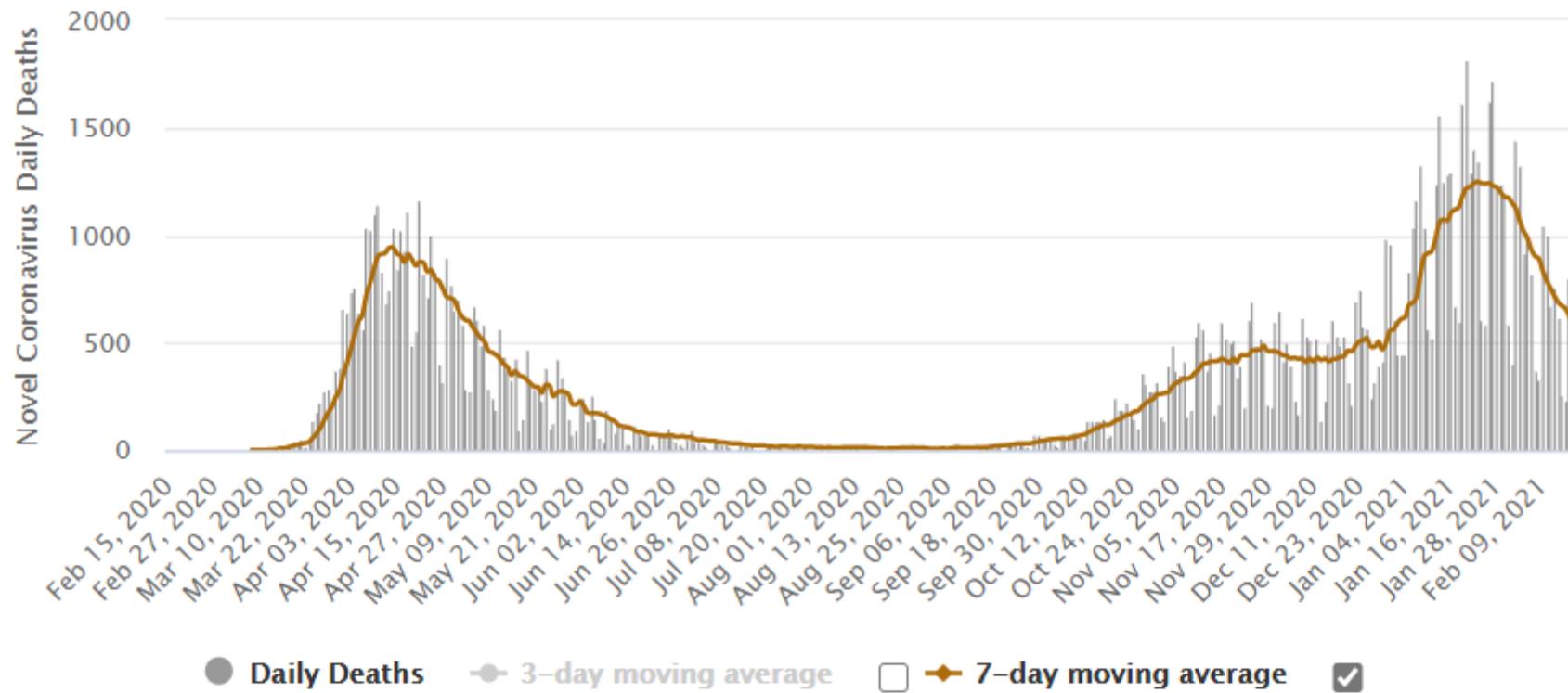
Cases per Day
Data as of 0:00 GMT+0



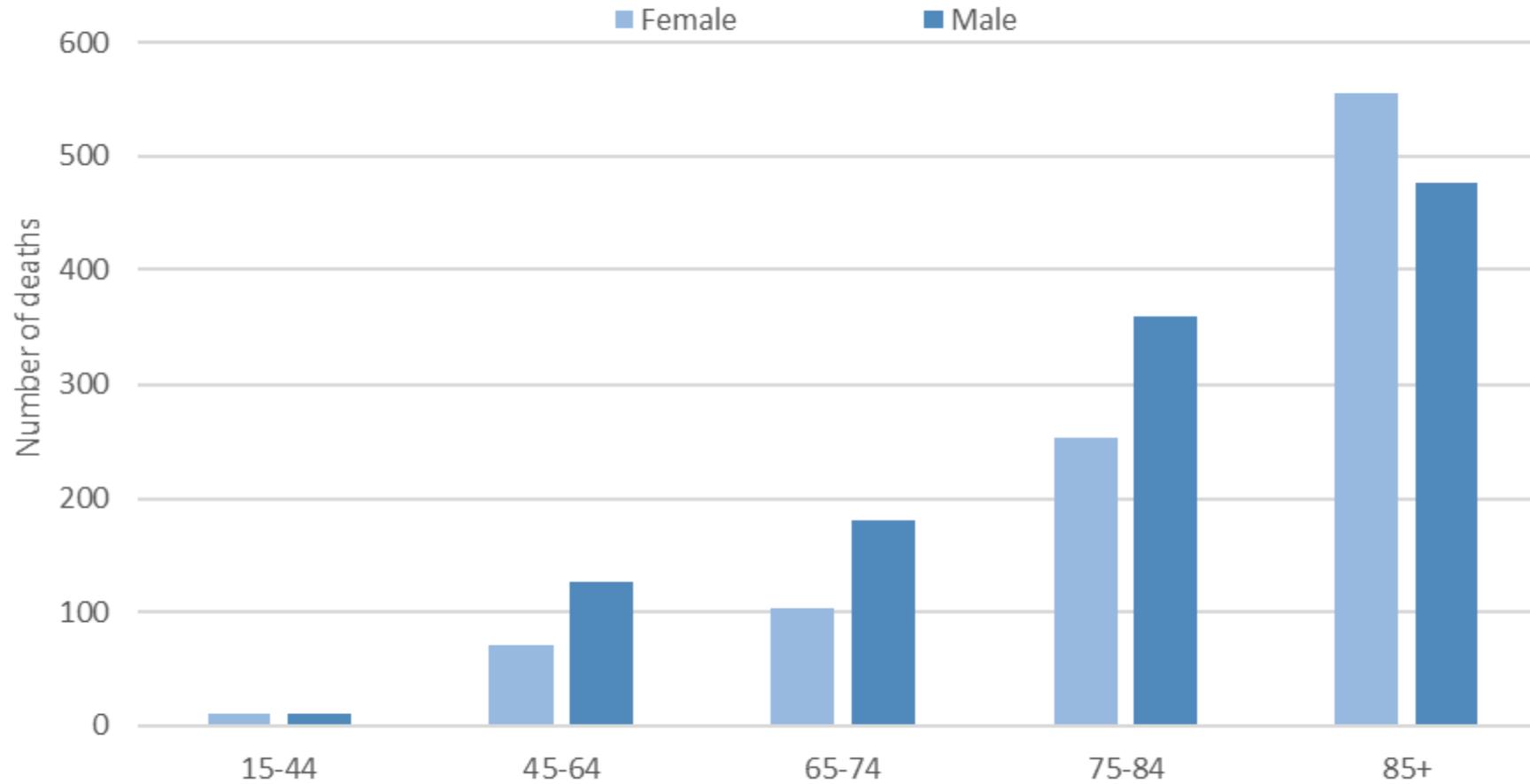
Daily New Deaths in the United Kingdom

Daily Deaths

Deaths per Day
Data as of 0:00 GMT+8



Registered COVID-19 deaths in Hertfordshire by age group and sex,
09 March 2020 - To Date



Notes: Figures are likely to change; includes 25 suspected COVID-19 deaths
Source: Hertfordshire Death Returns

ph.intelligence@hertfordshire.gov.uk

Sars–CoV-2 variants

- Viruses constantly change (“mutate”)
- Multiple variants of the virus that causes COVID-19 are circulating globally
- Examples of variants include:
 - B.1.525 – similar to South Africa variant
 - South Africa variant
 - Brazil variant
- Need to understand differences in transmissibility, duration of infection and vaccine effectiveness

Variant of Concern (VOC) and a Variant Under Investigation (VUI)

- SARS-CoV-2 variants, if considered to have concerning epidemiological, immunological or pathogenic properties, are raised for formal investigation.
- At this point they are designated Variant Under Investigation (VUI) with a year, month, and number.
- Following a risk assessment with the relevant expert committee, they may be designated Variant of Concern (VOC).
- <https://www.gov.uk/government/publications/covid-19-variants-genomically-confirmed-case-numbers/variants-distribution-of-cases-data>

Solutions

- Non-pharmacological interventions ('NPIs')
 - Lockdowns, travel bans
 - IPC measures, 'hands, face, space', PPE
- Pharmacological interventions
 - Oxygen
 - Dexamethasone
 - Remdesivir
- Vaccines

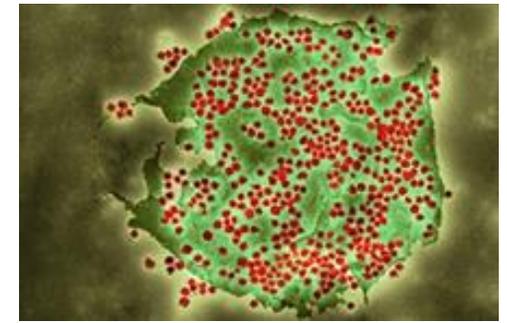
Personal Protective Equipment (PPE)



- The use of PPE is not a single measure in controlling coronavirus
- PPE is an important element of infection prevention and control, when used alongside other strategies such as
 - hand and respiratory hygiene,
 - **cleaning** and social distancing
 - Ventilating areas (even short bursts) will also help to dilute the levels of virus in the environment
- Adequate stocks of PPE should be available (it is free from the PPE portal)



Different variants



- A review of the guidance on PPE has been undertaken following the emergence of the new variants of Covid 19 (SARS-CoV-2)
- The consensus is that the current evidence has confirmed that the **mode of transmission remains** the same so the current PPE worn in the non-AGP scenarios is still protective
- We must continue to remain alert and wear the PPE appropriately at all times. It is important that
 - You wear a disposable type IIR facemask (do not wear fabric masks at work)
 - The mask must be fitted to the face , moulded over the bridge of the nose and under eyes to have a secure fit.
 - Both nose and mouth should be covered

PPE – Non- aerosol Generating Procedures



- Gloves - Single use
 - protect you from picking up SARS-CoV-2 (the virus that causes COVID-19) from the environment (such as contaminated surfaces) or directly from people with COVID-19.
 - Wear gloves when providing direct personal care/ helping an individual eat etc.; and if a resident is coughing and you are within 2 meters
 - Vinyl gloves are suitable for short-term, low-risk tasks and are suitable for use in home-based and residential care settings.
- Aprons – Single use
 - protects your uniform or clothes from contamination when providing care.
 - wear when providing personal care and when exposure to body fluids is likely.
 - dispose of them immediately after completion of a procedure or task and after each resident, and then clean your hands

Eye Protection



- Visors – can be single use or reusable
- Provides a barrier to protect your eyes from respiratory droplets and from splashing of secretions (for example of body fluids or excretions such as vomit).
- Eye protection should cover the eye or face completely so prescription spectacles are not sufficient.
- Can be used continuously while providing care, until you need to take a break from duties or for reasons provided below.
- Most eye protection is reusable; you should check and follow the manufacturer's instructions
- As a minimum, between uses you should clean with a neutral detergent wipe, allow to dry, disinfect and leave to dry; or use a single step detergent/disinfectant wipe, allowing the item to dry afterwards.
- You should store in a bag to avoid possible contamination after cleaning and disinfection is complete.
- If your eye protection is single use then it should be disposed of after use

If you wear reading glasses

- REMEMBER

- Glasses need to be removed safely (close eyes and look forward)
- They will need to be cleaned
- You need a flat surface to place them on and detergent/disinfectant wipes
- Surface will need to be cleaned too

Face Masks



- Face mask – to be worn continuously/sessional use during the pandemic and sustained transmission
- Fluid resistant surgical masks (FRSM), which are Type IIR surgical face masks,
- Provide additional protection from respiratory droplets produced by residents (for example when they cough or sneeze).
- All surgical masks can be used for care of more than one resident providing you do not remove the mask between residents.
- You should not touch your face mask unless it is to put on or remove it. It is also important that you remove your face mask safely to avoid contaminating yourself. Always clean your hand before; remove using the ear loops; dispose and then clean hands again
- No exceptions for carers or staff looking after vulnerable individuals

Reactions or allergies to wearing Facemasks

- In the first instance it is worth talking to staff on how they can
 - improve skin hydration with taking drinks before wearing PPE and regularly during a shift
 - applying a moisturiser 30 mins before.
 - Have regular breaks from wearing a mask (keeping two meters distancing).
 - Do not apply dressings or external coverings under the mask (the mask will no longer fit correctly)
 - Relieve the pressure from face masks (when it is safe to do so)
 - Check your skin for any signs of redness or breaks regularly, or at least once a day
- If there are any signs of skin damage report this to the person in charge as an incident form may need to be completed
- Staff may need to consult their GP

PPE recommendations: explaining 'continuous use' versus 'reuse'

- There is no evidence to suggest that replacing face masks and eye protection between each resident would reduce risk of infection to you.
- In fact, there may be more risk to you by repeatedly changing your face mask or eye protection as this may involve touching your face unnecessarily.
- It is recommend you use face masks (and eye protection when indicated) continuously until you need to take a break or otherwise remove it (to drink, eat, at your break time or when you leave at the end of your shift), both to reduce risk to you and to make it easier for you to conduct your usual work without unnecessary disruption.
- DO NOT reuse single use PPE items
- There should be adequate stocks available

Safely Removing PPE to Reduce Risk

- The single use items of PPE – gloves and aprons (and visor if single use) should be removed within the resident's room
 - Do not enter the corridor whilst wearing these potentially contaminated items
 - Put on and take off PPE at least 2 meters away from people you are caring for
- Hand hygiene performed before and then after removing each item
- Items disposed of in the offensive waste (yellow/black stripe coloured bag)
- Once you have left the room (ensure the door is closed behind you if the person is in isolation)
- ALL staff (including support staff such as the maintenance/handy man) will need to have training in correct donning and doffing of PPE and hand hygiene

Using PPE safely

- you should not touch your face mask or eye protection unless it is to put it on or remove it
- make sure that your face mask always covers your mouth and nose
- do not dangle your face mask or eye protection around your neck or place on the top of your head
- Do not double glove or apply hand rub to gloves hands as this will not effectively clean hands but could lead to deterioration of the gloves and contaminate your hands

Storing of PPE items

- PPE needs to be stored safely to avoid risk of contamination
- Ideally gloves and aprons should be in wall mounted dispensers (strategically located within the home for easy access)
- Do not store near toilets /behind toilets
- Risk assess – if you have a resident who maybe confused and is walking through corridors review placement of PPE. You may have to look at alternative storage areas/ storage cupboards.
- Remember to include any PPE stations in a increased enhanced cleaning schedule

An aerosol generating procedure (AGP)

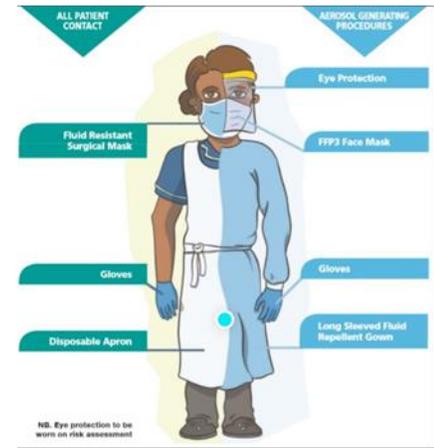
Medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route

This is the list of medical procedures for COVID-19 that have been reported to be aerosol generating and are associated with an increased risk of respiratory transmission:

Tracheal intubation and extubation, manual ventilation, tracheotomy or tracheostomy procedures (insertion or removal), bronchoscopy, dental procedures (using high speed devices, for example ultrasonic scalers/high speed drills, non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP), high flow nasal oxygen (HFNO), high frequency oscillatory ventilation (HFOV), induction of sputum using nebulised saline, respiratory tract suctioning, upper ENT airway procedures that involve respiratory suctioning*, upper gastro-intestinal endoscopy where open suction of the upper respiratory tract occurs*, high speed cutting in surgery/post-mortem procedures if respiratory tract/paranasal sinuses involved*

Using Gowns or coveralls or FFP 2/3

- As a reminder, gowns or coveralls are only recommended where either an aerosol generating procedure is performed or they are working in a high-risk area such as an intensive care unit or emergency department.
- Gowns/Coveralls are single use items- they will need to be changed after each resident contact.
- If your organisation has decided to use PPE which is different to the recommended items then they have a responsibility to
 - ensure there is a robust risk assessment
 - Adequate supplies (will be different to the supplies via the PPE portal)
 - staff have been trained in safe donning and doffing practices
 - Staff are competent in the process
 - If using an FFP2 or 3 respirator staff should be fit tested and trained in how to fit check each time they are worn



Arco Professional Safety Services – Face Fit Testing

Respiratory Protection Services

Face fit testing, RPE maintenance & more

[Find out more >](#)



What is a Face Fit Test?



- Method for checking that a tight fitting facepiece seals to the wearers face (Type IIR and face coverings not included)
- Provides “adequate” protection for the task
- Provides “suitable” protection for the wearer
- Further Information in
 - INDG479 and Companions (www.fit2fit.org/resources)
 - HSG 53 Guidance on Respiratory Protective Equipment

Qualitative Face Fit Testing



- **Bitter/Sweet solution**
- **Sprayed into hood & exercises carried out**
- **If taste detected then mask does not fit**
- **No taste detected then mask passes and a Fit Factor of 100 is assumed**
- **Subjective**
- **Can be used for FFP1, FFP2, FFP3 Disposables & Half Masks**
- **CANNOT be used for Full Face Masks**

Quantitative Face Fit Testing



- **Can be used for FFP1, FFP2, FFP3, Reusable half masks and full face masks. (FFP1 and FFP2 Must have N-95 companion)**
- **Must be used for full face masks. (COSHH ACOP)**
- **Fit factor obtained – 100 for ½ masks/2000 for full face**
- **Particle counter not subjective**

Exercises



More Fun At: www.FunnyVooz.com

- Normal breathing
- Deep breathing
- Head side to side
- Head up and down
- Talk Out loud
- Bending over
- Normal Breathing

What is a Fit Factor

- **Measure of how well a particular face piece seals against the wearers face**
- **The higher the fit factor the better the seal**
- **It is not a protection factor.**

Services



Quantitative Face Fit Testing – BSIF Fit2Fit Accredited

- Half day (max time 3.5hrs) - Maximum of 8 tests per half day
- £400 + VAT

- Full day (max time 7hrs) - Maximum of 16 tests Per day
- £650 + VAT

For further enquiries please email hcpa@support.arco.co.uk



Qualitative Face Fit Training – BSIF Fit2Fit Approved Training Course

- Full day training
- Max 8 People per Course
- £800 + VAT



Keep up to date with the IPC page

www.hcpa.info/ipc

Infection Prevention & Control

Introduction

This page has all local and national guidance for Infection Control. It will support you and your staff to:

- ▶ Updated understanding of infection control principles and guidance- Importance of Hand Hygiene, PPE and Cleaning
- ▶ Understanding how to reduce the risks of COVID 19
- ▶ Refreshed competence on PPE donning and doffing
- ▶ Understand the process of IPC Auditing and why its important
- ▶ Understand requirements around contact tracing
- ▶ An awareness of some of the resources available to help

[For PPE Supplies Click here](#)

Latest Updates

Updated 19th February 2021

If you are a trainer please make sure you are using the latest PPT (v7) by [clicking here to download](#).

Changes

Thank you for all the hard work,
the care and attention you have
provided to residents and their
families



Note

- Advice changes as more information about the virus is known and the scientific evidence is updated.
- The guidance in this presentation is correct at the time of delivery

3rd March 2021

References

<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes/covid-19-ppe-recommendations-for-care-home-workers-explained#contents>

<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes>

Q&A

Provider Hub

Call 01707 708 108 (9am – 5pm | Mon – Fri)

Email assistance@hcpa.co.uk

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