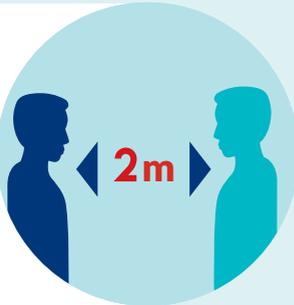


# Quick Reference Guide for Care Home Workers

Do not go to work if you have symptoms of COVID-19, which are a high temperature and/or a new, continuous cough.

Please remember:

Keep a minimum distance of 2 metres where possible



Wash hands frequently (for at least 20 seconds) or use hand sanitizer with a minimum of 60% alcohol



Clean surfaces frequently including door handles, rails, hoists etc.



Avoid touching your face, nose and eyes



**FULL PPE is only needed** if you are providing personal care which requires you to be in direct contact with residents (e.g. touching), or if you are performing aerosol-generating procedures such as open suctioning of airways.

## When do you need PPE?

- If you are providing personal care to a resident (regardless of whether or not they are showing symptoms of COVID-19)
- If you are within 2 metres of residents but no direct contact (i.e. no touching) e.g. performing meal or medication rounds
- If you are working in communal areas with residents e.g. reception, dining room, lounge, corridors
- If you are performing **aerosol-generating procedures (AGPs)** (e.g. suctioning of airways)

## What PPE do you use if you are providing care?

- Disposable plastic apron
- Disposable gloves
- Fluid resistant surgical mask
- Eye protection (if there is a risk of splashing e.g. caring for a resident who is repeatedly coughing or may be vomiting.)

## What PPE do you use if you are not providing care, but are within 2 metres of residents OR working in communal areas?

- Surgical mask\*

*\*If there is a risk of exposure to respiratory droplets (e.g. undertaking tasks near a resident who is repeatedly coughing), use a fluid-repellent surgical mask and risk assess use of eye protection.*

## What PPE do you use if you are performing AGPs?

- Disposable fluid repellent coverall/gown
- Disposable gloves
- Fit-tested filtering face piece (FFP3) respirator
- Full face shield/visor



## Safe use and disposal of PPE

- Follow the guidance on how to safely put on and take off PPE. (For AGPs, there is separate [guidance](#).)
- Only use aprons and gloves once for each resident.
- Masks and eye protection can be used continuously while providing care until you take a break from duties.\*
- The mask should be replaced if removed for any reason. This includes after breaks for eating or drinking.
- For AGPs, all PPE items should only be used once for each resident, and then disposed of or decontaminated if re-usable.
- Dispose of PPE as clinical waste.

*\*Face masks can be worn for up to 8 hours, but should be changed immediately if they become damaged, soiled, damp, uncomfortable or difficult to breathe through. Eye protection should be discarded and replaced (or decontaminated if the item is re-usable) if it becomes damaged, soiled or uncomfortable.*

## DOs and DON'Ts for using PPE

### DO:

- Organise your breaks to minimise removal and replacement of PPE.
- Ensure ALL PPE is removed when you take your break.
- Make sure you eat and drink enough; wearing PPE can get hot.
- Practice good hand hygiene.\* If masks are touched or adjusted, hand hygiene should be performed immediately.

### DON'T:

- Don't remove PPE and then put it back on (e.g. for a coffee break, toilet break, drinking water, smoking a cigarette).
- Don't hang your mask on your neck or on your head. If the mask is removed from your mouth it must be disposed of and replaced.
- Don't touch your face especially if wearing gloves.

*\* Follow best practice for hand hygiene, and perform frequently, especially before putting on PPE, while removing PPE and after removing all PPE, and before and after resident contact.*

**Guidance based on PHE advice 22 April 2020 and subject to change.  
Always check for updates on the [gov.uk website](#).**

**If you have concerns about your visit or PPE please speak to your manager.**