



Stellar Healthcare

Covid-19 - PPE and Infection Control

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Introduction

This guidance outlines the infection prevention and control advice for health and social care providers involved in receiving, assessing and caring for patients who are a possible or confirmed case of COVID-19. It should be used in conjunction with local policies.

Providers of primary and community health services should ensure that measures are in place so that all settings are, where practicable, COVID-secure, using social distancing, optimal hand hygiene, frequent surface decontamination, ventilation and other measures where appropriate.

Where a setting cannot be delivered as COVID-19 secure through all other means, a local assessment may conclude that primary and community healthcare staff (both in clinical and non-clinical roles), when not otherwise required to use personal protective equipment, should wear a face mask; worn to prevent the spread of infection from the wearer.

Public Health England (PHE) have a [guidance page covering PPE](#) and there is also a [PPE hub](#) set up on the gov.uk website covering guidance on PPE and Infection Control. PHE also have a webpage for COVID-19 infection prevention and control guidance: key messages and explanation of updates.

Personal Protective Equipment : Use of facemasks

The extent to which medical masks reduce exhalation and inhalation of aerosol particles varies substantially, in part because air can leak around their edges, especially through the side gaps.

Where a COVID-19 secure environment cannot be maintained, patients and members of the public entering primary and community healthcare premises should be advised to use face coverings in line with government advice.

The recommendation is for a Type I or Type II face mask worn to prevent the spread of infection from the wearer. If Type IIR face masks are more readily available, and there are no supply issues for their use as personal protective equipment, then these can be used as an alternative to Type I or Type II masks.

The extended use of face masks does not remove the need for other key bundles of measures to reduce the risk of transmission of SARS-CoV-2, including social or physical distancing, optimal hand hygiene, frequent surface decontamination, ventilation and other measures where appropriate. Reliance on individual (as opposed to bundles of) measures to reduce the risk of virus transmission is not sufficient.

PHE now categorise all patients seen in primary care as either high or medium risk

High risk:

- Untriaged individuals with unknown symptoms
- Confirmed/suspected Covid-19 patients
- Contacts of cases who are awaiting a test result

Medium risk:

- Triaged individuals who are asymptomatic
- No known recent Covid-19 contact

NB masks/face coverings should now be worn by staff and patients in all clinical and non-clinical areas.

Primary Care PPE Supplies : PPE Portal

In September 2020 the government updated their PPE Portal initiative to enable GPs and other healthcare providers to order all covid-19 supplies via the PPE Portal . They are extending the provision of free COVID-19 PPE for all health, social care and public sector workers until March 2022, subject to limits set by the Dept of Health and Social Care;

Practice List Size	PPE Allowance (up to this amount per week)
Less than 5,000 patients	300 IIR masks 300 aprons 600 gloves (300 pairs) 4 bottles of hand hygiene (usually 500ml) 200 visors
5,000 and 7,999 patients	500 IIR masks 500 aprons 1,000 gloves (500 pairs) 4 bottles of hand hygiene (usually 500ml) 200 visors
8,000 and 10,999 patients	700 IIR masks 700 aprons 1,400 gloves (700 pairs) 5 bottles of hand hygiene (usually 500ml) 200 visors
11,000 and 29,999 patients	1,400 IIR masks 1,400 aprons 2,800 gloves (1,400 pairs) 12 bottles of hand hygiene (usually 500ml) 400 visors
30,000 patients or more	5,000 IIR masks 4,000 aprons 8,000 gloves (3,000 pairs) 24 bottles of hand hygiene (usually 500ml) 400 visors

PHE now recommends the following PPE for direct patient care in primary care:

PPE	Usage
Surgical face masks Type II	<ul style="list-style-type: none"> • should be worn for extended use by healthcare workers (HCW) working within one patient cohort (ie medium or high risk as above) • change between patients if damaged or soiled
Gloves	<ul style="list-style-type: none"> • worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely • changed immediately after each patient and/or after completing a procedure/task even on the same patient • never decontaminated with Alcohol Based Hand Rub (ABHR) or soap between use <p><i>NB. Double gloving is NOT recommended for routine clinical care of Covid-19 cases</i></p>
Aprons	<ul style="list-style-type: none"> • worn to protect clothes when contamination is anticipated or likely • worn when providing direct care within 2 metres of suspected/confirmed Covid-19 cases • changed between patients and/or after completing a procedure or task • gowns are only required if there is a risk of spraying / splashing
Eye or face protection (including full-face visors)	<ul style="list-style-type: none"> • single use or re-usable are recommended • regular glasses are not considered eye protection • should not be touched when being worn

Advice for vaccination clinics:

- In some settings, such as vaccination clinics, where contact with individuals is minimal, the need for single use PPE items for each encounter, for example, gloves and aprons is not necessary
- Staff administering vaccinations must apply hand hygiene between patients and wear a sessional facemask

FFP3 masks are not recommended for primary care; they are recommended for [aerosol generating procedures](#)

Single use : between patients.

Sessional use : a session in one clinical setting