

## Personal Protective Equipment

Once the decision to inspect or visit has been made by the Chief Inspector or Deputy Chief Inspector, a **risk assessment** must be carried out based on the proposed activities and known Covid 19 status in the area. The provision and use of Personal Protective Equipment must be factored into the risk assessment.

A Central store of PPE is located at Citygate – it will be provided to staff by courier upon request. Please contact [FacilitiesNorth@cqc.org.uk](mailto:FacilitiesNorth@cqc.org.uk)

**If you are unable to source the relevant PPE, the inspection/visit must not go ahead, and alternative arrangements must be made in discussion with the DCI/CI.**

**High risk aerosol generating settings** – for example ICU's, isolation nursing environments, close proximity work to patients or residents with coronavirus.

1. FFP3 or FFP2 respirators – must be properly face fitted
2. Apron/gown – single use
3. Eye protection/face shield
4. Gloves – single use

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures>

For guidance on donning and doffing PPE – you must watch this [video](#) prior to your visit.

### Rationale

Current advice from HSE/PHE

The UK recommends the use of FFP3 respirators when caring for patients in areas where high risk aerosol generating procedures (AGPs) are being performed. When FFP3 respirators are not available, then FFP2 respirators may be used. The World Health Organisation (WHO) recommends FFP2 and N95 respirators for AGPs and these are widely used in other countries. The key findings from HSE/ PHE are:

- no material difference between the N95 respirator and the FFP2 disposable respirator. They provide comparable protection against coronavirus if the wearer has passed a face fit test. Tight-fitting respirators (such as disposable FFP3 masks and reusable half masks) rely on having a good seal with the wearer's face. A face fit test must be carried out to ensure the respiratory protective equipment (RPE) can protect the wearer.
- aprons and gowns both appear suitable for caring for patients with suspected COVID-19. However, there is weak evidence to suggest that gowns appear to offer more protection
- eye protection is necessary when there is a risk of contamination of the eyes from splashing such as aerosol generating procedures

**High risk setting with no aerosol generating areas but possible or known Covid 19 diagnosis. For example, Residential care homes, home care visits, general hospital wards, prisons, Dentists/GP surgeries with patients present.**

1. Surgical mask – single use

2. An apron, - single use
3. Gloves, - single use
4. Eye protection/face shield – can be reused if thoroughly cleaned

You must watch this [video](#) on donning/doffing PPE prior to an Inspection

For written guidance on donning PPE – please follow the PHE advice contained at this [link](#)

For written guidance on taking off PPE – please follow the PHE advice contained at this [link](#)

### **Rationale**

The UK Government and NHS leaders from a range of medical and nursing royal colleges have published new guidance about personal protective equipment (PPE) for NHS teams who are likely to come into contact with patients with coronavirus. The guidance has been agreed by the 4 Chief Medical Officers, Chief Nursing Officers and Chief Dental Officers in the UK and is applicable in all parts of the UK.

The guidance advises:

- any clinician working in a hospital, primary care or community care setting within 2 metres of a suspected or confirmed coronavirus COVID-19 patient should, based on the risk, wear the PPE identified above.

### **Safe Disposal of PPE in these settings**

At the end of the inspection/visit it is essential that used PPE removed carefully (advice of this at the links above) and stored securely within disposable rubbish bags at the providers premises. These bags should be placed into another bag, tied securely and kept separate from other waste. The provider should be instructed that this should be put aside for at least 72 hours before being disposed of as normal.

**Low risk settings** – for example registering a new service with the RM with no patients/residents present or meeting with a care home manager or hospital officials in office environments.

Social distancing – 2 meters

Minimise meeting time – 15 minutes if possible

Thorough hand washing before and after the visit or hand sanitising if soap and water not available.