



Department  
of Health &  
Social Care



Public Health  
England

## **‘How to Work Safely’ (care homes) guidance**

### **‘Frequently Asked Questions’**

**Compiled from the Public Health England and Department of  
Health and Social Care webinar**

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## Questions on the content of the guidance

What is the evidence base to support the current position?

- The How to Work Safely guidance was developed using evidence from various sources including Scientific Advisory Group for Emergencies (SAGE) , New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG), [The Health and Safety Executive \(HSE\)](#) and [World Health Organisation \(WHO\)](#).
- It also drew upon the evidence base for the IPC guidance such as [Rapid review of the literature: Assessing the infection prevention and control measures for the prevention and management of COVID-19 in health and care settings \(windows.net\)](#)
- Guidance is subject to continual review to ensure it routinely reflects the current COVID-19 situation in England, latest scientific evidence at any given stage of the pandemic and stakeholder and user feedback.
- Public Health England and Department of Health and Social Care engage with national social care stakeholder representatives on a weekly basis to discuss the 'How to Work Safely' guidance including upcoming changes and gaps. There are plans to also set up and involve a user testing group to see how guidance is used and understood by front line staff.

Can we stick with just one mask (Type IIR) to stop any breaches and incidents occurring?

- Type I and Type II masks are not considered personal protective equipment but are worn for source control, meaning that they protect others from the wearer, so reducing the risk to individuals being cared for. Type IIR masks are also effective as source control but have the additional fluid resistant layer to protect the wearer from blood or body fluids including respiratory secretions. Care home must have the right masks available to staff in order to undertake specific tasks. Those staff that are not likely to be in contact with blood and body fluids do not need to wear a fluid resistant mask.
- We are aware that some settings have decided to make Type IIR masks (which can be accessed through the PPE portal) available to all staff, this would be a local decision.

Can you clarify if any resident contact (for example in sessional use in communal areas) requires staff to wear gloves? Or is it only in direct personal care?

- Gloves do not need to be worn when in social contact situations; i.e. contact with residents where there isn't a risk of contact with body fluids, where there are no infectious symptoms and when the client is not in isolation (i.e. not COVID-19 positive). Gloves should be worn for personal care where there is a risk of contact with body fluids, when caring for a COVID-19 positive resident or when the resident has respiratory symptoms (including cough).

- It is important hands are cleaned often, between resident contacts as much as possible and on removal of PPE when worn.

What are the PPE requirements for administration of medication including where a resident requires support to take their medication?

- If the resident is not COVID-19 positive, does not have respiratory symptoms and the care is not involving contact with body fluids, then Table 4 in the [how to work safely in care homes](#) guidance applies and a facemask for source control is adequate.
- Hands should still be decontaminated after resident contact and before contact with the next resident.

Can facemasks be used on a sessional basis when providing personal care to residents with no symptoms and has tested negative?

- Yes, facemasks can be worn sessionally when following the Guidance as detailed. Sessional use of a facemask is acceptable when:
  - ✓ The care worker is providing continuous care for a group of residents who are not COVID-19 positive and do not have respiratory symptoms
  - ✓ (Type I or II or Type IIR) when within 2 metres of residents but not carrying out direct personal care, for example when working in the communal lounge
  - ✓ (Type I or II or Type IIR) when carrying out domestic duties or other activities more than 2 metres from residents

*Please note the maximum time for wearing a facemask before it must be changed is 4 hours, however it should be changed in line with the frequency required to move between different tasks and the different requirements needed for the tasks as advised within the Guidance.*

This advice can be found at: <https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes/personal-protective-equipment-ppe-resource-for-care-workers-working-in-care-homes-during-sustained-covid-19-transmission-in-england> under a number of sections.

Is it true that if we're carrying out residential care, we don't need a clinical waste stream? Can it all go in domestic waste?

- Yes, you don't need a clinical waste stream nor an offensive (tiger stripe) waste stream for COVID-19 waste disposal. A domestic (black bag) waste stream is sufficient, but the waste should be handled as follows in this case:
  - ✓ put into a plastic rubbish bag and tie when three-quarters full
  - ✓ place the plastic bag in a second rubbish bag (for example, a black domestic bin liner) and tie
  - ✓ put these bags in a suitable and secure place and mark for disposal 72 hours later
- Waste should be stored safely and securely, for at least 72 hours, keeping it away from vulnerable individuals to whom it may cause harm. These include children and

individuals who may be particularly at risk from trip hazards or suffer from confusion. It is not safe or hygienic to leave waste bags in communal areas such as communal bathrooms, toilets, corridors, stairwells or living areas. Ideally, a locked outdoor space would be best:

- ✓ After the 72 hours, the waste can be put into the normal domestic waste.

This advice can be found at: <https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes/personal-protective-equipment-ppe-resource-for-care-workers-working-in-care-homes-during-sustained-covid-19-transmission-in-england> under section 'What to do with waste including PPE'.

## PPE supply

Will the government be increasing our allowances for the free PPE we can order via the PPE Portal?

- The Department of Health and Social Care continues to keep order limits on the PPE Portal under review based on guidance, COVID-19 trends, PPE requirements modelling, analysis and provider feedback. Order limits on the PPE Portal were increased in March 2021 to accommodate an increase in requirements.

Can tie masks be made available to care homes on the portal as the loop ones don't fit everyone properly?

- The PPE Portal is currently looking into making tie back masks available to all sectors. We hope to have the necessary stock within the next month and will keep providers updated on our progress.

Is it true that surgical masks are being phased off the PPE portal?

- No, however FFP2 masks will be dropping off the PPE Portal in the coming week. Please be aware that FFP2s are not recommended in the 'How to Work Safely' Guidance for adult social care.
- FFP3s are only recommended for use during aerosol-generating procedures. We have recently added five new FFP3s onto the Portal, which can fit a wide range of different face types and sizes. If you are relying on FFP masks, you should get fit tested to one of the available FFP3 masks **immediately**. There is a British Safety Industry Federation scheme for fit testers called Fit2Fit. Their website (<https://www.fit2fit.org/>) includes a list of accredited fit testers and a list of approved training courses for people to learn how to fit test.

Is the portal going to supply the different masks if needed for different roles?

- Currently, the masks available on the Portal satisfy current PPE guidance. Should guidance change and different types of face masks be recommended, we will look into supplying any new types of face masks on the PPE Portal.

- Different face masks are recommended for different scenarios, for example the Type I or II face mask which is worn to protect others from you (source control) and the Type IIR face mask which is used as PPE. Type IIR face masks help to protect you, the wearer, from exposure to COVID-19 but also act as source control, protecting others from you. The guidance is a minimum standard to follow, and a type IIR face mask can be used instead of a type I or type II face mask. Therefore, for ease we only provide Type IIR face masks on the PPE Portal.

## Other questions

### Why does guidance come out on a Friday?

- PHE and DHSC are genuinely mindful of the need to try and avoid publishing adult social care guidance on a Friday, Saturday or Sunday so that the adult social care sector, particularly providers and managers, have reasonable time to consider, manage and adjust to guidance updates during the working week.

### Why is the care sector not mirroring the reduction of community restrictions?

- It is acknowledged that care sector staff will be feeling weary and frustrated with changes to working practices that the updated guidance may bring, especially when reducing community restrictions are not mirrored. As we see increased visiting in and out of care homes, and wider interactions in the general community, there is a risk of increasing levels of community infection. Therefore, we need to proceed cautiously and care homes, considering the vulnerable nature of using these services, may need to lag behind the wider community.
- Wherever possible care homes care home providers should be stringent in following [social distancing measures](#) for everyone in the care home and in supporting those in clinically extremely vulnerable groups to follow [shielding guidance](#).

### Was there a change in outbreak restrictions being lifted earlier than 28 days?

- There has been a recent change to advice ([admission and care of people in care homes](#) guidance) concerning visiting restrictions and homes reporting a covid-19 outbreak. Restrictions can now be lifted after 14 days provided no new cases are detected in day 14 recovery testing and there is no variant of concern. This easing of restrictions at an earlier stage (14 days rather than 28) is now allowing friends and families to visit care home residents at an earlier point than was previously possible.

### Do residents still need to isolate following a visit out from a care home?

- The [visits out of care homes](#) guidance specifies that all care home residents should be supported to leave the (care) home, subject to carefully considered risk assessments, for the following activities without being advised to self-isolate for 14 days on their return.

- ✓ *To go to work or take part in education or training*
- ✓ *For medical appointments such as GP appointments, excluding overnight stays in hospital*
- ✓ *To take part in other activities necessary to maintain an individual's health and wellbeing (for example, going to a day centre or to a place of worship)*
- At this time, based on clinical advice, care home residents should self-isolate for 14 days when they return from overnight stays. This remains under active review and it is our ambition that guidance on the need for self-isolation following overnight stays will be amended as soon as the data and evidence show it is safe.

#### Will there be more events?

- We plan to deliver similar events covering the 'How to Work Safely' guidance and accompanying updates for other care sector groups including those that support individuals with autism, learning disabilities, physical and/ or mental health support needs.