MLT Toileting and Intimate Care Policy – Covid 19 Update

Date Last Reviewed:	March 2021
Reviewed by:	Director of Primary Education
Approved by:	Chief Executive Officer

Maltby Learning Trust

INTRODUCTION

Staff who work with children or young people who have special needs will realise that there is often a need to provide intimate care and that this require staff to be respectful of children's needs.

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing. Children's dignity will be preserved, and a high level of privacy, choice and control will be provided appropriate to their level of developmental need.

All children will require some degree of intimate care at some point during their educational journey. This could be due to routine 'accidents' which are experienced by the vast majority of children or, more rarely due to developmental or medical issues.

It is important that schools ensure that staff who provide intimate care to children have a high level of awareness of child protection issues as the provision of intimate care obviously makes staff more vulnerable to accusation. Because of the sensitive nature of intimate care, staff behaviour is open to scrutiny and staff should work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

The Maltby Learning Trust is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. The Trust recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

PURPOSE OF THE POLICY

All children within the Maltby Learning Trust have the right to be safe and be treated with dignity, respect and privacy at all times so as to enable them to access all aspects of the Academy's provision.

This policy sets out clear principles and guidelines on supporting intimate care with specific reference to toileting. If should be considered in line with the Safeguarding, Health and Safety, Supporting Pupils with Medical Conditions and Administration of Medicines policies.

This policy supports the safeguarding and welfare requirements of Early Years Foundation Stage (EYFS) 2012 and the Equality Act 2010. The Trust will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Keeping Children Safe in Education' Sept 2020 to safeguard and promote the welfare of pupils at the school.

The Maltby Learning Trust will ensure that:

- No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day-to-day activities.
- No child with a named condition that affects personal development will be discriminated against.
- No child who is delayed in achieving continence or has other specific issues requiring intimate care (as defined below) will be refused admission.

- No child will be sent home or have to wait for their parents/carer due to problems resulting from a need for intimate care.
- Adjustments will be made for any child who has delayed incontinence.

COVID-19 STATEMENT

The Covid-19 outbreak provides particular challenges in practising intimate care because of the close contact required and the involvement of bodily fluids. Particular emphasis must be given to stringent planning for providing intimate care during periods of Covid-19 restrictions. Whilst taking full regard for the measures and approaches outlined below, practice will be modified during such times and the use of enhanced PPE (Personal, Protective Equipment) implemented to protect both children and adults. This has been written taking account of the government guidance *'Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE)' (Updated December 2020)*. Measures to protect against Covid-19 are described throughout this policy and are demarcated by the label '**Covid-19'**.

DEFINITION OF INTIMATE CARE

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves, but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

It also includes supervision of pupils involved in intimate self-care

Intimate care includes any activity required to meet the personal care needs of each individual child. Parents have a responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.

Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Menstrual care
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate self-care

PRINCIPLES

- Children and young people should be encouraged to express choice and to have a positive image of their body.

- Children and young people have the right to feel safe and secure.

- Children and young people have the right to remain healthy.
- Children and young people should be respected and valued as individuals.
- Children and young people have a right to privacy, dignity and a professional approach from staff when meeting their needs.
- Children and young people have the right to information and support to enable them to make appropriate choices.
- Children and young people have the right to complain about their intimate care and have their complaint dealt with.
- A pupil's care plan should be designed to lead to as much independence and control as possible.

Covid-19 - Staff should be provided with the equipment, including PPE, necessary to provide intimate care in a safe manner, taking all reasonable steps to mitigate risk.

OUR APPROACH TO BEST PRACTICE

- All children who require intimate care are treated respectfully at all times; the child's welfare and dignity are of paramount importance.
- Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.
- Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex and relationship education to their children/young people as an additional safeguard to both staff and children/young people involved.
- There is careful communication with each child who needs help with intimate care in line with their age and understanding to discuss the child's needs and preferences.
- The child is aware of each procedure that is carried out and the reasons for it.
- As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves.
- Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address

issues such as moving and handling, personal safety of the child and the carer and health.

- Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care.
- Where possible one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented. A second adult will however be required to stay outside the room whenever a child needs intimate care.
- Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.
- Each child/young person will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

Covid-19 – Pupils' intimate care plans should be reviewed in the light of Covid-19 in order to ensure they follow the best possible guidance, give advice on appropriate PPE and apply principles of social distancing wherever possible.

Covid-19 - Staff will receive training as appropriate in the correct procedures to use in order to maximise their protection and minimise the risks involved.

Covid 19 – In times of high Covid-19 incidence, one assigned member of staff will work with each child requiring intimate care. Additional supervision will be put in place to ensure any additional safeguarding risk is mitigated.

PARTNERSHIP WITH PARENTS/CARERS

Where children have routine, occasional 'accidents' they will be changed, or supported in changing (depending on age, stage of development and need) in school. Soiled/wet clothes will be bagged (as per below) and children will be provided (where possible) with spare clothes or change into PE kit etc. If necessary, a parent can be called to bring in spare clothing – parents should not be asked to come into school and change a child unless the child specifically asks for this to happen. Parents should always be informed that a child has had an accident and told where to find the soiled/wet clothes.

Where regular intimate care is required, children's keyworkers in Maltby Learning Trust academies work in partnership with parents/carers to provide care appropriate to the needs of the individual child and together will produce a care plan. The care plan will set out:

- What care is required.
- Number of staff needed to carry out the task (if more than one person is required, reason will be documented).

- Additional equipment required.
- Child's preferred means of communication (e.g. visual, verbal). Agree terminology for parts of the body and bodily functions.
- Child's level of ability i.e. what tasks they are able to do by themselves.
- acknowledge and respect for any cultural or religious sensitivities related to aspects of intimate care.
- Be regularly monitored and reviewed in accordance with the child's development.

Covid-19 – The level of PPE needed to provide intimate care for the child and the likely requirements on an ongoing basis.

Parents/Carers are asked to supply the following where regular intimate care is required:

- Spare nappies.
- Wipes, creams, nappy sacks etc.
- Spare Clothes.
- Spare underwear.
- Any other identified consumables.

Covid-19 – Parents will be fully briefed and asked to agree any changes made to their child's intimate care plan during times of high Covid-19 incidence. If a parent does not agree a particular change which is seen as vital for staff protection (for example the use of enhanced PPE), and no acceptable compromise can be found, the Trust will consider it has endeavoured to make the reasonable adjustments required by the Equality Act 2010 available, and reserves the right to refuse to provide intimate care for that child.

WRITING A CARE PLAN FOR INTIMATE CARE

Where a routine procedure is required, a care plan should be agreed in discussion with the child, school staff, parents and relevant health personnel. This might be for a child who needs intimate care because they are not yet toilet trained, through to a child who has severe medical issues. Children who need to be changed occasionally due to routine accidents do not require a plan but will be covered by standing risk assessments. Where a plan is required, it should be signed by all who contribute and reviewed on an agreed basis. A six-monthly review is recommended, but this needs to be more frequent if the circumstances/child's condition is changing. In developing the plan, the following should be considered:

Implications for the school:

- The importance of working towards independent self-care.
- Arrangements for home-school transport, sports day, school performances, examinations, school trips, swimming etc.
- Who will substitute in the absence of the appointed person/s?
- Strategies for dealing with pressure from peers e.g. teasing/bullying.
- Time required to implement and manage the plan.

Implications for classroom management:

- Seating arrangements in class so that they can leave class with minimal disruption to the lesson.
- Avoidance of missing the same lesson due to routines.
- Awareness of a child/young person's feelings about their own intimate care needs which could affect learning.
- Implications for PE, swimming etc. e.g., discreet clothing, additional time for changing.

All plans must be clearly recorded to ensure clarity of expectation, roles and responsibilities. They should reflect all methods of communication including emergency procedures between home, school and the medical service. A procedure should also be included to explain how concerns arising from the intimate care process will be dealt with.

Covid-19 – As mentioned above, all intimate care plans should be reviewed at a time of high Covid-19 incidence to ensure there is adequate planning for the use of PPE and that any perceived risks are mitigated. Stocks of such equipment should always be considered when devising the intimate care plan.

COVID-19 USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

The government guidance '*Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE)*' sets out standards for how and where PPE should be used when providing intimate care to children in a school setting. This guidance states that only gloves and aprons are needed, however in MLT schools, face masks are also provided as an additional protection for staff.

When PPE is used, it is essential that it is used properly. This includes scrupulous hand hygiene and following guidance on how to put PPE on and take it off safely (see appendix 1) in order to reduce self-contamination.

Face masks must:

- cover both nose and mouth
- not be allowed to dangle around the neck
- not be touched once put on, except when carefully removed before disposal
- be changed when they become moist or damaged
- be worn once and then discarded - hands must be cleaned after disposal

PPE will be in place in all areas where intimate care is provided, and an emergency store will also be provided in each classroom area. Use of the emergency kit or low stocks in key areas should be reported to the school office for replenishment. Guidance on how to use PPE can be found in appendix 1 (Non-AGP) and appendix 2/3 (AGP).

Aerosol Generating Procedures (see below), have additional requirements for PPE. These are outlined in appendix 2/3 and should be explicitly referred to in a child's care plan.

COVID-19 – DISPOSAL OF PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment should only be used for one child and therefore should be disposed of after every use. Staff performing an intimate care procedure should remove any PPE used safely, following the procedure outlined in appendix 1 (non-AGP) or appendix 3 (AGP), and then dispose of it in the lidded bin within the area where the procedure has been carried out.

Used PPE and any disposable face coverings that staff, children, young people or other learners arrive wearing should be placed in a refuse bag and can be disposed of as normal domestic waste unless the wearer has symptoms of coronavirus, in line with the government guidance on cleaning for non-healthcare settings.

Any homemade non-disposable face coverings that staff or children, young people or other learners are wearing when they arrive at their setting must be removed by the wearer and placed into a plastic bag that the wearer has brought with them in order to take it home. The wearer must then clean their hands.

To dispose of waste from people with symptoms of coronavirus, such as disposable cleaning cloths, tissues and PPE:

- put it in a plastic rubbish bag and tie it when full.
- place the plastic bag in a second bin bag and tie it.
- put it in a suitable and secure place marked for storage for 72 hours.

Waste should be stored safely and securely kept away from children. You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours. Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances. (from DfE 2020)

MEDICAL PROCEDURES

Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures should be discussed with parents/carers, documented in the health care plan or IEP and should only be carried out by staff who have been trained to do so.

It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly. Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Covid-19 – Where medical procedures are involved, for example children with stomach pegs or tracheostomies, it is vital that specialist advice and support is accessed when reviewing the plan or considering the PPE required. This is a Trust requirement prior to a plan being agreed by senior leaders and the child being readmitted – this is for the health and safety and protection of the child and staff. Reference should also be made to the following guidance on Aerosol Generating Procedures as needed.

Aerosol Generating Procedures (see below), have additional requirements for PPE. These are outlined in appendix 2/3 and should be explicitly referred to in a child's care plan.

COVID-19 AEROSOL GENERATING PROCEDURES (AGPS)

There are a small number of medical procedures which increase the risk of transmission through aerosols (tiny droplets) being transferred from the patient to the care giver. These are known as aerosol generating procedures (AGPs). Within education settings, these are only undertaken for a very small number of children with complex medical needs, such as those receiving tracheostomy care.

While these procedures are undertaken rarely in a school context, they present an increased infection risk both to the student and staff, therefore additional planning and controls are required. If a student requires an AGP to be undertaken as part of their on-going intimate care during a period of Covid-19 restriction, the care plan must be reviewed with specialist medical advice and the PPE implications for staff carefully planned for prior to a child with such needs being readmitted. The individual care plan must be approved by senior leaders, who will require assurance that the plan is both robust and sustainable. Stocks of appropriate PPE must be in place, fit testing for FFP3 masks taken place (see appendix 2/3) and plans for the where the procedure will be undertaken must be developed.

Further guidance pertaining to the requirements for Personal Protective Equipment (PPE), contained in Appendix 2 and 3, must be referenced when planning for children with intimate care needs which may produce AGPs.

ENVIRONMENTAL CONSIDERATIONS

Consideration needs to be given to the most appropriate space and facilities for the intimate care to take place. Under the Disability Discrimination Act 1995, all public buildings must have an accessible toilet, but in many instances, these are not adequate for children and young people who need additional equipment such as changing benches or hoists.

Advice can be sought as to how to provide a suitable environment which takes into account the needs and choices of the child/young person and of other users of the building. It is necessary to look at issues such as proximity to the classrooms, how to ensure privacy and dignity, the types of equipment needed, how to alert for assistance if required etc. Environmental advice pertinent to a child/young person can be gained by contacting the Occupational Therapist (OT) who supports the child/young person in the school/setting.

COVID 19 - DEALING WITH BODY FLUIDS

Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely by a specialist provider. The Trust has an approved list of providers which can be accessed through the business managers. When dealing with body fluids, staff wear personal protective clothing (disposal plastic gloves and aprons) wash themselves thoroughly afterward. Soiled children’s clothing will be bagged to go home or (with parent’s permission) disposed of in yellow sacks– staff will not rinse it. Children will be kept away from the affected area until the incident has been completely dealt with.

All staff maintain high standards of personal hygiene and will take all practicable steps to prevent and control the spread of infection.

This policy aims to manage risks associated with toileting and intimate care needs and ensures that employees do not work outside the remit of their responsibilities set out in this policy.

MOVING AND HANDLING

Assisting personal care tasks may present challenges for moving and handling. At all times the child/young person's wishes and choices must be considered, but procedures must also take into account the safety of the people who are assisting. Manual handling risks need to be assessed and identified and measures put in place to reduce the risk as required. This may involve small items of equipment, such as grab rails or steps, or may be more complex equipment such as mobile or ceiling track hoists and electric height adjustable changing benches.

Advice as to the best moving and handling procedures to support an individual can be requested via the Occupational Therapy (OT) and Physiotherapy (PT) service specifically addressing the needs of the individual who requires the assistance. If the individual is not known to the children's OT or PT service, then a referral can be made. For children in mainstream education it is possible to request formal moving and handling training for staff involved with an individual child/young person via the moving and handling service.

Schools are responsible for providing training for staff who deliver moving and handling. In the same way as an intimate care plan is required, there also needs to be a clear protocol for the moving and handling procedures identified for the task. This should clarify who and how these procedures are to be undertaken. This also needs regular review due to changing circumstances. At minimum, annual training is needed and more frequently in the event of changing staff or circumstances.

Covid-19 – As with all aspects of intimate care, moving and handling must be carefully planned for during times of high Covid-19 incidence and appropriate steps taken to minimise any identified risk. This includes the identification of the appropriate PPE to be used while these processes are carried out and careful planning to minimise physical contact where possible.

MULTI-AGENCY WORKING

Positive links with other agencies should be used to enable school-based plans to take account of the knowledge, skills and expertise of other professionals. This will enable a focus to be kept on the needs of the child and will ensure the child's well-being and development remains paramount.

PUPIL VOICE

The child should be enabled, subject to their age and understanding, to express a preference regarding the choice of his/her carer, and sequence of care. Appropriate terminology for private parts of the body and functions to be used by staff should be agreed, it may be possible to determine a child's wishes by observation of reactions to intimate care.

Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates. It is the responsibility of all staff caring for a child to ensure they are aware of the child's method

and level of communication. Communication methods may include words, signs, symbols and body movements. To ensure effective communication with the child, staff should ascertain the agreed method of communication and identify this in the agreed Care Plan.

SAFEGUARDING

Staff are trained on the signs and symptom so child abuse which in line with Keeping Children Safe in Education 2020 (or latest version of this guidance) and Rotherham Safeguarding Children Partnership guidelines and are aware of the DFES booklet 'What to do if you think a child is being abused' and will follow the guidance given.

If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc. they will inform the Designated Safeguarding Lead (DSL) immediately. The Child Protection Policy will then be implemented.

Should a child become unhappy about being cared for by a particular member of staff, the Phase leader/SENDCo will look into the situation and record any findings. These will be discussed with the child's parents/carers in order to resolve the problem. If necessary, the Phase leader/SENDCo will seek advice from other agencies. (Please remember that parental permission will be needed in order to talk to any agency about a specifically named child.)

If a child makes an allegation against a member of staff, the procedure set out in the Child Protection Policy will be followed and if necessary, a referral made to the LADO. If a member of staff is concerned about another member of staff's behaviour, they should follow the procedures in the MLT Whistleblowing Policy.

VULNERABILITY TO ABUSE

Disabled children and young people are particularly vulnerable to abuse and discrimination. It is vitally important that all staff members are familiar with the school's Safeguarding and Child Protection policy and procedures as well as the statutory framework as laid out in the most current 'Keeping Children Safe in Education' (currently 2020).

Disabled children can be more vulnerable to abuse because:

- They often have less control over their lives than their peers.
- They do not always receive appropriate sex and relationships education, or if they do may not understand it, so are less able to recognise abuse.
- They may have multiple carers through residential, foster or hospital placements.
- Changes in appearance, mood or behaviour may be attributed to the child's disability rather than abuse.
- They may not be able to communicate what is happening to them.

- Intimate care that involves touching the private parts of a disabled pupil may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk, but the vulnerability places an important responsibility on staff to work in accordance with agreed procedures.

UNACCEPTABLE PRACTICE

Academy staff should use their discretion and judge each case individually with reference to the pupil's needs and IHP, but it is generally not acceptable to:

- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child

Covid-19 – It is unacceptable to carry out tasks without using the planned for PPE or appropriate procedures. This puts child, staff member and other members of the school community at unnecessary risk.

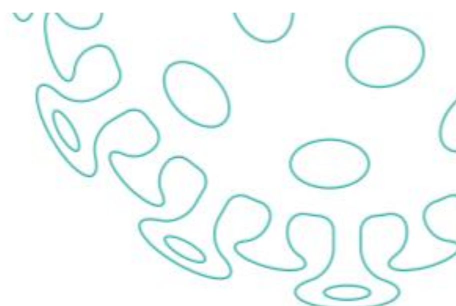
INSURANCE

The MLT Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The MLT is insured through Zurich insurance and full indemnity is provided to staff providing appropriate medical care through the public liability section of the policy. Further information is provided via the following link:

https://newsandviews.zurich.co.uk/strategic-focus/supporting-schools-pupils-medical-conditions/

Public Health England



Putting on personal protective equipment (PPE)

for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Tie hair back
- Remove jewellery
- Check PPE in the correct size is available

1. Perform hand hygiene before putting on PPE.

2. Put on apron and tie at waist.

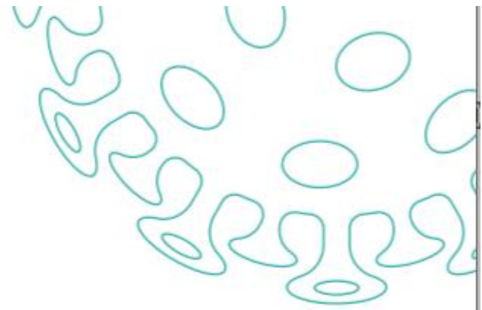
3. Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.

4. With both hands, mould the metal strap over the bridge of your nose.

5. Don eye protection if required.

6. Put on gloves.

Public Health
England



Taking off personal protective equipment (PPE)

for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

- **PPE should be removed in an order that minimises the risk of self-contamination**
- **Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area**

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off.

Hold the removed glove in the remaining gloved hand.

Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.

2 Clean hands.

3 Apron.

Unfasten or break apron ties at the neck and let the apron fold down on itself.

Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated**. Discard.

4 Remove eye protection if worn.

Use both hands to handle the straps by pulling away from face and discard.

5 Clean hands.

6 Remove facemask once your clinical work is completed.

Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.

7 Clean hands with soap and water.

APPENDIX 2 – PERSONAL PROTECTIVE EQUIPMENT FOR AEROSOL GENERATING PROCEDURES

There are a small number of medical procedures which increase the risk of transmission through aerosols (tiny droplets) being transferred from the patient to the care giver. These are known as aerosol generating procedures (AGPs). Within education and children's social care settings these are only undertaken for a very small number of children with complex medical needs, such as those receiving tracheostomy care.

NHS guidance states 'The highest risk of transmission of respiratory viruses is during AGPs of the respiratory tract and use of enhanced respiratory protective equipment is indicated for health and social care workers performing or assisting in such procedures.'

Staff performing AGPs in MLT settings should follow Public Health England's personal protective equipment (PPE) guidance on aerosol generating procedures, and wear the correct PPE which is:

- a FFP2/3 respirator
- gloves
- a long-sleeved fluid repellent gown *(covering the arms and body)*
- eye protection (full face shield or visor)

The respirator required for AGPs must be fitted correctly (known as 'fit testing') by an individual trained to do this. Staff in education and children's social care settings that need support with fit testing should contact the appropriate health lead for the child/young person. This could be either via the Designated Clinical Officer for SEND for support from the local Clinical Commissioning Group, or via the lead nursing team in the health provider. *(*DfE (May 2020))

NHS guidance states that in periods of Covid-19 restriction, the same precautions apply whatever the case status – PPE must be used.

The following procedures are currently considered to be potentially infectious AGPs for COVID-19:

- *intubation, extubation and related procedures, for example, manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract)*
- *tracheotomy or tracheostomy procedures (insertion or open suctioning or removal)*
- *bronchoscopy and upper ENT airway procedures that involve suctioning*

Taken from '*COVID-19 personal protective equipment (PPE)' (NHS (2020))*

Respirators are used to prevent inhalation of small airborne particles arising from AGPs. All respirators should:

- be well fitted, covering both nose and mouth
- not be allowed to dangle around the neck of the wearer after or between each use
- not be touched once put on

FFP3 respirators filter at least 99% of airborne particles. The HSE states that all staff who are required to wear an FFP3 respirator must be fit tested for the relevant model to ensure an adequate seal or fit (according to the manufacturers' guidance). Fit checking (according

to the manufacturers' guidance) is necessary when a respirator is donned to ensure an adequate seal has been achieved.

COVID-19

Public Health England

Putting on (donning) personal protective equipment (PPE) for aerosol generating procedures (AGPs) – Gown version

Use safe work practices to protect yourself and limit the spread of infection

- keep hands away from face and PPE being worn
- change gloves when torn or heavily contaminated
- limit surfaces touched in the patient environment
- regularly perform hand hygiene
- always clean hands after removing gloves

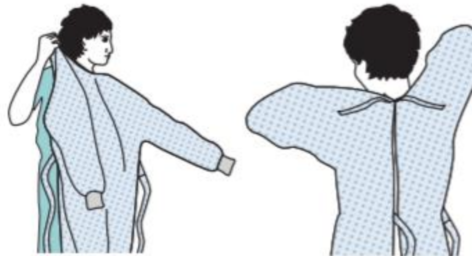
Pre-donning instructions

- ensure healthcare worker hydrated
- tie hair back
- remove jewellery
- check PPE in the correct size is available

Putting on personal protective equipment (PPE). The order for putting on is gown, respirator, eye protection and gloves. This is undertaken outside the patient's room.

Perform hand hygiene before putting on PPE

1 **Put on the long-sleeved fluid repellent disposable gown** - fasten neck ties and waist ties.



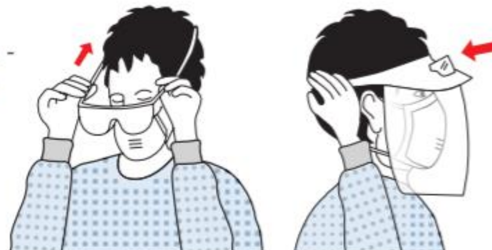
2 **Respirator.**

Note: this must be the respirator that you have been fit tested to use. Where goggles or safety spectacles are to be worn with the respirator, these must be worn during the fit test to ensure compatibility

Position the upper straps on the crown of your head, above the ears and the lower strap at the nape of the neck. Ensure that the respirator is flat against your cheeks. With both hands mould the nose piece from the bridge of the nose firmly pressing down both sides of the nose with your fingers until you have a good facial fit. If a good fit cannot be achieved **DO NOT PROCEED**

Perform a fit check. The technique for this will differ between different makes of respirator. Instructions for the correct technique are provided by manufacturers and should be followed for fit checking

3 **Eye protection** - Place over face and eyes and adjust the headband to fit



4 **Gloves** - select according to hand size. Ensure cuff of gown covered is covered by the cuff of the glove.

Public Health England

Removal of (doffing) personal protective equipment (PPE) for aerosol generating procedures (AGPs) – Gown version

PPE should be removed in an order that minimises the potential for cross contamination. Unless there is a dedicated isolation room with ante room, PPE is to be removed in as systematic way before leaving the patient's room i.e. gloves, then gown and then eye protection.

The FFP3 respirator must always be removed outside the patient's room.

Where possible (dedicated isolation room with ante room) the process should be supervised by a buddy at a distance of 2 metres to reduce the risk of the healthcare worker removing PPE and inadvertently contaminating themselves while doffing.

The FFP3 respirator should be removed in the anteroom/lobby. In the absence of an anteroom/lobby, remove FFP3 respirator in a safe area (e.g., outside the isolation room).

All PPE must be disposed of as healthcare (including clinical) waste.

The order of removal of PPE is as follows:

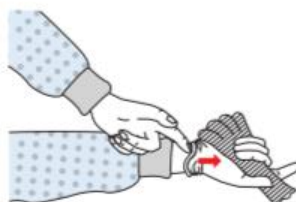
1 Gloves – the outsides of the gloves are contaminated

Firstly:

- grasp the outside of the glove with the opposite gloved hand; peel off
- hold the removed glove in gloved hand

Then:

- slide the fingers of the un-gloved hand under the remaining glove at the wrist
- peel the remaining glove off over the first glove and discard



Clean hands with alcohol gel

2 Gown – the front of the gown and sleeves will be contaminated

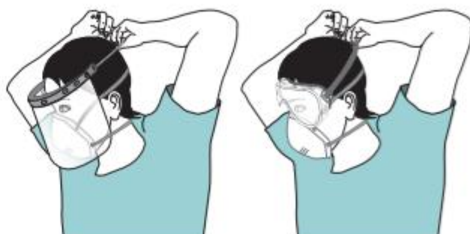
Unfasten neck then waist ties

Pull gown away from the neck and shoulders, touching the inside of the gown only using a peeling motion as the outside of the gown will be contaminated

Turn the gown inside out, fold or roll into a bundle and discard into a lined waste bin

3 Eye protection (preferably a full-face visor) - the outside will be contaminated

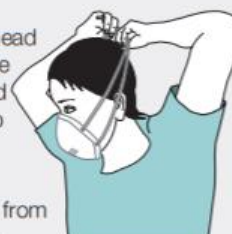
To remove, use both hands to handle the retraining straps by pulling away from behind and discard.



4 Respirator – In the absence of an anteroom/lobby remove FFP3 respirators in a safe area (e.g., outside the isolation room). Clean hands with alcohol hand rub.

Do not touch the front of the respirator as it will be contaminated

- lean forward slightly
- reach to the back of the head with both hands to find the bottom retaining strap and bring it up to the top strap
- lift straps over the top of the head
- let the respirator fall away from your face and place in bin



5 Wash hands with soap and water