Guidance

The use of personal protective equipment (PPE) in education, childcare and children's social care settings, including for aerosol generating procedures (AGPs)

Updated 20 July 2021

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This guidance applies to:

- staff working in education, childcare and children's social care settings in England
- children, young people and students who attend these settings
- their parents or carers

It explains the specific circumstances in which additional coronavirus (COVID-19) personal protective equipment (PPE) is required in education, childcare and children's social care settings. It also includes the principles for undertaking aerosol generating procedures (AGPs) in education, childcare and children's social care settings, including the specific PPE needed in these circumstances.

1. Main changes to previous guidance

On 5 July 2021, we updated this guidance to include information only on the use of PPE in education, childcare and children's social care settings, including for aerosol generating procedures (AGPs). For further information on the control measures that should be implemented in each setting, read the

- guidance for schools
- guidance for specialist settings
- guidance for early years and childcare providers
- guidance for further education
- guidance for higher education
- guidance for children's social care services

2. When to wear PPE in an education, childcare or children's social care setting

Most staff in education, childcare and children's social care settings will not require PPE in response to COVID-19 beyond what they would normally need for their work.

If a child, young person, or student already has routine intimate care needs that involve the use of PPE, the same PPE would continue to be used.

Additional PPE for COVID-19 is only required in a very limited number of scenarios:

- if an individual child, young person or student becomes ill with COVID-19 symptoms and only then if close contact is necessary
- when performing aerosol generating procedures (AGPs)

3. What PPE to wear when caring for a symptomatic individual

Depending on how close you need to be on individual with COVID-19 symptoms you may need the following PPE:

- fluid-resistant surgical face masks (also known as Type IIR)
- disposable gloves
- disposable plastic aprons
- eye protection (for example, a face visor or goggles)

How much PPE you need to wear when caring for someone with symptoms of COVID-19 depends on how much contact you have.

1. A face mask should be worn if you are in face-to-face contact.
2. If physical contact is necessary, then gloves, an apron and a face mask should be worn.
3. Wear eye protection if a risk assessment determines that there is a risk of fluids entering the eye, for example, from coughing, spitting or vomiting.

If a child tested positive for COVID-19 and has been sent home in a residential setting, the same type and level of PPE as above should be used.

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 in order to reduce contamination.

Face masks should:

- cover both the 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 should be cleaned after disposal

3.1 Transporting children

If transporting children or young people you should read Coronavirus (COVID-19): safer transport guidance for operators for further guidance on how to provide safer services.

In non-residential settings, if a child, young person or student displays COVID-19 symptoms, or has a positive test while at their setting, they should avoid using public transport and, wherever possible, be collected by a member of their family or parent/carer in a private vehicle. Parents/carers should be asked to let the setting know if they have their child collected of kept separate and safe to do so, to minimise the risk of exposure to school home.

If this is not possible, and the setting needs to take responsibility for transporting them home, or if a symptomatic child or young person needs to be transported between residential settings, you should do one of the following:

- use a vehicle with a bulkhead or partition that separates the driver and passenger
- the driver and passenger should maintain a distance of 2 metres from each other
- the driver should use PPE, and the passenger should wear a face covering if they are old enough and able to do so

The local authority may be able to help source a suitable vehicle which would provide appropriate protection for the driver, and advice should be made aware that the individual has tested positive or is displaying symptoms.

4. Caring for children who require aerosol generating procedures (AGPs), such as tracheostomies

It is vital that all children, young people and students, including those with complex or additional health needs, are supported to continue their education and care in their education or children's social care setting, where it is safe to do so.

There are some additional considerations to support children, young people and students who require aerosol generating procedures (AGPs). Aerosol generating procedures (AGPs) can increase the risk of COVID-19 transmission in the presence of positive case between those giving and receiving care. We recognise that all settings, children, young people and students will have individual needs. This guidance should be adapted to meet these specific and local circumstances.

4.1 Aerosol generating procedures (AGPs)

AGPs that are commonly performed in education and children's social care settings include:

- non-invasive ventilation (NIV)
- bi-level positive airway pressure ventilation (BIPAP)
- continuous positive airway pressure ventilation (CPAP)
- respiratory tract suctioning beyond the oropharynx (Yankauer/Frazier 2)

Procedures that are not classed AGPs include:

- oral or nasal suction
- the administration of nebulised saline, medication or drugs
- chest compressions or defibrillation
- chest physiotherapy
- the administration of oxygen therapy
- suctioning of a patient of a closed system
- nasogastric tube insertion and feeding

Education and children's social care settings, health providers and local teams should work together to build and existing processes in place when implementing COVID-19 adjustments.

Education and children's social care settings should lead on assessments for their setting, with the support of their local health providers, local authorities and children's social care commissioners. Public Health England (PHE) local health protection teams can advice on infection prevention and control concerns about the child, young person or student, or the setting. Settings should work closely with the local health professional to co-ordinate any assessments required, with input from PHE local health protection teams as needed.

Settings should be supported by local partners to review and develop risk assessments and care plans for children, young people and students who require AGPs, for example, recognising a room for undertaking AGPs, or if airborne clearance, making sure that all other staff, children, young people and students are at least 2 metres away from the room, supported by infection prevention and control measures in place.

We expect children, young people and students with complex health needs will be able to attend their education or social care setting without settings needing to make significant changes to their ways of work. We do not envisage that settings will generally require specialist equipment, for example, tents or airlike systems.

4.2 Education, health and care plans

Settings and health care professionals need to work with individual children, young people and students who require AGPs and their families to ensure the safe management of the child or young person and the safety of the setting. Where a child, young person or student has an existing education, health and care (EHC) plan, settings and local agencies should work together to update it as necessary, building on current processes in place.

For children, young people and students who do not have an EHC plan, a health assessment should be undertaken to determine levels of potential need and risk. If an AGP is required, appropriate planning to the setting. This should be included in any risk or needs assessment.

4.3 Principles for performing AGPs

The following principles have been developed to support education and children's social care settings in their planning for these AGPs.

What PPE to wear when performing an AGP

Staff performing AGPs in education or children's social care settings should follow the infection prevention and control guidance on aerosol generating procedures which is based on advice from the Health and Safety Executive (HSE)'s PPE guidance. They should also wear the correct PPE, which is:

- a FFP3 respirator
- gloves
- a long-sleeved fluid repellent gown
- eye protection

The respirator required for AGPs must be fitted by someone trained to do so. This is known as 'fit testing'. Staff in education and children's social care settings who need to wear a FFP3 respirator should be fit tested to ensure it is a good fit for their face of young person. This could be through either the designated clinical lead for special educational needs and disabilities (SENDO) for support from the local clinical commissioning group or the lead nursing lead in the health provider.

Settings will need to access the PPE they require for this purpose. Healthcare professionals and others visiting settings that provide care should follow the infection prevention and control guidance, including the use of PPE. This describes the types of PPE that different groups undertaking the activity should use.

Risk management

Settings should work collaboratively with their local authority, PHE local health protection team and others to consider current local context including current COVID-19 prevalence.

Children, young people and students, as well as staff members and all other visiting professionals and persons, should follow the guidance for households with possible coronavirus (COVID-19) if they or a member of their household experience COVID-19 symptoms or have tested positive for COVID-19. Staff who live in a household that should not attend the setting if they or someone in their household are showing symptoms or have tested positive for COVID-19.

4.4 Designating a room for AGPs

Children, young people and students should ideally be taken from the classroom for any AGP to be carried out in a designated room.

Settings should designate a room for undertaking AGPs that is adequate for the individual and care where possible.

The room should be adequate in size for the individual and carer and should have all non-essential furniture or equipment removed. For the furniture that cannot be moved, it should be covered with disposable sheets. The room should have a door which can be closed, and window opened for ventilation.

If a designated room for AGPs is not possible

If a designated room is not possible or available, an AGP can be undertaken within a classroom or other area, providing the area is large enough and the risks are recommended by infection prevention and control guidance and a window opened for ventilation.

Where possible, other pupils and persons should leave the room prior to undertaking an AGP. This ensures the privacy of the child, young person or student receiving an AGP, and safety for those within proximity.

If using a multi-purpose room to undertake AGPs

Dependent on local circumstances a room may be identified as single or multi-use. If using a multi-use room to undertake an AGP:

- there should be clear signage on the timing of the last AGP
- the room could be left for an hour to ensure safe time post procedure
- the room should be cleaned before being used by another pupil or accessed without PPE

4.5 Ventilation

Ventilate the room for undertaking AGPs as much as reasonably possible.

In some cases, it might be possible to seal the child, young person or student close to a window to improve ventilation. A window cleaner is generally approved is required for this, particularly when the weather is poor.

Clearance of airborne particles after an AGP is dependent on the ventilation and air change within the room. Where possible, allow one hour for aerosol settle time post-procedure with a window open before accessing without PPE or using again for an AGP.

4.6 Cleaning

Remove all non-essential items from the room and minimise clutter to make the process of cleaning the room following AGPs as straightforward as possible.

All surfaces where particles may have settled should be cleaned as outlined in the guidance on cleaning for non-healthcare settings.

5. How to access PPE for COVID-19 needs

Depending on local arrangements, education and children's social care settings may be able to access PPE for their COVID-19 needs via their local authority or local resilience forum. In this case education and children's social care settings may distribute PPE to children, young people, schools (including independent schools, special schools), 16 to 19 academies and alternative provision(AP) and FE providers.

For information on the arrangements in your local area, read personal protective equipment (PPE) local contacts for providers.

Where these local arrangements are not in place, education and childcare settings are responsible for ensuring their own PPE. Read the technical specifications for personal protective equipment (PPE).

Local authorities, local government niches, settings and local authorities can source PPE and cleaning products through the Crown Commercial Service (CCS) online ordering system. Available products include aprons, gloves, masks and cleaning products approved by the Department of Health and Social Care. Products purchased through this route will not detract from supply available to medical settings. In addition, public sector organisations (including local authorities, maintained schools, academies, further education, childcare and children's social care sectors. Some of these organisations have e-catalogues offering PPE and cleaning products. They include:

- CCS
- SPO
- NEPO

Regardless of local arrangements, if any education or childcare setting has an urgent unmet need for PPE, they should contact their local authority. For urgent unmet need, local authorities should support settings to access PPE suppliers and locally available stocks, including through co-ordinating the redistribution of available supplies according to priority needs.

If the local authority or local resilience forum is unable to respond to an education or childcare setting's unmet urgent need for PPE, they will need to make their own assessment of the risk to their risk assessment as to whether it is safe to continue to operate.

The PPE portal can be used by children's homes, secure children's homes, and all special schools and colleges to access COVID-19 PPE. These providers will have received an email invitation to register with the portal. Go to the PPE portal for information about ordering PPE.

6. When PPE is not needed in an education, childcare or children's social care setting

6.1 Working with children who regularly spit or require physical contact

If non-pharmaceutical children present behaviours which may increase the risk of droplet transmission (such as biting, licking, kissing or spitting) or require care that cannot be provided without close contact, they should continue to receive care in the same way, including any existing routine use of PPE.

The issues and specifics to each child or young person and individual responses will be required. Staff should continue to review and update existing risk assessments.

In these circumstances, no additional PPE is necessary because these are non-symptomatic children in a non-healthcare setting and so the risk of viral transmission is low. Staff should continue to use PPE in line with their existing risk assessments, opportunities to wash their hands when providing this care. Appropriate cleaning arrangements should also be maintained, with a particular focus on frequently touched surfaces.

Read guidance on cleaning non-healthcare settings.

6.2 Giving first aid

Children, young people or students who require first aid should continue to receive care in the same way. No additional PPE is needed because of COVID-19 for anyone who does not have COVID-19 symptoms.

7. Disposing of PPE

Used PPE should be placed in a clinical bag and can be disposed of as normal domestic waste. Used PPE should not be put in a recycling bin or dropped as litter. If the wearer has symptoms of COVID-19, disposal of used PPE and other waste should in line with cleaning non-healthcare settings outside the home.

Settings such as residential care homes or special schools that generate clinical waste should continue to follow their usual waste policies. Read guidance on cleaning non-healthcare settings outside the home.

1. The available evidence relating to respiratory tract suctioning is associated with ventilation. In line with a precautionary approach, open suctioning of the respiratory tract should be considered an aerosol generating procedure (AGP) based on current coronavirus (COVID-19) AGP risk. Currently, only open suctioning beyond the oro-pharynx is considered an AGP - oral or pharyngeal suctioning is not an AGP. The evidence on respiratory tract suctioning is being reviewed by the AGP group. [1]
2. See guidance on infection prevention and control and assessing the evidence base to produce guidance for care homes in relation to aerosol generating procedures for suspected coronavirus (COVID-19) cases in care homes for more information. [1]

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