

SUGGESTED OPERATIONAL PLAN GUIDELINES FOR COVID-19 REINTEGRATION OF MEDICAL AESTHETIC SERVICES

British Association of Cosmetic Nurses | 18th May 2020

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INTRODUCTION

The British Association of Cosmetic Nurses recognizes that the risks associated with delivering a medical aesthetic treatment and services is a concern for all practitioners during the global “pandemic” of Covid-19.

The pandemic will necessitate many adjustments to this medical practice in order to minimize the transmission of the disease. As aesthetic nurses we must continue to review and integrate current evidence and consider how we will adjust our practices to mitigate the spread of COVID-19 in the community.

Our goal is to focus on protecting our staff, our patients and ourselves and deliver appropriate and safe treatments.

Each practitioner must carry out a risk assessment for each procedure and their working environment.

These Guidelines are for practitioners to adapt for their individual practice and use in conjunction with relevant Government guidelines and the individual’s governing professional body.

NMC: The Code

Professional standards of practice and behaviour for nurses,
midwives and nursing associates

19.4 - take all reasonable personal precautions necessary to
avoid any potential health risks to colleagues, people receiving
care and the public.

Distancing is as important to the safe operation of a medical aesthetics practice as to any other business, household or community. It will remain so for the foreseeable future, from the moment of initial patient scheduling through to post-procedure checkout, and the workflow from staff arrival in the morning until clinic closure. Limiting the number of individuals in a particular setting and space at a given time is fundamental to minimizing transmission.

Government regulations require employers to take reasonable measures so that workers can maintain 2 metres distance from one another. (*Ref 1*)

The government recognises there will be circumstances in which it is not possible to take reasonable measures and the nature of measures that are reasonable will be specific to the individual workplace, will reflect the physical environment and the nature of the business being conducted.

1. CLINIC ENVIRONMENT – GENERAL GUIDANCE

Ensure you and your staff are trained and familiar with your clinic's Covid-19 protocols.

- Current advice is proper distancing between patients and non-clinical staff of 2 metres.
- Consider the size of your clinic, numbers of treatment rooms and number of staff to patients.
- Consider staggering start times and breaks for staff in order to maintain distancing in offices/lunchrooms/changing facilities.
- Staff seating and workstations should be configured to respect physical distancing.
- Set up a sanitizing station where incoming patients can disinfect hands or provide a hand-washing facility.
- Remove all paper and reading material from waiting area, including promotional leaflets.
- Remove beverage facilities from waiting area and do not offer beverages.
- Clean used chairs / tables in the waiting area between patients.
- Clean keyboards, telephones etc. between staff use.
- Clean surfaces, counters, door handles, taps and any touch points between patients and staff.
- Clean card payment terminals if used between patients.
- Perspex Screen shields should be in position at reception desk between patient and staff.
- Consider Perspex partition screens or physical barriers and floor marking in other areas to promote social distancing and to control exposure.
- Consider only allowing staff to use clinic toilet facility to minimise cross infection. Inform patients of this measure beforehand. Any toilet facility used must be thoroughly cleaned after use.
- Toilet facilities ideally locked and if used flushed with seat lowered and cleaned after use.
- Keep treatment room doors closed and, if possible, use signage to indicate in use.
- Patients to be taken directly into treatment room on arrival if possible.
- Reorganize waiting rooms by either removing chairs or spacing 2 metres apart.
- Do not use circulating air fans.

2. APPOINTMENTS AND CONSULTATIONS

TRIAGE

Before each consultation the practitioner will assess the request for their treatment and necessity and make further contact with the patient if necessary.

- Ideally booking should be made via the telephone, electronically or an online booking system.
- Staff trained to ask health-screening questions over phone or electronically.
- Patient Covid-19 Pre- Appointment wellness questionnaire can be sent electronically. (*See Appendix Template*)
- Pre-Consultation Medical questionnaire forms should be sent and returned electronically.
- Staff trained to inform patients of new clinic policies.
- Consider confirmation emails with additional information on new clinic policies.
- Patients should be advised that in the absence of returning their completed questionnaires their treatment may be delayed.
- Treatment Information sheets may be sent electronically.
- Ideally offer online virtual consultations using GDPR protected software.
- Consider a paperless practice.
- Manage appointments to allow for adequate spacing between patients in order for sanitisation of the treatment rooms and other areas.
- Stagger appointments ensuring patients are not waiting or crossing in the reception area.
- If available then patients to leave via a different exit than entry. Consider a floor plan, which clearly defines entrance and exit into clinic.
- Allow a generous amount of time for each treatment and try not to overrun or perform additional unscheduled treatments.
- Avoid walk-in patients. Only allow those persons with an appointment into the clinic and notify patients beforehand not to attend clinic with friends, family or children.
- Discourage patients from calling in to the clinic to make an appointment or to purchase products, these can be posted out to patients or collected when they attend their appointment.
- Ask patients not to arrive before the appointment time.
- On arrival, if possible, ask the patient to ring the bell and wait to be let in. Or call them when you are ready.
- On arrival the patient must use a hand sanitizer, or wash their hands with liquid soap.
- Consider the patients wearing a mask for additional protection - ask to bring their own or provide one.
- Patients should not attend appointment with shopping or excess belongings. Patients should be informed of this when booking appointment.
- Adhere to and communicate the "no handshake" policy.
- Limit or discourage visits from industry representatives.

- If operating from a rented space within another business, try to limit contact in communal areas.
 - *Extra care should be taken where patients need to climb stairs or use a lift, and handrails and lift call buttons will also need to be decontaminated*

3. WELLNESS CHECK

**Carry out a Pre-Appointment screening check in advance of appointment.
(See Appendix template)**

- Temperature screen using a non-touch thermal or tympanic (ear) thermometer using disposable ear covers. Do not treat if patient temperature over 37.3°C.
- Recognise that a normal temperature does not preclude the risk and may be masked.
- Advise patients not to attend if feeling unwell, has members of household unwell, has a temperature or any other symptoms of Covid-19.
- Adopt a 15-day restriction on treating patients who have travelled overseas, across the UK or have attended an event.

4. CLINICAL ROOMS

Clearance of infectious particles after an Aerosol Generating Procedure (AGP) is dependent on the mechanical/natural ventilation and Air Change per Hour (ACH) within the room. A single air change is estimated to remove 63% of airborne contaminants; after 5 air changes, less than 1% of airborne contamination is thought to remain. (Ref 2) Page 24

Whilst most practitioners will not have the capability of assessing the Air Change Rate it is reasonable to recommend a ventilated room such as a room with windows or mechanical ventilation.

Clinical rooms should be as empty as possible.

- Treatment couch to have disposable couch roll only.
- Pillows use disposable covers.
- Do not use blankets and any non-disposable cover for patient.
- Clean treatment couch, counters, trolleys, mirrors, handles, ipads etc., between patients.
- Remove all unnecessary items equipment from room and countertops.
- Remove product sales and products from counter tops.
- All disposable items must be disposed of using NHS England COVID-19 waste management standard operating procedure. (Ref 3)
- A foot-operated bin should be used for disposal.

5. TREATMENTS

- Full Medical questionnaire and Pre-Appointment Wellness Check complete.
- Consider which treatments you are going to carry out and perform a risk assessment for each.
- Minimise the number of people in treatment room and avoid the necessity of an assistant where possible.

Take into account the following:

- Type of procedure (aerosol generating/non aerosol generating)
- Procedure area – Face (lower/upper/lips etc.) Body, Skin.
- Contact with Mucosa.
- Patient able to wear mask.
- Procedure time.
- Level of invasiveness.
- Consider reducing/limiting the amount and type of treatment you carry out in one appointment to minimise time and risk.

The following treatments should be considered as higher risk and you may wish to refrain from offering until such a time that safety can be assured, as there is a possibility that these treatments can create a plume, spray or aerosol.

- Microdermabrasion
- PRP - platelet rich plasma
- CO2 laser resurfacing and other ablative devices
- PlexR and other plasma sublimation devices
- Other treatments which may create airborne particles

Consider the increased risk of airborne particles from saliva when treating lips, treatments around the oral cavity and nostrils, and treatments where the patient may not be able to wear a mask, and consider the additional PPE which may be required to accompany this procedure.

Saliva plays an important role in the transmission of infection between persons by contact with the droplets expressed. (Ref 4)

Delayed reactions after facial hyaluronic acid injection are known. Their cause may be infectious or immune-mediated in origin, and their outbreak can be triggered, for example, by an influenza-like illness. (Ref 5)

Current data from the FDA (2020) demonstrated that 3 of the study participants in the vaccine group encountered adverse effects to the Moderna COVID-19 vaccine (mRNA-1273). 1 of the participants, (29-year-old female), experienced lip angioedema 2 days after

vaccination, which resolved without intervention. The participant had a history of dermal filler injection in the lips, but it was unknown how long prior to the vaccination. 2 participants reported localized facial swelling which fully resolved. It is possible that the localized swelling in these cases is due to an inflammatory reaction between the immune response after vaccination and the dermal fillers. This phenomenon has been reported after natural infection (e.g., after an influenza-like illness.) and evidence suggests that these reactions can be immunologically triggered by viral and bacterial illness, vaccinations (i.e., influenza vaccine) and dental procedures (ASDS, 2020). The FDA intends to note this in its prescribing information. A patient with a history of dermal fillers should not be excluded from being vaccinated from this alone. The risks from acquiring and being infected with the COVID-19 virus outweigh the risks from a reaction to one of the vaccines if the patient has a history of using dermal fillers. This recommendation is based on a small number of reported adverse events, the minimal severity of the reactions recorded, the response in those with the reported reactions to minimal treatment, and the lack of any long-term complications. Aesthetic nurses are advised to consider including this information in their treatment pre-screening documents, and their dermal filler consent, as well as advising their patients of these reported risks which have been identified specifically with the Moderna COVID-19 vaccine as part of their individualized patient assessment.

In addition, Aesthetic nurses are reminded of the importance of maintaining current anaphylaxis and BLS training/updates in the event of hypersensitivity with appropriate referral protocol(s) in place.

6. CONSENT

- Consider using an electronic format.
- Aftercare advice sheets can be sent electronically.
- Ensure the patient is fully aware of any increased risk relating to individual treatments.
- It is recommended that patients sign an additional specific Covid-19 consent. (See *Appendix Template*)
- Consider including in consent the implications of a further lockdown on managing complications and immunological reactions.
- Consider including in consent that a face-to-face follow up/review appointment may not be possible if either practitioner or patient needs to self isolate or if there is a further lockdown.

7. PAYMENTS

- Card payments preferable.
- Consider remote payment systems where patients can pay by an email or SMS link instantly or pre pay.
- Accept all major debit and credit cards.
- Request prepayment via a BACS transfer.
- Shield your payment/ reception desk and staff with a Perspex partition screen.

8. DISINFECTION

Based on the transferrable nature of COVID-19, enhanced frequency of disinfecting surfaces throughout the day and between patients is critical in protecting the health of patients and staff members. Developing a protocol and cross-training individual staff with responsibilities for managing and monitoring cleaning may be helpful in the adoption and consistent execution of these new processes.

The Covid-19 virus is contained in a lipid envelope and therefore is susceptible to inactivation with detergents.

Appoint a staff member as the responsible officer for a Cleaning Rota.

- Create a cleaning checklist and schedule - display it on treatment room doors and other utilized areas. It can serve as a reminder for staff and demonstrates to patients that rooms are being consistently disinfected before their particular treatment.
- When disinfecting surfaces, staff should wear disposable gloves and any additional protection based on the cleaning products being used and the potential risk of exposure.

Public Health England has guidance re: infection control, disinfections and solutions (Ref 6)

- Sodium Hypochlorite 0.1% solution may be obtained by diluting household bleach. Typically, household bleach is 5% and therefore a dilution of 1:50 will provide 0.1%.

General-purpose disinfectant wipes or 70% isopropyl alcohol wipes

- An alternative disinfectant can be used if effective against enveloped viruses.
- Routine decontamination of reusable patient care items poster. (Ref 12 & Appendix)

9. PERSONAL PROTECTION EQUIPMENT (PPE) AND HYGIENE

- Ensure that there is adequate PPE suitable for carrying out each individual treatment.
- Government guidance sets out clear and actionable recommendations on the use of PPE as part of safe systems of working, for health and social care workers relative to their day-to-day work. (Ref 8)
- Staff should be trained in donning and doffing PPE. (Ref 8) (See Appendix for donning and doffing posters)
- Donning and Doffing video link. (Ref 9)
- Standard infection control precautions (SICPs) should be used by all staff, in all care settings, at all times, for all patients. This advice is not a substitute for carrying out your own risk assessment based upon your own clinic or place of practice, staff and treatments.
- Eye and face protection provide protection against contamination to the eyes from respiratory droplets, aerosols arising from AGPs and from splashing of secretions

(including respiratory secretions), blood, body fluids or excretions. Regular corrective spectacles are not considered adequate eye protection.

- The selection of the most appropriate face shield model(s) will depend on the circumstances of exposure, other PPE used concurrently, and personal vision needs. Face shields with single Velcro or elastic straps tend to be easiest for donning and doffing. In order to be efficacious, face shields must fit snugly to afford a good seal to the forehead area and also to prevent slippage of the device. *(Ref 11)*
- Fluid repellent hospital gowns or coveralls are indicated for use for the care of patients in high-risk areas, where AGPs are being performed. *(Ref 10)*
- Gloves, plastic aprons and gowns involved in treatment should be single-use, as per SICPs, and safely disposed after each patient procedure.
- Eye protection and visors should be cleaned and sanitised after each treatment.
- Single use Fluid Resistant (Type IIR) surgical masks (FRSM) provide barrier protection against respiratory droplets reaching the mucosa of the mouth and nose and these are adequate for short appointment non-AGP procedures.
- Face protection in the form of a Visor or Goggles with the FRSM or FFP2 (N95/kN95) non-valve respirators are to be used for all AGPs. *(Ref 8)*
- FRSM masks are single use, fitted securely over nose and mouth, and discarded after each patient.
- Consider the length of time the masks are effective and consider the length of your appointments which may need to incorporate a change of mask during the appointment.
- The FFP2 (N95/kN95) non-valve respirator mask offers a more extended period of usage time.
- Wear masks at all times to protect colleagues and patients.
- Consider providing 3 ply masks for office staff.
- Consider providing non-clinical staff with scrubs/uniforms. *(Ref 2)*
- All clinical staff uniforms should be bare below the elbows, unless sterile surgical gowns are used.
- Disposable gowns, gloves and aprons must be changed and discarded between patients.
- Hand washing should be extended to include both forearms. Wash forearms first then hands.
- Hair must be tied back at all times.
- Remove jewellery.
- Wear scrubs/uniform and change daily in clinic in a designated room.
- Uniforms can be placed in a plastic disposable (or cotton drawstring bag) and washed in bag at highest heat possible (60°C) and ideally laundered in facility if possible. *(Ref 2)*

10. MOBILE WORKING

There is no risk assessment that can demonstrate fully all the stringent measures required to carry out a cosmetic medical aesthetic treatment in the home. The environment does not lend itself to all that is necessary to ensure adequate patient

and practitioner safety of treating a patient in that setting, and therefore this practice is not recommended.

11. INSURANCE

You must take advice from your own medical insurance provider to determine that you are covered to deliver treatments during this time.

12. TIPS

- Your Cleaning Rota should include - Room, Date, Time, and Signature when cleaned and consider a wipe off board or a rota on laminated paper with wipe off pen attached.
- Minimise unnecessary equipment in clinic and treatment rooms.
- Remove skincare products from areas where public can touch product packaging.
- Have instructional hand-washing laminated posters in clinical rooms, staff rooms and patient hand-washing facilities.
- Appropriate signage and laminated advice and directional sheets in clear view.
- Consider disposable hair cover caps for both practitioner and patient.

REFERENCES

1. <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-coronavirus-covid-19#good-practice-for-employers>
2. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf
3. <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0140-covid-19-waste-management-guidance-sop.pdf>
4. Vinayachandran, Divya, and Balasubramanian Saravanakarthy. "Salivary diagnostics in COVID-19: Future research implications." *Journal of dental sciences*, 10.1016/j.jds.2020.04.006. 23 Apr. 2020, doi:10.1016/j.jds.2020.04.006 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7177105/>
5. https://www.researchgate.net/publication/332729677_Delayed_hypersensitivity_reaction_to_hyaluronic_acid_dermal_filler_following_influenza-like_illness
6. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf
7. <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/managing-shortages-in-personal-protective-equipment-ppe>
8. <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>.
9. <https://www.youtube.com/watch?v=GncQ-ed-9w&t=30s>.
10. <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/managing-shortages-in-personal-protective-equipment-ppe>
11. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5015006/>
12. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877533/Routine_decontamination_of_reusable_noninvasive_equipment.pdf

ADDITIONAL READING

https://www.ecdc.europa.eu/sites/default/files/documents/Environmental-persistence-of-SARS-CoV-2-virus-Options-for-cleaning2020-03-26_0.pdf

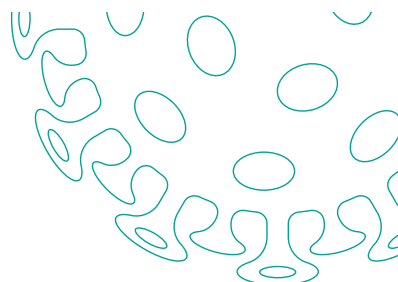
<https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-coronavirus-covid-19#good-practice-for-employers>

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

APPENDICES



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
- Remove jewellery
- Tie hair back
- 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.



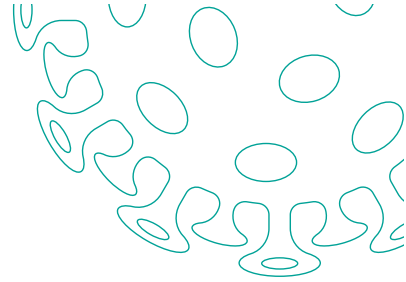
*For the PPE guide for AGPS please see:

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

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Public Health
England



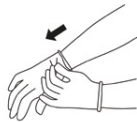
Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

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.



*For the PPE guide for AGPs please see:

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

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Recommended PPE for primary, outpatient, community and social care by setting, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection ¹
Any setting	Performing an aerosol generating procedure ² on a possible or confirmed case ³	✓ single use ⁴	✗	✓ single use ⁴	✗	✗	✓ single use ⁴	✓ single use ⁴
Primary care, ambulatory care, and other non emergency outpatient and other clinical settings e.g. optometry, dental, maternity, mental health	Direct patient care – possible or confirmed case(s) ³ (within 2 metres)	✓ single use ⁴	✓ single use ⁴	✗	✗	✓ single or sessional use ^{4,5}	✗	✓ single or sessional use ^{4,5}
	Working in reception/communal area with possible or confirmed case(s) ³ and unable to maintain 2 metres social distance ⁶	✗	✗	✗	✗	✓ sessional use ⁴	✗	✗
Individuals own home (current place of residence)	Direct care to any member of the household where any member of the household is a possible or confirmed case ^{3,7}	✓ single use ⁴	✓ single use ⁴	✗	✗	✓ single or sessional use ^{4,5}	✗	✓ risk assess single or sessional use ^{4,5,8}
	Direct care or visit to any individuals in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding ⁹	✓ single use ⁴	✓ single use ⁴	✗	✓ single use ⁴	✗	✗	✗
	Home birth where any member of the household is a possible or confirmed case ^{3,7}	✓ single use ⁴	✓ single use ⁴	✓ single use ⁴	✗	✓ single or sessional use ^{4,5}	✗	✓ single or sessional use ^{4,5}
Community and social care, care home, mental health inpatients and other overnight care facilities e.g. learning disability, hospices, prison healthcare	Facility with possible or confirmed case(s) ³ – and direct resident care (within 2 metres)	✓ single use ⁴	✓ single use ⁴	✗	✗	✓ sessional use ⁴	✗	risk assess sessional use ^{4,8}
Any setting	Collection of nasopharyngeal swab(s)	✓ single use ⁴	✓ single or sessional use ^{4,5}	✗	✗	✓ single or sessional use ^{4,5}	✗	✓ single or sessional use ^{4,5}

Table 2

1. This may be single or reusable face/eye protection/full face visor or goggles.

2. The list of aerosol generating procedures (AGPs) is included in section 8.1 at: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe. (Note: AGPs are undergoing a further review at present)

3. A case is any individual meeting case definition for a possible or confirmed case: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-en-cov-infection>

4. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).

5. A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round, providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment.

6. Sessional use should always be risk assessed and considered where there are high rates of hospital cases. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.

7. Non clinical staff should maintain 2m social distancing, through marking out a controlled distance; sessional use should always be risk assessed and considered where there are high rates of community cases.

8. Initial risk assessment should take place by phone prior to entering the premises or at 2 metres social distance on entering, where the health or social care worker assesses that an individual is symptomatic with suspected/confirmed cases appropriate PPE should be put on prior to providing care.

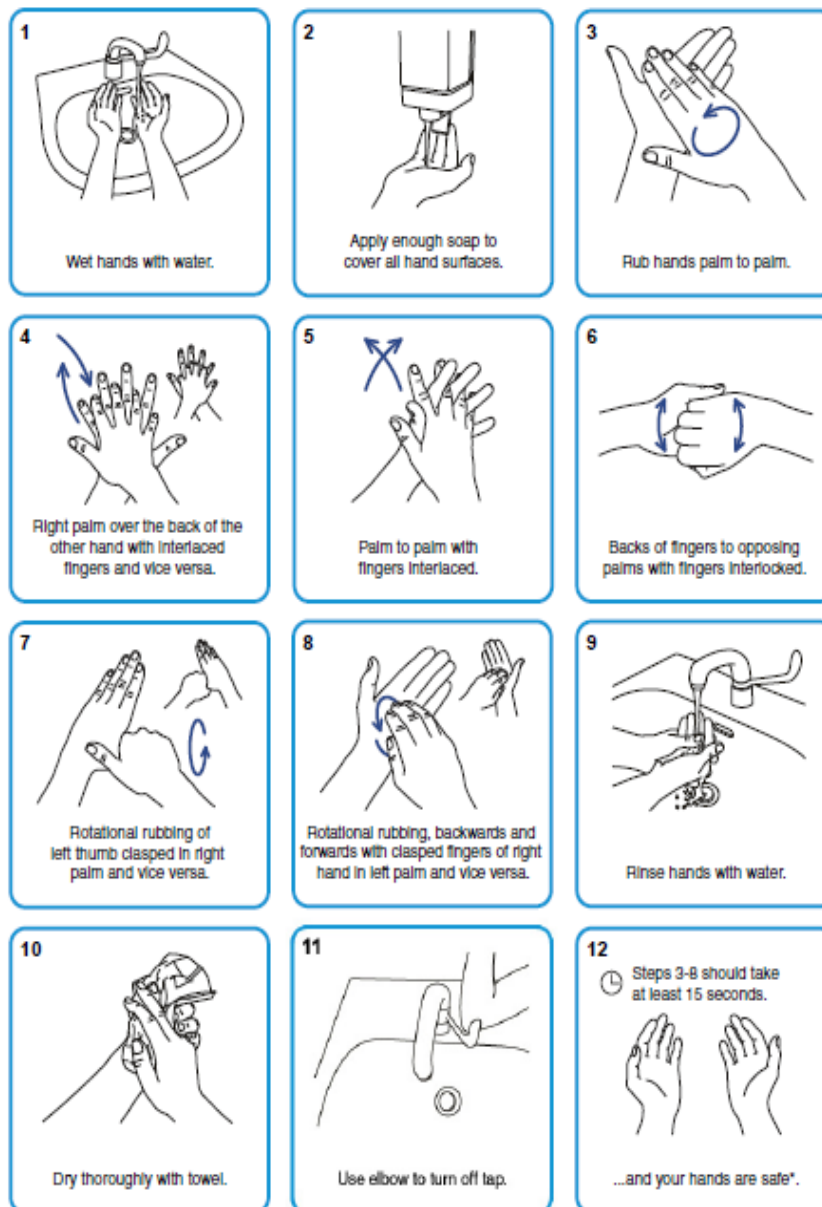
9. Risk assessed use refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets or blood or body fluids.

10. For explanation of shielding and definition of extremely vulnerable groups see guidance: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>



Best Practice: how to hand wash

Steps 3-8 should take at least 15 seconds.

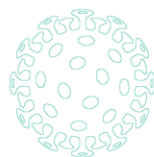


*Any skin complaints should be referred to local occupational health or GP.

From: COVID-19. Guidance for infection prevention and control in healthcare settings

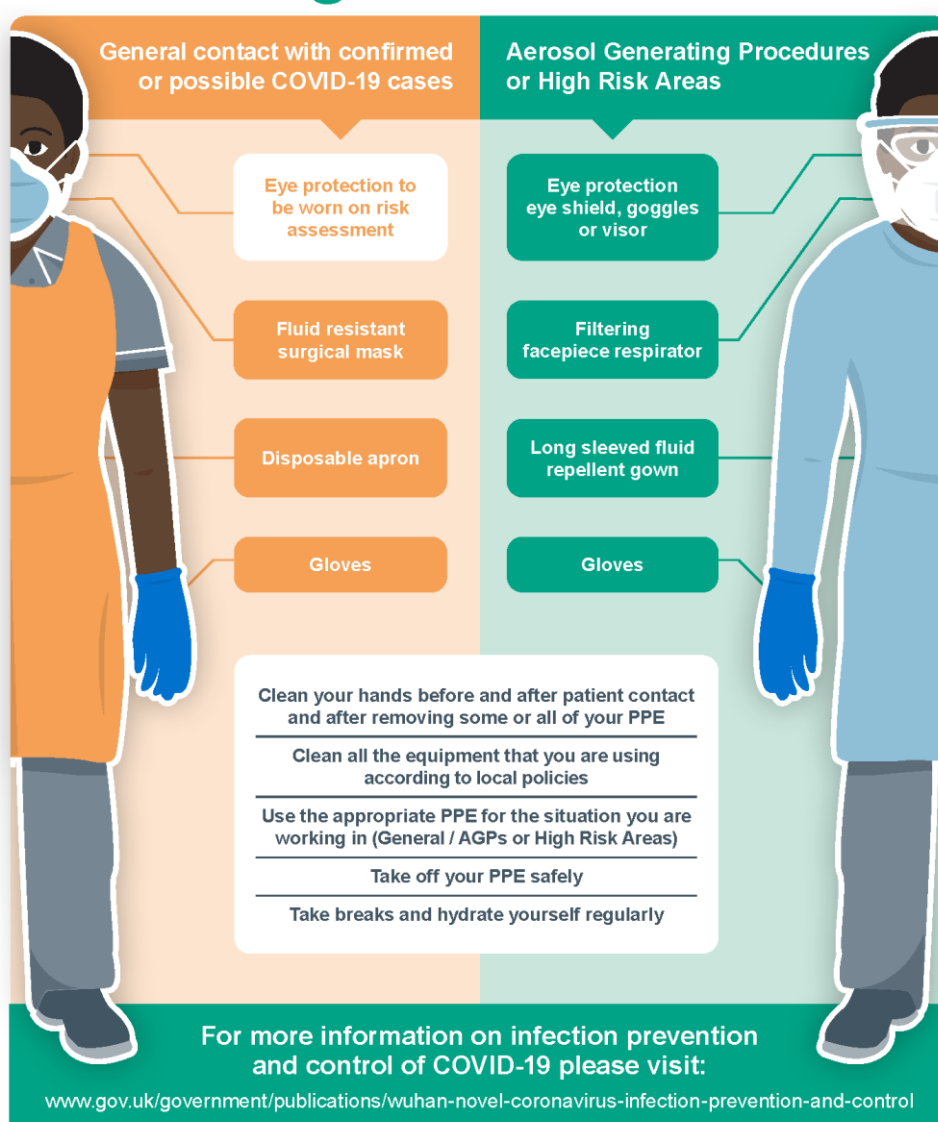


Public Health
England



COVID-19 Safe ways of working

A visual guide to safe PPE



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