

August 2020

# Personal Protective Equipment Guidance for Schools and Education Settings



Issued on behalf of the Surrey  
Recovery Planning Team

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## **Personal Protective Equipment (PPE)**

The majority of staff in education settings will not require PPE beyond what they normally need for their work.

PPE is only needed in a very small number of cases. These situations are captured in the section below “Implementing protective measures in education and childcare settings”.

Schools will only need to purchase and hold small stocks, which can be obtained through their existing supplier routes. For those schools who have not previously required PPE, there is a list of suppliers attached as an appendix. Please only purchase what you need following DfE and Public Health guidance.

Surrey’s Local Resilience Forum is unable to supply PPE to schools, unless you are a special school already on their existing list. Where a supply chain has broken down, or in an emergency situation where schools have been unable to obtain PPE in line with this guidance, please contact your Area Schools Officer.

### **Coronavirus (COVID-19): implementing protective measures in education and childcare settings - Personal protective equipment (PPE) including face coverings and face masks**

Wearing a face covering or face mask in schools or other education settings is not recommended. Face coverings may be beneficial for short periods indoors where there is a risk of close social contact with people you do not usually meet and where social distancing and other measures cannot be maintained, for example on public transport or in some shops. This does not apply to schools or other education settings. Schools and other education or childcare settings should therefore not require staff, children and learners to wear face coverings. Changing habits, cleaning and hygiene are effective measures in controlling the spread of the virus. Face coverings (or any form of medical mask where instructed to be used for specific clinical reasons) should not be worn in any circumstance by those who may not be able to handle them as directed (for example, young children, or those with special educational needs or disabilities) as it may inadvertently increase the risk of transmission.

The majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including:

- children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way
- if a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a

disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn

Education, childcare and children's social care settings and providers are responsible for sourcing their own PPE. Read [technical specifications for personal protective equipment \(PPE\)](#).

In addition to existing procurement routes, settings and local authorities can source PPE and cleaning products through the [Crown Commercial Service \(CCS\) safer working supplies website](#). Suppliers and products listed on this website meet standards set out 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 buying organisations have pre-existing experience and relationships across the education, childcare and children's social care sectors. Some of these organisations have e-catalogues offering PPE and cleaning products.

They include:

- [ESPO](#)
- [YPO](#)
- [NEPO](#)

If education or childcare settings cannot obtain the PPE they need, they should approach their local authority (LA). Local authorities should support them to access local PPE markets and available stock locally, including through coordinating the redistribution of available supplies between settings according to priority needs.

If the local authority is not able to meet the PPE needs of education and childcare providers, the LA should approach their nearest local resilience forum (LRF) which will allocate stock if it is available once the needs of other vital services locally have been met. If neither the LA or LRF is able to respond to an education or childcare setting's unmet urgent need for PPE, the setting will need to make their own judgement in line with their risk assessment as to whether it is safe to continue to operate.

### **Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE) - How to work safely in specific situations, including where PPE may be required**

Reference to PPE in the following situations means:

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

The PPE that should be used in the following situations when caring for someone with symptoms of coronavirus (COVID-19) is:

- a face mask should be worn if a distance of 2 metres cannot be maintained
- if contact is necessary, then gloves, an apron and a face mask should be worn
- 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 tests positive for coronavirus (COVID-19) and needs to remain 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 self-contamination. School nurses can support with training on how to use PPE correctly.

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

### **What specific steps should be taken to care for children with complex medical needs, such as tracheostomies?**

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.

Staff performing AGPs in these 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
- 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 support with fit testing should contact the appropriate health lead for the child or young person. This could be through either the Designated Clinical Officer for SEND for support from the local Clinical Commissioning Group (CCG), or the lead nursing team in the health provider.

Clearance of infectious particles after an AGP is dependent on the ventilation and air change within the room. For a room without ventilation, this may take an hour.

## How should I care for children who regularly spit?

If non-symptomatic 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 hands-on contact, they should continue to receive care in the same way, including any existing routine use of PPE.

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

In these circumstances, to reduce the risk of coronavirus (COVID-19) transmission, no additional PPE is necessary as these are non-symptomatic children in a non-healthcare setting and so the risk of viral transmission is very low. However, additional space and frequent cleaning of surfaces, objects and toys will be required. Cleaning arrangements should be increased in all settings, with a specific focus on surfaces which are touched a lot.

## In non-residential settings, what should be done if a child, young person or other learner becomes unwell with symptoms of coronavirus and needs to be cared for until they can return home?

If anyone in an education, childcare or non-residential children social care setting develops symptoms of coronavirus (COVID-19): a high temperature, new and persistent cough or loss of, or change in, normal sense of taste or smell (anosmia), however mild, they should self-isolate for at least 10 days from when the symptoms started; or if they are not experiencing symptoms but have tested positive for coronavirus (COVID-19) they should self-isolate for at least 10 days starting from the day the test was taken.

If they have tested positive whilst not experiencing symptoms, but develop symptoms during the isolation period, they should restart the 10 day isolation period from the day they develop symptoms.

This only applies to those who begin their isolation on or after 30 July 2020.

If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, with appropriate adult supervision if required depending on the age of the child. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.

PPE should be worn by staff caring for the child while they await collection if direct personal care is needed and a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

## What protection is needed when transporting children?

If the children or young people being transported do not have symptoms of coronavirus, there is no need for a driver to use PPE. See [COVID-19: safer transport guidance for operators](#) for further guidance on PPE and face coverings.

In non-residential settings, any child, young person or other learner who starts displaying coronavirus symptoms while at their setting should wherever possible be collected by a member of their family or household.

In exceptional circumstances, **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 mask if they are old enough and able to do so

## Is PPE required for tasks involving changing nappies or general care for babies?

Staff should follow their normal practice when changing nappies and caring for babies more generally, provided the child is not showing symptoms of coronavirus. This includes continuing to use the PPE that they would normally wear in these situations, for example aprons and gloves. If a child shows symptoms, they should not attend a childcare setting. **They should be at home and get tested.**

## Does coronavirus (COVID-19) mean that PPE is needed for administering first aid?

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

## How should PPE and face coverings be disposed of?

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 [guidance on cleaning for non-healthcare settings](#).

**Used PPE and face coverings should not be put in a recycling bin or dropped as litter. Education, childcare and children's social care settings should provide extra**

bins for staff and customers to throw away face coverings and PPE and should ensure that staff and customers do not use a recycling bin.

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 such as disposable cleaning cloths, face coverings, tissues and PPE from people with symptoms of coronavirus (COVID-19), including people who are self-isolating and members of their household:

- 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

This 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.

Settings such as residential care homes or special schools that generate clinical waste should continue to follow their usual waste policies.

### **National guidance referred to in compiling this guidance:**

<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe>

<https://www.gov.uk/government/collections/coronavirus-covid-19-personal-protective-equipment-ppe>

<https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings>