

PPE IN CHILDCARE AND EDUCATION SETTINGS

Detailed guidance on infection control in education and childcare settings is available [here](#) and [here](#). PPE is only one component.

Wearing a face covering or face mask in schools or other education settings is not recommended. 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.

SAFE USE OF PPE

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.

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

SAFE DISPOSAL OF PPE

To dispose of waste after direct contact with a child 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. Waste should not be put 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.

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.

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

Further information is also available in the [cleaning non-healthcare settings guidance](#).

GENERAL MEASURES for infection prevention

Preventing the spread of coronavirus involves dealing with direct transmission (for instance, when in close contact with those sneezing and coughing) and indirect transmission (via touching contaminated surfaces). PPE is only one component of infection prevention and control and a range of approaches and actions should be employed. These include:

- **Self-isolation:** minimising contact with individuals who are unwell by ensuring that those who have coronavirus [symptoms](#), or who have someone in their household who does, [self-isolate](#) (7 days or 14 days for household contacts) and [get tested](#).
- **Social distancing:** when face-to-face contact is essential, maintaining a 2 metre distance as much as possible. Details available at [staying alert and social distancing](#).
- **Hand hygiene:** cleaning hands more often than usual - wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered. [Hand hygiene](#) must be performed immediately before every care episode and after any activity or contact that potentially results in hands becoming contaminated. This includes the removal of PPE, equipment decontamination and waste handling.
- **Respiratory hygiene:** reducing the spread of germs when you cough or sneeze, cover your mouth and nose with a tissue, or your sleeve (not your hands) if you don't have a tissue, and throw the tissue in a bin immediately. Then wash hands or use a hand sanitising gel. Good respiratory hygiene includes avoiding touching the mouth, nose and eyes.
- **Premises:** [cleaning](#) frequently touched surfaces often using standard products, such as detergents and bleach. Keeping a property properly ventilated by opening windows whenever safe and appropriate. Minimising contact and mixing by altering, as much as possible, the environment (there are different ways to do this based on the setting, eg. cohorting, changing the layout, staggering start times, break times etc).

Date: 20th May 2020