

STANDARD OPERATING PROCEDURE USE OF PPE (ROOM VISITS) – COVID 19

V4 – Interim Live Document - HMPPS

Brief Description of Task: Staff visits to residents confined (self isolating) to their rooms during COVID-19 (including cohort units such as RCU/PIU and SU). For the purpose of meal delivery and welfare check during self – isolation of **suspected or confirmed cases**.

Particular Hazards: Exposure to COVID -19, potential disruptive occupant and persons at risk of self-harm

Special Safety Precautions: Staff undertaking room visits must not be from the current GOV.UK shielded at risk group of persons (ie: pregnant workers, those with serious underlying medical conditions as described and updated within the national GOV.UK briefings)

Special Equipment, Procedures or PPE needed: PPE to be used for the purposes of visiting residents whom are self isolating within their rooms (assessed via medical practitioner as suspected or confirmed COVID-19 Case). Separate Standard Operating Procedures describe other circumstances out side of this procedure.

PPE (Room Visits – x1 staff member to be wearing/ x1 staff member to have ready and in possession):

1. Fluid Resistant Surgical Mask (x2)
2. Nitrile Glove (x2)
3. Apron (x2) – (where available)
4. Goggle/Face Sheild/Eye Protective glasses (x1)

Equipment:

1. Clinical waste bags (x1)
2. Hand sanitisation (60% alchohol rub) – (x1)
3. Access to hand washing facilitiy post task.

(substitutions to above PPE and equipment may take place, these will all comply with the current GOV.UK guidelines)

PPE should be changed every 4 hours. The PPE being used during this process is sessional, as such it may remain in use during the entire process of visiting rooms, unless is becomes damaged.

Door handles and observation flaps to be disinfected as part of the current cleaning guidance.

Hand sanitisation to be available to the staff immediaelty after completion of the tasks and at the point where used PPE is placed into clinical waste bags. Clinical waste bags are to be removed from residential units at the earliest oppotrtnity and placed within the local clinical waste containers.

A minimum of two members of staff are required for the visits to those isolating (where a local assessment requires foreseeable issue, this will be increased via the local unit manager).

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Prisons are required to ensure they are up to date with all relevant HMPPS COVID-19 guidance especially regarding identification and categorisation of a symptomatic/confirmed person (this information may change regularly)

Prisons are also required to apply all current HMPPS COVID-19 guidance in relation to Cohorting the separate groups of persons.

Good Practice Procedure

Prisons should make arrangements for staff whom are detailed to undertake the room visits to be donning their PPE under supervision of others whom can check the equipment is correctly fitted prior to leaving the area. Planning of the routes need to be carefully considered and further staff should be made available to provide access for the PPE staff to access areas avoiding the need to make contact with as many hard surface areas as possible (staff opening gates for the PPE staff to enter areas directly on their routes). Further planning is also required to ensure residential staff have all meals (and any other items) ready for the PPE staff to deliver as easily as possible and straight to the rooms. Routes and rooms to visit require clear planning the allow the PPE staff to undertake the task. On completion of the task it is recommended that staff return to an area where doffing can take place and staff have access to immediate removal of items to clinical bags, hand washing is close by or immediate alcohol rub is used prior. Eye protection PPE can be recycled using a Titan Chlor/Chlorine Based (1000 ppm) solution, the doffing room is an ideal place for this to take place and the provision of this should take place there. Each day will provide differing rooms to visit so planning of the PPE staff's visits is required.

Emergency Procedures, and/or Contact Point: Staff detailed visiting residents isolating must receive a fresh briefing via the unit manager prior to each visit. Information must contain relevant instruction and refresh on the donning and doffing of PPE, hand washing and refreshing of the included steps to follow. The unit manager must also outline the condition of each resident and where potential issues may be evident.

The manager will arrange that staff undertaking the visits remain within immediate visual contact of a further member of staff positioned away from the two but able to summon assistance via radio if required.

Staff undertaking the visits will feedback occupants conditions to the unit manager on each occasion, this will be recorded within the necessary handover documents

Detailed Steps to Follow

1. A minimum of two members of Staff to be detailed visiting self isolating residents
2. The Unit manager will brief all staff prior to commencement as detailed within the emergency procedures
3. Staff will check their PPE, one Staff member will done as per the attached guidance. The accompanying member of staff will carry the PPE only (and have ready to done in the event of assisting the other member of staff during a potential entry to the room)
4. Staff will check the delivery items are ready and in place prior to entry into the areas.

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5. The Staff member wearing eye protection is to open the observation flap and confirm the location of the occupant within the room. Where breakages of observation panels are known these must be relayed to the PPE staff member by the residential staff during the briefing.
6. Staff will talk with the resident and ascertain how they are and if they have got everything they need at present?
7. Staff will ask that the resident washes their hands and places their chair close to the door so that they may deliver items (food/canteen/letters/other)
8. Staff will request the occupant moves to the end of the room so staff may open the door and place items on the chair.
9. Staff will check via the observation panel and proceed to open the door once this is visually confirmed.
10. The door will be opened. If the occupant attempts to close the distance during the procedure, the staff member will close the door. Attempts will be made to repeat the process once the occupant is compliant (the second staff member should done PPE where further attempts are to be made).
11. One of the staff members (wearing goggles/eye protection) will carefully place the items on the chair ensuring no hand/other contact is made with the chair or other part of the inside of the room. Staff are NOT to enter further into the room at any point of this task.
12. The door will be closed
13. Staff will check via the observation panel that the occupant is content with the items.
14. Staff will move to the next area requiring a visit
15. Once all areas have received a visit staff will remove PPE as contained within the attached guidance, , the PPE will be placed within a clinical bag and removed to clinical waste (eye protection will be placed outside of the clinical waste and recycled for further use via the Titan chlor tablets/Chlorine solution), staff will further carry out hand sanitisation and hand washing. If the accompanying member of staff does not use the PPE this must not be placed in the clinical bag and is to be recycled for further use.
16. Staff will brief the unit manager/healthcare with any relevant observations from the visits.

Documents – Surgical Masks guidance for fit:



V2 Donning and
Doffing a surgical mask



FFP2
disposable.pdf

Annex: Hand washing guidance/general donning & doffing of PPE/HMPPS PPE selection diagram

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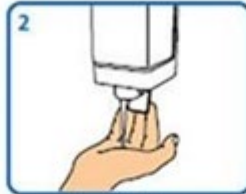
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Hand-washing technique with soap and water



Wet hands
with water



Apply enough soap
to cover all
hand surfaces



Rub hands palm
to palm



Rub back of each hand
with palm of other hand
with fingers interlaced



Rub palm to palm with
fingers interlaced



Rub with back of fingers
to opposing palms with
fingers interlocked



Rub each thumb clasped
in opposite hand using a
rotational movement



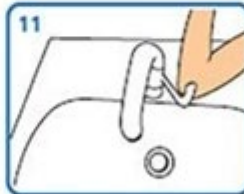
Rub tips of fingers in
opposite palm in a
circular motion



Rub each wrist with
opposite hand



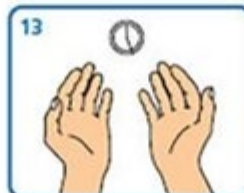
Rinse hands
with water



Use elbow to
turn off tap



Dry thoroughly with
a single-use towel



Hand washing should take
15–30 seconds



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Putting on personal protective equipment (PPE)

The order of putting on PPE is: apron, facemask, visor and gloves.



Apron

- Pull over head and fasten at back of waist



Facemask

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to bridge of the nose
- Fit snug to face and below chin



Visor

- Place over face and eyes and adjust to fit



Gloves

- Extend to cover wrist

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

- Keep hands away from face
- Change gloves between tasks and when torn or heavily contaminated
- Limit surfaces touched
- Regularly perform hand hygiene

Removing personal protective equipment (PPE)

PPE should be removed in an order that minimises the potential for cross-contamination.

The order of removing PPE: is gloves, apron, visor and facemask.



Gloves

- Grasp the outside of the glove with the opposite gloved hand; peel off
- Hold the removed glove in the gloved hand
- Slide the fingers of the ungloved hand under the remaining glove at the wrist
- Peel the second glove off over the first glove



Apron

- Unfasten or break ties
- Pull apron away from neck and shoulders lifting over head, touching inside only
- Fold or roll into a bundle



Visor

- Handle only by the headband or the sides



Facemask

- Unfasten the ties – first the bottom, then the top
- Pull away from the face without touching front of facemask

Perform hand hygiene immediately after removing all PPE.

All PPE should be removed before leaving the area and disposed of in a sealed plastic bag in a household wheelle bin.

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COVID-19 CUSTODIAL PPE Guidance

PPE for use in prison based on guidance published by Public Health England, for activities requiring close contact with a possible COVID-19 case.

Contact with confirmed or suspected COVID-19 cases and mandatory security tasks

Escort to hospital, bed watch, CPR or self-harm response, cleaning post BBV* incidents involving spray treatments.

Eye protection, if there is a risk of body fluid entering the eye.

Fluid resistant surgical mask.

Disposable apron where available.

Nitrile gloves

Wash your hands before and after patient contact and after removing some or all of your PPE

Clean all the equipment that you are using according to local policies

Use the appropriate PPE for the situation you are working in (General / AGPs or High risk areas)

Take off your PPE safely

Take breaks and hydrate yourself regularly

Eye protection, eye shield, goggles or visor.

FFP3 or FFP2 face mask.

Long sleeved fluid repellent gown/coverall.

Nitrile gloves.

For further information and detailed operating procedures please refer to the Safe Operating Procedures as issued from Gold Command.

*BBV – Blood Borne Virus

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