

When should PPE be used?

The current guidance on [implementing protective measures](#) (GOV.UK) in education and childcare settings states that the majority of staff in education settings do not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of two 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.
- On the rare occasion where 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.

In addition, where staff are providing direct personal care (within two metres) to children with complex special educational needs, staff should use the following PPE, even where the child does not have symptoms of COVID-19:

- Disposable gloves;
- Disposable apron;
- Fluid resistant (type IIR) surgical mask;
- Eye protection where there is a risk of splashing of bodily fluids.

Staff and headteachers are best placed to risk assess where and when this level of direct care is being carried out.

Staff need to be familiar with [how to put on and take off PPE safely](#) (pdf). PPE needs to be used appropriately, including complying with other standard infection control measures (such as handwashing), which are the tools, that for most encounters, really make a difference. It is vital, therefore that PPE is only used where headteachers or managers feel it is needed in line with the guidance and interpretation above.

When should additional PPE (e.g. shields and FFP3 face masks) be used?

Enhanced PPE, such as face shields, FFP3 face masks and gowns, are only needed where Aerosol-Generating Procedures (AGPs) are undertaken. Guidance on [infection prevention and control](#) (pdf) states that following procedures are currently considered to be potentially infectious AGPs for COVID-19:

- intubation, extubation and related procedures, for example, manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract)
- tracheotomy or tracheostomy procedures (insertion or open suctioning or removal)

- bronchoscopy and upper ENT airway procedures that involve suctioning
- upper gastro-intestinal endoscopy where there is open suctioning of the upper respiratory tract
- surgery and post mortem procedures involving high-speed devices
- some dental procedures (for example, high-speed drilling)
- non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP)
- High Frequency Oscillatory Ventilation (HFOV)
- induction of sputum
- high flow nasal oxygen (HFNO)

Where these procedures are undertaken, a long-sleeved disposable fluid repellent gown (covering the arms and body), a filtering face piece class 3 (FFP3) respirator, a full face shield or visor and gloves are recommended. Please note that the respirator required for AGPs must be fitted correctly (known as 'fit testing') by an individual trained to do this. Staff in education and children's social care settings that need support with fit testing should contact the appropriate health lead for the child/young person. This could be either via the Designated Clinical Officer for SEND for support from the local Clinical Commissioning Group, or via the lead nursing team in the health provider.