Chief Medical Officer Directorate Chief Pharmaceutical Officer Pharmacy and Medicines Division



Dr Rose Marie Parr, BSc(Hons) MSc PHD FFRPS FRPharmS email: <u>rosemarie.parr@gov.scot</u>

Community Pharmacy Scotland Chief Executive Officer

Prof. Harry McQuillan Email: <u>harry.mcquillan@cps.scot</u>



Dear Colleagues

UPDATED PERSONAL PROTECTIVE EQUIPMENT (PPE) GUIDANCE FOR PHARMACY

We are writing to you to make you aware of the updated 'Novel Coronavirus (COVID-19) Guidance for Primary Care - Management of patients in primary care, including pharmacy' which was issued on 20 August 2020 by Public Health Scotland. The full updated guidance can be accessed on the following weblink - <u>https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-primary-care/</u>

The pharmacy guidance section was updated on 17 August 2020. It is important that you and all of the pharmacy staff familiarise yourself with this guidance as soon as possible. It provides advice and guidance on a number of key factors in infection, prevention and control within the community pharmacy setting, including physical distancing, use of PPE and environmental cleaning.

We would also like to remind you that face coverings became mandatory in Scotland in health care settings, including in community pharmacies, from 10 July. Scottish Government guidance on face coverings can be accessed here - <u>https://www.gov.scot/publications/coronavirus-covid-19-phase-3-staying-safe-and-protecting-others/pages/face-coverings/</u>.

The updated guidance for community pharmacy staff advises on the steps that must be taken to protect staff and patients against the spread of coronavirus. Where 2 metre physical distancing cannot be followed, a risk based approach should be used. For face to face consultations, PPE should be worn as detailed in Table 2 in the updated guidance. Table 2 is provided in **Annex A** to this letter for ease of reference. Table 4 provides additional considerations for PPE where there is sustained transmission of COVID-19 taking into account individual risk assessment. Table 4 is provided in **Annex B** of this letter for ease.







At the end of a session involving use of PPE, it should be removed and disposed of as per appendix 2 of the guidance. This is provided at **Annex C** of this letter for ease.

We would like to thank you again for all of your efforts in responding to the coronavirus pandemic. We appreciate your continued hard work and dedication to safeguard our communities across Scotland.

Yours sincerely,

Lose Marie Para

Dr Rose Marie Parr Chief Pharmaceutical Officer Scottish Government

Eamer and Civelan.

Harry McQuillan Chief Executive Officer Community Pharmacy Scotland







Table 2 – Recommended PPE for Primary, Outpatient, Community and Social Care by Setting, NHS and Independent Sector.

Annex A

Public Health England



Academy of

Colleges

Medical Royal





disability

Accredited

IN PEOPLE | Until 2020



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
Any sotting	Performing an aerosol generating procedure ² on a possible or confirmed case ¹	✓single use*	×	✓ single use*	×	×	✓single use*	✓ single use*
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 motres)	single use'	✓single use*	×	×	single or sessional use*-8	×	sessional use
	Working in reception/communal area with possible or confirmed case(e) ² and unable to maintain 2 metres social distance ⁸	×	×	×	×	sessional use*	×	×
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 ⁵⁵	✓single use'	✓single use*	×	×	single or sessional use*3	×	risk assess single or sessional use*5
	Direct care or visit to any individuals in the extremely vulnorable group or where a member of the household is within the extremely vulnerable group undergoing shielding*	✓single use*	✓single use ⁴	×	✓single use*	×	×	×
	Home birth where any member of the household is a possible or confirmed case ¹⁷	 single use* 	✓single use ⁴	 single use* 	×	single or sessional use ^{1,8}	×	single or sessional use
Community and social care, care home, nontal health inpatients and other overnight care facilities e.g. learning disability, hospices, prison healthcare	Facility with possible or confirmed case(s)^ – and direct resident care (within 2 metros)	✓single use*	✓single use*	×	×	✓sessional use ³	×	risk assess sessional use ^{s,}
Any setting	Collection of nasopharyngeal swab(s)	✓single use*	single or sessional use	×	×	single or	×	single or

Table 2

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

2. The list of aeroad generaling procedures (AGPs) is included in section 8.1 at www.gov.uk/government/jubications/w/an-rowel contrainius inflation prevention and contrainio-vid 18 personal protective equipment pps, (Note APQs are undergoing a further review at present)

3. A case is any individual meeting case defention for a possible or confirmed case into *investigation or possible cases* in w/ran novel company and into investigation or possible cases in w/ran novel company and into confirmed case into *investigation* or respiratory or possible cases of w/ran novel company and into confirmed cases into *investigation* or possible cases in w/ran novel company and into confirmed cases into *investigation* or possible cases into *investigation* or possible cases of w/ran novel company and into confirmed cases into *investigation* or possible cases interviewed cas

5. A large session refers to a period of time where a health care worker is undertaking duties in a specific care both gespoure environment e.g. on a ward round, previding ongoing care to inplatents. A session ends when the health care worker leaves the care setting bepoure environment

Sessional use should sways be risk assessed and considered where there are high rates of hospits cases. PPE should be deposed of after each session or earlier if damaged, solied, or uncomfortable. 6. Non clinical stall 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.

A net in this assessment about the net of the net of

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

For explanation of shelding and definition of extremely witherable groups see guidance. http://www.goviuk/government/sublicationa/juidance on shielding and protecting extremely-witherable persons from could filliguidance on shielding and protecting extremely-witherable persons from could

Table 4 - Additional Considerations, in Addition to Standard Infection Prevention and Control Precautions

Annex B



Additional considerations, in addition to standard infection prevention and control precautions,

where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen, 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	Direct patient/resident care assessing an individual that is not currently a possible or confirmed case" (within 2 metres)	single use ^a	single use ^s	×	×	risk assess sessional use ^{4,5}	×	risk assess sessional use ^{4,5}
Any setting	Performing an aerosol generating procedure ⁶ on an individual that is not currently a possible or confirmed case ^{3/2}	single use ^a	×	single use ³	×	×	singie use ³	single use ¹
Any setting	Patient transport service driver conveying any individual to essential healthcare appointment, that is not currently a possible or confirmed case in vehicle without a bulkhead, no direct patient care and within 2 metres	×	×	×	single use ¹	×	×	×

Table 4

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

A case is any individual meeting case definition for a possible or confirmed case: https://www.govuk/government/publications/wuhan-novel-coronavirus-initial-livestigation-of-possible-cases-phys.lan-novel-coronavirus-win-cov-intection

Single use refers to disposal of PPE or decommination 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 (SICPa).

4. Risk assess refers to utilising PPE when there is an anticipated/Redy risk of contamination with spashes, troplets of blood or body fluids. Where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/single session.

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 word round; providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and consider the risk of infection to and from patients, residents and health and care workers where COMD-19 is circulating in the community and hospitals. PPE should be disposed of sitre each session or earlier if demaged, solid-or uncommontable.

6. The list of aerosol generating procedures (AGPs) is included in section 9.1 at: www.gov.uk/government/publications/wuhan novel coronavirus infection prevention and control/covid 19 personaprotective-equipment-ppe, (Note APGs are undergoing a further review at present)

7. Ambulance staff conveying patients are not required to change or upgrade PPE for the purposes of patient handover.

© Crown copyright 2020. Public Health England Gateway number 2010002. VII. 00.04 2020.







Appendix 2 – Putting on and removing Personal Protective Equipment (PPE)

Putting on PPE

Before putting on PPE:

- Check what the required PPE is for the task/visit (see PPE section)
- Select the correct size of PPE
- Perform hand hygiene

PPE should be put on before entering the room.

• The order for putting on is apron, surgical mask, eye protection (where required) and gloves.

• When putting on mask, position the upper straps on the crown of head and the lower strap at the nape of the neck. Mould the metal strap over the bridge of the nose using both hands.

The order given above is a practical one; the order for putting on is less critical than the order of removal given below.

When wearing PPE:

- Keep hands away from face and PPE being worn.
- Change gloves when torn or heavily contaminated.
- Limit surfaces touched in the care environment.
- Always clean hands after removing gloves

Removal of PPE

PPE should be removed in an order that minimises the potential for crosscontamination.

Gloves

- Grasp the outside of the glove with the opposite gloved hand; peel off.
- Hold the removed glove in gloved hand.
- Slide the fingers of the un-gloved hand under the remaining glove at the wrist.
- Peel the glove off and discard appropriately.

Gown

- Unfasten or break ties.
- Pull gown away from the neck and shoulders, touching the inside of the gown only.







• Turn the gown inside out, fold or roll into a bundle and discard.

Eye Protection

• To remove, handle by headband or earpieces and discard appropriately.

Fluid Resistant Surgical facemask

- Remove after leaving care area.
- Untie or break bottom ties, followed by top ties or elastic and remove by handling the ties only (as front of mask may be contaminated) and discard as clinical waste.

• For face masks with elastic, stretch both the elastic ear loops wide to remove and lean forward slightly. Discard as clinical waste.

To minimise cross-contamination, the order outlined above should be applied even if not all items of PPE have been used.

Perform hand hygiene immediately after removing all PPE.

1. Instructional video

An instructional video for the correct order for donning, doffing and disposal of PPE for healthcare workers in a primary care setting has been produced.

You can access this in the following locations:

YouTube

<u>Vimeo</u>





