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# 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, even if they are not always able to maintain a distance of 2 metres from others.

If a child, young person, or student already has routine intimate care needs that involve the use of PPE, the same PPE should continue to be used.

During the coronavirus (COVID-19) outbreak, additional PPE is only required in a very limited number of scenarios:

- if an individual child, young person or student becomes ill with coronavirus (COVID-19) symptoms, or tests positive PPE must be worn by staff caring for the pupil while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs) - more information on PPE use can be found in the [Safe working in education, childcare and children's social care - GOV.UK \(www.gov.uk\)](#)
- when performing [aerosol generating procedures \(AGPs\)](#)

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 on the school leader webpages. Please only purchase what you need following DfE and Public Health guidance.

Depending on local arrangements, education and childcare settings may be able to access PPE for their coronavirus (COVID-19) needs via the local resilience forum. In this context, education and childcare settings means all registered childcare providers, schools (including independent schools, special schools, 16 to 19 academies and alternative provision) and FE providers.

For information on the arrangements in your local area, read [personal protective equipment \(PPE\): local contacts for providers](#).

Where these local arrangements are not in place, education and childcare settings are responsible for sourcing their own PPE. Read the [technical specifications for personal protective equipment \(PPE\)](#).

Emergency COVID-19 PPE requests for dealing with either of the 2 scenarios listed above can be obtained by emailing [ppe@surreycc.gov.uk](mailto:ppe@surreycc.gov.uk).

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

Regardless of local arrangements, if any education or childcare setting has an urgent unmet need for PPE they should contact their local authority. For urgent unmet need, local authorities should support settings to access PPE suppliers and locally available stock, including through coordinating the redistribution of available supplies according to priority needs.

If the local authority or local resilience forum is unable to respond to an education or childcare setting's unmet urgent need for PPE, they will need to make their own judgement in line with their risk assessment as to whether it is safe to continue to operate.

The PPE portal can be used by children's homes, secure children's homes, and residential special schools to get critical coronavirus (COVID-19) PPE. These providers will receive an email invitation to register with the portal. Go to the PPE portal for information about ordering PPE.

### **Ensure face coverings are used in recommended circumstances**

Where pupils **and students** in year 7 (which would be children who were aged 11 on 31 August 2020) and above are educated, the DfE recommend that face coverings should be worn by **staff, pupils and students** when moving around the premises, outside of classrooms, such as in corridors and communal areas where social distancing cannot easily be maintained. Face coverings do not need to be worn by pupils when outdoors on the premises.

In addition, they also recommend **that in settings where pupils and students in year 7 and above are educated** face coverings should be worn in classrooms *and* during activities unless social distancing can be maintained. This does not apply in situations where wearing a face covering would impact on the ability to take part in exercise or strenuous activity, for example in PE lessons.

In primary schools, the DfE recommend that face coverings should be worn by staff and adult visitors in situations where social distancing between adults is not possible (for example, when moving around in corridors and communal areas). Children in primary school do not need to wear a face covering.

This is an additional precautionary measure for a limited time during this period of high coronavirus (COVID-19) prevalence in the community. These measures will be in place until Easter. As with all measures, it will be kept under review and guidance updated at that point.

Transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. There is currently very limited evidence regarding the effectiveness or safety of

transparent face coverings, but they may be effective in reducing the spread of coronavirus (COVID-19).

Those who rely on visual signals for communication, or communicate with or provide support to such individuals, are currently exempt from any requirement to wear face coverings in schools or in public places.

Face visors or shields should not be worn as an alternative to face coverings. They may protect against droplet spread in specific circumstances but are unlikely to be effective in reducing aerosol transmission when used without an additional face covering. They should only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately.

## Exemptions

Some individuals are exempt from wearing face coverings. This applies to those who:

- cannot put on, wear or remove a face covering because of a physical impairment or disability, illness or mental health difficulties
- speak to or provide help to someone who relies on lip reading, clear sound or facial expression to communicate

The same exemptions will apply in education and childcare settings and you should be sensitive to those needs, noting that some people are less able to wear face coverings and that the reasons for this may not be visible to others.

## Access to face coverings

Due to the increasing use of face coverings in wider society, staff and pupils are already likely to have access to face coverings. PHE has also published guidance on how to make a simple face covering.

Schools should have a small contingency supply available for people who:

- are struggling to access a face covering
- are unable to use their face covering as it has become damp, soiled or unsafe
- have forgotten their face covering

No pupil should be denied education on the grounds that they are not wearing a face covering.

## Safe wearing and removal of face coverings

It is vital that face coverings are worn correctly and that clear instructions are provided to staff, pupils and students on how to put on, remove, store and dispose of face coverings in all circumstances, to avoid inadvertently increasing the risks of transmission.

Schools should have a process for when face coverings are worn within their school and how they should be removed. This process should be communicated clearly to pupils, staff and visitors and allow for adjustments to be made for pupils with SEND who may be distressed if required to remove a face covering against their wishes.

Safe wearing of face coverings requires the:

- cleaning of hands before and after touching – including to remove or put them on
- safe storage of them in individual, sealable plastic bags between uses

Where a face covering becomes damp, it should not be worn, and the face covering should be replaced carefully. Staff and pupils may consider bringing a spare face covering to wear if their face covering becomes damp during the day.

You must instruct pupils to:

- not touch the front of their face covering during use or when removing it
- dispose of temporary face coverings in a 'black bag' waste bin (not recycling bin)
- place reusable face coverings in a plastic bag they can take home with them
- wash their hands again before heading to their classroom

- [Safe working in education, childcare and children's social care provides](#)
- [Face coverings in education settings](#)

### **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

### **Residential settings, including residential schools, residential special schools and children's homes?**

Children's homes, residential special schools and colleges, and other mainstream boarding schools, 16 to 19 academies and residential FE providers are usually considered as 'households' for the purposes of the [household self-isolation policy](#).

If a **child** in a residential setting develops symptoms of coronavirus (COVID-19):

- a test should be booked immediately to confirm whether the resident has coronavirus (COVID-19)
- the [isolation guidance for residential settings](#) should be followed, including being clear on what a 'household' is in your residential setting
- they should self-isolate, avoiding contact with other members of the 'household' as much as possible
- all other residents living in the 'household' should also self-isolate in line with [guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)
- staff can continue to enter and leave the home as required, consistent staff rotas should be used where possible and staff should follow good infection prevention control
- staff should wear PPE for activities requiring close contact
- staff should adhere to distancing guidelines as far as they are able to but should take account of resident's emotional needs

If a **child** with symptoms get a test and the result is positive:

- the setting should contact their local [health protection team](#) who will take forward the contact tracing and support the home to manage through their response
- staff should wear PPE for activities requiring close contact

If a resident who has been in close contact with someone who has tested positive for coronavirus (COVID-19) is self-isolating within a residential setting, no additional PPE is required to be worn by staff caring for the resident unless the resident develops symptoms and close contact is necessary.

### **Children with complex medical needs, such as tracheostomies?**

It is vital that all children, young people and learners, including those with complex or additional health needs, are supported to continue their education and care in their education or children's social care setting, where it is safe to do so.

There are some additional considerations to support children, young people and learners who require procedures that may generate aerosols. This is because aerosol generating procedures (AGPs) can increase the risk of coronavirus (COVID-19) transmission in the presence of a positive case between those giving and receiving care.

The DfE recognise that all settings, children, young people and learners will have individual needs. This guidance should be adapted to meet these specific and local circumstances with collaboration between education and children's social care settings, families and local agencies to find solutions being key.

These principles for managing AGPs in education and children's social care settings provide a framework for this collective approach to support the education, care and safety needs of the child, young person or learner and of the setting.

### **Aerosol generating procedures (AGPs)**

AGPs that are commonly performed in education and children's social care settings include:

- non-invasive ventilation (NIV)
- bi-level positive airway pressure ventilation (BiPAP)
- continuous positive airway pressure ventilation (CPAP)
- respiratory tract suctioning beyond the oro-pharynx [\[footnote 1\]](#) [\[footnote 2\]](#)

Procedures that are not classed AGPs include:

- oral or nasal suction
- the administration of nebulised saline, medication or drugs
- chest compressions or defibrillation
- chest physiotherapy
- the administration of oxygen therapy
- suctioning as part of a closed system circuit
- nasogastric tube insertion and feeding



Education and children's social care settings, health providers and local teams should work together to build on existing processes in place when implementing coronavirus (COVID-19) adjustments.

Education and children's social care settings should lead on assessments for their setting. The child, young person or learner's lead health professional should oversee their care assessments. PHE local health protection teams can advise on infection prevention and control concerns about the child, young person or learner, or the setting. Settings should work with the lead health professional to coordinate any assessments required, with input from PHE local health protection teams as needed.

Settings should be supported by local partners to review and build on existing risk assessments. This will allow the setting to consider any adaptations that they may need, for example, designating a room for undertaking AGPs, or if within a classroom, making sure that all other staff, children, young people and learners are at least 2 metres distance away (as recommended by [infection prevention and control guidance](#) and the system of controls set out in [sections 1 to 8](#)) with a window opened for ventilation.

The DfE expect children, young people and learners with complex health needs will be able to return to their education or social care setting without settings needing to make significant changes to their ways of work beyond required adherence to the system of controls (as set out in [sections 1 to 8](#)). They do not envisage that settings will generally require specialist equipment, for example, tents or airflow systems.

Footnotes:

1. The available evidence relating to respiratory tract suctioning is associated with ventilation. In line with a precautionary approach, open suctioning of the respiratory tract regardless of association with ventilation has been incorporated into the current coronavirus (COVID-19) AGP list. Currently, only open suctioning beyond the oro-pharynx is considered an AGP - oral or pharyngeal suctioning is not an AGP. The evidence on respiratory tract suctioning is being reviewed by the AGP panel.
2. See guidance on [infection prevention and control](#) and [assessing the evidence base for medical procedures which create a higher risk of respiratory infection transmission from patient to healthcare worker](#) for more information.

Staff performing AGPs in education or children's social care settings should follow the infection prevention and control guidance on [aerosol generating procedures](#) which is based on advice from the [Health and Safety Executive \(HSE\)](#). They should also 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 at the health provider.

Settings must be able to access the PPE they require for this purpose. Further information on sourcing PPE can be found in [section 6 of the system of controls](#).

Healthcare professionals and others visiting settings that provide care should follow the [infection prevention and control guidance](#), including the use of PPE. This describes the types of PPE that different groups undertaking different activities should use.

### **Children who regularly spit or require physical contact**

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.

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

### **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 a child, young person or student develops symptoms of coronavirus (COVID-19) (a new continuous cough, a high temperature, or a loss of, or change in, your normal sense of taste or smell - anosmia), and 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). Read further information on the circumstances in which PPE should be used in [section 6 of the system of controls](#).

### Protection needed when settings organise transport for children

If the children or young people being transported do not have symptoms of coronavirus, or a [positive coronavirus \(COVID-19\) test](#), there is no need for [additional measures to be taken](#). Read [COVID-19: safer transport guidance for operators](#) for further guidance on [how to provide safer services](#).

In non-residential settings, if a child, young person or [student](#) displays coronavirus (COVID-19) symptoms, or has a [positive test](#), while at their school they should avoid using public transport and, wherever possible, be collected by a member of their family or household. In exceptional circumstances, if parents or carers cannot arrange to have their child collected, if age-appropriate and safe to do so the child should walk, cycle or scoot home following a positive test result.

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

### PPE 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.

### PPE and 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.

### Disposing of PPE and face coverings

Used PPE and any disposable face coverings that staff, children, young people or [students](#) wear should be placed in a refuse bag and can be disposed of as normal domestic. If the wearer has symptoms of coronavirus ([COVID-19](#)), [disposal of used](#)

PPE and face coverings should be in line with the [guidance on cleaning for non-healthcare settings](#).

Used PPE and disposable 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 disposable face coverings and PPE and should ensure that staff and customers do not use a recycling bin.

Settings should communicate clearly to pupils, staff and visitors a process for [when face coverings should be worn within certain settings](#).

The safe wearing of face coverings requires cleaning of hands before and after touching – including to remove or put them on – and the safe storage of reusable face coverings in individual, sealable plastic bags between use. Where a face covering becomes damp, it should not be worn and the face covering should be replaced carefully. [Staff, pupils and students may consider bringing a spare face covering to wear in the event that their face covering becomes damp during the day](#). See further guidance on [face coverings in education settings](#).

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. [Read COVID-19: cleaning of non-healthcare settings outside the home](#).

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

[Actions for schools during the coronavirus outbreak - GOV.UK \(www.gov.uk\)](#)

<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>

[www.gov.uk/government/publications/face-coverings-in-education](http://www.gov.uk/government/publications/face-coverings-in-education)