



Title: Covid-19 IPC Guidance

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Author: NELCSU IPC Team

This briefing summary note is correct at the time of publishing. However, guidance on COVID-19 is subject to regular updates on GOV.UK, please use the hyperlinks to read further.

Contents

Personal protective equipment (PPE): local contacts for care providers 2

Guidance for the safe use of multi-purpose community facilities 4

Guidance for Children’s Social Care Services 5

Medical devices given exceptional use authorisations during the COVID-19 pandemic..... 6

Incinerating Specified Healthcare Wastes at a Municipal Waste Incinerator: RPS C23 Updated 23rd November 2020..... 7

New film shows importance of ventilation to reduce spread of COVID-1910

Personal protective equipment (PPE): local contacts for care providers

A list of local contacts for care providers who are not on the PPE portal. Providers can get PPE through their local authority or local resilience forum.

Published 23 October 2020

Last updated 16 November 2020

Change made

Updated PPE contacts for Barking and Dagenham, Barnet, Bexley, Brent, Camden, City of London, Croydon, Cumbria County, Ealing, Enfield, Hackney, Hammersmith and Fulham, Haringey, Havering, Hertfordshire, Hillingdon, Hounslow, Islington, Kensington and Chelsea, Kent Council, Kingston upon Thames, Lambeth, Lewisham, Merton, Newham, Norfolk County, Redbridge, Redcar and Cleveland, Richmond upon Thames, Shropshire, Southwark, Sutton, Tower Hamlets, Waltham Forest, Westminster, and Windsor and Maidenhead.

From:

[Department of Health and Social Care](#)

Applies to: England

Contents

- [1. Who can receive PPE from their local authority or local resilience forum \(LRF\)](#)
- [2. Who can use the PPE portal](#)
- [3. Local authority and LRF contact details](#)
- [4. When to use the National Supply Disruption Response](#)

Who can receive PPE from their local authority or local resilience forum (LRF)

The majority of primary and social care services can obtain all of their COVID-19 PPE via the PPE portal. You can see the list of [eligible providers](#) below.

However, each local authority or LRF will supply some or all of the following services:

- local authorities (including children and adult social care workers)

- mental health community care
- personal assistants (LA, CCG commissioned and funded through personal health budgets)
- domestic violence refuges
- rough sleeping services
- social and primary care providers on the PPE portal in clinical need – for example, if there's an increase in local COVID-19 cases or temporary difficulties accessing other distribution channels

The Department for Education is working with [local authorities and LRFs](#) to determine the demand for education and childcare settings.

Who can use the PPE portal

For those not supplied through local authorities or LRFs, the majority of social and primary care providers can now get all of their COVID-19 PPE from the PPE portal.

The following organisations can use the PPE portal:

- GPs
- residential social care providers
- domiciliary social care providers
- pharmacies
- dentists
- orthodontists
- optometrists
- children's care homes and secure homes
- children's residential special schools
- community drug and alcohol services
- residential drug and alcohol services

Read the [guidance on what PPE items providers can order through the portal and order limits](#).

Local authority and LRF contact details [local authorities and LRFs](#)

Link to the guidance:

[Personal protective equipment \(PPE\): local contacts for care providers](#)

Guidance for the safe use of multi-purpose community facilities

The guidance is updated to reflect the new national restrictions in England from 5 November.

Published 30 June 2020

Last updated 17 November 2020

From: [Ministry of Housing, Communities & Local Government](#)

Details

This guidance is for those managing multi-use community facilities i.e. community center's, village halls and other community facilities on safely re-opening multi-purpose buildings. It signposts to relevant guidance on a range of different activities that can take place in these spaces.

Community Centre's, village halls, and other multi-use community facilities support a wide range of local activity. However, their communal nature also makes them places that are vulnerable to the spread of coronavirus (COVID-19).

Many community facilities are also workplaces and those responsible for the premises should therefore be aware of their [responsibilities as employers](#).

Here is the link for the guidance

[COVID-19: Guidance for the safe use of multi-purpose community facilities](#)

Guidance for Children's Social Care Services

Published: 3 April 2020

Last updated 16 November 2020

Background

This guidance is about safeguarding and protecting the welfare of vulnerable children. It is non-statutory and should be used to support children's social care services and providers to work with children and families during the ongoing coronavirus (COVID-19) pandemic.

Links to the guidance:

[Coronavirus \(COVID-19\): guidance for children's social care services](#)

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local-authorities-on-childrens-social-care>

<https://www.gov.uk/guidance/education-and-childcare-settings-new-national-restrictions-from-5-november-2020>

Changes made

Indicated which sections of the guidance are affected by the new national restrictions (5 November to 2 December 2020).

Below are the areas affected during the period of the [New National Restrictions](#):

- vulnerable children attendance at educational settings
- short break services (also known as respite)
- support for foster families
- Ofsted inspections

Medical devices given exceptional use authorisations during the COVID-19 pandemic

To ensure transparency around the supply of medical devices in the UK, a list of manufacturers and devices granted an exceptional use application is provided, see link below. Provided also is a list of recently expired ones, withdrawn or cancelled authorisations for a 2 month period.

Medical devices granted an exceptional use authorisation can be sold to the NHS and within the social care setting to ensure a continued supply of medical devices.

Exceptional use authorisations will be issued directly to the manufacturer of the medical device and normally do not allow for distributor sales.

1. Here is the link for medical devices granted an exceptional use authorisation:

<https://www.gov.uk/government/publications/medical-devices-given-exceptional-use-authorisations-during-the-covid-19-pandemic/list-of-medical-devices-given-exceptional-use-authorisations>

2. Here is the link for recently expired ones, withdrawn or cancelled authorisations for a 2-month period:

<https://www.gov.uk/government/publications/medical-devices-given-exceptional-use-authorisations-during-the-covid-19-pandemic/list-of-medical-devices-that-are-no-longer-covered-by-an-exceptional-use-authorisation>

Incinerating Specified Healthcare Wastes at a Municipal Waste Incinerator: RPS C23 Updated 23rd November 2020

(Summary)

Your environmental permit states the waste types and quantities you can accept.

If you follow the conditions in this COVID-19 regulatory position statement (RPS) you can accept and incinerate coronavirus (COVID-19) waste at a municipal waste incinerator without varying your environmental permit.

You must get written agreement from the Environment Agency before you use this COVID-19 RPS.

[Contact the Environment Agency.](#)

When this COVID-19 RPS applies

This COVID-19 RPS only applies to operators of permitted municipal waste incinerators.

It sets out when you can accept and incinerate coronavirus (COVID-19) waste without varying your environmental permit – provided you comply with its conditions.

Conditions you must comply with

You must comply with all of these conditions.

You must comply with all the other requirements of your environmental permit.

Condition 1

You must limit the healthcare waste to the following European Waste Catalogue (EWC) classifications.

These waste types cannot include sharps waste.

- 18 01 03* – orange bagged and containerised infectious waste
- 18 01 03*, 18 01 07 and 18 01 09 – bagged and containerised wastes
- 18 01 04 and 20 01 99 – offensive hygiene wastes
- 15 02 02* – absorbents, filter materials, wiping cloths and protective clothing contaminated by hazardous substances (COVID-19 cleansing waste)

Condition 2

You can demonstrate the waste producer has used all other appropriate permitted options available for the waste's treatment or incineration.

Condition 3

You have a written management system and follow its procedures for handling and managing the healthcare waste.

Condition 4

You can identify all the healthcare waste you accept at your site by the:

- date of arrival
- original producer details
- type of waste, including the EWC code

Condition 5

You comply with the requirements for waste pre-acceptance, waste acceptance, handling and storage in sector guidance note [How to comply with your environmental permit: additional guidance for clinical waste](#).

Condition 6

You make sure that burning the additional waste types at the plant will not have an adverse impact on plant emissions or the residues it produces.

Condition 7

Where reasonably practicable, you must do at least one round of equivalent emissions monitoring for the healthcare wastes in [condition 1](#) – as specified in the periodically monitored pollutants requirements in your permit. You must do this no later than one month after accepting the healthcare wastes.

Condition 8

You must test your incinerator bottom ash (IBA) and compare it with tests from before you incinerated the healthcare waste to confirm there is no change to the IBA composition.

Where reasonably practicable, you must do this 2 weeks from the date you first incinerated the healthcare waste in the plant, and no later than 4 weeks after.

If there are any changes in the IBA composition you must notify and discuss this with the Environment Agency.

Condition 9

You must not load (known as charge) any waste if the activated carbon abatement system stops, is disturbed or fails, other than under abnormal operating conditions.

Condition 10

You must not store healthcare waste at the facility for longer than 24 hours before incineration except in exceptional circumstances, such as unplanned outages. If you need to store it for more than 24 hours you must notify the Environment Agency immediately.

Condition 11

If you accept hazardous waste under this COVID-19 RPS you must submit quarterly [hazardous waste consignee returns](#) to the Environment Agency.

Condition 12

You must submit a monthly report to your [local Environment Agency office](#), detailing the amounts and types of waste burned under this COVID-19 RPS.

Condition 13

You must make sure your activities do not endanger human health or the environment.

You must not:

- cause a risk to water, air, soil, plants or animals
- cause a nuisance through noise or odours
- adversely affect the countryside or places of special interest

Enforcement

A COVID-19 RPS means that the Environment Agency will not normally take enforcement action against you provided:

- your activity meets the description set out in this COVID-19 RPS
- you comply with the conditions set out in this COVID-19 RPS
- your activity does not, and is not likely to, cause environmental pollution or harm human health

When to check back

This COVID-19 RPS will be withdrawn on 31 January 2021. After this date you must have a permit authorising the activity or stop accepting the wastes listed in [condition 1](#) at your facility.

Contact the Environment Agency

You must get written agreement from the Environment Agency before you use this COVID-19 RPS.

Email: enquiries@environment-agency.gov.uk

<https://www.gov.uk/government/publications/incinerating-specified-healthcare-wastes-at-a-municipal-waste-incinerator-rps-c23/incinerating-specified-healthcare-wastes-at-a-municipal-waste-incinerator-rps-c23>

New film shows importance of ventilation to reduce spread of COVID-19

Published 18 November 2020

This guidance summary contains updated information for everyone. The new short film promotes a public information campaign launched today by the government to highlight how letting fresh air into indoor spaces can reduce the risk of infection from coronavirus by over 70%. It illustrates how coronavirus lingers in the air in spaces with no fresh air, increasing the risk of people breathing in infected particles, and how the risk can be reduced significantly by regularly ventilating enclosed areas.

The full guidance can be accessed [here](#).

Why is ventilation important?

Research shows that being in a room with fresh air can reduce your risk of infection from particles by over 70%, as fresh air dilutes the particles.

As we spend more time indoors, experts are recommending that people either:

- open windows for short, sharp bursts of 10 to 15 minutes regularly throughout the day leave windows open a small amount continuously
- This is to remove any infected particles lingering in the room.

When is it most recommended?

Airing indoor spaces is particularly important when:

- people have visitors (when permitted) or tradespeople in their home, for example for construction or emergencies
- someone from a support bubble is meeting with another household indoors
- a care worker is seeing a patient indoors
- someone in the household has the virus, as this can help prevent transmission to other household members

Remember:

Wash your hands

While coronavirus is not likely to survive for long periods of time on outdoor surfaces in sunlight, it can live for more than 24 hours in indoor environments. Washing your hands with soap and water for at least 20 seconds, or using hand sanitizer, regularly throughout the day will reduce the risk of catching or passing on the virus.

Cover your face

Coronavirus is carried in the air by tiny respiratory droplets that carry the virus. Larger droplets can land on other people or on surfaces they touch. Smaller droplets, called aerosols, can stay in the air indoors for at least 5 minutes, and often much longer if there is no fresh air. Face coverings reduce the dispersion of these droplets, meaning if you're carrying the virus, you're less likely to spread it when you exhale.

Make space

Transmission of the virus is most likely to happen within 2 metres, with risk increasing exponentially at shorter distances. While keeping this exact distance is not always possible, remaining mindful of surroundings and continuing to make space has a powerful impact when it comes to containing the spread.

And do not forget to refer to and follow the [infection prevention and control guidance](#).

Evidence sited for this new film:

SAGE EMG paper, Role of Ventilation in Controlling SARS-CoV-2 Transmission

van Doremalen N, Bushmaker T, Morris DH, et al. Aerosol and Surface Stability of SARS-CoV2 as Compared with SARS-CoV-1. *N Engl J Med* 2020; 382(16): 1564-7

C. Fears et al., "Persistence of Severe Acute Respiratory Syndrome Coronavirus 2 in Aerosol Suspensions," *Emerg. Infect. Dis.*, vol. 26, no. 9, Sep. 2020, doi: 10.3201/eid2609.201806

Beale S, Johnson A, Zambon M, null n, Hayward A, Fragaszy E. Hand Hygiene Practices and the Risk of Human Coronavirus Infections in a UK Community Cohort [version 1; peer review: 1 approved]. *Wellcome Open Research* 2020; 5(98)

C. Fears et al., "Persistence of Severe Acute Respiratory Syndrome Coronavirus 2 in Aerosol Suspensions," *Emerg. Infect. Dis.*, vol. 26, no. 9, Sep. 2020, doi: 10.3201/eid2609.201806

D. K. Milton, M. P. Fabian, B. J. Cowling, M. L. Grantham, and J. J. McDevitt, "Influenza Virus Aerosols in Human Exhaled Breath: Particle Size, Culturability, and Effect of Surgical Masks," *PLoS Pathog.*, vol. 9, no. 3, 2013, doi: 10.1371/journal.ppat.1003205

W. Chen, N. Zhang, J. Wei, H. Yen, and Y. Li, "Short-range airborne route dominates exposure of respiratory infection during close contact," *Build. Environ.*, pp. 1–33, 2020, doi: 10.1016/j.buildenv.2020.106859