Personal Protective Equipment (PPE) and unpaid carers during coronavirus

Carers UK evidence submission to Health and Social Care Select Committee

17 April 2020

Summary:

Many carers have been in touch with Carers UK directly (through our adviceline, forum, Facebook and Twitter) regarding their access to Personal Protective Equipment (PPE) during the coronavirus pandemic. It is one of the key issues that they continue to raise with us.

Whilst PPE is rightly being prioritised for key workers (health and care staff, in particular) at this time, having access to the correct PPE is something that is of significant concern for a large number of people providing unpaid care during the coronavirus crisis, too.

Carers are worried about the health of the person they care for, care staff coming into the home passing on the virus, and their own health.

In this briefing, we use the term “carers”, which is synonymous with the Care Act 2014 definition, people who provide care, unpaid, to a family member, friend or neighbour who is disabled, ill or older and needs support. There are between 6.5 and 8.8 million people providing unpaid care in the UK today.

The four key issues we wish to raise are:

1. The guidance for homecare staff on PPE produced by Government suggests that carers will get PPE. A series of terms have been confused between care workers and carers and this is unhelpful.

2. Carers don’t have any standard route or access to PPE should the PHE guidance be followed for someone with symptoms. Carers reaction to the PHE guidance when they provide personal care for someone that they should separate households as much as possible, impossible to follow.

3. Carers are extremely concerned about staff coming into the home who might transmit the virus. The shortage of PPE for care workers, and what carers consider necessary PPE – to stop transmission, not just for when someone displays symptoms is affecting carers’ behaviour is causing a great deal of stress and anxiety.

4. Carers are equally concerned about themselves either going out into the community, and coming back to the house or if they don’t live with the person they care for. 22% of carers provide personal care and don’t live with the person they care for – an extremely high proportion and external contact rate.

We have welcomed the announcement of increased PPE for social care, but are joining the call from organisations across the social care sector and health that access to safe and appropriate PPE needs to reach the frontline quickly. **Unpaid carers are not currently included in the PHE guidance for PPE, but need to be, to allow them to care safely. Carers will also need clear and unambiguous guidance and information about how to safely and correctly use the PPE they are provided with.**

Unpaid carers need to be a priority group for getting access to PPE

Unpaid carers need to be treated as a priority group for accessing PPE, as it is important for anyone providing care.

Current Government guidance states that people need to separate / distance their lives as much as possible; yet, personal care is not possible without contact with the person you care for. Other types of care will also be affected e.g. administering some medication is not possible without contact.

Carers, like many others (e.g. care workers and front-line NHS staff), want the Government's policy regarding PPE to be wider, and to give them access to appropriate PPE even when they (or the person they care for) aren't displaying symptoms, to prevent transmission of the virus.

Many are terrified that they may get coronavirus and then transmit the virus to the person they are caring for. Many are also cancelling care services and we are worried about how they will manage longer term.

The impact of the shortage of PPE in particular for care workers is impacting on carers' health and wellbeing. As above they have cancelled services. One carer wrote to us asking why the nursing staff come with aprons and gloves, yet care staff providing personal care do not have any aprons or gloves. They rightly cannot see why there is a difference.

There are certain groups of carers for whom we think providing PPE is especially important for those who are currently 'shielding' or vulnerable:

Examples of people this would affect, include:

A. A carer (or carers) who live at a distance from the person they care for, but who must travel to support someone as there is no alternative care available. It may be the case that multiple members of the same family fall into this category, as families are sharing care at the moment, where they can.
B. A carer, who lives with the person being cared for, could be shielding themselves, be classed as 'vulnerable', or going out to work every day.

An example is a carer looking after someone with lung disease, who is on oxygen at home. She can do all her own personal care. It takes a long time, but she is extremely vulnerable. Her husband cooks, washes, cleans, sorts medication, helps with oxygen, etc. helps up the stairs, etc. whilst not personal care, this includes close contact.

In these situations, if the person being cared for develops COVID-19 and passes it on, then significant amounts of care will be needed (some of it would be complex care).

Key issues to consider re unpaid carers / PPE

The following are some of the key issues that need to be considered regarding providing unpaid carers with access to PPE.

- **A triage system will be needed to assess where and when PPE is needed by unpaid carers.** This is to ensure that those unpaid carers who need PPE equipment are prioritised (e.g. those caring for a person who is 'shielding' but who does not live with them; those caring for someone 'shielding' who is a key worker and still required to work; and those caring for an Extremely Vulnerable Person. This will require an online/telephone system being set up to process requests/orders and could be delivered through the Local Resilience Forum.

- **Clear instructions for carers on how to use PPE safely, and on how to dispose of PPE safely once used.** Carers are unsure from the current guidance, what PPE is effective, how to safely use it, and often and how to dispose of it. Information needs to be made widely available in a range of different formats. This could be provided to carers via online videos, telephone calls, and on gov.uk.

- **We strongly support widespread testing for coronavirus.** Widespread testing will not remove the need for PPE, but it would help to give families greater peace of mind about care workers, but also about themselves caring for a family member who is vulnerable.

Example of carers situations, PPE and basic caring equipment:

Below we provide examples which demonstrate why unpaid carers need to be treated as a priority group for PPE; they are indicative of the highly stressful, very anxious response we have had from many carers in the past weeks:

- *Example 1:* A carer looking after an elderly relative with underlying health conditions, who doesn't live \with the person they care for. Like many carers, they have seen a reduction in the care support their relative receives, so they are having to step-in and provide personal care themselves, instead. The carer is concerned that by providing this additional care that they are putting their relative at risk, by potentially exposing them to COVID-19. They do not have access to the normal equipment that a care company has i.e. gloves and aprons, because they cannot be bought on the open market. The care company does not have enough to give to the carer.

- *Example 2:* A carer lives at home with the person they care for, who is elderly and has an underlying health condition. The carer is classified as a key worker and is currently still going to work each day. The carer still needs to provide personal care, but they are concerned that by doing so, they may be putting the person they care for at risk.

- *Example 3:* A case where nursing staff have been withdrawn from an older person with dementia. The adult children are taking turns to go to help their parent, by changing dressings, providing medication and food, etc. One of the them is still working and juggling their care duties with employment.

- *Example 4:* An NHS frontline worker coming home every night to their partner who has significant needs. Their household has been separated as much as possible, but passing on infection is a daily, constant worry.

- *Example 5:* A husband caring for his wife who has chronic lung disease. The husband works and cannot give afford to give up work to care. Wider support from the family is no longer possible because they have had to take on other caring needs caused by social distancing measures.

- *Example 6:* A very serious case of someone at extreme risk. A vulnerable person had a high temperature which was measured by a nurse at home. The care staff were subsequently withdrawn because they didn't have any PPE. The daughter of the cared for person, who has a number of conditions and is vulnerable, is having to pick up care responsibilities but also doesn't have adequate or safe PPE.

- *Example 7:* A carer looking after her parents. One parent has lung disease and dementia, whilst the other parent has a range of conditions, and is very vulnerable. The carer is unable to live with them. She said: "I am hugely concerned about the risk I would pose to them. What PPE measures could be put in place and where would I find this information?"

About Carers UK
Carers UK is an organisation of carers run by carers. We provide information and advice for carers and have seen a surge in the information for carers over the past few weeks. We have nearly 30,000 members which continues to grow and have over 300 local Affiliates.

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