



NPoCC Operation Talla – PPE national guidance

Explanatory notes for police managers

26 February 2021

These explanatory notes are intended for Op Talla Commanders and/or Heads of Health & Safety to add context and assist with the practical implementation of national PPE guidance.

Context and learning

The PPE guidance has been developed in partnership with Public Health England (PHE), Health & Safety Executive (HSE), NPCC PPE Leads, Association of Police Health and Safety Advisers (APHSAs), Defence Science Technology Laboratory (DSTL), Staff Associations and the National Police Wellbeing Service and is compliant with Home Office policy and [First responder guidance](#).

As our understanding of the COVID-19 pandemic has grown, so has the guidance and advice issued to support officers and staff. This has proven invaluable as we have moved through lockdowns, tiered regional responses, Test and Trace and now into a national vaccination programme. During January 2021, police sickness continued to increase at over 1% per week. Effective implementation of this guidance is an important element in reducing this and ensuring that policing can continue to keep the public safe.

Current expectations are it is likely that police officers and staff will be required to wear PPE at least until the end of 2021, particularly with the prevalence of the new virus strains, regardless of their individual state of vaccination or immunity.

For the purpose of this document, the term ‘personal protective equipment’ is used to describe products that are either PPE or medical devices that are approved by the Health and Safety Executive (HSE) and the Medicines and Healthcare products Regulatory Agency (MHRA) as protective solutions in managing the COVID-19 pandemic.

Face coverings are not specified or regulated under any of these provisions.

National learning indicates that:

- The majority of reported COVID-19 infections in policing have been incurred as a result of transmission between colleagues as opposed to with the public. This may be because officers and staff are strictly observing PPE guidance when in contact with members of the public, but less so when on police premises with their peers.
- It is suspected that a significant proportion of this transmission occurs through contact with contaminated surfaces. Tighter cleaning regimes and practices, coupled with regular hand washing and more effective infection prevention and control (IPC) measures could help to reduce this method of infection.
- The latest scientific evidence arising from studies of new strains of COVID-19 has confirmed the continued efficacy of the PPE that is currently in use.
- Across the country there are significant disparities between the levels of COVID-19 infections in the community, compared with the scale of sickness within local police forces. The implication being that managers can make a significant difference where they can secure tight compliance with Infection Prevention Control (IPC) measures and use of PPE across their respective workforce.

Leadership and safety culture

Leaders at every level of your organisation should set an example in terms of COVID-19 safe practices, as well as positively checking for compliance with PPE training and adherence to effective IPC measures.

How is your force performing?

Critical success factors:

- How are leaders at every level of your force setting the standard with regard to IPC and PPE usage?
- Where are your PPE champions/role models? How are you promoting their role?
- As an organisation, how is your force promoting the wearing of PPE?
- How are you making officers and staff aware of the new guidance?
- What behaviours are you seeking to change in order to embed IPC and COVID-19 safe practices?
- How are you tracking patterns of PPE utilisation?
- How are you identifying and protecting higher risk groups within your workforce?

Barriers:

- How are you responding to those colleagues who don't use PPE appropriately?
- How well do you understand the barriers that colleagues encounter in wearing PPE?

Infection prevention control

Preventing the chain of infection is essential. The wearing of correct PPE alone is not enough to avoid being considered a close contact by Track and Trace and being required to self-isolate. Forces must also demonstrate effective IPC measures are in place **and** that your officers and staff have an awareness of these.

Does your IPC plan include the following?

1. A safe means to ensure that the inside of police vehicles are cleaned thoroughly at the start and end of every shift or with a change of crew? This includes a focus on steering wheel, handbrake, door handles, radio, data terminal and seat belt.
2. Increased cleaning of workstations and 24/7 high usage/high footfall areas.
3. Limit the numbers in areas where previously officers and staff may have informally gathered?

4. The means by which staff can clean their keyboard and workstation at the beginning and end of their duty period?
5. Processes and practices that minimise unnecessary visitors (public or police colleagues) to police buildings or departments?
6. Have you informed your officers and staff how to safely put on and remove PPE without becoming contaminated?
7. Regular encouragement to wash hands with soap and water frequently, especially after wearing PPE. If soap and water not available use hand sanitiser. **Due to the nature of policing, it is recommended that officers carry sanitiser on their person at all times.**
8. A clearly understood process of safe disposal of PPE. **Recommended: Seal potentially contaminated items in a double bag and dispose of it immediately in clinical waste.**
9. Clear guidance on the frequent laundering of uniform – **officers should change out of uniform at work and launder after each shift. Does the scale of uniform issue allow for this? Body armour should be laundered after every run of shifts in accordance with manufacturer’s instructions and disposable aprons worn to protect them where operationally practical.**
10. A clear policy on the re-use (or not) of PPE in specific circumstances. **Fluid repellent surgical masks (IIR), FFP2 and FFP3 respirator masks, disposable gloves, aprons, and fluid repellent coveralls are all single use items. Goggles may be cleaned/ disinfected and used repeatedly, unless they are COVID-19 contaminated or suspected to be so (they can be left for >72 hours before reuse).**
11. A clear policy on mask utilisation, with the IIR being the default or baseline. **Masks – FFP3 are only required in aerosol generating procedures such as invasive medical processes or for use in evidential breath test procedure in custody or for high intensity or prolonged physical contact with a suspect. They must be properly fitted (face fit tested) to be effective. If not they are to be considered as effective as Type IIR surgical masks.**
12. Ensure social distancing at busy times and minimise the risk of infection between teams, for example, shift changes. HSE have given feedback to the service raising concerns about how busy and congested areas in buildings are managed. In shared spaces, [completion of a cleaning checklist](#) is recommended. This checklist contains actions to take and helps provide reassurance and gives confidence to other users.

Risk assessment

All forces should have their own risk assessments that are regularly updated and reviewed by Health & Safety leads. The HSE and Police APHSA chair are members of our PPE guidance review team.

How is your force performing?

Critical success factors:

- Do you have a risk assessment that meets the needs of vulnerable groups within your workforce?
- How are COVID-19 infections or near misses incurred within the workplace or during a work activity recorded to ensure compliance with RIDDOR? Do officers and staff understand your process?
- Have you completed a local Equality Impact Assessment (EIA) regarding your use of PPE?

Barriers:

- How accessible and well understood are your risk assessments and plans for operational police leaders?

FAQs and practical interpretation of guidance

1. **RIDDOR: Helpful guidance** jointly produced by APHSA in conjunction with the NPCC Health, Safety and Welfare Group explains how to report a COVID-19 related occurrence.
2. How does my force obtain an exemption from the need to Track and Trace? This is best discussed and agreed with your local Health Protection Team (HPT) before it is needed in relation to a specific contact. Track and Trace (and your local PHE HPT) will want to understand how you are ensuring that your officers and staff are engaging in safe IPC practices. In addition, at any specific incident, you will need to be able to confirm that the officers concerned who were inside social distance of 2m for more than 15 mins, or within 1m with no minimum time were wearing the 4 main items of PPE – specifically Type IIR surgical mask, nitrile gloves, apron and goggles.
3. Planned operational activity: In cases of planned activity such as cell extraction, warrants or known hazards associated with a violent person, **a local bespoke COVID NDM risk assessment should be undertaken to inform PPE requirement.**

4. Do you still need to wear PPE and follow the guidance if you have been vaccinated or have antibodies that protect you from COVID-19? Yes – for the foreseeable future PPE guidance applies to all police officers and staff.
5. **Double crewing or working in an enclosed space:** In order to reduce the opportunities for asymptomatic, or pre-symptomatic infections between colleagues, or members of the public, a surgical Type IIR face mask should be worn in an enclosed space such as a vehicle, personnel carrier, lift or corridor. Gloves (non-latex), apron and goggles should be readily available and vehicle ventilation set to a non-recirculation mode.
6. General patrol: Forces should triage calls for suspected or confirmed COVID-19 cases to give prior warning regarding PPE requirements. This is currently happening in most forces. Officers and staff should expect that they may need to put on (don) PPE quickly in some situations and take reasonable precautions to enable this. **PPE should be ‘readily available’, for example on the officer’s person rather than in the back of the car. Officer safety is paramount in responding to situations but proper consideration should be given to ensure that PPE is not wasted.**
7. Entering non-police premises: **As a baseline officers should assume that all are COVID positive and should endeavour to wear the 4 main items – type IIR mask, nitrile gloves, apron and goggles - however this will not always be operationally practical.** Police managers should be ready to justify when PPE has not been used. Officers should be aware that there is the possibility that infected occupants do not know that they are infected and that they may be shielding or vulnerable.
8. It is recommended that officers should carry a sufficient supply of clean type IIR surgical masks to offer to a member of the public, if they do not have a face covering, prior to conducting stop and search procedures and arrest and detention.
9. Spontaneous/dynamic incidents where PPE is not able to be worn. As we are treating everyone as COVID-19 positive: This should lead to an immediate report being made through a supervisor to local Health & Safety Managers who will consider RIDDOR reporting; triggering of post COVID-incident procedure (that should include reporting to local HPT) and the need for support, testing and isolation of those involved.
10. To assist in supporting officers and staff that are affected by the pandemic – revised guidance on [Responding to trauma in policing](#) has been issued by the National Police Wellbeing service.
11. In order to support your force and ensure that any unforeseen interruption to PPE supply is mitigated, an 8 week resilience ‘buffer’ of all items of PPE must be maintained.

12. Any use of PPE outside the guidance is contrary to the terms in which it is supplied to police from DHSC. Please ensure that guidance is followed to ensure the maximum protection for your officers and staff.

Notable good practice

Greater Manchester Police have appointed COVID Marshalls to ensure internal compliance with IPC. Each tour of duty the inspectors (Uniform and Crime Ops) are expected to complete a building compliance check. Once completed they update a buildings principles spreadsheet located in a COVID-19 folder on the shared drive. SLT also carry out checks. Any transgressions are noted on the spreadsheet, and if necessary escalated to a member of SLT. The same is replicated for vehicles.

Avon and Somerset police sound a tannoy message every 4 hours in their Headquarters to remind all officers and staff to wipe down and disinfect all surfaces and the equipment they are using. This ensures adherence to a frequent cleaning regime.

Norfolk and Suffolk Constabularies have appointed COVID Marshalls who provide support to the force. Microsoft forms are completed by the Marshalls comprising of a themed checklist every fortnight. They act as the local 'eyes and ears' helping to maintain a COVID secure workplace. A report is then submitted to Silver and the Working Safely group where stations or teams are prioritized for COVID safe spot checks to aid overall compliance.