



COVID-19

Guidance for staff who provide personal care/therapy for individuals in their homes and visiting staff

Version 7 28/6/2020

Updates

• Version 7 – 28th June 2020

Updated national guidance to include new home care guidance (slide 3)

Updated isolation information for individuals and their household and close contacts in the light of the new NHS Test and Trace Service (slides 10-13, 15)

National guidance

- The full range of national guidance for the public and for staff is available at www.nhs.uk/conditions/coronavirus-covid-19
- National guidance for working safely in domiciliary care:
- <u>https://www.gov.uk/government/publications/coronavirus-covid-19-providing-home-care</u> (published 24/6/2020
- Full guidance on infection control and the use of PPE can be found at: <u>https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe</u>

The main symptoms of COVID-19 are:

- fever (a temperature over 37.8 degrees); and / or
- a new, persistent cough.
- Loss of/change in sense of smell/taste

Staff with symptoms, or whose household member(s) have symptoms should not work and should self-isolate with their families

Minimising risk

- Uniforms/clothes should be short sleeve bare below the elbows
- Washing your hands regularly for more than 20 seconds, and extending to upper forearms
- Try and maintain a distance of more than **2 metres** from other people, whenever possible.
- If you sneeze, cough, or wipe your nose: catch it, bin it, kill it.

What PPE do I need? - 1

Delay visit until 72 hours after the last person in the household has finished their isolation period? (recommended if possible – then follow further PPE guidance on next slides once visit is made)

Undertake the visit remotely (e.g. telephone/video call) either directly with customer/service user or a family member?

Able to stay at a distance of 2m away from members of the household, and not enter the home during the visit (e.g. standing on doorstep and individual 2m away).

No PPE required

What PPE do I need? - 2

ALWAYS CHECK PPE CHECKLIST BEFORE USING PPE

Visiting a household but can <u>stay at a 2m distance</u> from individuals in the home?

<u>No PPE is required</u> if there is nobody in the household with symptoms* and nobody is shielding

<u>Wear gloves and apron only</u> if anyone in the household has symptoms and there is nobody shielding

<u>Wear a surgical mask, gloves and apron</u> if any individual in the home is "shielding" (in the extremely vulnerable group)

*and if there had been individuals with symptoms, they are now 72 hours after the isolation period for the last person in the house

Mask does not need to be fluid resistant surgical mask but should be CE marked and meet appropriate EN standard 14683:2019, and be at least Type I

What PPE do I need? - 3

ALWAYS CHECK PPE CHECKLIST BEFORE USING PPE

When providing care/services that require physical contact/going closer than 2 metres to anyone in their own home:

Wear apron, gloves and fluid resistant surgical mask (Type IIR).

If there is a risk of splashing of body fluids also wear <u>eye protection (goggles/visor)</u> – e.g. if caring for an individual who is repeatedly coughing or may be vomiting

Masks:

Fluid resistant surgical mask: Type IIR, CE marked and meeting standard EN 14683:2019

If no fluid resistant surgical masks are available then FFP2 masks (CE marked, meeting standard EN 149:2001+A1:2009 and with no valve) can be used an accordance with manufacturer's instructions

What PPE do I need? – 4 (Care providers only)

ALWAYS CHECK PPE CHECKLIST BEFORE USING PPE

- If you perform aerosol generating procedures then a higher level of PPE will be needed
- Please see national PPE guidance:

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infectionprevention-and-control/covid-19-personal-protective-equipment-ppe

PPE Checklist

- Staff with symptoms of COVID-19, or with household members with symptoms should not be working. Follow advice for staff in the local guidance before
- ✓ Maintain excellent hand hygiene at all times get the basics right.
- ✓ PPE must be put on and taken off correctly see <u>3 slides</u> at the end
- Change masks between individual households/buildings (or if mask is damp or damaged, or staff member takes a break).
 Eye protection should also be changed between households and cleaned (using same products as for cleaning surfaces or combined detergent disinfectant wipes) and re-used. Hand hygiene after cleaning required. Gloves and aprons need to be changed between individuals.
- ✓ Do not sit on furniture or take anything unnecessary into the home
- Wash your hands before and after putting on PPE, before and after each task and before leaving the home. Use hand gel once left the home also.

No soap and water available?

Use antibacterial gel (at least 70% alcohol) if hands are visibly clean. Otherwise use hand wipes followed by gel.

No hand gel available?

Before washing hands prior to leaving the home, every surface you need to touch (e.g. door handles) must first be cleaned with antibacterial wipes

Isolation periods - 1 Residents and staff

Guidance regarding self-isolation can be found here:

https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance

https://www.gov.uk/government/publications/covid-19-guidance-for-stepdown-of-infection-control-precautions-withinhospitals-and-discharging-covid-19-patients-from-hospital-to-home-settings

https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-inhospital-settings

Isolation periods - 2 Residents and staff

If somebody has not been in hospital:

Symptomatic:

- People who have been to critical care or are severely immunocompromised* should be in isolation for at least 14 days after symptoms started irrespective of test result
- Anyone who does not fall into the above categories should be in isolation for at least 7 days after symptoms started irrespective of test result (exception being healthcare staff who have a negative result they can return when feeling well and have not had a fever for 48 hours)

Non-symptomatic:

 Isolation periods as for symptomatic cases, but taken from test date, unless result is negative/inconclusive, in which case no need to isolate unless are a contact of a confirmed case (should isolate for at least 14 days), or subsequently develop symptoms

Note - in addition to above isolation periods - people must have had an improvement in their symptoms and have had no fever for 48 hours to come out of isolation (a cough along may remain)

*for a list of conditions, please see second link above

Isolation periods - 3 Residents and staff

If somebody has been in hospital, and whether they have had a positive or negative test:

It is now recommended as a precaution to keep all individuals isolated for at least 14 days (and until well and have had no temperature for 48 hours, if they are/become symptomatic) on discharge from hospital. This is over and above the recommendations for people who have not been in hospital (previous slide), which are based on infectious periods. Depending on when symptoms started/date of first positive test, people may or may not be infectious on discharge from hospital

1

Ending isolation and household contacts - 3

The following applies whether or not someone (staff or resident) has been in hospital, and whether they have tested positive or negative for COVID-19:

If after the isolation period (at the point their isolation period ends) they have had no fever for 48 hours and improvement in their symptoms (a cough may remain), then they can come out of isolation.

Household contacts should also self-isolate for 14 days from the first time they have contact with the first person in their household who has symptoms/a positive test (if no symptoms). They should follow the national <u>stay at home guidance</u> (covers advice for vulnerable household contacts). If households are in the extremely vulnerable group, pay regard to specific national guidance for shielded individuals. If the individual tests negative, household contacts do not need to continue isolating, as long as they themselves are not unwell.

Ending isolation and close contacts -4

All positives (staff and residents) will be contacted by the NHS Test and Trace Service/PHE for details of household and close contacts they have had from 2 days before symptom onset to 7 days after – these contacts will be asked to self-isolate for 14 days. Individuals may like to contact their close contacts in advance.

See definitions of close contacts

How to source PPE as a care provider

- 1. Providers should seek to source their own PPE via suppliers.
- If you are a care provider and unable to source PPE then email Coventry City Council and Warwickshire County Council for an emergency supply on: <u>ppeproviderequests@coventry.gov.uk</u> for Coventry <u>cv19ppe@warwickshire.gov.uk</u> for Warwickshire
- 3. If the council are unable to supply you with PPE then urgently phone the National Supply Disruption Response (NSDR) team on 0800 915 9964

If you require advice on whether PPE is needed, or for any queries with the guidance please use the email addresses above.

Local guidance - 1 - Looking after staff

- Risk assessments should be performed for all staff at high risk of complications from COVID: including pregnant staff and those with long-term conditions
 - High risk staff should ideally be deployed away from households with COVID symptoms
- Staff with symptoms (or in a household where someone has symptoms) should not be working and should self-isolate and test as per national guidance
- Staff that have come into contact with someone who tests positive for COVID (customer, staff member or somebody outside of workplace) can continue their usual work if they were wearing appropriate PPE/appropriately socially distancing (>2m). If not, or if they develop symptoms, they would need to isolate.

Local guidance - 2 - Informing GP & Outbreaks

- Inform GP of anyone with COVID-19 symptoms: seek medical help as and when needed
- **Outbreaks:** If you are aware of <u>more than one person with symptoms</u> of COVID-19 (e.g. in sheltered/supported accommodation):
 - Follow usual outbreak procedures and phone <u>0344 225 3560 Option 0 Option 2</u>, to speak with the local <u>Health Protection team</u> to provide advice

Local guidance - 3

- Accepting new customers (care providers only): it is essential that Care providers maintain capacity to continue to receive and accept referrals. Hospitals or other referring agencies should be advising care providers if there is any concern regarding COVID (e.g. an individual who has been potentially exposed to COVID, or has COVID symptoms (or a confirmed diagnosis). There is no need to change your current operating procedures for accepting new customers, but should follow national and local guidance (presented here) with regard to infection control processes.
- If an individual in supported living develops symptoms: whole household isolation may <u>be appropriate</u> and judgement on this will need to be made on a case-by-case basis depending on the service. For instance individual self-contained properties could be treated as separate households while shared environments with communal households may require whole household isolation.

Local guidance - 4 - Cleaning

Cleaning

- The virus can live on surfaces but is substantially reduced by 72 hours.
- Clean with a detergent followed by disinfectant with chlorine (1000ppm) example of disinfectants include Milton, Chlorclean or Tritan

OR

- A combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine can also be used.
- Fluid resistant surgical mask, apron and gloves should be used for cleaning (mask only needed if within 72 hours of the last person in the household having symptoms)

Local guidance - 5 - Waste disposal and uniforms

Waste: Double bag waste from a household where someone is symptomatic. Leave this for 72 hours then place in usual household waste bin

Uniforms: Wash clothes/uniforms separately at the maximum temperature the fabric can tolerate, then iron or tumble-dry.

- Change immediately if clothing/uniform becomes contaminated/soiled
- Changing in and out of uniforms at work, although is recommended in PHE guidance, mainly relates to public perception rather than infection risk, and does not apply to community health/care workers

Contact Us

For care provider queries, please contact:

• Coventry

SocialCareCommissioning@coventry.gov.uk

• Warwickshire

cv19supplierfaq@warwickshire.gov.uk

Putting on and taking off PPE correctly

• Watch this 7 minute video:

https://www.youtube.com/watch?v=-GncQ_ed-9w&feature=youtu.be



Putting on personal protective equipment (PPE)

for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w



*For the PPE guide for AGPS please see:

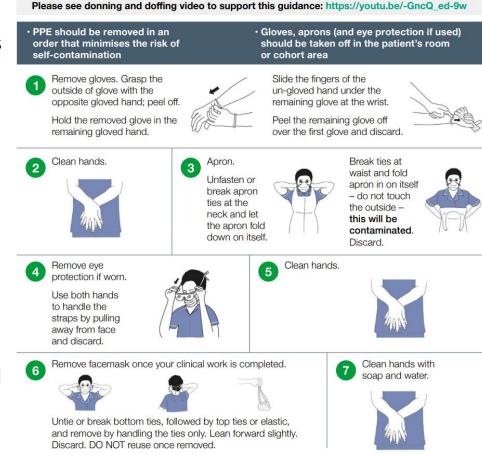
www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosolgenerating-procedures

- Apron and gloves are always single use
- Masks should be well fitting covering both the nose and mouth
- Eye protection should completely cover the eyes
- Do not allow masks/eye protection to dangle around the neck. Do not touch them once put on.
- Dispose of masks/eye protection as clinical waste and perform hand hygiene afterwards
- Reusable goggles can be worn but must be cleaned each time, wearing gloves and apron, and performing hand hygiene afterwards



Taking off personal protective equipment (PPE)

for non-aerosol generating procedures (AGPs)*

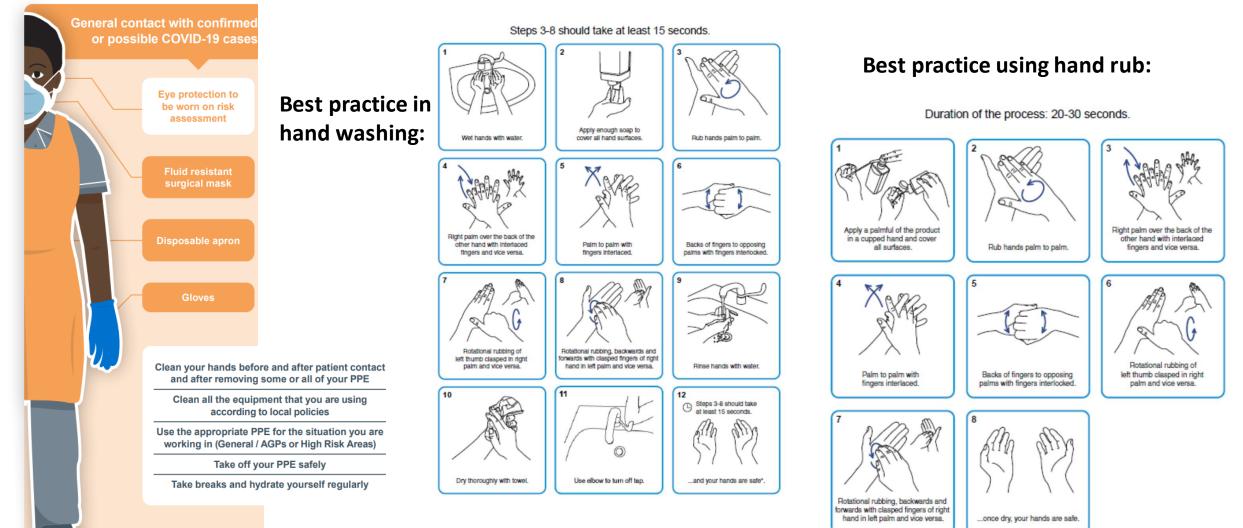


*For the PPE guide for AGPS please see:

www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosolgenerating-procedures

COVID-19 Safe ways of working

A visual guide to safe PPE



For more information on infection prevention and control of COVID-19 please visit:

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control