Version correct on 07/05/20. If this guidance is printed, you must confirm by checking on this link: https://www.wolverhampton.gov.uk/coronavirus-advice-and-information/advice-for-those-providing-care that this version is up to date

Covid-19: Quick Summary for Residential Care settings on PPE & Infection Prevention (Non Aerosol Generating Procedures) * (7 May 2020)

No staff with symptoms of COVID should be at work – they should be isolating appropriately. Staff in extremely vulnerable (shielding) groups should not be at work.

Cohorting of Staff[1]

Staff caring for symptomatic patients should not work with other care home residents where possible/practical. If possible, staff should only work with either symptomatic or asymptomatic residents. The number of visits made to symptomatic patients should be minimised.

Staff coming into contact with a COVID-19 patient while not wearing PPE can remain at work[3]. However these staff should be kept away from *extremely* vulnerable (shielding) residents for 14 days. Staff who have had confirmed COVID-19 and recovered should care for COVID-19 patients where possible.

Cleaning and standard precautions

Regular and effective hand washing (and forearms if exposed eg. to cough droplets or fluids) should be practiced by all staff and encouraged in residents.

Cleaning in all areas and frequently touched areas (eg. doors) should be increased.

Domestic staff should be advised to clean any isolation areas after all other unaffected areas of the facility have been cleaned.

The person undertaking cleaning should be familiar with the details contained within the care home guidance.

Social Distancing & Symptom Monitoring

Care home providers should promote social distancing measures for everyone in the care home, wherever possible, including aiming to preserve 2m distance between residents, and serving meals in rooms. Follow shielding guidance for the *extremely* vulnerable group. Shielded patients should have their meals served first, for example. Care homes should implement daily monitoring of COVID-19 symptoms amongst residents. Residents with COVID-19 may present with a new continuous cough and/or high temperature. Assess each resident twice daily for the development of a fever (≥37.8°C), cough or shortness of breath, and also atypical symptoms (such as increasing confusion, clinical deterioration, stomach upset).

When visiting or providing care to an individual who needs shielding

Use personal protective equipment (PPE) at all times

PPE should include: Aprons (single use[4]), Gloves (single use[4]), Surgical Mask (single use[4]), Wash hands with soap and warm water[9]

Providing personal care which requires direct contact with the resident(s) (e.g. touching) or within 2m of a resident who is coughing

e.g. feeding, bathing, dressing, toileting

PPE

Use the following personal protective equipment (PPE) for activities. Relatives will need to be shown PPE techniques if visiting an end of life resident.

PPE should include:

- Aprons (single use[4])
- Gloves (single use[4])
- Fluid Repellent Surgical Mask (sessional use[5])
- Eye protection, especially if client is symptomatic (sessional use[5]). Clean eye protection after use, if reusable.
- Wash Hands with soap and warm water.[9]

Performing a task requiring you to be within 2m of the resident(s) but no direct contact with resident(s) (i.e. no touching) who is not coughing

e.g. performing meal rounds/medication rounds

PPE

Use the following personal protective equipment (PPE) for activities.

PPE should include:

- Surgical Mask or Fluid Repellent Surgical Mask if risk of respiratory droplets e.g. from coughing (sessional use[5])
- Eye protection if client is symptomatic (sessional use[5]) (consider using if client not symptomatic). Clean eye protection after use, if reusable.
- Wash Hands with soap and warm water.[9]

Gloves and Aprons are **not** required

When working in communal areas with residents – no direct contact with residents(s) though potentially within 2m of residents

eg. working in dining rooms, lounges, corridors

PPE

Use the following personal protective equipment (PPE) for activities.

PPE should include:

- Surgical mask or fluid repellent surgical mask if risk of respiratory droplets e.g. from coughing (sessional use[5])
- Wash Hands with soap and warm water.[9]

Gloves, aprons and eye protection are **not** required

PPE supply shortage

Your manager should contact the **Adults Commissioning Team of Wolverhampton Council** if there is any lack of PPE

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Links to key guidance:

Admission and Care of Residents during COVID-19 Incident in a Care Home – 2.4.20 and How to work Safely in Care Homes – main Care Home PPE guidance - updated 27.4.20 **(essential reading)**

COVID-19: infection prevention and control (IPC) (including section on general PPE use)

Guidance on social distancing for everyone in the UK and protecting older people and vulnerable adults and Shielding the extremely vulnerable group

Management of blood and body fluid spillages

British Geriatric Society - Coronavirus current information and advice

Standard Operating Procedures for Social Care

Occupational health and staff deployment

Notes:

1. Employers should not allow staff (including bank staff) in the clinically vulnerable group (note: this is not the shielding group) to work with residents with (suspected) COVID.
2. Where the potential risk to health and social care workers cannot be established prior to face-to-face assessment or delivery of care (within 2 metres), health and social care workers must have access to and where required wear aprons, FRSMs, eye protection and gloves
3. This is because in most instances this will be a short-lived exposure, unlike exposure in a household setting
4. Aprons and gloves are subject to single use as per Standard Infection Control Precautions, with disposal and hand hygiene after each patient contact
5. Sessional use refers to a period of duty between breaks, or until the PPE item becomes uncomfortable/damaged – guidance. Where you need to remove your mask (e.g. to take a drink or eat) then you need to replace it. Do not dangle your mask or eye protection around your neck. Do not reuse masks.
6. The 7 days isolation period usually applies but care home residents are a particularly vulnerable group and their immune response may differ from younger normally healthier individuals. Therefore, a 14 day period of isolation is recommended for residents in care homes
7. Resident contacts are defined as residents that either live in the same unit / floor as the infectious case (e.g. share the same communal areas) or have spent more than 15 minutes within 2 metres of an infectious case.
8. All staff must be competent in putting on and off PPE (at least seen and understood materials). Relatives need to be shown PPE techniques if visiting an end of life resident.
9. If forearms become exposed, eg. to cough droplets/fluids, wash forearms as well

* Aerosol generating procedures (including noninvasive ventilation ("CPAP"/"BiPAP"/"NIV"), cough assist, mouth suction, open tracheostomy suction/tracheostomy care and some other rare procedures) require different PPE to the above –check guidance for aerosol generating procedures and contact Wolverhampton Council's Adult Social Care team if you perform AGPs so we can offer assistance and supply PPE where needed.

Cohorting of Symptomatic Residents

Symptomatic residents should ideally be isolated in single occupancy rooms with en suite facilities where possible. Where this is not practical, cohort symptomatic residents together in multi-occupancy rooms. Residents with suspected COVID-19 should be cohorted only with other residents with suspected COVID-19. Residents with suspected COVID-19 should not be cohorted with residents with confirmed COVID-19.
Do not cohort suspected or confirmed patients next to shielding residents. Shielding residents should have en suite facilities where possible

Waste

Waste items that have been in contact with the individual should be put in a plastic rubbish bag, double bagged and tied. This should be put in a secure location awaiting uplift in line with other contaminated waste. PPE used only for care to shielding residents with no symptoms may be disposed of in standard waste facilities after bagging.
Waste such as urine or faeces from individuals with possible or confirmed COVID-19 does not require special treatment and can be discharged into the sewage system.

Laundry

Any towels or other laundry used by a suspected or confirmed case of COVID-19 should be treated as infectious, handled with gloves, and placed in an alginate bag (or similar) and then a secondary clear bag. Laundry must be tagged with the care area and date, and stored in a designated, safe lockable area whilst awaiting uplift or laundering. Please see further guidance

Isolation

All symptomatic residents should be isolated for 14 days from onset of symptoms[6] OR after meeting the criteria for being a resident contact of COVID-19[7], OR after discharge from hospital as instructed by the hospital team. If transferring an isolated patient, or if they are in a communal area, they should wear a mask if they can breathe well with it on, and tolerate it. Put up infection control signs on doors of isolated residents.

Further guidance on PPE[8]:

- Video on putting on (donning) and taking off (doffing) PPE
- Poster on donning and doffing PPE
- Hand hygiene advice