

PPE GUIDELINES & INFECTION PREVENTION INSIDE RESIDENTIAL CARE HOMES - CORONAVIRUS

(NON AEROSOL GENERATING PROCEDURES)*

Version correct on 18/06/20. If this guidance is printed, you must confirm by checking on this link: www.wolverhampton.gov.uk/coronavirus-advice-and-information/providing-and-receiving-care/advice-for-those-providing-care that this version is up to date



No staff with symptoms of COVID should be at work – they should be isolating appropriately and have immediate COVID-19 swab testing.



Staff in extremely vulnerable (shielding) groups should not be at work.

Cohorting of staff

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 will be contacted by NHS Test and Trace, and may be asked to isolate at home². 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 ($\geq 37.8^{\circ}\text{C}$), cough or shortness of breath, and also atypical symptoms (such as **increasing confusion, clinical deterioration, stomach upset**).

WHEN TO WEAR YOUR PPE



Shielding: When visiting the room of an individual who needs **shielding** where you do not need to be within 2m of the person

Use personal protective equipment (PPE) at all times

PPE should include:



Providing personal care which requires **direct contact** with the resident(s) (e.g. touching)

OR

within 2m of a resident who is **coughing or shielding** e.g. feeding, bathing, dressing, toileting

Performing a task requiring you to be **within 2m of the resident(s)** e.g. performing meal rounds/medication rounds

When working in communal areas **potentially within 2m of residents** eg. working in dining rooms, lounges, corridors or

but requires no direct contact with resident(s) (i.e. no touching) when no-one within 2m has a cough

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:



Clean eye protection after use, if reusable. [Guidance](#)



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

PPE should include:



PPE supply shortage

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

Contact them by email here: people.commissioning@wolverhampton.gov.uk

Notes:

- 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.
- Guidance on management of healthcare workers exposed to COVID is available [here](#).
- Aprons and gloves are subject to single use as per Standard Infection Control Precautions, with disposal and hand hygiene after each patient contact.
- 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.
- 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.
- 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. For full definition of resident contact, please see [guidance here](#).
- All staff must be competent in putting on and off PPE (at least seen and understood materials). Relatives need to be shown PPE techniques e.g. if visiting an end of life resident.
- Hand hygiene** should be practiced and extended to exposed forearms, after removing any element of PPE.
- Healthcare workers may consider using different risk assessments for individuals with Learning disabilities as [special advice](#) exists for providing support to this patient group.

Links to key guidance:

Council updates and documents	View
Admission and care of residents during COVID-19 incidents in a Care Home	View
How to work safely in Care Homes - Main Care Home PPE guidance - Essential Reading	View
COVID-19: Infection Prevention and Control (IPC) guidance (including section on PPE use)	View
Staying alert and safe (social distancing)	View
Guidance on shielding and protecting people who are clinically and extremely vulnerable from COVID-19	View
Management of blood and body fluid spillage	View
British Geriatric Society - Managing the COVID-19 pandemic in care homes for older people	View
Novel coronavirus (COVID-19) standard operating procedure: Community Health Services	View
Occupational health and staff deployment	View
COVID-19: Management of staff and exposed patients or residents in health and social care settings	View
COVID-19: Our action plan for adult social care	View



Cohorting of Symptomatic Residents

Symptomatic residents should 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 a suspected or confirmed case of COVID-19 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 symptoms⁵ OR after meeting the criteria for being a **resident contact** of COVID-19⁵, OR after **discharge from hospital** as instructed by the hospital then OR if informed that they should be isolated for another reason. 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

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