Coronavirus: COVID-19

The SENAD Group

COVID-19 Infection Prevention & Control (IPC) framework policy Community Care and Support

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Sections Changed/ Updated
This guidance has been updated to reflect changes to testing, PPE and Standard Precautions and RIDDOR reporting. **It is advised Managers read the whole document. Full infection Control guidance can be found in the links below.**
COVID-19 testing in adult social care - GOV.UK (www.gov.uk) **COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk)** **Symptoms of coronavirus (COVID-19) - NHS (www.nhs.uk)** **People with symptoms of a respiratory infection including COVID-19 - GOV.UK (www.gov.uk)** **COVID-19: guidance for people whose immune system means they are at higher risk - GOV.UK (www.gov.uk)** **Living safely with respiratory infections, including COVID-19 - GOV.UK (www.gov.uk)** **A guide to the COVID-19 autumn booster - GOV.UK (www.gov.uk)**

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Notifications

CQC: Coronavirus (COVID-19)
You do not need to notify CQC about individual coronavirus cases in your service.

You only need to notify us if coronavirus affects the day to day running of your business, using the **events that stop a service running safely and properly form**.
But you should continue to send us other notifications as usual.
You must send your notification by email or submit it online.
https://www.cqc.org.uk/guidance-providers/notifications/notification-finder

RIDDOR
HSE has specified what to report and what not to report:
What not to report

You are not required to report:

- cases of disease or deaths of members of the public, patients, care home residents or service users from COVID-19
- cases where an employee has infected another employee with coronavirus through general transmission in the workplace
- cases where a member of the public has infected an employee with coronavirus through general transmission in the workplace, **unless infection is likely to have occurred from working in an environment with a person known to have COVID-19, for example in health or social care**

What to report

RIDDOR reporting requirements relating to cases of disease, or deaths, from COVID-19 only apply where an employee has been infected with coronavirus through:

- deliberately working with the virus, such as in a laboratory
- **being incidentally exposed to the virus-Incidental exposure can occur when working in environments where people are known to have COVID-19, for example in a health or social care setting.**
  Report a RIDDOR when one of the following circumstances applies:
- An accident or incident at work has, or could have, led to the release or escape of coronavirus (SARS-CoV-2). This must be reported as <u>a dangerous occurrence</u>
- a person at work (a worker) has been diagnosed as having COVID-19 attributed to an occupational exposure to coronavirus through either deliberately working with the virus or **being incidentally exposed to it**. This must be reported as <u>a case of disease due to exposure to a biological agent</u>
- a worker dies as a result of occupational exposure to coronavirus through either deliberately working with the virus **or being incidentally exposed to it**. This must be reported as <u>a work-related death due to exposure to a biological agent</u>

When deciding if a report is required, the manager must assess if a confirmed diagnosis of **COVID-19 is likely to have been caused by an occupational exposure.**
You need to consider if there is reasonable evidence that a work activity is the likely cause of the infection. This includes both deliberately working with the virus or being exposed to it incidentally.

Incidental exposure can occur when working in environments where people are known to have COVID-19, for example patients in a health or social care setting. This includes caring for the infected person and supporting activities such as cleaning.

Overview

This Infection prevention and Control pathway is specific to Domiciliary Care in England (Different guidance applies in some instances for supported living and live in carers). It is intended for all care workers delivering care in people's own homes.

This pathway reflects current infection prevention and Control Guidance from the UKHSA and DHSC guidance and provides summaries and links to ensure safe practice. As with previous polices we will still follow the Hierarchy of Controls, but in this instance, they will be tailored to the needs of community-based care.

COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk)
Infection prevention and control: resource for adult social care - GOV.UK (www.gov.uk)

Controls
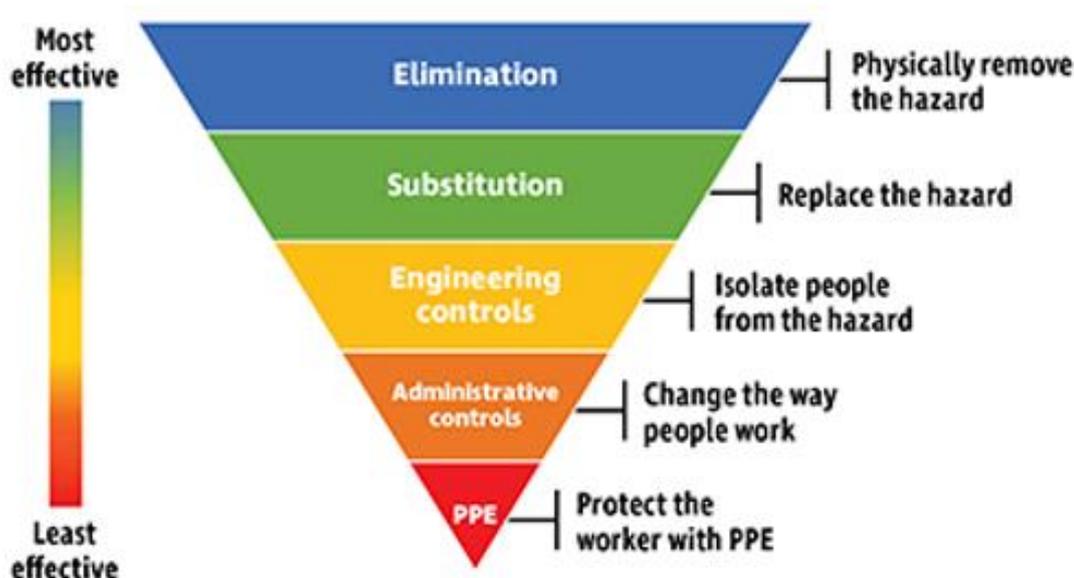
Elimination

General Measures

Government updates
This guidance has been updates to ensure that as we learn to live safely with COVID-19, we ensure we continue to act to help reduce the risk of catching COVID-19 and passing it on to others. These actions will also help to reduce the spread of other respiratory infections. COVID-19 and other respiratory infections such as flu can spread easily and cause serious illness in some people.

There is no longer a legal requirement for people with coronavirus (COVID-19) infection to self-isolate. However, the public health advice for people with any of the main symptoms of COVID-19 or a positive test result is to stay at home and avoid contact with other people.

Reducing the risk of transmission

Symptoms of Covid 19

The Government has updated the NHS site to reflect new symptoms of Covid-
Symptoms of coronavirus (COVID-19) - NHS (www.nhs.uk)
A high temperature, a new, continuous cough, a loss or change to your sense of smell or taste, shortness of breath, feeling tired, aching body, headache, sore throat, blocked or runny nose, loss of appetite, diarrhoea or feeling sick or being sick.

Staff member develops symptoms
- Take a Lateral flow Test soon as they develop feel unwell (day 0)
- Not go to work or inform their manager and leave work as soon as possible
- If the LFT is negative take another 48hrs after the first staying away from work during this time.
- If the second is negative also they can return to work if they feel well enough

NB/ For staff who **test negative** but have a temperature or feel too unwell to work on the **first day** but then **feel better the following day**, in **exceptional circumstances** and subject to risk assessment, these staff may be able to work.

If either test is **positive**:
They should not attend work until they have had 2 consecutive negative LFD test results at least 24 hours apart. The first on day 5 after symptoms started (or the day their test was taken if they did not have symptoms) known as day 0.

If both lateral flow tests results are negative, they may return to work immediately after the second negative lateral flow test result on day 6, if their symptoms have resolved, or their only symptoms are cough or anosmia which can last for several weeks.

If the staff member cares for people who are at higher risk of becoming seriously unwell with COVID-19 careful assessment should be undertaken, and consideration given to redeployment until 10 days after their symptoms started (or the day their test was taken if they did not have symptoms). The staff member should continue to comply with all relevant infection control precautions and PPE should be worn properly throughout the day.

If the staff member's lateral flow test result remains positive on the 10th day, they should continue to take daily lateral flow tests. They can return to work after a single negative lateral flow test result.

The likelihood of a positive lateral flow test after 14 days is considerably lower. If the staff member's lateral flow test result is still positive on the 14th day, they can stop testing and return to work on day 15.

Managers can undertake a risk assessment of staff who test positive between 10 and 14 days and who do not have a high temperature or feel unwell, with a view to them returning to work depending on the work environment.

Negative Test

Staff who had symptoms of COVID-19 and who received negative results (2 lateral flow tests 48 hours apart as per the symptomatic section above) can return to work providing they are medically fit to do so, subject to discussion with their line manager or employer and a local risk assessment considering other potential infection risks- flu etc.

Inconclusive Test

Staff who receive an inconclusive test result should take another lateral flow test, and symptomatic staff who do not have immediate access to another lateral flow test should not attend work while waiting to receive another lateral flow test to take.

Staff Contacts Covid 19 (when not in full PPE as in caring for residents with Covid 19)

Staff can continue working so long as they comply with all IPC requirements and take a test if they develop symptoms and otherwise continue with the normal testing regime. If they work with people at higher risk – redeployment should eb considered for the 10 days following their last contact with the case.

Resident is symptomatic or tests positive

For residents who are is symptomatic or test positive for COVID-19, they should be encouraged to follow the advice for the general population which is to stay at home and avoid contact with others.

[People with symptoms of a respiratory infection including COVID-19 - GOV.UK (www.gov.uk)](www.gov.uk)

Residents who have symptoms but have not taken a test

If they have symptoms of a respiratory infection, such as COVID-19, and you have a high temperature or do not feel well enough to carry out normal activities, they should try to stay at home and avoid contact with other people, until you no longer have a high temperature (if you had one) or until you no longer feel unwell.

If they have been asked to attend medical or dental appointments in person they should let them know about their symptoms

If they need to leave their home while they have symptoms of a respiratory infection, and have a high temperature or feel unwell, they should avoid close contact with anyone who you know is at higher risk of becoming seriously unwell, and follow precautions such as face coverings, avoiding crowded places or public transport and exercise where they will not have close contact with others. They should ensure good hand and respiratory cough hygiene where possible.

Residents who have tested positive for Covid 19

If they have a positive COVID-19 test result, it is very likely that they have COVID-19 even if they do not have any symptoms. They should, try to stay at home and avoid contact with other people for 5 days after the day they took your test.

At the end of this period, if they have a high temperature or feel unwell, they should try to follow this advice until they feel well enough to resume normal activities and you no longer have a high temperature.

Some people may be infectious to other people for up to 10 days from the start of their infection. Residents should avoid meeting people at higher risk of becoming seriously unwell from COVID-19, for 10 days after the day they took their test.

Again, if they have been asked to attend a medical or dental appointment in person, they should let their healthcare provider know about the positive test result.

Resident close contact of someone who has had a positive test result for COVID-19
People who live in the same household as someone with COVID-19 are at the highest risk of becoming infected because they are most likely to have prolonged close contact. People who **stayed overnight in the household** of someone with COVID-19 while they were infectious are also at high risk.

If they are a household or overnight contact of someone who has had a positive COVID -19 test result it can take up to 10 days for the infection to develop.
It is possible to pass on COVID-19 to others, even if you have no symptoms.

They can reduce the risk to other people by taking the following steps:

- avoid contact with anyone who is at higher risk of becoming severely unwell from COVID-19, despite vaccination.
- limit close contact with other people outside their household, especially in crowded, enclosed or poorly ventilated spaces
- wear a well-fitting face covering made with multiple layers or a surgical face mask if they do need to have close contact with other people, or are in a crowded place where possible
- wash your hands frequently with soap and water or use hand sanitiser

If you develop symptoms of a respiratory infection try to stay at home and avoid contact with other people and follow the guidance for people with symptoms.

If they are a contact of someone with COVID-19 but do not live with them or did not stay in their household overnight, they are at lower risk of becoming infected.

Covid Treatments
Treatments for coronavirus (COVID-19) - NHS (www.nhs.uk)

Some people may be eligible for Covid treatments if they become ill for example people with:
- Downs syndrome
- Multiple sclerosis/ Motor neurone disease/ Huntington's/ Myasthenia Gravis
- Sickle cell disease
- HIV/AIDs
- A severe Liver conditions

- Chronic Kidney disease stage 4/5
- Treatment that makes them more likely to get infection
- Certain auto immune or inflammatory conditions- Inflammatory bowel disease or Rheumatoid arthritis
- Organ transplant
- Certain types chemotherapy in the last 12 months
- Radiotherapy in the last 6 months

A doctor or specialist will confirm eligibility.

Visitors to the house

Residents should be supported to advise anyone that does need to come into their home that you have symptoms/ tested positive, so they can take precautions to protect themselves such as wearing a well-fitting face covering or a surgical face mask, keeping their distance if they can, and washing their hands regularly

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Vaccination

Vaccine Protection
Vaccines are the best defence we have against COVID-19 and other respiratory infections such as flu. They provide good protection against hospitalisation and death. They also reduce the risk of long-term symptoms. The COVID-19 vaccines are safe and effective and vaccine programmes are continuously monitored

All staff and should get vaccinated to protect themselves and others. If they need time off the rota to attend a vaccination centre this should be agreed with their line manager so adequate cover can be provided. It is also advised that they take up the booster.

Autumn Booster 2022
People aged 50 years and older, residents in care homes for older people, those aged 5 years and over in a clinical risk group and health and social care staff will be offered a booster of coronavirus (COVID-19) vaccine this autumn.

People in these groups should be offered an appointment between September and December, with those at highest risk being called in first. They should have your booster at least 3 months after their last dose of vaccine. If they are eligible for a flu vaccine, you may be able to have them at the same time – if not they go ahead anyway and can catch up with the other vaccine later.

Risk assessment
When deciding on placements of staff and looking at staff movement Managers should always consider the vaccination status of both staff and residents considering the risks to both groups particularly taking account of anyone who is at higher risk of severe illness. Individuals at higher risk should have risk assessments in place.

Substitution
This is not possible with COVID 19

Engineering controls

Ventilation

[Living safely with respiratory infections, including COVID-19 - GOV.UK (www.gov.uk)](www.gov.uk)

Try to keep indoor areas well-ventilated with fresh air, especially shared living areas. To increase the flow of air you can:

- Bringing fresh air into a room by opening a door or a window, even for a few minutes at a time, helps remove older stale air that could contain virus particles and reduces the chance of spreading infection where safe to do so considering the complex needs of service users and their capacity to keep themselves safe.
- If windows have openings at both the top and the bottom (such as sash windows), using just the top opening will help incoming fresh air warm up as it mixes with room air, reducing cold draughts.
- Trickle vents (small vents usually on the top of a window) or grilles can also be useful for bringing a little fresh air constantly.

Routine Testing

Routine testing for staff has been paused from August 31st 2022.

Cleaning and decontamination

Glasses or spectacles- clean them using the cleaning fluid or wipes that are normally used for spectacles.

Reusable eye protection- you should clean with a neutral detergent wipe, allow to dry, disinfect with a 70% alcohol wipe and leave to dry; or use a single step detergent or disinfectant wipe, allowing the item to dry afterwards. You should store in a bag or lidded box to avoid possible contamination after cleaning and disinfection is complete.

Cleaning duties-
- Use normal household products, such as washing with detergent and hot water followed by disinfecting with bleach agent/ wipe on hard surfaces as appropriate, as these will be very effective at getting rid of the virus on surfaces.
- Frequently touched surfaces should be cleaned more frequently. Pay particular attention to handles, light switches, work surfaces and electronic devices such as remote controls.
- Where possible use a dishwasher to clean and dry crockery and cutlery. If this is not possible, wash them by hand using washing up liquid and warm water and dry thoroughly using a clean tea towel.

Staff should ensure the safety of vulnerable persons when using cleaning products.

Waste handling

Non COVID-Waste place in a refuse bag and can be disposed of as normal domestic waste
- **COVID-19 suspected / confirmed** if there is not access to a hazardous waste stream, such as waste generated in people's own homes, this should be sealed in a bin liner before disposal into the usual waste stream.

Do not put any items of PPE (or any face coverings) in the recycling bin.

Laundry

Staff should wear clean clothes at the start of each shift, and change immediately if clothes become visibly soiled or contaminated. To enable this, workers may wish to consider storing spare, clean clothing at their workplace or in their vehicle.

If you do not wear a uniform, you should change your clothing immediately when you get home and launder it. Uniforms and workwear should be washed at the hottest temperature the fabric will tolerate. Heavily soiled items should be washed separately to eliminate the risk of cross contamination.

For residents suspected of having COVID-19
- Wear appropriate PPE – see table
- Don't shake dirty laundry as this can spread the virus through the air.
- Wash laundry using the highest temperature setting indicated on the garment care label.

(Staff should have hand gel or liquid soap and paper towels for hand hygiene)
Note: All PPE/hand gel/liquid soap/cleaning products can all be provided by SENAD as an when required.

Environmental safety

It is sometimes difficult to control the environment in someone's own home. Where there is a sleep-in room, the room should be cleaned and the bed changed in between each staff member use.

When managing the risks from COVID-19 we must also balance the other risks of harm. When supplies of PPE and other resources are sent to the home staff should ensure they are appropriately stored for safety.

Administrative Controls

Communication

Case of COVID -19 will inform senior managers and the Quality Team who can provide additional support if needed.

Managers will ensure staff have timely updates to changes to guidance and practice.

Monitoring and reviewing control measures

Registered Managers/Operations Managers should ensure that all controls remain effective by carrying out:
- Periodic Observations of the safe and appropriate use of PPE
- Checks to ensuring testing regimes are being adhered to by staff
- Checking cleaning rotas have been followed and ensuring appropriate resources are available
- Reviewing all controls and safety measures in the event of a case of COVID-19 within the persons home to ensure staff safety and ongoing resident safety.

Appropriate risk management.

General and person-centred risk management
- The care plan should contain information on managing the risks to both staff and residents.
- There may be challenges in following IPC/ PPE recommendations and providing care particularly for people with learning disabilities, mental health problems, autism and dementia. Their risk assessment must identify how best to manage the risks. For example, if Masks cause distress looking at mitigating risks with increased ventilation, limiting close contact, more regular cleaning.

Posters and visual aids

- Cough hygiene- **catch-bin-kill.pdf (england.nhs.uk)**
- Hand washing turn tap- **handwashing-poster-landscape-and-portrait.pdf (westsussex.gov.uk)**
- Alcohol hand gel- **PHE handwashing advice 2 (publishing.service.gov.uk)**

Training and competence

Staff will undergo:

- Infection prevention and control training as part of their induction and this will be refreshed as required.
- All staff should have donning and doffing training where required for their role
- Staff should be given information, instruction and training on the risks and controls within the community homes.

COVID-19 PATHWAY – Community Care & Support England

Personal Protective Equipment -PPE Selection Guide

Y- Yes   RA – Risk assess exposure from splashes/ manufacturer's instructions for products etc

* Face masks of all types can be used for source control and can be worn sessionally, that is for a maximum of 4 hours, unless the worker is providing personal care or cleaning the room of someone with suspected or confirmed COVID-19 or is carrying out an AGP when they are single use. *COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk)*

** Vinyl Gloves offer sufficient protection for most duties in the care environment. If there is a risk of gloves tearing, or the task requires a high level of dexterity, or an extended period of wear, then an alternative better fitting glove (for example, nitrile) should be considered

*** AGPs in the community setting include tracheostomy procedures (insertion or removal) and open suctioning beyond the oro-pharynx, procedures commonly undertaken **which are <u>not</u> classified as AGPs include**:

- non-invasive ventilation (NIV)
- bi-level positive airway pressure ventilation (BiPAP) and continuous positive airway pressure ventilation (CPAP)
- high flow nasal oxygen (HFNO)
- oral or pharyngeal suctioning (suctioning to clear mucus or saliva from the mouth)
- administration of humidified oxygen
- administration of Entonox or medication via nebulisation

Task	Gloves**	Apron	Eye Protection	IIR*	FFP3/ Hood***	Gown
Carrying out personal care (or other tasks involving likely contact with blood or bodily fluids) for someone who is not suspected or confirmed to have Covid-19	Y	Y	RA	Y		
Social contact with service users, staff, visitors- Not suspected of Covid 19.				Y		
Tasks not involving contact with bodily fluids- Non Covid (moving clean linen, tidying, writing care notes etc)				Y		
General cleaning- with hazardous products (disinfectant or detergents)	RA	RA	RA	Y		
AGP- Not suspected or confirmed Covid or other Droplet / Aerosol infections	Y	Y	Y	Y		RA
When within 2m of someone with suspected or confirmed Covid 19	Y	Y	Y	Y		
Cleaning the room/ area of someone with Covid 19 even if 2M away	Y	Y	Y	Y		
Personal care to someone who is suspected or confirmed to have Covid 19	Y	Y	Y	Y		
AGP-Symptomatic/ positive Covid or other Droplet/ Aerosol infections ***	Y	Y	Y		Y	RA