Coronavirus: COVID-19

The SENAD Group

COVID-19 Infection Prevention & Control (IPC) framework policy

CQC Adult Residential Homes

Use from 25/08/2022

Issue: August 2022
Reviewed: August 2022
Next Review: May 2023
Version:14
Policy Ref:305.2A
Owner: SK

Main changes in this version

General update all sections
This guidance has been updated to reflect changes to Testing Guidance for staff, residents and visitors from 31st August 2022 and for information on RIDDOR and the Autumn Covid 19 Booster Programme. **Managers should ensure that staff follow best practice guidance in relation to their setting and service user group.**
Guidance and legal reference's that informed the changes
Coronavirus (COVID-19) testing for adult social care services - GOV.UK (www.gov.uk) Infection prevention and control in adult social care: COVID-19 supplement - GOV.UK (www.gov.uk) Infection prevention and control: resource for adult social care - GOV.UK (www.gov.uk) Guidance for people previously considered clinically extremely vulnerable from COVID-19 - GOV.UK (www.gov.uk) RIDDOR reporting of COVID-19 - RIDDOR reporting of COVID-19 (hse.gov.uk) Over 50s to be offered COVID-19 booster and flu jab this autumn - GOV.UK (www.gov.uk) A guide to the COVID-19 autumn booster - GOV.UK (www.gov.uk)

Notifications

CQC

You only need to notify them of an infectious outbreak that affects the day to day running of the service using the events that stop a service running safely and properly form. Notifications | Care Quality Commission (cqc.org.uk)

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 a dangerous occurrence
- 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 a case of disease due to exposure to a biological agent
- 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 a work-related death due to exposure to a biological agent

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.

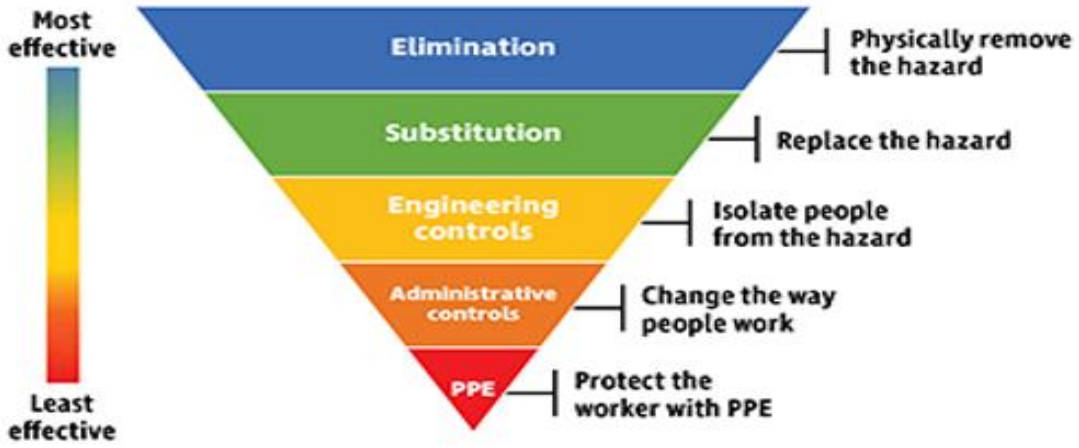
Incidental exposure can occur when working in environments where people are known to have COVID-19, for example patients in a health or social care setting. This includes caring for the infected person and supporting activities such as cleaning.

Overview

This Infection prevention and Control pathway is specific to Adult Care Homes in England. It reflects most up to date Government and UKHSA guidance for infection prevention and control including respiratory viruses.

As with previous polices we will follow the Hierarchy of Controls taking account of standard and transmission-based precautions for illnesses tailored to the needs of Adult Care Homes. For full guidance managers should refer to the references.

Controls



Elimination

General Measures

Government Updates

Given the risks of infections within care homes the infection control guidance is more robust that for the general public. This applies to isolation, testing, and other areas of infection control.

This resource provides guidance and support with regards general infection prevention and control for adult care. **Infection prevention and control: resource for adult social care - GOV.UK (www.gov.uk)**

The Covid 19 supplement provides specific guidance for Covid 19.
Infection prevention and control in adult social care: COVID-19 supplement - GOV.UK (www.gov.uk)

Symptoms of infection

Symptoms of infection can vary from person to person and some residents may not be able to communicate they are feeling unwell. It is therefore important that staff are vigilant to signs a person may be unwell.

For example, with Covid 19 the person could have a range of symptoms such as a cough, temperature, changes to taste and smell, feeling short of breath, fatigue, headache, sore throat, blocked nose, stomach upset.

The aim is not only to ensure the safety and welfare of the resident but to prevent an outbreak of infection that could make those who are more vulnerable severely unwell.

Staff who have Covid 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
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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 with Symptoms
Care home residents who have symptoms of Covid 19 should isolate and take 2 lateral flow tests as soon as they develop symptoms (day 0) and another 48 hours later (day 2) to confirm their Covid status.

Residents tests negative
If both tests are negative they can return to normal activities if they feel well enough to do so. In the interim they should avoid contact with others.

Residents Who Test Positive with or without symptoms
If positive they should isolate in the home for a period of 10 days from the day their symptoms started (day 0) or the date of the test and take part lateral flow testing from day 5. They can end self-isolation after receiving 2 consecutive negative tests 24 hours apart or after 10 days isolation.

The care home manager should inform the resident's GP and should:
- Inform the HPT or local partner
- Closely monitor the resident's symptoms
- Consider if the resident is eligible for COVID-19 treatments including antivirals or monoclonal antibodies

Isolation does not preclude:
- Receiving one visitor at a time (not including professionals)
- Going into outdoor spaces in the grounds avoiding whilst contact with other care home residents

Any individual who is unable to test should be isolated for the full 10 days following a positive test. Isolation should only be stopped when there is an absence of fever (less than 37.8°C) for 48 hours without the use of medication.

Residents - Close contacts
Residents who are close contacts of a case of Covid -19 do not need to self-isolate or undertake additional testing. Instead they should:

- Minimise contact with the person who has Covid 19
- Avoid contact with anyone who is at higher risk of becoming severely unwell if the were to be infected with Covid 19
- Follow the advice of testing and isolation if they develop symptoms.

Covid treatments
Individuals who are in the highest risk group from COVID-19 can access new COVID-19 treatments directly. A 'pre-notification' letter or email (to the contact details specified in their GP record) to alert them that they have a condition that may make them eligible should they test positive for COVID-19. Staff should support residents to access treatments.

Outbreak
An outbreak consists of 2 or more positive (or suspected) linked cases of COVID-19 associated with the same setting within a 14-day period. This applies to both staff and residents.

- The HPT/ IPC should be informed.
- A risk assessment should be undertaken with the HPT to see what measures are needed.

If an outbreak is declared then measures will be taken which may include testing and:

- Temporarily stopping or reducing communal activities
- Closure of the home to further admissions
- Restriction of movement of staff providing direct care between different settings
- Proportionate changes to visiting- One visitor per resident should always be able to visit inside the care home. This can be flexible to take account of parents needing to accompany a child for example.

In the event of an outbreak restrictions will be in place for different lengths of time, depending on the characteristics of the home, the outbreak and the results of outbreak testing. **See testing section**

Safe management of new admissions

Admission of care home residents from a care facility or the community
Residents should take both of the following:

- a PCR test within the 72 hours before they're admitted (or a lateral flow test if they have tested positive for COVID-19 in the past 90 days)
- a lateral flow test on the day of admission (day 0)

These tests should be provided by the care home. If positive on either test and the admission continues, they should be isolated on arrival and follow the guidance on care home residents who are symptomatic or test positive for COVID-19.

Urgent admissions from the community
The manager should determine whether they have had a test and, if so, when and the result. If they have taken a test within 72 hours of the urgent admission into the care home, the care home manager should share the result with the relevant and responsible person. If no test was taken the individual should have an LFT test by the home and follow guidance for someone who has tested positive.

Discharge from hospital

The NHS will do a PCR test within 48 hours prior to discharge into a care home, or a lateral flow test if the individual has tested positive for COVID-19 in the last 90 days. The results will be shared with the service user, family and care home before discharge.

If positive, they can be admitted to the care home, if the home is satisfied they can be cared for safely. They should be isolated on arrival for 10 days from the start of symptoms (0) or positive test if asymptomatic (remainder of 10 days). They can be subject to early release by having two consecutive negative tests 24 hours apart starting at day 5.

Any individual who is unable to test should be isolated for the full 10 days following symptom onset or a positive test if asymptomatic. Isolation should only be stopped when there is an absence of fever (less than 37.8°C) for 48 hours without the use of medication.

Discharge following outbreak in a hospital

If a resident test negative and has no symptoms is being discharged to a care home from a part of the hospital where there was an active outbreak, they should be isolated for 10 days from the date of admission, regardless of whether their overnight hospital stay was planned or unplanned. They should be notified on discharge.

Individuals who are isolating should take 2 LFD tests on days 5 and 6, 24 hours apart, and if both are negative, they can end isolation early. Any individual who is unable to test should be isolated for the full 10 days following a positive test.

Management of visiting

SENAD understands and acknowledges that visiting is an integral part of care home life. It is vitally important for maintaining the health, wellbeing and quality of life of residents and wherever possible it will be supported. There should be no restrictions on visiting. Even in an outbreak they should be able to have one visitor at a time and this does not need to be the same person. This number can be flexible in the case that the visitor requires accompaniment (for example if they require support, or for a parent accompanying a child). End-of-life visiting should always be supported and testing is not required in any circumstances for an end-of-life visits

Visitors should follow the IPC processes put in place by the care home, such as practicing hand hygiene and wearing appropriate PPE.

They should be encouraged to wear a facemask, removal in non-communal areas should be by risk assessment and take account of any distress and other mitigations that can be put in place- i.e. increased ventilation, limiting close contact etc.

Visitors should not enter the home if they feel unwell even if they have tested negative for Covid 19 and vaccinated as there are infection risk from other viruses.

Visitors who are providing personal care are no longer required to undertake asymptomatic testing.

They should be encouraged to wear face masks particularly in communal areas or when transiting through the home. In the case of providing personal care PPE should also be worn. Staff should provide support with this. This should be based on individual assessments, considering any distress caused to residents by use of PPE or detrimental impact on communication.

Children under 11 can chose to wear a facemask and should be encouraged to follow IPC such as hand hygiene.

Visiting Professionals/ NHS/ CQC

PPE usage is recommended in line with guidance above. NHS staff and Care Quality Commission (CQC) inspectors also have access to symptomatic testing and should follow the same guidance as staff about staying away from work if they test positive.

Vaccination

Vaccinations staff residents and visitors

Vaccination remains a primary protection measure against COVID-19, reducing the risk of serious illness, hospitalisation and death. All people working in health and social care settings have a responsibility to be vaccinated against COVID-19. SENAD encourages and supports all staff to get a COVID-19 vaccine and a booster dose as and when they are eligible, as well a vaccine for seasonal influenza.

It is strongly recommended that residents and visitors receive COVID-19 vaccines, plus their boosters where applicable. If eligible, visitors should also get their flu jab when it is offered to them.

All managers should undertake a risk assessment for pregnant employees which includes the risk from Covid -19 as soon as the person notifies you they are pregnant.

Risk assessment

To ensure the ongoing safety of the people we support. Managers should undertake risk assessments and consider the COVID-19 vaccination status of both staff members and the people they support. Factors to consider include whether any individuals are at higher risk of severe COVID-19 infection.
Deployment of vaccinated staff with higher risk individuals should form part of the risk assessment.

Autumn booster

Booster programme Autumn 2022- **A guide to the COVID-19 autumn booster - GOV.UK (www.gov.uk)**

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.

Substitution

- **It is not possible to substitute anything less harmful for COVID -19**

Engineering controls

Ventilation

Ventilation is an important control to manage the threat of COVID-19. Letting fresh air into indoor spaces can help remove air that contains virus particles and prevent the spread of COVID-19.

Where possible, rooms should be ventilated after any visit from someone outside the setting, or if anyone in the care setting has suspected or confirmed COVID-19. This is because ventilation is particularly important in spaces which are shared with other people for longer periods of time.

The comfort and wishes of the person receiving care should be considered in all circumstances, for example balancing with the need to keep people warm. Rooms may be able to be repurposed to maximise the use of well-ventilated spaces.

Additional facilities for hand hygiene and cough etiquette

Handwashing
Staff should wash their hands on immediately entry to the care home. Handwashing should be performed:

- before putting on and removing PPE.
- before touching a patient
- before clean or aseptic procedures
- after body fluid exposure risk
- after touching a patient
- after touching a patient's immediate surroundings
- Staff should be 'Bare Below the Elbows'
- Liquid soap and paper towels dispensed from wall units should be available

Alcohol Based Hand Rubs should be available for hand hygiene in any setting. Personal dispensers may be preferable in learning disability and mental health homes for safety.

Respiratory and cough hygiene
A sufficient number of tissues, and waste bins (lined and foot operated) should be available for staff, residents and visitors to use.

Testing - COVID-19 testing in adult social care - GOV.UK (www.gov.uk)

Asymptomatic testing
From August 31st 2022 routine asymptomatic testing in care homes will be paused as cases fall.

Rapid response
If one or more positive cases (staff or resident) are found in a care home Staff should test daily for 5 days every day **they are working**. This testing regime is not extended if further positive cases are identified within the 5 days. Do not being staff in on days off to test.

Outbreak testing
2, or more, positive (or clinically suspected) linked cases of COVID-19 that occur in the same setting within a 14-day period). Including both staff and residents, and includes PCR and LFD results.

Contact HPT/IPC, conduct a risk assessment, including whether the cases are likely to be linked. If advised to initiate whole home outbreak testing, all staff and residents should conduct both an LFD test and a PCR test on day 1 of the outbreak and another LFD test and PCR test between days 4 and 7. The LFD test will allow for early detection.

After the first week of outbreak testing staff do not need to do any further testing unless they become symptomatic or unless requested as part of any outbreak recovery testing.

Outbreak recovery testing
Outbreak recovery testing should be conducted once there have been at least 10 days with no new linked cases occurring due to likely spread within the care home.

Apart from those who have tested positive in the last 90 days, all staff and residents should do a PCR test at least 10 days after the last case of COVID-19 in the care home in either staff or residents. This should be 10 days from the last symptom onset date (where symptoms are confirmed as COVID-19 by testing), or 10 days from the last positive test if asymptomatic.

If there are no positive PCR results from outbreak recovery testing, outbreak measures can be lifted.

If 2 or more linked positive cases are subsequently identified, this should be classed as a new outbreak and the care home should contact the HPT again.

If there are further positive results identified, the new cases could be linked to the original outbreak. Care homes may seek advice from their local HPT

NB/ The local HPT will contact the care home if they have identified a particular variant of concern or variant under investigation which requires additional actions or measures.

Cleaning and decontamination

General rules for cleaning

- The environment must be visibly clean and free from non-essential items and equipment to facilitate effective cleaning.
- Staff groups should be aware of their environmental cleaning schedules for their area and clear on their specific responsibilities.
- The frequency of cleaning should be increased during the pandemic to at least twice daily.
- Frequently touched sites or points should be cleaned between individual use.
- Domestic staff should be advised to do a terminal clean of isolation room(s) after all other unaffected areas of the facility have been cleaned. Ideally, isolation room cleaning should be undertaken by staff who are also providing care in the isolation room.

Low risk environments-

- Staff should decontaminate all re-usable non-invasive equipment between every resident using approved detergents / disinfectant agents (unless contaminated with blood or body fluids).
  Routine_decontamination_of_reusable_noninvasive_equipment.pdf (publishing.service.gov.uk)
- Patient care equipment should be single use where possible.
- Reusable non-invasive equipment should be allocated to the individual patient or cohort of patients or decontaminated between patients.
- Cleaning protocols should include responsibility for, frequency of, and method of environmental decontamination.

In higher risk environments

- Decontamination of the environment must be performed using a combined detergent or disinfectant solution at a dilution of 1,000 parts per million available chlorine.
- Alternative cleaning agents or disinfectant products may be used with agreement of the local Infection Prevention and Control Lead.
- Staff performing environmental decontamination (cleaning) should be allocated to specific area(s) and not be moved between COVID-19 and non-COVID-19 areas and be trained in which PPE to use and the correct methods of putting on and removing PPE
- Dedicated or disposable equipment (such as mop heads, cloths) must be used for environmental decontamination.
- Reusable equipment (such as mop handles, buckets) must be decontaminated after use with a chlorine-based disinfectant
- As above for decontamination of environment and re-usable equipment. Equipment should be cleaned in line with manufacturers' guidance.

NB caution should be used in the selection of products for different body fluid spillages particularly in relation to urine and Chlorine releasing agents.

[Infection prevention and control: resource for adult social care - GOV.UK (www.gov.uk)](www.gov.uk) **Management of body fluid spills**

Waste handling

In addition to standard precautions the following should be observed:

- in a care home, waste generated when supporting a person with confirmed COVID-19 should enter the hazardous waste stream (usually an orange bag)
- waste visibly contaminated with respiratory secretions (sputum, mucus) from a person suspected or confirmed to have COVID-19 should be disposed of into foot-operated lidded bins which should be lined with a disposable waste bag

Linen /Laundry Handling

- Wear PPE as required
- Wash items as appropriate in accordance with the manufacturer's instructions.
- Dispose of items that are heavily soiled with body fluids, such as vomit or diarrhoea, or items that cannot be washed, with the owner's consent.
- Do not place dirty laundry on the floor or other surfaces to prevent contamination.
- Do not shake dirty laundry before washing to minimise the possibility of dispersing virus through the air.
- Staff uniforms and clothing should be protected from contamination by PPE. For staff taking uniform home for laundering, use a plastic bag.

Environmental safety

Staff should ensure that the environment remains safe during the COVID-19 Pandemic and not forget other risks within the home to vulnerable people. Controlling one risk must not present another.

- Risk assessments should be in place for the safe storage, handling use and disposal of cleaning products considering the safety of residents. This includes the risk of ingestion from alcohol hand gels.
- Open windows and doors to improve ventilation must not increase the risk of fall from height or the spread of fire.
- Extra deliveries of PPE/ materials must not obstruct evacuation routes and should be stored safely.

Administrative Controls

Communication

All cases of COVID-19 will be reported using the Notify email inbox- **notify@senadgroup.com**
This will inform senior managers and the Quality Team who can provide additional support if needed.

During any outbreak appropriate communications should be in place for staff, families and healthcare professionals to ensure the best outcomes and earliest resolution.

Monitoring and reviewing control measures

Managers should ensure that all controls remain effective by carrying out:

- Observations of the safe and appropriate use of PPE
- Ensuring testing regimes are being adhered to for symptomatic staff and residents and new admissions.
- Undertaking walk arounds of the environment to ensure standards are met
- Listening and acting upon the concerns of residents and staff
- Checking cleaning schedules and ensuring appropriate resources are in place
- Reviewing all controls in the event of a case of COVID-19 within the home

Appropriate risk management.

General and person-centred risk management

- The care home should have a risk assessment in place identifying all potential hazards and controls needed to prevent or control the risks from COVID -19 and other respiratory illnesses.
- Each resident should have risk assessments in place relative to their risks from infection.
- Staff should have specific risk assessments in place if they more at risk of serious illness.
- Dynamic risk assessments should be in place during a COVID-19 outbreak to manage the outbreak on a day to day basis until it ends. This should be reviewed during any outbreak investigation to prevent a recurrence.

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 their service for the prevention and control of COVID-19

Safe Staffing

Care managers will ensure safe staffing levels at all times considering if there is a need to prevent the movement between services i.e. during an outbreak.
If any manager has concerns about staffing they should contact their line managers for support.

Business continuity and contingency planning

The business continuity plan for all services should include the steps needed to take during an outbreak of infection in the home and the contact details of relevant agencies and support.

Posters and visual aids- to laminate

- Cough hygiene- catch-bin-kill.pdf (england.nhs.uk)
- Hand washing turn tap- handwashing-poster-landscape-and-portrait.pdf (westsussex.gov.uk)
- Hand Hygiene elbow tap- PHE handwashing advice (publishing.service.gov.uk)
- Alcohol hand gel- 82385-PanFlu-GelWash-A4 (sthelensccg.nhs.uk)

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

*** Certain procedures or equipment may generate an aerosol from material other than patient secretions but are **not considered to represent a significant infectious risk** for COVID-19. In care settings, procedures commonly undertaken **which are not classified as AGPs include**: *COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk)*

- 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
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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