



Abbots Care

EST. 1995

COVID-19 Policy and Procedure

Version 4.0 June 2020

COVID-19 Policy and procedures	Policy and Procedure No.
Summary	This policy highlights the home care practices in relation to coronavirus. It includes: Service users who have symptoms of COVID-19 Servicer users who do not have symptoms but someone in their household is isolating Neither the service user nor the care worker have symptoms of COVID-19 Visitors Service user letter added to the Forms section New and updated references have also been added to ensure the policy remains current.
Scope Roles affected by policy Service Users affected by policy Stakeholders affected by policy	All Employees of Abbots Care All Senior Managers and Directors All Service Users Family Commissioners NHS Local Authority
AC Policies relating to procedure	COVID PPE Policy and Procedure
CQC Outcomes relating to the procedure	SAFE S2: How are risks to people assessed and their safety monitored and managed, so they are supported to stay safe and their freedom is respected? SAFE S3: How does the service make sure that there are sufficient numbers of suitable staff to support people to stay safe and meet their needs? SAFE S5: How well are people protected by the prevention and control of infection? WELL-LED W5: How does the service work in partnership with other agencies?
Legislation relating to procedure	Author: UNICEF, WHO et al, (2020), <i>Social Stigma associated with COVID-19</i> . [Online] Available from: https://www.unicef.org/media/65931/file/Social%20stigma%20associated%20with%20the%20coronavirus%20disease%202019%20(COVID-19).pdf [Accessed: 9/4/2020] Author: Public Health England, (2020), <i>COVID-19: infection prevention and control (IPC)</i> . [Online] Available from:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control> [Accessed: 9/4/2020]

Author: Public Health England, (2020), *COVID-19: guidance for households with possible coronavirus infection*. [Online] Available from: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance> [Accessed: 9/4/2020]

Author: Public Health England, (2020), *COVID-19: background information*. [Online] Available from: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information> [Accessed: 9/4/2020]

Author: World Health Organisation, (2020), *Coronavirus disease (COVID-19) advice for the public*. [Online] Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public> [Accessed: 9/4/2020]

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Author: Public Health England, (2020), *Number of coronavirus (COVID-19) cases and risk in the UK*. [Online] Available from: <https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public> [Accessed: 9/4/2020]

Author: Public Health England, (2020), *COVID-19: guidance for residential care, supported living and home care*. [Online] Available from: <https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance> [Accessed: 9/4/2020]

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Author: Department for Education, (2020), *Guidance for schools, childcare providers, colleges and local authorities in England on maintaining educational provision*. [Online] Available from: <https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision> [Accessed: 9/4/2020]

	<p>Author: NHS England, (2020), COVID-19 hospital discharge service requirements. [Online] Available from: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/covid-19-discharge-guidance-hmg-format-v4-18.pdf [Accessed: 9/4/2020]</p> <p>Author: NICE, (2020), COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community. [Online] Available from: https://www.nice.org.uk/guidance/ng163?utm_campaign=11458387_NICE%20 [Accessed: 9/4/2020]</p> <p>Author: Department for Business, Public Health England file:///S:/CORONORIVIRUS%20ADVICE/working-safely-during-covid-19-offices-contact-centres-110520.pdf</p>
1.0 Actions	<p>1.1 Share with all Care workers and Office Staff via email</p> <p>1.2 Care workers to confirm read and understood</p> <p>1.3 Ensure policy is discussed at supervisions</p>
2.0 Objectives	<p>2.1 To ensure that safe, effective procedures are in place with staff and Service Users having information in an accessible format.</p> <p>2.2 As the spread of the virus is resulting in response requirements changing daily, Abbots Care Limited will ensure that it stays up to date with reliable sources of information and has the flexibility to respond when required.</p>
3.0 Policy	<p>3.1 Abbots Care Limited recognises that the outbreak of a new strain of coronavirus SARS coronavirus-2 (SARS-CoV-2) which results in the disease COVID-19 is a fast-moving situation. The World Health Organisation (WHO) has stated that this is now a pandemic. As care providers, ensuring robust infection control and business continuity plans form part of preparing business at Abbots Care Limited for any events that can cause disruption to the normal business.</p> <p>3.2 Abbots Care Limited will ensure that staff are aware and understand the importance of pandemic preparedness and will carry out preparations by following the checklist in the Pandemic Policy and Procedure at Abbots Care Limited. Abbots Care Limited understands that business continuity planning involves all aspects of the business and to be effective Abbots Care Limited must work with their partners, suppliers and commissioners to ensure that a safe and effective service can be maintained.</p> <p>3.3 Abbots Care Limited understands that they have a responsibility for ensuring that staff follow good infection control and prevention techniques and that they support Service Users with this too. Abbots Care Limited will ensure that staff have access to reliable information to reduce anxiety and dispel any myths and inaccurate information that may cause worry or distress to staff, Service Users or the wider public.</p>

Procedure	
4.0 Pandemic procedures	<p>4.1 Abbots Care Limited recognises that the WHO has declared COVID-19 can be characterised as a pandemic on 11 March 2020. Abbots Care Limited however, will ensure that it reviews the Pandemic Policy and Procedure and will complete the checklist to ensure that the business is prepared and that robust business continuity plans are in place.</p> <p>4.2 Reducing the Risk of Contracting or Spreading the Virus Abbots Care Limited will ensure that staff, when not at work, follow the WHO and Public Health England advice to reduce the risk of contracting the virus and the risk of spreading it. They must also support Service Users to follow the government requirements and remind them that failure to follow this can result in a fine. The following procedures must be followed;</p> <p>You can only leave your home:</p> <ul style="list-style-type: none"> • To shop for essentials – only when you really need to • To do one form of exercise a day – such as a run, walk or cycle, alone or with other people you live with • For any medical need – for example, to visit a pharmacy or deliver essential supplies to a vulnerable person • To travel to and from work – but only where this is necessary. As an employee of Abbots Care you are considered as a key worker and can continue to work as our business is continuing as normal <p>Further measures:</p> <ul style="list-style-type: none"> • Wash your hands regularly and properly for at least 20 seconds (2 verses of Happy Birthday) by using soap and running water • Use hand sanitiser when it is not possible to wash hands with soap and water. Hand sanitiser must contain 60% alcohol to be effective • Maintain at least 2 metres (6 foot) distance between yourself and anyone. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease • Avoid touching eyes, nose and mouth. Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick • Practice respiratory hygiene. Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. If you do not have a tissue, use your sleeve. Then dispose of the used tissue immediately and wash your hands or use hand sanitiser if you do not have immediate access to soap and running water. Droplets spread virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19 • If you have a fever (37.8 degrees, a new/persistent cough) or Anosmia (added 18.5.20) the loss of or a change in your normal sense of smell. It

can also affect sense of taste as the two are closely linked. you must self-isolate for 7 days.

• **The NHS advice must be followed below;**

- If you have symptoms of coronavirus infection (COVID-19), however mild, stay at home and do not leave your house for 7 days from when your symptoms started
- If you live with someone who has symptoms, you will need to stay at home for 14 days from the day their symptoms started. This is because it can take 14 days for symptoms to appear
- If more than one person at home has symptoms, stay at home for 14 days from the day the first person started having symptoms
- If you get symptoms, stay at home for 7 days from when your symptoms start, even if it means you are at home for longer than 14 days
- If you do not get symptoms, you can stop staying at home after 14 days

Social Distancing

[Follow the Governments requirements](#) dated March 23rd 2020 for 3 weeks. Everyone must comply with these requirements

4.3 Handwashing

Staff should wash their hands:

- Before leaving home
- On arrival at work
- After using the toilet
- After touching pets
- After breaks and sporting activities
- Before food preparation
- After using public transport
- Before eating any food, including snacks
- Before leaving work
- On arrival at home

4.4 Confidentiality

Abbots Care Limited will follow confidentiality and GDPR policies and procedures to ensure that the details of staff involved in caring for Service Users with suspected or confirmed COVID-19 is kept confidential. Employees should also respect each other's confidentiality and take care not to inadvertently share information. Where staff are suspected or confirmed to have contracted COVID-19, their personal details should be treated as confidential, as they would be for any other Abbots Care Limited Service User.

4.5 Reducing the Risk of Stigmatization

Stigma occurs when people negatively associate an infectious disease, such as COVID-19, with a specific population. In the case of COVID-19, there are an

increasing number of reports of public stigmatization against people from areas affected by the epidemic, this means that people are being labelled, stereotyped, separated, and/or experience loss of status and discrimination because of a potential negative affiliation with the disease. Abbots Care Limited will ensure that staff understand the importance of preventing and addressing social stigma by making sure facts are available to staff and Service Users

4.6 Actions if a Service User Meets the Criteria and Displays Symptoms

If the Service User receiving care and support has symptoms of COVID-19, then the risk of transmission should be minimised through safe working procedures, as detailed below.

The symptoms of COVID-19 are:

The most common symptoms of coronavirus (COVID-19) are recent onset of:

- New continuous cough and/ or
- High temperature
- Anosmia – loss of smell or taste (added May2020)

If a Service Users has either of these symptoms, make sure that the Service Users is safe, let them know you are going to leave the room and call Abbots Care for advice.

Call the office on 01727 891004 and a Care Manager will advise you of the next steps to follow, if out of hours please call 01923 634991.

We will call one of our COVID teams who will come and check their symptoms, including their temperature.

The COVID team will call 111 for further advice.

If the Service User is confirmed as probable symptoms, and doesn't need hospital admission, they will be supported by the COVID team for a period of 7 – 14 days.

Only staff trained with to use the PPE correctly will be asked to support Service Users with COVID.

All staff managing Service Users who are suspected or confirmed infected should receive COVID Infection Control Training from the Operations Manager, Sarah Hurley.

For further information refer to the Personal Protective Equipment (PPE) Policy and Procedure at Abbots Care Limited.

Cleaning

If Care Workers undertake cleaning duties, then they must use usual household products, such as detergents and bleach as these will be very effective at getting

rid of the virus on surfaces. Frequently touched surfaces must be cleaned regularly.

Personal waste (for example, used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags. These bags must be placed into another bag, tied securely and kept separate from other waste. They should be put aside for at least 72 hours before being put in the usual household waste bin for disposal as normal.

Laundry

If Care Workers support the Service User with laundry, then they must not shake dirty laundry before washing. This minimises the possibility of dispersing the virus through the air. Wash items as appropriate, in accordance with the manufacturer's instructions. Dirty laundry that has been in contact with an ill person can be washed with other people's items. If the Service User does not have a washing machine, wait a further 72 hours after the 7-day isolation period has ended; the laundry can then be taken to a public laundromat. Items heavily soiled with body fluids, for example, vomit or diarrhoea, or items that cannot be washed, must be disposed of, with the owner's consent, following the correct disposal procedures.

4.7 Actions if a Service User does not have symptoms but is part of a household that is isolating

The same procedures should be adopted as if the Service User being cared for did have symptoms of COVID-19 (see above). Care should continue to be taken to limit contact with any household member that has symptoms. PPE procedures must also be followed as per the Personal Protective Equipment (PPE) Policy and Procedure at Abbots Care Limited.

4.8 Action if a Member of Staff Reports Symptoms

Employees with Symptoms of COVID 19

- a. Care Workers who have symptoms of COVID 19 should follow the government advice and should follow the government advice and go on line to confirm their COVID 19 symptoms using on line 111 Coronavirus questions at <https://111.nhs.uk/covid-19>
- b. If employees are advised to self-isolate they need to go to <https://111.nhs.uk/isolation-note/> and complete the Isolation note and forward to Sarah.Hurley@abbotscare.com
- c. Employees should self-isolate for 7 days
- d. If the member of staff has no symptoms they can return to work on day 8
- e. Advice will be given to the member of staff if they need to self-isolate and what action will need to take place for any Service Users that they may have had contact with

4.9 Employees whose family they permanently live with have symptoms of COVID 19

- f. Their family member should follow the guidance in 1a above and confirm their symptoms on <https://111.nhs.uk/covid-19>
- g. If their family member is advised to self-isolate, they must self-isolate with them for 14 days and go to <https://111.nhs.uk/isolation-note/> and complete the Isolation note and forward to Sarah.Hurley@abbotscare.com

4.10 Cleaning the Office and Workplace Where There are Confirmed Cases of COVID-19

Abbots Care Limited will follow Public Health England [guidance on cleaning](#). Coronavirus symptoms are similar to a flu-like illness and include cough, fever, or shortness of breath. Once symptomatic, all surfaces that the person has come into contact with must be cleaned including:

- All surfaces and objects which are visibly contaminated with body fluids
- All potentially contaminated high-contact areas such as toilets, door handles, telephones
- Clothing and linen used by the person should be set aside pending assessment of the person by a healthcare professional

4.11 Visitors

The impact of the coronavirus is far greater for people with underlying health conditions and who are elderly. Abbots Care Limited will monitor the changing situation. All Service Users should adhere to the government guidance on what we need to do in relation to the coronavirus pandemic, including in relation to visitors. Abbots Care Limited will display information posters and advise anyone that is unwell to stay away. There should be no unnecessary visiting to the premises of Abbots Care Limited. Where there are visitors to the premises of Abbots Care Limited, names and contact phone numbers will be documented should contact tracing be required. Where restrictions on visitors are made, Abbots Care Limited will ensure that risk assessments are in place, best interest decisions are recorded and the least restrictive options are taken and in human rights terms, this factors in the services and support supplied to Service Users by their visitors.

4.12 Shielding at Risk Groups

Those who are at increased risk of severe illness from coronavirus (COVID-19) must be shielded and protected. The full Public Health England guidance can be read [here](#). Shielding is a measure to protect extremely vulnerable people by minimising interaction between those who are extremely vulnerable and others. This means that those who are extremely vulnerable should not leave their homes, and within their homes should minimise all non-essential contact with other members of their household.

1. Strictly avoid contact with someone who is displaying symptoms of coronavirus (COVID-19). These symptoms include high temperature and/or a new and continuous cough
2. Do not leave your house
3. Do not attend any gatherings

4. Do not go out for shopping, leisure or travel and, when arranging food or medication deliveries, these should be left at the door to minimise contact
5. Keep in touch using remote technology such as phone, Internet, and social media

People falling into this extremely vulnerable group include:

- Solid organ transplant recipients
- People with specific cancers
- People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
- People with cancers of the blood or bone marrow such as leukemia, lymphoma or myeloma who are at any stage of treatment
- People having immunotherapy or other continuing antibody treatments for cancer
- People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
- People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD
- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell)
- People on immunosuppression therapies sufficient to significantly increase risk of infection
- Women who are pregnant with significant heart disease, congenital or acquired

The NHS in England is directly contacting people with these conditions to provide further advice. This advice will be in place for 12 weeks.

Where Care is being provided to any individual meeting the [criteria for shielding \(vulnerable groups\)](#) as a minimum, single use disposable plastic aprons, surgical mask and gloves must be worn for the protection of the Service User.

If the Service User or anyone in their household is a possible or confirmed COVID-19 case, the staff of Abbots Care Limited must wear plastic aprons, fluid repellent surgical masks, eye protection and gloves. For further information refer to the Personal Protective Equipment (PPE) Policy and Procedure at Abbots Care Limited.

Where practicable we will ensure continuity of care with the least amount of Care workers' possible visiting. This will depend on the amount of absenteeism through COVID 19 amongst our care workers.

4.13 Family members or carers

To minimize the risk of the infection being passed on and to meet government advice on social distancing all family members and carers must leave the area where care staff need to work in.

4.14 Supporting Hospital Discharge

Abbots will continue to support hospital discharges for all current and new Service Users. Where the Service Users have tested positive to COVID-19 they will be supported on the Rapid Response service where Care teams are specifically trained in managing PPE for COVID-19.

Updated 14/5/20 – All discharges to be treated as COVID positive unless there have a tested negative on the day of discharge. Where a test is taken on the day of discharge and is later confirmed as negative the SU can be moved on to mainstream home care round.

4.15 Working from Home

It is not possible for all staff roles at Abbots Care to be able to work from home due to the business being defined as a critical business. All employees are expected to be open and transparent when working from home and produce work to the same standards and productivity as if they were in the office environment.

Working from home is agreed for staff who are classified as:

- Self-isolating following the government advice on potential Covid19 symptoms
- Being part of the extremely vulnerable group as outlined in the government advice
- Identified as being able to partially work from home to help reduce the numbers of staff in the office, reducing the likelihood of passing on infection.

Effective Communication: Is key to remote working and employees must make sure that they are communicating continuously with their office-based colleagues. They must be contactable and present on teams for the full time of their working hours.

Action for staff

- All employees will attend a morning meeting with their manager through Microsoft Teams.
- All employees will complete a plan of what they would like to achieve each day and share it with their manager using the work from home report. See appendix
- Work will be assigned by managers each day and targets agreed.
- Ongoing communication is key, and all employees will be expected to be live on their team's app or desktop for the duration of their working hours, cameras and chat on so that they can communicate with their teams continuously.
- Team managers will agree any tea and lunch breaks for the day to fit in with the office-based team.

- Each home working team member will complete a report at the end of each day on the form attached and send it to their managers at the end of their working hours.
- Each team member must respond to phone calls from their team or manager within 15 mins.
- Emails must be responded swiftly and always by the end of each day.
- Managers will offer 30 mins weekly 121's to review productivity and to offer support.
- Employees will ensure that they work the hours agreed in their contracts and any variation needs to be discussed with their line manager.
- Any deviation forms this process could result in disciplinary action in line with the Employee Handbook.

Where staff at Abbots Care Limited are able to work from home, and Abbots Care Limited has agreed to the arrangement, Abbots Care Limited has the following expectations.

- Staff can work independently and on their own initiative
- Staff are able to motivate themselves
- Complete agreed work within set deadlines
- Staff can manage their workload effectively
- Staff can cope well under any new pressure posed by working at home
- Staff will adopt healthy work from home practices which includes compliance with Health and Safety
- Staff will maintain contact with Abbots Care Limited and colleagues with whom they would usually interact with
- Confidentiality will be maintained in line with the Data Protection Act
- Any concerns will be raised immediately with Helen Sinden
- Meeting with Service Users or external organisations will not take place with the employees at home unless teleconferencing facilities are used

Abbots Care Limited understands during the coronavirus outbreak, that where the employee's role makes home working feasible, working from home will be supported. The decision to temporarily allow home working is not a contractual change.

Working from Home - Health and Safety Considerations

Abbots Care Limited has a duty of care for all their employees, and the requirements of the health and safety legislation apply to homeworkers. Abbots Care Limited is responsible for carrying out a risk assessment to check whether the proposed home workplace's ventilation, temperature, lighting, space, chair, desk and computer, or any kind of workstation, and floor are suitable for the tasks the homeworker will be carrying out.

Abbots Care Limited is responsible for the equipment it supplies, but it is the employee's responsibility to rectify any flaws in the home highlighted by the assessment. Once the home workplace has passed the assessment, it is the employee who is responsible for keeping it that way. Abbots Care Limited will refer to the Home Working Policy and Procedure.

4.16 Update to Government Guidance 11.5.20 – Recovery Phase – Our plan to rebuild

From 13th May

For the foreseeable future, workers should continue to work from home rather than their normal physical workplace, wherever possible. People who are able to work at home make it possible for people who have to attend workplaces in person to do so while minimising the risk of overcrowding on transport and in public places.

All workers who cannot work from home should travel to work if their workplace is open. Sectors of the economy that are allowed to be open should be open, for example this includes food production, construction, manufacturing, logistics, distribution and scientific research in laboratories. The only exceptions to this are those workplaces such as hospitality and nonessential retail which during this first step the Government is requiring to remain closed

As soon as practicable, workplaces should follow the new “COVID-19 Secure” guidelines

Update to Government Guidance 11.05.21 – “Working safely during COVID-19 in offices and the contact centres”

4.17 Managing the risk of working in the office environment

Abbots Care have completed a full risk assessment of what the risks are and how they should be mitigated in the attached Risk assessment in attached Appendix.

4.18 Who should come to the office to work ?

As a critical business Abbots Care office need to be open to support the safe management of the SU’s and care teams in the community and to meet our regulatory body CQC standards. Although some roles can be worked from home many of the customer facing roles are critical and need to be managed and supervised at all times. The likelihood of missed visits resulting in injury or even death of a Service User is possible.

4.19 Protecting People who are at higher risk

Clinically extremely vulnerable individuals (see definition in Appendix) have been strongly advised not to work outside the home. Where they are able to work from home they may do so. If it is not possible we may be able to offer them the Furlough scheme.

Clinically vulnerable individuals, who are at higher risk of severe illness (but not clinically extremely vulnerable) individuals cannot work from home they should be risk assessed to mitigate the risks to them and appropriate PPE supplied and worn.

The Operations Director will risk assess the impact of each employee to establish if they are able to carry out their role from home safely.

4.20 Social Distancing in the office

All staff must maintain a social distance of 2m wherever possible in the office. This includes all areas including the entrances and outside of the building.

- Only one member of staff should enter the kitchen at a time.
- All desks will be 2m apart and screens will be placed between desks to reduce risk of transmission.
- Staff whose desks are in Unit 5 and 6 should only use the toilet and kitchen area in that office.
- Staff must wash hands and use hand sanitiser when entering the office

4.21 Coming to work and leaving work

We will stagger start and finish times so that staff are working on a rota to reduce the number of staff arriving and leaving the office at one time.

On arrival in the office all staff must wash their hands and use hand sanitiser including after leaving the office for a break and for lunch.

Staff must only use the lift one person at a time.

4.22 Maintaining social distancing whilst working at desks

Desks will be moved to ensure a 2M distance and screens installed

Markings will be added to the floor to remind staff of the 2M distance

We will manage occupancy levels in accordance with the floor plan in the appendix with a maximum of xx to be in the office at any one time.

Community Facilitators will work in the community and from home mostly with a rota for coming in to the office.

Induction and Update Training will continue to be run via Zoom.

Community work – All Community Facilitators should deliver supervision and support remotely using telephone, Whatsapp or Facetime. If a face to face meeting is essential they should maintain the 2M distance and wear PPE in the COVID PPE policy and procedure.

Tasks including assessments, risk assessments, observations and supervisions can be carried remotely and where essential face to face from a 2 M distance. Where demonstrating or carrying out care they should refer to the policy above and PPE COVID policy and procedure.

4.23 Meetings

All meetings should take place face to face only where the 2M rule can be applied and are necessary. Rooms should be well ventilated and sharing of pens

or equipment should be avoided. Hand sanitiser should be available in the meeting room.

Where the 2M rule cannot be applied staff should carry out meetings via Zoom or Teams.

4.24 Common Areas

Only essential visitors attend the office and remain in the reception area.

All visitors to record names in the visitor book.

Kitchen areas are limited to one person at a time

2M distance must be maintained.

Deliveries must be left in the reception area.

4.25 Cleaning of office area

Frequent cleaning of work areas and equipment between uses, using your usual cleaning products. Each staff member must clean desks, keyboards and own area at the start of each day and after lunch break, and the end of each day

Frequent cleaning of objects and surfaces that are touched regularly, such as door handles and keyboards, and making sure there are adequate disposal arrangements

Clearing workspaces and removing waste and belongings from the work area at the end of a shift –.

Limiting or restricting use of high-touch items and equipment – the photo copier should be cleaned after each use.

4.26 Handling deliveries

Staff handling deliveries should ensure that they wash their hands following handling of goods.

Personal deliveries for non-business deliveries are restricted during the pandemic.

4.27 PPE

Facemasks and PPE are not required in the office working environment unless supporting a SU.

4.28 Communication and Training

Policy and procedure to be sent to all office and management staff and zoom training sessions to be recorded and sent out.

Clear signage to be displayed at the office and on our website.

Update to Government Guidance NHS Test and Trace 28th May 2020

5.0 If staff have been notified that they are a contact of a confirmed case in the community but not at work as a Care Worker:

A 'contact' is a person who has been close to someone who has tested positive for coronavirus (COVID-19) anytime from 2 days before the person was symptomatic up to 7 days from onset of symptoms (this is when they are infectious to others).

For example, a contact can be:

- people who spend significant time in the same household as a person who has tested positive for coronavirus (COVID-19)
- sexual partners
- a person who has had face-to-face contact (within one metre), with someone who has tested positive for coronavirus (COVID-19), including: being coughed on, having a face-to-face conversation, within one metre, or having skin-to-skin physical contact, or any contact within one metre for one minute or longer without face-to-face contact
- a person who has been within 2 metres of someone who has tested positive for coronavirus (COVID-19) for more than 15 minutes
- a person who has travelled in a small vehicle with someone who has tested positive for coronavirus (COVID-19) or in a large vehicle or plane near someone who has tested positive for coronavirus (COVID-19)

Staff who have been notified by text message or email through the [NHS Test and Trace](#) contact tracing service that they are a contact of a confirmed case of **COVID-19 in the community but outside the Health or Social Care setting, or their place of work**, they should inform their line manager and self-isolate for 14 days, in line with the [NHS Test and Trace guidance](#).

This advice should be followed regardless of the results of any SARS-CoV-2 antibody testing. A positive antibody result signifies previous exposure, but it is currently unknown whether this correlates with immunity, including protection against future infections.

Employees should forward the email or text to their line manager.

If you have not been notified that you are a contact, this means you do not need to self-isolate and should follow the general guidance.

5.1 If staff have been notified that they are a contact of a co-worker who is a confirmed case at work

If a staff member has been notified that they are a contact of a co-worker who has been confirmed as a COVID-19 case, **and they were wearing the correct PPE as advised in the Abbots Care COVID PPE policy and procedure** they do not need to self-isolate. If they had contact with a co-worker and were not wearing the recommended PPE the 14-day isolation period also applies (as in section 6.0 above).

5.2 Risk assessment for staff exposures in the workplace

If any employees have come into close contact with a confirmed COVID-19 SU a symptomatic SU suspected of having COVID-19 while not wearing PPE, or had a breach in their PPE while providing personal care to a patient, resident or service-user with confirmed or suspected COVID-19, then the staff member should inform their line manager who will carry out a risk assessment.

Update to Government Guidance – 16th June 2020

Section 1

Care Workers delivering homecare (Domiciliary care) during sustained COVID-19 transmission in the UK

Please see below some FAQ's regarding PPE recommendations and sustained transmission of COVID-19.

1 What is meant by sustained transmission of COVID-19?

We are currently experiencing sustained transmission of COVID-19 across the UK. COVID-19 is common in the community and you as a care worker should assume that you are likely to encounter people with COVID-19 infection in your routine work. Sustained transmission is when infection is widespread and that for many people with COVID-19 infection, we are unable to work out who or where they got it from.

2 Should I always put on PPE when I visit my clients regardless of their symptoms?

Yes. As there is sustained transmission of COVID-19 we recommend you use PPE regardless of whether the person you are caring for has symptoms or not. Appendix 1 below, provides recommendations on what PPE is required and when.

3 Why is PPE needed for personal care of all clients and not just when caring for clients with symptoms?

Where COVID-19 is circulating in the community at high rates and symptoms can differ from person to person; it is not always obvious who might be affected by the virus and be infectious to others. Older people might only have minimal symptoms of respiratory infection and a high proportion of individuals with COVID-19 do not display any symptoms at all.

You need to take precautions to both protect your own health and prevent passing on infection to people you care for during your work.

4 Are there differences between recommendations here and previous PPE guidance and if so why?

Yes. This resource was developed in the context of sustained transmission of COVID-19 across the UK. There are some differences between this resource and previously published PPE guidance because the context has changed.

5 Which PPE guidance should I follow?

You should follow the recommendations in this resource for PPE during the sustained transmission period for all homecare (domiciliary care) interactions.

You can find all necessary recommendations from the link below
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>.

Recommendations have been applied in this resource and are relevant during the period of sustained transmission. There is therefore no reason to refer to Tables 1-4 in the main COVID-19 personal protective equipment (PPE) guidance. When the context changes away from sustained transmission and recommendations need to change then this resource will be modified.

PPE Overview

6 How does PPE protect me?

Gloves – protect you from picking up the COVID-19 virus from the environment (such as contaminated surfaces) or directly from people with COVID-19. You must wear disposable gloves when providing personal care and when exposure to body fluids is likely. Disposable gloves are single use and you must dispose of them immediately after completion of a procedure or task and after each client, and then wash your hands. You must take care not to touch your face, mouth or eyes when you are wearing gloves.

Disposable plastic aprons – protect your uniform or clothes from contamination when providing care. You must wear disposable plastic aprons when providing personal care and when exposure to body fluids are likely. Disposable plastic aprons are single use and you must dispose of them immediately after completion of a procedure or task and after each client, and then wash your hands.

Surgical face masks - Wearing a Type II surgical face mask provides a barrier, protecting your mouth and nose from a client’s respiratory secretions. Fluid repellent surgical masks (FRSM), which are Type IIR surgical face masks, provide additional protection from respiratory droplets produced by clients (e.g. when they cough or sneeze). Wearing a face mask protects clients by minimising the risk of passing on infection from yourself (via secretions or droplets from your mouth, nose, and lungs) to clients when you are caring for them. (Note: do not go to work if you have symptoms of COVID-19 such as a new continuous cough, a high temperature, a loss of, or change in, your normal sense of taste or smell).

Surgical mask types are described further in Question 31.

All surgical masks can be used for care of more than one client providing you do not remove the mask between clients (Appendix 1 – Table 1).

You should not touch your face mask unless it is to put on or remove it. It is also important that you remove your face mask safely to avoid contaminating yourself.

Eye protection - provide a barrier to protect your eyes from respiratory droplets produced by clients (e.g. by a repeatedly coughing client), and from splashing of

secretions (e.g. of body fluids or excretions such as vomit). Eye protection can be used for more than one client providing they are not removed between clients, as outlined above (Appendix 1 – Table 1). Most eye protection is reusable; you should check and follow the manufacturer’s instructions or local infection control policy on how to clean and disinfect between uses. Further advice on cleaning is provided in Question 17. If eye protection is labelled as for single use then you should dispose of it after removal.

7 Do I need to do anything else to protect myself and others in addition to wearing PPE?

- Yes. PPE is only effective when combined with:
 - hand hygiene (cleaning your hands regularly and appropriately),
 - respiratory hygiene and avoiding touching your face with your hands,
 - following standard infection prevention and control precautions
<https://www.nice.org.uk/guidance/cg139>

You must perform hand hygiene immediately before every episode of care and after any activity or contact that potentially results in your hands becoming contaminated. This includes the removal of personal protective equipment (PPE), equipment decontamination and waste handling. Remember do not wear nail varnish or use false nails, keep your nails short and use moisturiser after hand washing to keep the skin on your hands intact. For more information, please refer to <https://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/> . If you know that there aren’t suitable facilities for cleaning your hands in the client’s home, you should carry hand sanitiser or cleaning wipes with you to make sure that you can clean your hands when you need to. Avoid touching your mouth, nose and eyes during and between care. If you are having a drink or snack between clients, make sure you practice hand hygiene both before and after you eat & drink. You and or your manager may want to monitor your client list for symptoms (e.g. call ahead before you visit). If any of your clients develop symptoms, such as persistent cough, temperature or develop loss or change in normal sense of taste or smell, or are unwell, or you are concerned about any of them you must inform your manager immediately. Whilst you should wear PPE for all clients as per recommendations, when you know someone has symptoms it may be appropriate to visit those individuals at the end of your list (where safe to do so) and discuss with your manager ways you might be able to minimise direct contact where practical, to further reduce risk to yourself.

PPE recommendations explaining ‘continuous use’ vs ‘re-use’

8 Why are you recommending continuous use of face masks and eye protection for the care of more than one client?

There is no evidence to suggest that replacing face masks and eye protection between each client would reduce risk of infection to you. In fact, there may be more risk to you by repeatedly changing your face mask or eye protection as this may involve touching your face unnecessarily. We recommend you use face

masks continuously until you need to remove it (e.g. to drink, eat or to take a break from duties), both to reduce risk to you and to make it easier for you to conduct your usual work without unnecessary disruption.

You can wear the same face mask between different homecare visits if it is safe to do so whilst travelling. This includes travelling between households on foot or by car or by public transport, so long as you do not need to take the mask off or lower it from your face. You should not touch your face mask. If you consider it will impair your driving ability or compromise your safety in any way whilst travelling, you should remove your face mask before travelling. We do not recommend continued use of eye protection when driving or cycling.

You can wear the same face mask between clients whether they have symptoms of COVID-19.

When you take a break or need to remove your face mask for some other reason, you should remove your face mask and eye protection and replace it with a new face mask for your next duty period. You must ensure your eye protection is appropriately cleaned when you remove it/before next use. If your eye protection is labelled as for single use only then it should be disposed of after use. There may be circumstances that you would need to remove and replace your face mask or eye protection before your break or you otherwise feel you need to, as described in the following section.

The duration of continual use is dependent on several factors (for example, heat, nature and duration of your duties, shift-length) and individual factors and is not prescribed here.

Appropriate continuous use will not put you or your clients at additional risk (see Question 10).

9 Are there circumstances when I should replace my face mask or eye protection before my break?

Yes. You should discard and replace a facemask and NOT continue to use it in any of the following circumstances:

- if damaged
- if visibly soiled (e.g. dirty, wet with secretions, body fluids)
- if damp
- if uncomfortable or causing skin irritation
- if difficult to breathe through

You must decontaminate reusable eye protection after each use and NOT continue to use it in any of the following circumstances:

- if damaged
- if soiled (e.g. with secretions, body fluids)
- if uncomfortable or causing skin irritation

When removing and replacing PPE ensure you are 2 metres away from clients and other staff – see video on <https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in->

[care-homes/covid-19-putting-on-and-removing-ppe-a-guide-for-care-homes-video](#) .

10 Is it risky to my clients if I use the same mask between clients even if one has symptoms and others do not?

Providing neither you or the clients touch the mask, then wearing the same face mask between clients/visits does not present risk to you or the client. You should remove and replace the face mask if soiled, damp, damaged or in other circumstances set out in Question 9.

11 Do I have to wear a mask on my way to visit my first client, and on my way home?

This resource contains guidance on use of PPE when you are caring for clients. The journey to your first client and on your way home from your last client does not involve contact with the client or household. You should put on PPE as per recommendations before contact with your first client. You should remove PPE and dispose of it or decontaminate it if reusable after your final client and before your journey home.

You should follow advice for the general public when outside of work (i.e. before work duties

commence and after work duties end). This includes following guidance on wearing face coverings

(not medical grade masks) when in enclosed spaces such as public transport found on this link <https://www.gov.uk/government/news/public-advised-to-cover-faces-in-enclosed-spaces> .

12 Why are you not referring to a “session” in these recommendations?

In this resource, we refer to wearing face masks and eye protection continuously until you need to remove them or take a break. The period of duty between your breaks is the equivalent to what we refer to as a “session” in the

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe#section-6> .

When you need to remove your face mask (e.g. to take a drink, eat, if visibly soiled or damp) then you need to dispose of it safely. Do not dangle your face mask or eye protection around your neck.

13 Are you recommending re-use of single use face masks?

No. We are recommending that face masks can be used continuously while providing care, unless you need to remove the mask from your face (e.g. to drink, eat or take a break from duties). If face masks are removed for any reason, we recommend you should not re-use them.

14 When can I re-use PPE?

Whilst most PPE items are for once only use, certain PPE items are manufactured to be reusable. This most commonly applies to eye/face protection items i.e. goggles or visors. Reusable items should be clearly marked as such and identified in advance by your organisation/manager.

You can use reusable PPE items, providing you clean and store them appropriately between uses, according to the manufacturer's instructions or local infection control policy. Your manager will advise you where this applies. Advice on re-use of face masks when there is shortage of PPE and no other option, is provided by HSE and summarised in Question 26.

15 How and where should I put on and take off PPE?

Guidance on putting on (donning) and removing (doffing) PPE can be found via this link <https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes/covid-19-putting-on-and-removing-ppe-a-guide-for-care-homes-video> .

You need to put on your PPE at least two metres away from the person you are visiting and anyone in the household with a cough. You will need to decide the best place to do this. For example, you could do so just before or just after entering the client's home or in a separate room to the client.

Similarly, you should take off PPE when at least two metres away from the client or any person who has a cough.

16 What should I do with waste including PPE?

Waste should be placed in a refuse bag and can be disposed of as normal domestic waste unless the client has symptoms of COVID-19 (a new continuous cough, a high temperature, a loss of, or change in, your normal sense of taste or smell) <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection> .

Waste from people with symptoms of COVID-19, waste from cleaning of areas where they have been (including disposable cloths and used tissues) and PPE waste from their care:

1. Should be put in a plastic rubbish bag and tied when full.
2. The plastic bag should then be placed in a second bin bag and tied.
3. It should be put in a suitable and secure place and marked for storage for 72 hours.

Waste should be stored safely and securely kept away from children. You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours.

Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances.

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

17 How should I clean my eye protection (goggles/visors) between uses?

If your eye protection is reusable you should check and follow the manufacturer's instructions or local infection control policy on how to clean and disinfect between uses. As a minimum, between uses 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/disinfectant wipe, allowing the item to dry

afterwards. You should store in a bag to avoid possible contamination after cleaning and disinfection is complete. Do not put eye protection on until it is completely dry. Cleaning of reusable PPE items that have been provided to you is your responsibility. Do not smoke and avoid contact with flames whilst wearing eye protection.

If your eye protection is single use, then it should be disposed of after use.

18 If I wear PPE what should I do about my cleaning my uniform or work clothes?

Regardless of wearing PPE, uniforms should be laundered as follows:

- separately from other household linen if heavily soiled
- wash in a load not more than half the machine capacity
- at the maximum temperature, the fabric can tolerate, then ironed or tumble dried

If you do not wear uniform, then you should change your clothing when you get home and launder clothing used for work as described for uniforms above. This does not need to apply to underclothes unless contaminated by the client's body fluid (e.g. vomit, or fluids soaked through external items).

PPE use for particular client groups and tasks

19 How will I know if any of my clients are “shielding” and are “clinically extremely vulnerable from COVID-19” and what do I need to do?

Individuals with certain serious health conditions (such as those with some types of cancer, lung diseases and with suppressed immune systems) are considered extremely vulnerable and if they caught COVID-19 it may cause serious illness and or death. Shielding is a measure to protect people who are extremely vulnerable by minimising all interaction between them and others.

Your organisation should have a list of all clients who are shielded and in the clinically extremely vulnerable group, so you do not need to make an assessment yourself. However, you should make sure you know which of your clients are on this list before your duties begin.

Clients who are “shielding” will also have received a letter telling them that they are shielding. The local authority and the client's general practice will also be aware.

If you have any concerns about whether your clients should belong to this group, then you should discuss with your manager.

When you are delivering personal care to OR undertaking any care or task which requires you to be within 2 metres of an individual who is shielding you should wear a fluid repellent surgical mask, gloves and an apron.

The primary purpose of wearing PPE in this scenario is to protect the vulnerable individual. This could be achieved with use of non- fluid repellent surgical masks; however, we are recommending use of fluid-repellent surgical masks for personal care to additionally protect you (Appendix 1 - Table 1).

Because people in this group are especially vulnerable, additional precautions are also needed to avoid contaminating surfaces that might be touched by the client. Therefore, if you are entering the household of an individual who is shielding you should wear a minimum of a surgical mask, gloves and aprons

even if you do not come within 2 metres of the individual being shielded (use a FRSM for personal care of an individual).

Further information on shielding and this group can be found

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19> .

20 Is this resource relevant for when I am providing care for clients with learning disabilities, mental health problems, autism and dementia?

This resource was developed for care workers and providers delivering care no matter the underlying condition(s) of the person(s) they are caring for. We do recognise there may be challenges in following PPE recommendations and providing care particularly for people with learning disabilities, mental health problems, autism, and dementia. For advice and guidance on applying PPE recommendations for people with learning disabilities and or autism please see Section 2. These principles can be applied to caring for people with a range of conditions e.g. dementia.

NHS England has developed specific guidance for the provision of care to people with suspected or confirmed COVID-19 with learning disabilities, mental health problems, autism and dementia which can be accessed

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0290_Supporting-patients-who-are-unwell-with-COVID-19-in-MHLDA-settings.pdf .

21 Do I need to wear PPE when caring for young people?

Yes. Even though young people are less likely to develop severe illness from COVID-19 it is important to maintain the same good practice with all clients, this will prevent spread of COVID-19 (between clients, care workers and families and contacts) and protect vulnerable people in the population.

The Department for Education has published guidance on

<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe>

22 Do I have to wear a mask when within two metres of clients even if not performing care tasks?

Yes. You need to follow the recommendations in Appendix 1 – Table 2 whatever the task you are undertaking if it involves being within 2 metres of a client (e.g. this includes group activities, when accompanying a client on an outing).

23 What should I do when I am caring at home for someone who has previously tested positive for COVID-19?

The same PPE recommendations apply for personal care regardless of whether they have tested positive or not for COVID-19.

PPE use in specific circumstances

24 What is an aerosol generating procedure and when might this be relevant to me?

Most homecare workers are not expected to be undertaking aerosol generating procedures (AGPs), although some who are working in complex care may do so. AGPs include open suctioning of airways when caring for clients with tracheostomies. AGP precautions are also required for clients who are receiving ventilatory support such as CPAP, at home.

Your organisation/manager will inform you if AGPs are relevant to you and instruct you on additional precautions required. Further information on AGPs including PPE recommendations for staff performing AGPs can be found <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe#ppe-guidance-by-healthcare-context> and <https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures> .

25 Is this resource relevant to solo and live-in homecare?

This resource is applicable for care workers who visit people’s homes to deliver care (domiciliary care) rather than for care workers living in the same household as the client.

Solo carers are care workers who provide care for only one person but do not live in the same household as the client. If you are a solo carer, then you should follow the recommendations in this resource.

If you are living with your client on an ongoing basis, and your client is your only client, then you are considered as part of the same household. You should follow all applicable publicly available guidance (e.g. on household isolation in the event that any person in the household develops symptoms of COVID-19 <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance> and use PPE as per standard infection and prevention control guidance. Though some information may be relevant, if you are a care worker living in the household of your only client then you do not need to follow recommendations in this resource. If you do visit other clients, you do need to follow recommendations in this resource.

26 What should we do if we have a supply shortage of PPE and we are unable to follow these recommendations?

You should inform your manager if you are concerned about shortage of PPE. Advice approved by the Health and Safety Executive on strategies for optimising the use of PPE and consideration for the re-use of PPE when in short supply may be found <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/managing-shortages-in-personal-protective-equipment-ppe> .

The Health and Safety Executive (HSE) recommends that where there are acute shortages and face masks and or eye protection are to be re-used you should do the following:

For face masks:

- carefully fold your face mask so the outside surface is folded inward and against itself to reduce likelihood of contact with the outer surface during storage
- store the folded mask between uses in a clean sealable bag/box which is marked with your name
- practice good hand hygiene before and after removal

For eye protection:

Eye protection is typically reusable (single use only items should be clearly labelled). If in extremely short supply, the HSE recommend that single use only items could be re-used in a similar way as reusable items (see Question 17). Re-use of gloves and aprons is not recommended in any circumstances. Note: re-use is NOT the same as continual use (see Question 13).

27 It is very difficult to meet the needs of our clients by following these recommendations- what should we do?

The recommendations are to protect care workers and clients from COVID-19 during the period of sustained transmission. There may be circumstances where following recommendations presents challenges in caring for the client, for example where lip reading, or facial recognition is especially important for care. At the beginning of this resource we indicate that: 'Providers will need to consider how to operationalise recommendations according to their individual circumstances' and that this resource should be treated as a guide. Your organisation will decide how best to put into practice PPE guidance so that any negative impact on clients is reduced as far as possible whilst maintaining the health and safety of care workers and clients. Risk assessment should be undertaken in these circumstances.

We recommend you read Section 2 which describes how risk assessment and multidisciplinary decision making (considering capacity of individuals) may be used to approach these situations for clients with learning disability and autism; this approach may be adapted for similar scenarios for clients with different problems e.g. dementia.

Providers may consider approaches to make PPE less intimidating (see Section 2) or alternative approaches to care which reduce risk (e.g. by permitting a 2-metre social distance more often, use of visual aids).

PPE items FAQ's

28 Can I use a homemade face covering or a cloth mask?

There is not sufficient evidence to recommend use of homemade face coverings or cloth masks for delivering health and care activities so you should not use these when delivering care to clients.

You should follow advice as for the general public when outside of work. This includes following guidance on wearing face coverings (not medical grade masks) when in enclosed spaces such as public transport found

<https://www.gov.uk/government/news/public-advised-to-cover-faces-in-enclosed-spaces> .

29 Should I wear an apron that protects my sleeves?

It is not necessary to wear an apron that protects your sleeves, but you should clean your forearms when you clean your hands.

30 What PPE do I need to wear when cleaning?

If you undertake cleaning duties, then you should use usual household products, such as detergents and bleach as these will be very effective at getting rid of the virus on surfaces. Frequently touched surfaces should be cleaned more frequently. If you are within two metres of a client, then you should wear a FRSM, plus the gloves and aprons you normally use for cleaning.

31 What is the difference between surgical mask types and when should I use them?

Type II surgical masks and Type IIR fluid repellent surgical masks (FRSMs) provide barrier protection against COVID-19, i.e. they protect your mouth and nose from being contaminated with the virus as described above under question 6.

Recommendations in Appendix 1 - Table 1 and Table 2 state when each of these items should be used and why. In summary, Type II surgical masks can be used when undertaking tasks within 2 metres of a client but not providing personal care (i.e. not touching), providing the client does not have a cough. FRSMs should be used for personal care and when within 2 metres of a coughing person (i.e. where there is risk of droplet transmission). The fluid repellent nature of a FRSM provides additional protection especially from droplets.

Type II and fluid repellent (Type IIR) surgical masks (FRSMs) should be CE marked - details on specifications for new manufactures can be found <https://www.gov.uk/government/publications/technical-specifications-for-personal-protective-equipment-ppe> . (Note this cannot be used as a purchasing guide in its own right but it provides the relevant BS EN Standards for Medical Devices and PPE).

Type I surgical masks and homemade/cloth masks are NOT recommended in this context.

Filtering face piece class 2/3 (FFP2/3) respirators or N95 respirators are only required for Aerosol Generating Procedures (AGPs). AGPs are explained in Question 24. Homecare care workers are not generally expected to be undertaking AGPs and therefore do not typically need to wear FFP3 or N95 respirators. Your organisation/manager will inform you if AGPs are relevant to you and will instruct you if respirators and/or additional precautions are required.

Risk assessment and social distancing

32 What is a risk assessment and who does this?

Risk assessment involves assessing the likelihood of encountering a person with COVID-19, considering the ways that infection might be passed on and how to prevent this with use of PPE items or other measures such as social distancing.

Whilst risk assessment may be the responsibility of your manager or organisation, you will be involved as you see the clients and can help by telling your manager of any change in their condition. This will determine when and for which clients or duties you need to wear items such as eye protection and FRSMs.

So, for example, if practical on receiving your client list you might call clients ahead of your visit to check on their symptoms and then discuss with your manager. Your manager might instruct you to wear eye protection and a fluid-repellent mask for all the visits you will make that day. This would be appropriate, when you are going to be providing personal care for clients who are known to be coughing (to prevent droplets or secretions from the client reaching your eye).

Your manager should also help you identify any clients who are 'clinically extremely vulnerable' and 'shielding'.

You should discuss situations which you are unsure about with your manager.

33 Do I need to wear PPE if I am able to maintain 2 metres social distance?

If you are able to maintain a distance of 2 metres away from clients and household members you do not need to wear PPE unless for other reasons set out in standard infection prevention and control precautions

<https://www.nice.org.uk/guidance/cg139> (e.g. contact with clients' bodily fluids) or if anyone in the household is shielding.

In usual work circumstances this may be challenging to achieve a 2-metre distance and care workers and employers should consider wearing PPE if they cannot be sure that a two-metre distance can be maintained.

You should wear a minimum of surgical mask, gloves and aprons when entering the household where anyone is shielding even if you are not going to be within 2 metres of the individual being shielded (see Question 19).

Section 2

When you are providing support to people with learning disabilities and/or autism in domiciliary care

The publication Coronavirus (COVID-19): guidance for care staff supporting adults with learning disabilities and autistic adults

(<https://www.gov.uk/government/publications/covid-19-supporting-adults-with-learning-disabilities-and-autistic-adults/coronavirus-covid-19-guidance-for-care-staff-supporting-adults-with-learning-disabilities-and-autistic-adults>) sets out

general issues in providing home care for people with learning disabilities and/or autism. It provides a number of links to resources to help with this. You need to support people you are providing care for to practice and maintain the main infection control procedures including:

- staying at home apart from trips out for the approved purposes: work, exercise, and medical appointments
- keeping social distance from others
- refraining from socially touching
- handwashing
- avoiding touching your mouth, nose and eyes

- respiratory hygiene (covering mouth and nose with a tissue while coughing or sneezing, throwing tissue away, then cleaning hands)
- regular cleaning, especially of frequently touched surfaces

Use signs, videos, and social stories to help with this.

You should also plan for what should happen if the person cared-for or the care worker develop symptoms or signs of COVID-19, for supporting the person through the inevitable changes, and for possible bereavement if this looks likely. The level of PPE you will need depends on the sort of care tasks you are undertaking and on whether the person you are providing care for is particularly vulnerable or poses specific risks.

Some people who have tendencies like autism can be very upset by changes of routine. Good care involves helping people learn to take as active a part as possible in ordinary activities. For a small number this involves a complex balance of risks as small frustrations or changes can lead to forceful reactions with potentially serious consequences. Some people with limited language capacity or impaired hearing depend on reading carers' facial expressions for communication. Face masks make this harder and so they can cause distress which can result in behaviour that may cause harm to the person themselves or others.

You can make PPE seem less frightening in several ways. It is important that in doing this you do not alter the PPE items in any way as this could reduce their effectiveness in protecting you or the people you are providing care for. Care England have provided the following suggestions to help with this.

- you may be able to greet clients without a mask through a window before entering the space where you actually meet
- explain that by wearing the mask you are helping other people to stay safe and that the mask is now part of your regular working clothes or uniform
- wear disposable picture badges showing what you look like without a mask
- introduce masks by making them in an art session. This will be useful if clients need masks when going out. Have a choice of colours or fabric designs
- try to normalise the wearing of masks around the client's home; if there are soft toys around perhaps provide masks for these
- play a game trying to guess what expression people are making behind masks
- use Makaton or British Sign Language (BSL) or possibly develop shared non-verbal signals for the expressions usually read from faces
- develop a matching pairs game with pictures of people with and without masks
- praise people when they ask questions about the masks. Answer clearly and honestly using their preferred communication method
- consider graded exposure approaches with the aim of making the PPE acceptable.

In exceptional circumstances, a very small number of individuals may have great difficulty in accepting staff supporting them wearing masks (and eye protection if relevant). Despite explanation, education, and desensitization they may repeatedly attempt to take them off, or they may react with extreme distress or

anxiety. The severity, intensity and/or frequency of the behaviours of concern may place the supporting staff at risk of harm. You should undertake a comprehensive risk assessment for each of these people identifying the specific risks for them.

Under no circumstances should this assessment be applied to a whole care setting such as a group of supported living flats. The risk assessment needs to determine whether the risks involved in wearing masks (forceful outbursts with potential injury, or unsafe mask removal, or the serious impact on the physical and mental wellbeing from the inability to communicate, or to follow habitual routines) are greater than those involved in not wearing them. A multidisciplinary group involving external professionals and the local authority should undertake the assessment. You should formally assess the person's capacity to decide this for themselves in accordance with the Mental Capacity Act and you should make any subsequent substitute decision according to 'best interests' principles. This should involve review of relevant behavioural support options to help using PPE, the level of risk which COVID-19 poses to the individual and the risks likely to be associated with pursuing the use of PPE. You should make contingency arrangements in case the supported individual develops COVID-19 symptoms. You should keep any decision not to use PPE under review, and you should keep seeking alternative solutions and strategies which might allow introduction of the appropriate level of PPE. You should document all decisions clearly in a risk management plan agreed by the person being supported (and/or their advocate), the multidisciplinary team and the organisation and team providing support.





At the same time management should consider the risks to the staff involved. They should consider the views and wishes of the staff concerned and any characteristics or conditions which may make individual care workers more vulnerable to COVID-19. It may be appropriate to reassign staff members.

Home Testing

If a Service user becomes symptomatic but is unable to attend a testing centre for COVID, they may be sent a home testing kit. If a service user is sent this kit then please inform your co-ordinator or the on call team who will arrange for a member of the Rapid Response team to attend and support the service user with the test and refer to the Home Testing for COVID policy.

Appendix 1	Table 1: When providing close personal care in direct contact with the client(s) (e.g. touching) OR within 2 metres of anyone in the household who is coughing	
Recommended PPE items		Explanation
✓	Disposable Gloves	Single use to protect you from contact with the client's body fluids and secretions.
✓	Disposable plastic apron	Single use to protect you from contact with the client's body fluids and secretions.
✓	Fluid-repellent (Type iiR) Surgical masks	Fluid-repellent surgical masks (FRSMs) can be used continuously while providing care, unless you need to remove the mask from your face (e.g. to drink, eat, take a break from duties). You can wear the same mask between different homecare visits (or visiting different people living in an extra care scheme) if it is safe to do so whilst travelling. This may be appropriate when travelling between households on foot or by car or by public transport, so long as you do not need to take the mask off, or lower it from your face and providing it does not compromise your safety (e.g. driving ability) in any way. You should not touch your face mask. The mask is worn to protect you, the care worker, and can be used while caring for a number of different clients regardless of their symptoms. You should remove and dispose of the mask if it becomes damaged, visibly soiled, damp, or uncomfortable to use. If removed, you would then need to use a new mask when you start your next homecare visit.
	Eye Protection	Eye protection is recommended for care of clients where there is risk of droplets or secretions from the client's mouth, nose, lungs or from body fluids reaching the eyes (e.g. caring for someone who is repeatedly coughing). Use of eye protection should be discussed with your manager and you should have access to eye protection (such as goggles or visors). Eye protection can be used continuously while providing care unless you need to remove the eye protection from your face (e.g. to take a break from duties). We do not recommend continued use of eye protection when driving or cycling. If you are provided with goggles/a visor that is reusable, then you should be given instructions on how to clean and disinfect following the manufacturer's instructions or local infection control policy and store them between visits. If eye protection is labelled as for single use then it should be disposed of after removal.

Table 2: When within 2 metres of a client but not delivering personal care or needing to touch them, and there is no one within 2 metres who has a cough.

Recommended PPE items	Explanation
 Disposable Gloves	Required if for other reasons set out in standard infection prevention and control precautions (e.g. contact with clients' bodily fluids) or if anyone in the household is shielding.
 Disposable plastic apron	Required if for other reasons set out in standard infection prevention and control precautions (e.g. contact with clients' bodily fluids) or if anyone in the household is shielding.
 Fluid-repellent (Type iiR) Surgical masks	<p>Type II surgical masks can be used continuously while providing care, unless you need to remove the mask from your face (e.g. to drink, eat, take a break from duties). You can wear the same mask between different homecare visits (or visiting different people living in an extra care scheme) if it is safe to do so whilst travelling. This may be appropriate when travelling between households on foot or by car or by public transport, so long as you do not need to take the mask off, or lower it from your face and providing it does not compromise your safety (e.g. driving ability) in any way. You should not touch your face mask.</p> <p>The mask can be used while caring for a number of different clients regardless of their symptoms. You should remove and dispose of the mask if it becomes damaged, visibly soiled, damp, or uncomfortable to use. If removed, you would then need to use a new mask when you start your next homecare visit.</p> <p>Note: surgical masks do not need to be fluid repellent for use in this situation. However, if you are already wearing a fluid-repellent (Type IIR) surgical mask there is no need to replace it, and if only fluid-repellent (Type IIR) surgical masks are available then these may be used. If the next visit you undertake includes personal care, then you will need to follow recommendations in Table 1 for the next visit.</p>
 Eye Protection	Not required.