**Supplementary Advice Note:**

**Housing**, **health, social care and support settings: Examples to inform implementation of the updated Infection Prevention and Control guidance – COVID 19**

The Infection Prevention and control (IPC) guidance for this COVID-19 pandemic has evolved as the infection has spread and experience and evidence gained.

We are currently seeing sustained community transmission of COVID-19 disease across the UK.

**NB this guidance is evolving constantly as new evidence becomes available, it is therefore essential that all organisations continuously check the live web links and update their implementation accordingly.**

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

<https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance>

<https://www.gov.uk/government/publications/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol>

The updated IPC guidance highlights the need for a risk assessment approach to implementation for settings where direct care is being delivered. However, other community settings will need to interact with clients/service users and in order to protect their staff, all organisations are advised to undertake and document appropriate individual and organisational level risk assessments in relation to the implementation of the updated guidance.

**General Advice in implementing the updated guidance for housing, health and social care support and third sector organisations**

The main route of transmission is large droplets of respiratory secretions entering the mucous membranes (eyes, nose, mouth) of a person exposed generally through coughing and sneezing into the face. These droplets can also be transmitted from contaminated surfaces via contact then touching the face (eyes, nose mouth) with contaminated hands.

**Where direct hands on care is not being delivered then** [**social distancing**](https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people) **must be the key intervention to reduce spread of infection**, as the 2m distance is outside the zone the droplet would fall. Staff also need to maintain social distancing between themselves [during their shift](https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19). Social distancing should be applied in a person’s own home or in a hostel or communal house etc. so if the worker has no need to have direct contact or be within 2m of the individual e.g. providing meals or medications, counselling, undertaking maintenance or discussing day to day activities then PPE is **NOT** required. The need to social distance must be explained to the client/service user along with the request that they adhere to this at all times.

As directed by Health and Safety and COSHH regulations, **PPE should only be used where the risk cannot be eliminated or through other methods of control.**

**Careful attention to hand hygiene** is required before the worker has any direct contact with a client/service user or those living as part of a family unit, community home and after contact [Standard infection prevention and control precautions](https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/nipcm/) (SICP) must be applied at all times in any setting to protect the worker from known and unknown infection risks. Regular decontamination of surfaces will also reduce spread of infection especially paying attention to frequent touch points e.g. door handles, toilet areas, IT or media equipment. [COVID-19: cleaning in non-healthcare settings - GOV.UK](https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings)

There is no requirement for the use of Filtering face piece class 3 (FFP3) respirators out with of the clinical direct patient care (within 2m) as use of FFP3 respirators are for use in clinical and aerosol generating procedures, as are eye and face protectors.

It is **very important** that if PPE is a requirement for some situations, that all staff have had the appropriate training to [put it on (donning) and take it off safely (doffing)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster__.pdf) to ensure they do not inadvertently contaminate themselves on removal of PPE or when going between service users or residents. PPE can be a barrier to communication, therefore care must be taken not to use PPE inappropriately to avoid stigmatising service users or increasing their fear**. Hand hygiene is a vital step before donning and after doffing PPE.**

Before any visits to individual or community homes, a phone triage should be undertaken whenever possible to ascertain if any of those in the home, hostel, community home or in a shelter etc. are known or suspected to have COVID-19. Service users should also be encouraged to notify any risks to their support worker or care provider. As with other services, during the COVID-19 pandemic, only emergency or urgent crisis visits should be made to individuals’ homes. The Stay home guidance should be followed <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>. In house/hostels of multiple occupancy it would be expected that an individual with symptoms should self-isolate in their own room and follow the [stay home](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance) guidance.

All staff must be alert to any symptoms of infection during visits, during their interactions with client/service users in hostels, community houses or on the street. Vulnerable individuals may not openly offer information on symptoms and the elderly person may not present with typical fever and cough but workers may recognise they are displaying behaviour or signs that they are unwell and that may be [consistent with COVID-19](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection).

**Practical Examples:**

Recommendations in addition to standard infection prevention and control precautions when interacting with clients /services users in housing, health and social care support and third sector organisations

PPE is only recommended for **community** and **social care settings** when **direct hands on care** within 2M is given or there is unavoidable contact within 2M as follows:

**Staff needing to administer naloxone in the case of an overdose**

Essential staff administering take-home naloxone will be required to wear disposable single use gloves and aprons, a Fluid repellent surgical mask (FRSM) and eye protection as they will be within 2m with a risk of splash and spraying of body fluids e.g. vomiting, coughing, and dribbling. If the client goes into cardiac arrest, **chest compressions only** should be started with their PPE on and continued until emergency ambulance crew arrives. **Do not attempt mouth to mouth or any airway management**.

In addition to wearing PPE, observe hand hygiene as described above and decontamination of equipment, place any waste and used PPE in a household black bag, after storing for 72 hours in a secure place, the bag can be disposed of in normal waste.

**Staff performing wound care**

All those providing wound care will be required to wear disposable single use gloves and aprons, an FRSM and eye protection as will be within 2m with a risk of splash and spraying of body fluids e.g. cleaning the wound of debris or blood. If just visually assessing the wound this could be done at 2m without PPE.

In addition to wearing PPE, observe hand hygiene as described above and decontamination of equipment, place any waste and used PPE in a household black bag, after storing for 72 hours in a secure place the bag can be disposed of in normal waste.

**Staff needing to complete basic H&S checks or urgent repairs in a home or hostel**

They should not be inspecting the room/home/hostel of any suspected or confirmed case until 7 days have passed since start of symptoms (14 days if this is a household). Routine inspections should cease but in case of an emergency, phone triage before visit and assess on arrival.

The client/service user to leave the room and remain in another room or area at least 2m away from the inspection/repair site. If possible ask any family or support worker present to assist in maintaining social distancing for the duration of the visit. There will be no direct contact with the service user and the worker will maintain social distancing at all times. The worker must not take in any unnecessary items into the building e.g. paperwork, work bags, tools. Where there is a need to touch surfaces, inspect fire alarms etc. then single use disposable gloves or their usual PPE for these tasks should be worn.

In addition to wearing PPE, observe hand hygiene as described above and decontamination of equipment, place any waste and used PPE in a household black bag, after storing for 72 hours in a secure place the bag can be disposed of in normal waste.

**Visiting people at high risk (those under** [**shielding guidance**](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)**) in their own room/home:**

The worker should not be visiting unless there is an acute need or crisis but not have direct contact with the service user. The worker will be required to wear a surgical mask (not FRSM). The aim here is to protect the highly vulnerable person from the staff as they are at high risk of infection. The worker must not take in any unnecessary items into the room/home e.g. paperwork, work bags, tools.

*If there is a risk that this vulnerable person has COVID-19 then the visit must be deferred until 7 days post symptoms or if the visit is critical an FRSM mask should be worn instead of a surgical mask.*

**Support workers within hostels and Community houses and outreach workers**

For general duties e.g. serving food, dispensing oral medications, chatting to clients/service users then PPE will not be required as social distancing of more than 2m should be maintained. Teams should discuss how this can be applied in their setting and by task. Perform Hand hygiene before and after each task.

Outreach workers will not be required to wear PPE, there will be no direct contact and the worker will maintain social distancing of more than 2 m for discussing their needs, checking on their current situation, assessing the help they require etc. Observe hand hygiene as described above.

**However, if the 2m distance cannot be maintained e.g. due to client/service user behaviour - wear a disposable surgical mask (not FRSM). The mask can be worn for a session (a period of time) or single use. The mask, once fitted to the face, must not be touched until it is removed, it must not be taken down off the nose or hang loosely around neck, must not be reused.**

If direct contact is required in an emergency situation e.g. collapse, fit, fall - single use gloves, aprons should be worn with the mask.

In addition to wearing PPE, observe hand hygiene as described above and decontamination of equipment, place any waste and used PPE in a household black bag, after storing for 72 hours in a secure place the bag can be disposed of in normal waste.

If a community Home has suspected (symptomatic) or confirmed cases (tested positive) of COVID-19 the manager must contact the health protection team for urgent advice:

Telephone **0300 003 0032** (between 8am to 10pm)

**Additional Points**

* Any PPE must only be worn must within the work area (Not in ancillary areas or offices).
* Staff must remove all PPE before leaving the hostel/house and dispose of as per guidance. Hand hygiene as described above, must be observed before, during and after work
* Workers hair should be tied back off the face to reduce risk of frequently touching the face
* [Mobile devices](https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/guidance/standards-for-infection-prevention-control-in-the-use-of-mobile-devices-md-in-healthcare/) should be cleaned at least per shift as frequently touched
* Increased cleaning frequencies be considered especially for common and shared areas as per guidance
* Staff should not work if they have symptoms [suggestive of COVID-19](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection)
* Surgical masks should: cover both nose and mouth, not be allowed to dangle around the neck after or between each use, not be touched once put on, be changed when they become moist or damaged
* A Surgical Mask (Type 11) gives adequate protection to the wearer against droplets from exposure to coughing and sneezing when within 2m of a service user but would not be used for direct care.
* A Fluid Repellent Surgical Mask (FRSM Type 11R) has additional fluid splash protection against spraying of blood or body fluids as well as droplets so to be used to provide direct care to a service user e.g. wound care, naloxone administration

[PPE for social care](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877599/T2_Recommended_PPE_for_primary_outpatient_and_community_care_by_setting_poster.pdf)

[Best Practice for Hand Hygiene – hand washing](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877530/Best_Practice_hand_wash.pdf)

[Best Practice for hand Hygiene – Alocohol Based Hand rubs (ABHR)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877529/Best_Practice_hand_rub.pdf)

Donning and Doffing of Standard PPE – [Social Care Poster](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster__.pdf)

[Donning and Doffing of PPE](https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures) Further instructional use for non-aerosol generating procedures

[COVID-19 waste guidance](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0140-covid-19-waste-management-guidance-sop.pdf)