



Guidance on COVID-19

V1.0 19/03/2020

Guidance for Health and Social Care Workers who visit homes

Providing routine home care for persons who are not suspected or confirmed cases of COVID-19

As home helps and personal assistants you play a very important role in providing personal care to persons in their own homes. This guidance has been developed to support you in taking the best possible infection prevention and control measures to protect the vulnerable people you care for and yourself from acquiring COVID-19 respiratory illness.

Older people and people with underlying health conditions are at greater risk of developing severe disease with COVID-19 so it is very important to do everything possible to avoid bringing the virus into their home.

As a person going to people homes to deliver care and support there is an increase in risk to you also during this time and this also advises how to reduce that risk as much as possible.

Key principles to protect you and your clients at this time are:

1. Call your manager before you come to work if you have a cough, temperature or shortness of breath.
2. Take basic precautions (Standard Precautions) especially
 - a) Hand hygiene with all clients at all times. Clean your hands with soap and water or with hand sanitiser when you arrive at each house and before you leave each house.
 - b) Try not to touch your face (eyes, nose or mouth) with your hands
 - c) Do not eat or drink in the client's home.
 - d) Encourage all clients to cover their nose and mouth with a tissue if they cough or sneeze and cover your nose and mouth with a tissue if you cough or sneeze.

- e) Maintain a distance of 1 m or more from clients other than when you are providing direct personal care.
3. Clients and their families/friends should who are receiving care and support in their home should be advised to let the service provider know as soon as possible if they have a new cough, temperature or shortness of breath they should be advised to contact their doctor right away.
4. If you arrive at a client's home and find that they have a new cough, temperature or shortness of breath you should leave the room if possible or otherwise maintain a distance of at least 1m or more if possible and call your manager. If the person is not distressed but is on their own call a family member or other contact person. If the person is distressed, you may need to call emergency services. If you find it necessary to remain with the person or to approach within 1 m to attend to a person in distress the risk can be reduced by applying the basic precautions outlined in point 2 above.

Home visits to persons where there is no suspicion of COVID- 19

If neither you nor the person you are providing care and support to have no symptoms of a respiratory like illness, then standard infection prevention and control measures are appropriate as outlined in the following guidance document:

IPC guidance for Home Helps and Personal Assistants <https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/File,13739,en.pdf>

The key elements are as outlined above in key principles point 2.

The use of gloves, aprons and masks are not recommended as a routine for all tasks but remain appropriate for certain tasks as per the existing IPC guidance for Home Helps and Personal Assistants above. The most important points are set out below

Hand hygiene

Hands should be cleaned properly with an alcohol-based hand rub or with soap and water if the hands are visibly dirty. This means applying the 5 moments for hand hygiene during and after your visit to the person's home as follows:

1. When entering the clients home and before touching the client directly to provide care. Avoid unnecessary direct touching gestures including handshaking
2. Before a clean/aseptic procedure such as assisting a client to brush their teeth, and before preparing/ handling food or assistance with feeding or taking oral medicines.
3. After contact with body fluids such as bathing a person who is incontinent, handling soiled personal clothing and bed linen and clearing up urine, faeces, vomit and handling waste. Disposable gloves and apron are recommended in these circumstances and hand hygiene should be performed immediately before putting gloves on and gloves should be removed immediately after the tasks are completed
4. After touching the person you are caring for such as after any personal care activities including washing and dressing or assisting with mobility
5. Immediately after leaving the home when care is finished

Gloves

If gloves are required during care, hands must be cleaned before putting them on.

Disposable, single use gloves should be worn for:

- All activities that have a risk of contact with blood or body fluids
- Direct contact with broken skin for examples wound or a rash
- Direct contact with eyes, inside the nose and mouth
- For handling equipment likely to be soiled with blood or body fluids
- Cleaning surfaces or handling clothing or linen soiled with body fluids.

House hold gloves may be used for cleaning activities in the home if disposable gloves are not available. These may be washed while on the gloved hands with hot water and detergent and left to dry after use.

Changing gloves

Gloves can carry germs from one client to another or from one part of the body to another, so gloves must be changed:

- Between different care episodes for the same client. For example, attending to the hygiene of a client, who has been incontinent and then

needs assistance with eye care; gloves must be removed and hand hygiene carried out between these two care episodes

- Single-use disposable gloves should be discarded after each use in the client's home and must never be worn when leaving a house and must never be re-used when caring for another client.

Hands must be cleaned immediately before and after removing gloves.

Plastic aprons

A plastic disposable apron should be worn if there is a risk of blood or body fluids splashing onto the home care worker's clothes. Aprons are single use and should be discarded after each use in the client's home and must never be worn when leaving a house and must never be re-used when caring for another client.

Respiratory hygiene

If you need to blow your nose, cough or sneeze, cover the mouth and nose with a tissue then dispose of any used tissues into a waste bin and clean the hands.

Or

- If a tissue is not to hand, cough into your elbow but not directly into your hands.

Staff illness

Please refer to Occupational Health Guidelines for Staff, which are available on the www.hse.ie.

More information about general infection prevention and control can be found in the information booklet for Home Helps and Personal Assistants which is available online at: <https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/File,13739,en.pdf>

Providing home care for people who you discover to have symptoms of respiratory infection who are suspected or confirmed COVID-19

You may be the only person who regularly visits someone who lives alone. If you notice the person is feeling unwell and developing symptoms of respiratory illness

such as a new cough, temperature or shortness of breath you should leave the room if possible or otherwise maintain a distance of at least 1m or more if possible and call your manager.

If the person is not distressed but is on their own call a family member or other contact person. If the person is distressed, you may need to call emergency services.

If you find it necessary to remain with the person or to approach within 1 m to attend to a person in distress the risk can be reduced by applying the basic precautions outlined above.

Providing planned home care for people who have suspected or confirmed COVID-19

Homecare workers who are able to provide planned home care for people with suspected or confirmed COVID-19 can play a critical role in helping to manage the COVID-19 emergency. Homecare workers undertaking this role will require some additional training to manage the associated risks.

The most critical element of managing this risk is to review key skills (especially hand hygiene) but there will also be a requirement for appropriate use of additional personal protective equipment (PPE) for activities that requires you to be within 1 m of the client.

Guidance on the appropriate PPE for each task is outlined in guidance on the HPSC website. The guidance is based on the task performed in whatever setting the task is performed. https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/Interim%20Guidance%20for%20use%20of%20PPE%20%20COVID%2019%20v1.0%2017_03_20.pdf

Note that PPE must be used correctly to provide protection. Instructional videos on putting on and removing items of personal protective equipment are available on the HPSC website and should be followed. Staff providing planned care in the home for

clients with COVID-19 should practice putting on and safely removing PPE before they visit the client's home. Some details are provided below.

New personal protective equipment is required for each person cared for. In some instances re-use of eye protection following cleaning has been necessary but eye protection will probably be required infrequently in most care settings.

It is essential that used personal protective equipment is discarded into a disposable waste bag.

This waste bag should be placed into a second waste bag, tied securely and kept separate from other waste within the home. It should be left for 72 hours before it is left out for removal.

Additional details on use of PPE (please refer also to guidance and instructional videos on the HPSC website

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/>

When no gloves mask or apron is required

If the visit to the person's home does not involve physical contact with the client and if you can maintain a distance of at least 1 metre (3 feet), you do not require an apron, a mask or gloves but do clean your hands before and after the home visit.

Use of surgical masks

A surgical mask should be used if you are spending more than a very brief period within 1 m (3 ft.) of a client with suspected or confirmed COVID-19. If using a surgical mask, it should be snugly fitted to your face so that it completely covers the mouth and nose. Masks should not be touched or handled during use.

If the mask gets wet or dirty from secretions, it must be replaced immediately with a new clean, dry mask. The mask should be removed using the appropriate technique

– that is, do not touch the front, but instead untie it. Discard the mask after use into a waste bag and perform hand hygiene. Masks should not be reused.

Respirator masks are only recommended for a small number of tasks (for example suctioning the respiratory tract). These are tasks you are not expected to carry out.

Eye protection (goggles or visor): It is unlikely you will require goggles for home care situations.

Putting on and removing PPE

PPE should be put on and removed in the most practical place that can be identified. This may be in a hallway or separate room. If there is no hallway or other room, PPE should be put on and removed at a distance of 1 to 2 m from the client.

It is essential that the correct sequence and procedure is followed for putting on and removing PPE as follows:

Putting on PPE

1. Clean the hands.
2. Put on a disposable plastic apron or where necessary for the task a surgical gown (see guidance).
3. Put on a surgical mask, secure ties/straps to middle back of head and neck. Fit flexible band to bridge of nose. Fit snug to face and below chin.
4. Put on gloves—and if wearing a gown pull gloves up over the cuffs of the gown.

Removing PPE

In the client's room

1. Remove gloves (avoid touching outside of gloves and dispose in waste bag).
2. Clean the hands.
3. Remove apron (or gown if required) by pulling from the back and avoid touching the front and dispose in waste bag.

Directly outside the client's room

4. Grasp and lift mask ties from behind the head and remove mask away from your face.
5. Avoid touching the front of the mask and holding the ties only, discard in a waste bag.
6. Clean the hands.

Household hygiene

Eating and drinking utensils should be cleaned in a dishwasher or with hot water and washing up liquid after use. These can be dried and reused.

Regular household cleaning products should be used first for cleaning, and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite should be applied.

Laundry

If you assist with laundry, avoid shaking any clothing to reduce the possibility of spreading virus through the air. Machine wash clothes 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 individual does not have a washing machine, wait a further 72 hours after the 14-day isolation period has ended; the laundry can then be taken to a public laundry service.

Items heavily soiled with body fluids, for example, vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.

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