**INFECTION CONTROL MEASURES TO MINIMISE COVID 19 TRANSMISSION GUIDANCE**

This document presents the current guidance on the use of infection control measures across a variety of roles in community settings. Table 1 (pages 2 – 4) refers to employees/volunteers working in non-healthcare settings. Table 2 (page 5) outlines guidance for employees working in residential care, supported care and home care. Guidance on infection control measures in primary and acute health care settings is available elsewhere.

**Infection control measures used inappropriately will not provide any additional protection and will deplete supplies for those working in high risk clinical settings.** Please see order form for *Infection Control Equipment during Covid-19 Pandemic* for product specification referenced within this guidance.

National guidance is updated regularly, so please visit [www.nhs.uk/coronavirus](http://www.nhs.uk/coronavirus) for the latest health information and advice. This document will be updated reflecting national guidance when it is published. For internal queries about interpretation of Public Health England guidance, please contact wirralpublichealth@wirral.gov.uk

The best way to protect everyone is:

* Self-isolate immediately and stay at home if you develop a new continuous cough or fever
* Work from home if at all possible
* Maintain social distancing >2 metres where possible
* Wash your hands frequently with soap and water for 20 seconds
* Catch sneezes and coughs in a tissue (or in your sleeve), bin the tissue and wash your hands
* New protection equipment should be used for each episode of care that requires it
* Employees/volunteers visiting residents in the community should attempt to make contact prior to arrival to determine whether any members of the household have Covid-19 symptoms or are on the shielding list
* If a resident is on the shielding list, only visit to provide essential support
* Employees/volunteers visiting residents in the community should use hand sanitiser before and after the visit. If no hand sanitiser is available, they should carry their own supply of liquid soap and disposable paper towels. If this is not possible, then washing their hands in the home using available liquid soap and drying hand with any kitchen roll would be the only option.  Bar soaps and shared towels must not be used as these could be contaminated

**TABLE 1: GUIDANCE FOR EMPLOYEES/VOLUNTEERS WORKING IN NON-HEALTHCARE SETTINGS**

|  |  |
| --- | --- |
| **SCENARIO** | **INFECTION CONTROL MEASURES** |
|  | **Disposable plastic apron** | **Long sleeved disposable gown** | **Disposable gloves** | **Fluid resistant surgical mask** | **FFP3 mask** | **Eye protection\*** | **Disposable bags for waste\*\*** | **Hand washing/ sanitising** | **Additional measures** |
| **EMPLOYEES/VOLUNTEERS WORKING IN DESK-BASED ROLES** |
| Well staff working in desk-based roles | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **✓** |  |
| **EMPLOYEES/VOLUNTEERS PROVIDING SUPPORT TO RESIDENTS IN THE COMMUNITY**  |
| Well staff visiting/interacting with well residents with no symptoms of Covid-19. | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **✓**  | Maintain >2 metres social distancing where possibleHand sanitiser should be used before and after home visits.  |
| Well staff visiting/interacting with households with Covid-19 symptoms, but no personal contact  | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **✓** | Must maintain >2 metres social distancingHand sanitiser should be used before and after home visits. |
| Staff in close personal contact with resident with Covid-19 symptoms (<1 metre) | **✓** | **X** | **✓** | **✓** | **X** | **X** (*unless risk of splashing /spitting)* | **✓** | **✓** | Hand sanitiser should be used before and after home visits. |
| **STAFF WORKING IN EDUCATIONAL/CHILDCARE SETTINGS** |
| Well staff teaching children with no Covid-19 symptoms | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **✓** |  |
| Well staff teaching children with no Covid-19 symptoms, whose behaviour is unpredictable (risk of splashing/contamination with blood/body fluids), e.g., in special school setting | **✓** | **X** | **✓** | **✓** | **X** | **✓** | **✓** | **✓** |  |
| Well staff member in close contact (<1 metre) with child who displays Covid-19 symptoms  | **✓**  | **X** | **✓**   | **✓** | **X** | **X**  (*unless risk of splashing/ spitting)* | **✓** | **✓** | Maintain >2 metres social distancing if possibleIsolate child on site in a ventilated room and arrange for them to self-isolate at home asap.Staff member only self isolates if develops symptoms. |
| **DRIVERS IN THE COMMUNITY.** |
| Well staff transporting goods in the community | **X**  | **X**  | **X** | **X** | **X** | **X** | **X** | **✓** | If gloves are used to perform deliveries/tasks associated with their role, wash/sanitise hands after removal. |
| Well staff transporting residents with no Covid-19 symptoms | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **✓** | Residents to wash hands before/after using transport, and not to travel if Covid-19 symptoms.  |
| **STAFF WORKING IN DOMESTIC/CLEANING ROLES**  |
| Well staff cleaning areas accessed by others  | **✓** | **X** | **✓** | **X**  | **X** | **X**  | **✓** | **✓** |  |
| Well staff cleaning areas with visible contamination of bodily fluids | **✓** | **X** | **✓** | **✓** | **X** | **✓** | **✓** | **✓** |  |

\*Waste must be disposed in plastic bag and tied, placed into second bag and tied, stored in a secure place for 72 hours, then put in normal waste collection service. \*\* If single use eye protection is not available, it must be washed and dried between clients

**TABLE 2: GUIDANCE FOR EMPLOYEES WORKING IN RESIDENTIAL CARE, SUPPORTED CARE, AND HOME CARE**

|  |  |
| --- | --- |
| **SCENARIO** | **INFECTION CONTROL MEASURES** |
|  | **Disposable plastic apron** | **Long sleeved disposable gown** | **Disposable gloves** | **Fluid resistant surgical mask** | **FFP3 mask** | **Eye protection\*** | **Disposable bags for waste\*\*** | **Hand washing/ sanitising** | **Additional measures** |
| **EMPLOYEES WORKING IN RESIDENTIAL CARE, SUPPORTED CARE AND HOME CARE**  |
| Well staff providing care/support to individual with no Covid-19 symptoms | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **✓** | Maintain distance of >2 metres where possible |
| Well staff entering an area where individual with Covid-19 symptoms is based, with no personal contact  | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **✓** | Must maintain >2 metres social distancing |
| Staff in close personal contact with individual with Covid-19 symptoms (<1 m, including assisting with bathing, washing, personal hygiene, contact with bodily fluids, collection of nasal/nasopharyngeal swabs, and administering medication via nebuliser) | **✓** | **X** | **✓** | **✓** | **X** | **X** (*unless risk of splashing/ spitting)* | **✓** | **✓** |  |
| Staff conducting Aerosol Generating Procedures (AGPs)\*\*\* on individual with Covid-19 symptoms. | **X** | **✓** | **✓** | **X** | **✓** | **✓** | **✓** | **✓** | For patients with suspected/confirmed Covid-19 AGPs should only be carried out when essential |

**\*\*\***including intubation, extubation and related procedures such as manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract); tracheotomy/tracheostomy procedures (insertion/open suctioning/removal); bronchoscopy and upper ENT airway procedures that involve suctioning; upper gastrointestinal endoscopy where there is open suctioning of the upper respiratory tract; surgery and post-mortem procedures involving high-speed devices; some dental procedures (such as high-speed drilling); non-invasive ventilation (NIV) such as Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP); High-Frequency Oscillating Ventilation (HFOV); High Flow Nasal Oxygen (HFNO), also called High Flow Nasal Cannula; induction of sputum – typically involves the administration of nebulised saline to moisten and loosen respiratory secretions (this may be accompanied by chest physiotherapy to induce forceful coughing). For an individual with suspected/confirmed Covid-19, any of these potentially infectious APGs should only be carried out when essential. Where possible these procedures should be carried out in a single room with the doors shut. Only those healthcare staff who are needed to undertake the procedure should be present. Seek further advice from the Infection Prevention and Control Service. The following are **not** considered to represent a significant infection risk: chest compressions and defibrillation (as part of resuscitation); administration of pressurised humidified oxygen; administration of medication via nebulisation.

**References:**

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1. Guidance for employers and businesses on coronavirus (COVID-19). Updated 26 March 2020. <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-coronavirus-covid-19>
2. Health Protection in schools and other childcare settings. Prevention and Control. Updated 27 March 2020. <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-3-prevention-and-control>
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