

## Infection Control Protocol: COVID 19

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## **1. Protocol Statement**

Sunderland Care and Support aims to promote and enhance the quality of life of all our customers taking account of the principles of dignity, privacy, choice, safety, realising potential, equality and diversity. We are required by our professional bodies to have procedures and systems in place to control the spread of infection.

Customers within our services can be confident that we take all appropriate measures to prevent the risk of infection and that our services operate in line with best practice guidelines.

## **2. Purpose of Protocol**

To maintain the safety of customers and colleagues when delivering care and support that requires the practitioner to engage in close contact with the person.

## **3. Responsibilities**

### **3.1 Manager's responsibilities**

All managers are responsible for the dissemination of this protocol to their colleagues (which may be via a team meeting or smaller 1-1 supervision / group meetings) and as required for new starters as part of their induction.

Managers in the service have a duty to:

- Ensure that appropriate infection control protocols are effectively implemented in the service, are clearly understood by all colleagues, including temporary and agency colleagues, and are regularly reviewed and revised in light of the most recent best practice guidelines.
- Monitor carefully any incident reports relating to infection control matters in order to identify any trends or patterns.
- Ensure that colleagues are provided with appropriate equipment and resources such as PPE, waste bags, hand washing equipment and facilities and, where required, alcohol hand gels.
- Check that the service abides by the advice, hygiene code and standards set out in this policy including providing risk assessment in relation to infection control.
- Ensure that appropriate information about infection and infection control policies is provided to customers, their families and representatives.
- Ensure that any suspected outbreaks of infection are reported to the relevant authorities (GP/Public Health).
- Ensure that all new colleagues have appropriate health checks.
- Ensure that infection control protocols and outcomes are regularly audited.
- Risk assessments take account of the prevention and control of infection.

Colleagues in the service have a duty to:

- Comply with all infection control protocol and guidelines at all times, properly utilising any PPE provided and carrying out their duties in accordance with their training and good practice.
- Wash their hands regularly, especially after using the toilet, between seeing each customer and before and after handling food.
- Help to keep the environment where they are working clean and tidy and to alert the manager to any incidences of unsanitary conditions or unacceptably poor standards of cleanliness or hygiene.
- Ensure that they wear clean, properly washed uniform/clothes each shift
- Always inform their manager if they are suffering from any form of diarrhoea and vomiting or any suspected infectious disease.
- Take reasonable precautions and alert the line manager to any concerns.

Compliance with this protocol is mandatory. Colleagues are responsible for ensuring that they understand this policy and how to put it into practice. Any queries should be directed to the Line manager or Service Manager. If in doubt, ASK.

## **4. COVID Infection Control Precautions and Protection**

### **1. Hand Hygiene**

The most common way in which bacteria is spread is via the hands, and hand washing is one of the most important methods of both prevention and protection. Individual colleagues must understand the importance of good hand hygiene practices and adhere to them at all times to limit the spread of infection to themselves and the customers.

Everyone should always wash hands:

- Before starting work and going home
- Before and after supporting each customer
- Before and after making a bed
- After the removal of protective clothing
- Before and after preparing, handling, serving and eating food
- After using the toilet or after supporting a customer to use the toilet
- After handling used laundry and clinical waste
- After touching animals
- Whenever hands are visibly dirty
- After contact with bodily fluids (your own or others) or respiratory droplets, in which case hand hygiene should be practiced and extended to exposed forearms.

Other points:

- Colleagues should encourage customers to wash their hands
- When working in settings where there are visitors, (e.g. G.P. and carers), ensure visitors are made aware of, and encouraged to use the hand washing facilities
- Cover any cuts or grazes with waterproof plasters
- Have short, (1/4 inch) clean fingernails, without nail polish
- The wearing of jewellery increases the number of micro – organisms on hands. All hand (except a simple band ring) and wrist jewellery including watches must be removed whilst providing care
- Alcohol based hand rubs should only be used when soap, water and towels are not available

Optimum hand hygiene can be achieved by using liquid soap, hot water, carrying out the correct technique - step by step and ensuring hands are thoroughly dried afterwards. Hand washing should extend to the elbow where contact has taken place with a customer who is suspected or confirmed Covid-19.

### **2. Personal Protective Equipment**

Personal protective equipment is essential in reducing the transmission of infection to both customers and colleagues.

All staff have access to an appropriate range of PPE which is relevant to delivery of care and support.

Colleagues must ensure they have adequate supplies of PPE with them prior to

commencing the activity.

Colleagues should ensure they are familiar with the current procedures for donning and doffing (fitting and removal of) PPE. A video for training purposes can be viewed at: [https://youtu.be/-GncQ\\_ed-9w](https://youtu.be/-GncQ_ed-9w)

Once PPE is used, waste generated should be tied securely, kept separately from other waste in the location and put aside for at least 72 hours before being disposed of safely following the standard procedure.

PPE equipment stores are held in the Leechmere Centre.

PPE should be worn in accordance with the details below.

### **Safe Working Arrangements for Direct Adult Care:**

Where customers reside in a care home, supported living environment or where domiciliary care is being provided, specific guidelines apply. These detail the use of **full PPE** (gloves, apron and fluid resistant surgical mask) when providing personal care which requires you to be in direct contact with the customer(s) OR you are within 2 metres of anyone in the household who is coughing.

Guidance also includes the use of a **mask** at all times when the care you are providing does not require you to touch the customer, but you need to be within two metres of the them.

### **Safe working in children's social care settings**

The majority of staff in education, childcare and children's social care settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain distance of 2 metres from others. Enhanced PPE requirements are based upon the presence of coronavirus symptoms.

PPE is required in the following cases:

- Children whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way
- A mask should be worn if a distance of 2 metres cannot be maintained from any child displaying coronavirus symptoms
- If hands-on care is being provided to a child with symptoms, full PPE is required.

### **In addition, for all types of service provision:**

- Where a customer is symptomatic full PPE should be utilised.
- Where an individual who resides with the customer is symptomatic full PPE should be utilised.
- Where a customer or member of the household is known Covid-19 positive full PPE should be utilised.
- Where a customer or person they reside with has recently been discharged from hospital, full PPE should be utilised for all care provision for a period of

- 14 days.
- Where a customer or member of their family falls into the extremely vulnerable category full PPE should be used.
- Where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid repellent surgical mask with or without eye protection, as determined by the individual staff member for the episode of care or single session.

## **PPE usage guidance:**

### **Gloves**

Disposable non-sterile, nitrile gloves should always be worn where intervention involves:

- Contact with anything that may be contaminated with body fluid, including bedding, clothing and continence equipment.
- Gloves should be doubled when in contact with body fluid i.e. blood, urine, faeces, vomit, etc. where nitrile gloves are unavailable and latex or vinyl are used as an alternative.
- Any activity where staff have physical “hands on” contact with a customer (mobility, supporting with personal care, supporting with transfers) regardless of whether Covid-19 is suspected and including those customers who are extremely vulnerable.
- When within 2 metres of a customer who is coughing.

### **Aprons**

Disposable plastic aprons should be worn to protect clothing and act as a barrier to the transfer of micro-organisms where intervention involves:

- Contact with body fluid i.e. blood, urine, faeces, vomit, etc.
- Contact with anything that may be contaminated with body fluid, including bedding, clothing and continence equipment.
- Any activity where staff have physical “hands on” contact with a customer (mobility, supporting with personal care, supporting with transfers) regardless of whether Covid-19 is confirmed or suspected and including those customers who are extremely vulnerable.
- When within 2 metres of a customer who is coughing.

### **Masks**

These would be worn by staff when intervention involves:

- Any activity where staff have physical “hands on” contact with a customer (mobility, supporting with personal care, supporting with transfers) regardless of whether Covid-19 is confirmed or suspected
- When within 2 metres of a customer who is coughing.
- When performing a task requiring you to be within 2 metres of customers but which does not involve direct physical contact.



- When performing a task which requires you to be within 2 metres of a colleague because space limitations prevent social distancing, for example when there is no suitable alternative to using shared office space.
- When in the presence of a customer, or a member of their household, who is listed in a vulnerable group (shielding).

## **Visors and Eye Protection**

Eye protection may be needed for care of some customers where there is risk of droplets or secretions from the resident's mouth, nose, lungs or from body fluids reaching the eyes (e.g. caring for someone who is repeatedly coughing or who may be vomiting). Use of eye protection should be discussed with your manager and you should have access to eye protection (such as goggles).

### **The extremely clinically vulnerable**

Vulnerable groups include:

1. Solid organ transplant recipients.
2. People with specific cancers:
  - people with cancer who are undergoing active chemotherapy
  - people with lung cancer who are undergoing radical radiotherapy
  - people with cancers of the blood or bone marrow such as leukaemia, 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
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.

If the customer has a persistent cough give them a surgical mask to wear for the duration of the intervention if this can be tolerated and provided this does not compromise their care.

## **PPE for Aerosol generating procedures (AGP's)**

The highest risk of transmission of respiratory viruses is during Aerosol Generating Procedures and use of enhanced protective equipment is indicated for health and social care workers performing or assisting in such procedures.

Procedures currently considered to be potentially infectious AGPs for COVID-19 are:

- intubation, extubation and related procedures, for example, manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract)
- tracheotomy or tracheostomy procedures (insertion or open suctioning or removal)
- bronchoscopy and upper ENT airway procedures that involve suctioning
- upper gastro-intestinal endoscopy where there is open suctioning of the upper respiratory tract
- non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP)
- High Frequency Oscillatory Ventilation (HFOV)
- induction of sputum
- high flow nasal oxygen (HFNO)

For patients with possible or confirmed COVID-19, any of these potentially infectious AGPs 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 staff who are needed to undertake the procedure should be present.

A long-sleeved disposable fluid repellent gown (covering the arms and body) or disposable fluid repellent coveralls, a filtering face piece class 3 (FFP3) respirator, a full-face shield or visor and gloves are recommended during AGPs on possible and confirmed cases, regardless of the setting. Subject to local risk assessment, the same precautions apply during AGP's for all patients regardless of whether Covid-19 is suspected in contexts of sustained COVID-19 transmission, for example, within a care home setting during an outbreak.

All staff who are required to wear an FFP3 respirator must be fit tested for the relevant model to ensure an adequate seal or fit. Fit checking is necessary when a respirator is donned to ensure an adequate seal has been achieved. Staff should also be trained in the doffing of

For aerosol generating procedures staff should wear the following PPE, put on in the following order:

- Long sleeved fluid repellent gown
- FFP3 Respirator
- Eye protection (full face shield or visor)
- Gloves

Certain other procedures or equipment may generate an aerosol from material other than patient secretions but are not considered to represent a significant infectious risk. Procedures in this category include administration of pressurised humidified oxygen,

entonox or medication via nebulisation. Staff should use appropriate hand hygiene when helping patients to remove nebulisers and oxygen masks.

### **Fitting and Removal of PPE (Donning and Doffing) for non-aerosol generating procedures**

#### 1. Putting on PPE

Where full PPE is required it should be put on in the following order:

- Apron
- Surgical face mask
- Non sterile nitrile gloves

The order given above is practical but the order for putting on is less critical than the order of removal given below.

#### 2. Taking off PPE

Staff should remove the PPE in the following order:

Firstly:

- Grasp the outside of the glove with the opposite gloved hand; peel off
- Hold the removed glove in gloved hand

Then:

- Slide the fingers of the ungloved hand under the remaining glove at the wrist
- Peel the remaining glove off over the first glove and discard in prepared waste bags
- Wash or gel hands
- Remove apron and discard into the waste bags
- Wash or gel hands

Remove the mask immediately and place in waste bags (if applicable)

Wash or gel hands

#### In a community setting:

Remove alcohol gel and wipes from clean bag.

Place clean bag into contaminated bag.

Open door.

Use anti-bacterial wipes to decontaminate alcohol gel bottle and wipe packet and place these items outside of the house.

Dispose of used wipes into contaminated bag.

Seal bag and leave in house.

Gel hands.

Within a residential setting:

Seal waste bag and dispose of according to guidance.

Wash and gel hands.

Use anti-bacterial wipes to decontaminate alcohol gel bottle.

### **3. Hygiene and Dress**

Uniforms/clothing does not constitute protective clothing. During the course of the working day clothing will become contaminated with micro-organisms therefore when carrying out any personal care tasks disposable aprons must always be worn.

Hygiene and dress are important in minimising infection risks and appropriate hygiene and dress practices must be adopted. Clothing and uniforms should be clean and tidy and consistent with presenting a professional image. Clothing must be appropriate to the duties being undertaken and the customer group being supported.

Bare below elbows is an infection prevention strategy intended to reduce transmission of pathogens that may occur due to contact from customers with colleagues contaminated clothing. The key implication is that by allowing good hand and wrist washing and avoiding contamination of sleeve cuffs, e.g. shirt/cardigan/jumpers there may be a reduction in rates of customers colonized or infected with epidemiologically important organisms (i.e., those organisms that are targeted by contact precautions). When carrying out personal care colleagues should wear clothes that are short sleeved or have sleeves that can be easily pushed up.

It is the individual's responsibility to ensure they attend work in a professional manner, have good overall personal hygiene, ensuring their hands are clean and follow guidelines in the hand washing section of this policy. Clothing worn to work must be able to be laundered at a higher temperature as this can pick up infection from hands, customers or the surrounding environment. Contaminated clothes should be washed separately at 65 degrees or above for 10 minutes and tumble dried where possible.

### **4. Laundry**

When handling laundry good hygiene practices must be applied at all times to control the risk of infection. All laundry used in the direct care of customers with possible and confirmed COVID-19 should be managed as 'infectious'. Laundry must be handled and processed in a manner that prevents exposure to the skin and mucous membranes of staff, contamination of their clothing and the environment.

- Disposable gloves and an apron should be worn when handling infectious linen
- All linen should be handled inside the customer room or where the care has taken place to avoid potential cross contamination.
- A laundry receptacle should be available as close as possible to the point of use for immediate linen deposit

When handling linen:

- Do not rinse, shake or sort laundry on removal from
- Do not place used/infectious laundry on the floor or any other surfaces
- Do not re-handle used/infectious linen once bagged
- Do not overfill laundry receptacles
- Surfaces and equipment that have come into contact with laundry that may have been contaminated must be sanitized after use and before the removal of PPE.

Washing:

If contamination is suspected, laundry must be placed in a red soluble bag and this placed directly into the washing machine then removed only after machine cycle has completed.

All laundry with known or suspected infection should be washed on a cycle that reaches 65 degrees c for at least 10 minutes, then tumble dried to ensure all infection has been destroyed.

### **Arrangements for the sharing of bedding**

Where services have a requirement for colleagues to carry out sleep-in duties the following precautions will be taken:

- Waterproof covers will be utilised on all shared pillows, duvets and mattresses.
- All linen, including bed clothes and waterproof covers, must be laundered after every use, according to the above guidelines.
- After use, once linen has been removed, duvets and pillows should be stripped from the bed and placed into storage where they will remain undisturbed for a period of 72 hours minimum.
- Once bed linen has been removed, a clean waterproof mattress cover should be fitted. This will provide protection of the mattress from any contact that occurs during the day.
- Immediately before overnight use, beds should be re-made with a new waterproof mattress cover, duvets and pillows that have been stored for a minimum of 72 hours and clean bedding.
- All services will have sufficient bedding to allow for 72 hours between uses.
- Colleagues have the opportunity to use their own sleeping bag and pillow should they prefer. These items must remain bagged until they are needed and should be removed from the bed immediately following use. The items

will then be transported home by the owner and the above laundry guidance applied.

## **5. Cleaning and Spillages**

Any equipment must be cleaned between customer use by wiping down with appropriate sanitizing products (universal sanitizing wipes or bacticlean). This includes stair lifts, bathing equipment and wheelchairs.

## **6. Training**

Education, training and instruction in infection control are provided to all colleagues, appropriate to their work activities and responsibilities. Further details are included in the training strategy.

Infection control education appropriate to work activity is included in Induction programmes for all new colleagues.

## **7. Audit**

Managers will use supervision and observed audit visits to audit their team's practice in this area as part of the annual appraisal process as a minimum requirement. This audit can be conducted more frequently where appropriate

## Standard Operating Procedure for Covid-19

### Putting on and removal of PPE within all adult care settings, including Care Homes, Supported Living Services and Farmborough Court.

PPE has been chosen to ensure an adequate barrier to exposure is created and maintained.

PPE should be stored in a designated clean area.

After use, it should be assumed that PPE may be contaminated, and an inappropriate removal procedure could expose the wearer.

For the purpose of PPE protocol, specified SCAS services are following the 'How to Work Safely in Care Homes' Public Health England guidance.

#### **Full PPE is required for the following categories:**

- When providing care, such as personal care, to a customer which requires you to be in **direct contact** with them regardless of whether they are symptomatic.
- When performing a task requiring you to be within 2 metres of a customer who is coughing.
- When the customer has been discharged from hospital within the last 14 days
- When the customer falls into the extremely vulnerable category

Aprons, gloves and fluid repellent surgical masks should be used in these situations.

In particular cases, if there is a risk of splashing then eye protection should be used.

#### **The use of a surgical mask is required for the following categories:**

- When performing any task that requires you to be within 2 metres of a customer.
- When working in communal areas which may result in you being within 2 metres of a customer.

#### **Specific considerations**

Where the needs of the customer, nature of the environment or type of care provided dictates that it would be inappropriate to don full PPE or a surgical mask, individual risk assessments will be carried out and local protocols provided.

#### **Procedure**

Staff members should identify a suitable safe area away from the customer, within which to don their PPE.

Aprons and gloves are subject to single use with disposal and hand hygiene after every contact. Fluid resistant (Type IIR) surgical masks and eye protection can be subject to single sessional use where appropriate.

It is essential that used personal protective equipment is stored securely within disposable rubbish bags.

These bags should be placed into another bag, tied securely and kept separate from other waste within the accommodation. This should be put aside for at least 72 hours before being disposed of in the usual way.

It is important that the staff member has the following equipment available

1. PPE required – Surgical mask, apron, non-sterile nitrile gloves
2. Antibacterial wipes
3. Alcohol gel
4. 2 waste bags

### **Putting on PPE**

When providing direct care or within 2 metres of a customer who is coughing, staff should wear the following PPE, put on in the following order:

1. Disposable plastic apron
2. Fluid-resistant (type IIR) surgical face mask
3. Non-sterile nitrile gloves

The order given above is practical but the order for putting on is less critical than the order of removal given below.

If the patient has a persistent cough where possible give them a surgical mask to wear for the duration of the procedure.

### **Removing PPE**

Staff should remove the PPE in the following order:

Firstly:

- Grasp the outside of the glove with the opposite gloved hand; peel off
- Hold the removed glove in gloved hand

Then:

- Slide the fingers of the ungloved hand under the remaining glove at the wrist
- Peel the remaining glove off over the first glove and discard in prepared doubled waste bags
- **Wash hands**

Washing of hands with soap and water should include the washing of the forearms.

Remove apron and discard into the waste bags

- **Wash hands**



Remove the mask last and place in waste bags.

- **Wash hands**

Seal waste bag and dispose of according to guidance

- **Wash and gel hands**

Use antibacterial wipes to decontaminate alcohol gel bottle.

**Standard Operating Procedure for Covid-19**

**Putting on and removal of PPE within community settings including Short Term Support and Telecare.**

PPE has been chosen to ensure an adequate barrier to exposure is created and maintained.

PPE should be stored in a designated clean area.

After use, it should be assumed that PPE may be contaminated, and an inappropriate removal procedure could expose the wearer.

All staff to adhere to staff uniform policy

Full PPE is required where customers fall into the following categories:

- When providing personal care which requires you to be in direct contact with them regardless of whether or not they are symptomatic.
- When performing a task that requires you to be within 2 metres of anyone in the household who is coughing.
- When the customer has been discharged from hospital within the last 14 days
- When the customer or member of the household falls into the extremely vulnerable category

Aprons, gloves and fluid repellent surgical masks should be used in these situations.

In particular cases, if there is a risk of splashing then eye protection should be used.

A surgical mask is required where:

- Your visit does not require you to touch the customer, but you need to be within two metres of them

**Procedure**

Advise the customer that on entering the house they should be in a separate room to the carer; this is to allow space for the carer to provide a suitable safe area for donning/doffing PPE. Please also exclude all other people from the room. Where it is not possible to safely don PPE or the circumstances of the customer or their home are unknown, PPE can be donned before entering.

Explain to the customer that the waste generated from this visit will be left inside at the front door. Instruct the patient that they need to keep this waste separate from their general household waste for at least 72 hours. After this time the waste can be disposed of safely into their general waste bin.

It is important that the staff member has the following equipment stored in a disposable bag

1. PPE required – Surgical mask x2, apron, non-sterile nitrile gloves
2. Antibacterial wipes
3. Alcohol gel
4. 2 waste bags

Staff must give careful consideration to the most appropriate way to carry their PPE into the setting. The activity must be carefully planned in advance and dynamic risk assessment carried out to ensure maximum infection control while carrying PPE into differing environments. The transportation of minimal equipment and packaging across environments must be adhered to.

**On entering the property, staff will close the door and perform hand hygiene with alcohol gel.**

Double bag the waste bags ready to receive doffing equipment

### **Putting on PPE**

Where full PPE is required it should be put on in the following order:

1. Disposable plastic apron
2. Fluid-resistant (type IIR) surgical face mask
3. Non-sterile nitrile gloves

The order given above is practical but the order for putting on is less critical than the order of removal given below.

If the patient has a persistent cough give them a surgical mask to wear for the duration of the procedure.

### **Removing PPE**

Staff should remove the PPE in the following order:

Firstly:

- Grasp the outside of the glove with the opposite gloved hand; peel off
- Hold the removed glove in gloved hand

Then:

- Slide the fingers of the ungloved hand under the remaining glove at the wrist
- Peel the remaining glove off over the first glove and discard in prepared waste bags
  - **Wash or gel hands**

Washing of hands with soap and water should take place wherever possible and include the washing of the forearms.

Remove apron and discard into the waste bags

- **Wash or gel hands**

Remove the mask immediately before leaving the house and place in waste bags

- **Wash or gel hands**

Remove alcohol gel and wipes from clean bag

Place clean bag into contaminated bag

Open door

Use wipes to decontaminate alcohol gel bottle and wipe packet and place these items outside of the house. Dispose of used wipes into contaminated bag.

Seal bag and leave house

**Gel hands**

**Standard Operating Procedure for Covid-19 – Infection Control**

**Community Equipment Services and Telecare Technical Team**

**1. Delivery, fitting and demonstration of equipment**

**1.1 Consideration of the person/people in the household**

On receipt of a request to deliver, fit and potentially demonstrate equipment, the service must check referral information against the registers for special factors and known risks associated with individuals.

In addition, contact should be made with the customer and/or referrer in order to establish whether

- the person is known to have a positive diagnosis of coronavirus/Covid-19
- appears to have symptoms associated with coronavirus/Covid-19
- whether any member of the household is a positive or known case of coronavirus/Covid-19
- whether the person has been discharged from hospital within the last 14 days, and if so, date of discharge
- the person or any member of the household is in a vulnerable group and/or subject to shielding

The definition of vulnerable, is as follows:

**Vulnerable groups include:**

2. Solid organ transplant recipients.
2. People with specific cancers:
  - people with cancer who are undergoing active chemotherapy
  - people with lung cancer who are undergoing radical radiotherapy
  - people with cancers of the blood or bone marrow such as leukaemia, 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
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.

**a. Consideration of the Activity**

Consideration should be given to the nature of the equipment and the safest means by which the activity can be conducted within the principals of social distancing.

The service should consider whether it is possible to

- deliver the activity without entering the property
- deliver the activity whilst the potentially vulnerable person/s are in another room and not within 2 meters of the worker
- programme any equipment/technology before taking it to the customer's home
- deliver certain aspects of the activity without the vulnerable person present, only introducing the vulnerable person into the 2 meter radius of the worker when it is absolutely essential to do so
- delivery of training/guidance in respect of the use of the equipment remotely ie through telephone/video calling, written instructions etc

It may be necessary to have further conversation with the customer/referrer in order to establish some of the information required above.

**b. Agreeing a Safe System of Work**

In all instances, once the information from section 1 and section 2 has been gathered, the service should agree a safe system of work for undertaking the activity. This should include

- Appropriate use of PPE
- A method of undertaking the activity that involves minimal contact with the person or members of their household

The customer/referrer, should be made aware of the means by which the service proposed to conduct the activity.

Where the customer is unwilling to engage in this safe system of work, the activity should not be conducted without further review by a manager/senior manager within the service and in some cases, it may not be possible to proceed with the activity.

**c. Application of PPE**

PPE should be applied in accordance with the SCAS Infection Control Protocol – Covid-19.

Full PPE is required where the following categories apply:

- Customer or member of the household is symptomatic
- Customer or member of the household is known Covid-19 positive
- Customer has been discharged from hospital within the last 14 days
- Customer or member of the household falls into the extremely vulnerable category

Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing then eye protection should be used.

Where none of the above categories apply, gloves and apron should be worn.

## **Procedure**

Staff members should identify a suitable safe area away from the customer, within which to don their PPE.

Aprons and gloves are subject to single use with disposal and hand hygiene after every contact. Fluid resistant (Type IIR) surgical masks and eye protection can be subject to single sessional use where appropriate.

It is essential that used personal protective equipment is stored securely within disposable rubbish bags.

These bags should be placed into another bag, tied securely and kept separate from other waste within the house. This should be put aside for at least 72 hours before being disposed of in the usual way.

It is important that the staff member has the following equipment available

5. PPE required – Surgical mask, apron, non-sterile nitrile gloves
6. Antibacterial wipes
7. Alcohol gel
8. 2 waste bags

## **Putting on PPE**

Where normal requirements apply, staff should wear the following PPE put on in the following order:

1. Apron
2. Non sterile nitrile gloves

Where the customer is symptomatic, discharged from hospital within the last 14 days or they or a member of their household are extremely vulnerable, staff should wear the following PPE, put on in the following order:

1. Disposable plastic apron
2. Fluid-resistant (type IIR) surgical face mask
3. Non sterile nitrile gloves

The order given above is practical but the order for putting on is less critical than the order of removal given below.

If the patient has a persistent cough where possible give them a surgical mask to wear for the duration of the procedure.

## **Removing PPE**

Staff should remove the PPE in the following order:

Firstly:

- Grasp the outside of the glove with the opposite gloved hand; peel off
- Hold the removed glove in gloved hand

Then:

- Slide the fingers of the ungloved hand under the remaining glove at the wrist
- Peel the remaining glove off over the first glove and discard in prepared doubled waste bags
- Where possible wash hands, including forearms and where this is not possible, apply hand gel
- Remove apron and discard into the waste bags
- Where possible wash hands, including forearms and where this is not possible, apply hand gel
- Remove the mask last and place in waste bags
- Where possible wash hands, including forearms and where this is not possible, apply hand gel
- Seal waste bag and dispose of according to guidance
- Use antibacterial wipes to decontaminate alcohol gel bottle

### **3. Collection and Refurbishment of Equipment**

#### **2.1 Consideration of the person/people in the household**

On receipt of a request to remove equipment, the service must establish that the equipment concerned is subject to return and re-use. Where this is not the case, the customer should be advised to dispose of the equipment themselves.

Where the equipment is subject to return or re-use, the service must check referral information against the registers for special factors and known risks associated with individuals.

In addition, contact should be made with the customer and/or referrer in order to establish whether

- the person is known to have a positive diagnosis of coronavirus/Covid-19
- appears to have symptoms associated with coronavirus/Covid-19
- whether any member of the household is a positive or known case of coronavirus/Covid-19
- whether the person has been discharged from hospital within the last 14 days, and if so, date of discharge
- the person or any member of the household is in a vulnerable group and/or subject to shielding

The definition of vulnerable, is as follows:

#### **Vulnerable groups include:**

3 Solid organ transplant recipients.

2. People with specific cancers:

- people with cancer who are undergoing active chemotherapy
- people with lung cancer who are undergoing radical radiotherapy



- people with cancers of the blood or bone marrow such as leukaemia, 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
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
  4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
  5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
  6. Women who are pregnant with significant heart disease, congenital or acquired.

**a. Consideration of the Activity**

Consideration should be given to the nature of the equipment and the safest means by which the activity can be conducted within the principals of social distancing.

The service should consider whether it is possible to

- deliver the activity without entering the property
- deliver the activity whilst the potentially vulnerable person/s are in another room and not within 2 meters of the worker
- de-activate any equipment/technology before removing it from the customer's home
- deliver certain aspects of the activity without the vulnerable person present, only introducing the vulnerable person into the 2 meter radius of the worker when it is absolutely essential to do so
- ask the customer to remove the equipment and leave it in a safe place for collection

It may be necessary to have further conversation with the customer/referrer in order to establish some of the information required above.

**b. Agreeing a Safe System of Work**

In all instances, once the information from section 1 and section 2 has been gathered, the service should agree a safe system of work for undertaking the activity. This should include

- Appropriate use of PPE
- A method of undertaking the activity that involves minimal contact with the person or members of their household

The customer/referrer, should be made aware of the means by which the service proposed to conduct the activity.

Where the customer is unwilling to engage in this safe system of work, the activity should not be conducted without further review by a manager/senior manager within the service and in some cases, it may not be possible to proceed with the activity.

**c. Application of PPE**

Where equipment can be retrieved from the customer without entering the property, officers should apply aprons and gloves.

Where it is necessary to enter a property in order to retrieve equipment, officers should apply PPE in accordance with the SCAS Infection Control Protocol – Covid-19, and Community Equipment Services, Collections Guidance.

Full PPE is required where the following categories apply:

- Customer or member of the household is symptomatic
- Customer or member of the household is known Covid-19 positive
- Customer has been discharged from hospital within the last 14 days
- Customer or member of the household falls into the extremely vulnerable category

Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing then eye protection should be used.

Where none of the above categories apply, gloves and apron should be worn.

Where it is apparent that equipment is contaminated with bodily fluids, double gloves should be worn.

Equipment should be treated in accordance with the existing protocols for undertaking of this task and wiped down or bagged before being transferred to the vehicle. See Community Equipment Services, Collections Guidance.

**Procedure**

Staff members should identify a suitable safe area away from the customer, within which to don their PPE.

Aprons and gloves are subject to single use with disposal and hand hygiene after every contact. Fluid resistant (Type IIR) surgical masks and eye protection can be subject to single sessional use where appropriate.

It is important that the staff member has the following equipment available

9. PPE required – Surgical mask, apron, non-sterile nitrile gloves
10. Antibacterial wipes
11. Alcohol gel
12. 2 waste bags

### **Putting on PPE**

Where normal requirements apply, staff should wear the following PPE put on in the following order:

1. Apron
2. Non sterile nitrile gloves

Where the customer is symptomatic, discharged from hospital within the last 14 days or they or a member of their household are extremely vulnerable, staff should wear the following PPE, put on in the following order:

1. Disposable plastic apron
2. Fluid-resistant (type IIR) surgical face mask
3. Non sterile nitrile gloves

The order given above is practical but the order for putting on is less critical than the order of removal given below.

### **Removing PPE**

Staff should remove the PPE in the following order:

Firstly:

- Grasp the outside of the glove with the opposite gloved hand; peel off
- Hold the removed glove in gloved hand

Then:

- Slide the fingers of the ungloved hand under the remaining glove at the wrist
- Peel the remaining glove off over the first glove and discard in prepared doubled waste bags
- Where possible wash hands, including forearms and where this is not possible, apply hand gel
- Remove apron and discard into the waste bags
- Where possible wash hands, including forearms and where this is not possible, apply hand gel
- Remove the mask last and place in waste bags
- Where possible wash hands, including forearms and where this is not possible, apply hand gel
- Seal waste bag and dispose of according to guidance
- Use antibacterial wipes to decontaminate alcohol gel bottle

## **4. Repair of Equipment**

### **3.1 Consideration of the person/people in the household**

On receipt of a request to repair equipment, the service must attempt to trouble shoot the problem via telephone.

Where this is not possible, the service must check referral information against the registers for special factors and known risks associated with individuals.

In addition, contact should be made with the customer and/or referrer in order to establish whether

- the person is known to have a positive diagnosis of coronavirus/Covid-19
- appears to have symptoms associated with coronavirus/Covid-19
- whether any member of the household is a positive or known case of coronavirus/Covid-19
- whether the person has been discharged from hospital within the last 14 days, and if so, date of discharge
- the person or any member of the household is in a vulnerable group and/or subject to shielding

The definition of vulnerable, is as follows:

Vulnerable groups include:

- 4 Solid organ transplant recipients.
2. People with specific cancers:
  - people with cancer who are undergoing active chemotherapy
  - people with lung cancer who are undergoing radical radiotherapy
  - people with cancers of the blood or bone marrow such as leukaemia, 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
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.

**a. Consideration of the Activity**

Consideration should be given to the nature of the equipment that needs to be repaired and weigh up the potential to withdraw and replace the item rather than repair on site.

Where it is most appropriate to withdraw and replace, guidance in respect of undertaking these activities should be followed.

Where it is most appropriate to deliver a repair on site, the service should consider whether it is possible to

- deliver the activity without entering the property
- deliver the activity whilst the potentially vulnerable person/s are in another room and not within 2 meters of the worker
- deliver certain aspects of the activity without the vulnerable person present, only introducing the vulnerable person into the 2 meter radius of the worker when it is absolutely essential to do so
- if it is necessary to attempt a repair on site, the equipment should be cleaned with a wipe, before any inspection begins.

It may be necessary to have further conversation with the customer/referrer in order to establish some of the information required above.

#### **b. Agreeing a Safe System of Work**

In all instances, once the information from section 1 and section 2 has been gathered, the service should agree a safe system of work for undertaking the activity. This should include

- Appropriate use of PPE
- A method of undertaking the activity that involves minimal contact with the person or members of their household

The customer/referrer, should be made aware of the means by which the service proposed to conduct the activity.

Where the customer is unwilling to engage in this safe system of work, the activity should not be conducted without further review by a manager/senior manager within the service and in some cases, it may not be possible to proceed with the activity.

#### **c. Application of PPE**

Where it is necessary to enter a property in order to retrieve equipment, officers should apply PPE in accordance with the SCAS Infection Control Protocol – Covid-19, and Community Equipment Services, Collections Guidance.

Full PPE is required where the following categories apply:

- Customer or member of the household is symptomatic
- Customer or member of the household is known Covid-19 positive
- Customer has been discharged from hospital within the last 14 days
- Customer or member of the household falls into the extremely vulnerable category

Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing then eye protection should be used.

Where none of the above categories apply, gloves and apron should be worn.

Where it is apparent that equipment is contaminated with bodily fluids, double gloves should be worn.

## **Procedure**

Staff members should identify a suitable safe area away from the customer, within which to don their PPE.

Aprons and gloves are subject to single use with disposal and hand hygiene after every contact. Fluid resistant (Type IIR) surgical masks and eye protection can be subject to single sessional use where appropriate.

It is important that the staff member has the following equipment available

1. PPE required – Surgical mask, apron, non-sterile nitrile gloves
2. Antibacterial wipes
3. Alcohol gel
4. 2 waste bags

## **Putting on PPE**

Where normal requirements apply, staff should wear the following PPE put on in the following order:

1. Apron
2. Non sterile nitrile gloves

Where the customer is symptomatic, discharged from hospital within the last 14 days or they or a member of their household are extremely vulnerable, staff should wear the following PPE, put on in the following order:

1. Disposable plastic apron
2. Fluid-resistant (type IIR) Surgical Face mask
3. Non sterile nitrile gloves

The order given above is practical but the order for putting on is less critical than the order of removal given below.

## **Removing PPE**

Staff should remove the PPE in the following order:

Firstly:

- Grasp the outside of the glove with the opposite gloved hand; peel off
- Hold the removed glove in gloved hand

Then:

- Slide the fingers of the ungloved hand under the remaining glove at the wrist
- Peel the remaining glove off over the first glove and discard in prepared doubled waste bags
- Where possible wash hands, including forearms and where this is not possible, apply hand gel
- Remove apron and discard into the waste bags

- Where possible wash hands, including forearms and where this is not possible, apply hand gel
- Remove the mask last and place in waste bags
- Where possible wash hands, including forearms and where this is not possible, apply hand gel
- Seal waste bag and dispose of according to guidance
- Use antibacterial wipes to decontaminate alcohol gel bottle

Once PPE is used, colleagues should explain to the customer that the waste generated from any visit will be left inside of the front door, and request that the customer keeps this waste separate from their general household waste for at least 72 hours. After this time the waste can be disposed of safely into their general waste bin.

## **5. HIA caseworker visits**

### **5.1 Consideration of the person/people in the household**

On receipt of a request to for HIA services alternate options to complete the applications should be used this will include forms being completed over the telephone and using the postal service to send forms out for signature and return.

Where a visit must be carried out, for example to complete a test of resources the Caseworker must check referral information against the registers for special factors and known risks associated with individuals.

In addition, contact should be made with the customer and/or referrer in order to establish whether

- the person is known to have a positive diagnosis of coronavirus/Covid-19
- appears to have symptoms associated with coronavirus/Covid-19
- whether any member of the household is a positive or known case of coronavirus/Covid-19
- whether the person has been discharged from hospital within the last 14 days, and if so, date of discharge
- the person or any member of the household is in a vulnerable group and/or subject to shielding

The definition of vulnerable, is as follows:

#### **Vulnerable groups include:**

1. Solid organ transplant recipients.
2. People with specific cancers:
  - people with cancer who are undergoing active chemotherapy
  - people with lung cancer who are undergoing radical radiotherapy
  - people with cancers of the blood or bone marrow such as leukaemia, 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
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).



5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.

**a. Consideration of the Activity**

Consideration should be given to minimising the amount of time that will be required carrying out the activity and reducing risks.

Consideration should be given to the following:-

- Complete the majority of paperwork over the telephone prior to a visit.
- Agree with the customer that nobody else should be present within the room during the visit that are not essential.
- Maintain a social distance throughout the visit.
- Client must use their own pen when signing the forms (forms put in a clear plastic pocket that must be wiped with an anti-viral wipe and left in the sleeve for 72 hours)
- Try to avoid sitting during the visit.

**b. Agreeing a Safe System of Work**

In all instances, once it has been determined that a visit is essential, the service should agree a safe system of work for undertaking the activity. This should include

- Appropriate use of PPE
- A method of undertaking the activity that involves minimal contact with the person or members of their household

The customer/referrer, should be made aware of the means by which the service proposed to conduct the activity.

Where the customer is unwilling to engage in this safe system of work, the activity should not be conducted without further review by a manager/senior manager within the service and in some cases, it may not be possible to proceed with the activity.

**c. Application of PPE**

Where equipment can be retrieved from the customer without entering the property, officers should apply aprons and gloves.

Where it is necessary to enter a property in order to retrieve equipment, officers should apply PPE in accordance with the SCAS Infection Control Protocol – Covid-19, and Community Equipment Services, Collections Guidance.

Full PPE is required where the following categories apply:

- Customer or member of the household is symptomatic
- Customer or member of the household is known Covid-19 positive
- Customer has been discharged from hospital within the last 14 days
- Customer or member of the household falls into the extremely vulnerable category

Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing then eye protection should be used.

Where none of the above categories apply, gloves and apron should be worn.

Where it is apparent that equipment is contaminated with bodily fluids, double gloves should be worn.

Equipment should be treated in accordance with the existing protocols for undertaking of this task and wiped down or bagged before being transferred to the vehicle. See Community Equipment Services, Collections Guidance.

### **Procedure**

Staff members should identify a suitable safe area away from the customer, within which to don their PPE.

Aprons and gloves are subject to single use with disposal and hand hygiene after every contact. Fluid resistant (Type IIR) surgical masks and eye protection can be subject to single sessional use where appropriate.

It is important that the staff member has the following equipment available

9. PPE required – Surgical mask, apron, non-sterile nitrile gloves
10. Antibacterial wipes
11. Alcohol gel
12. 2 waste bags

### **Putting on PPE**

Where normal requirements apply, staff should wear the following PPE put on in the following order:

1. Apron
2. Non sterile nitrile gloves

Where the customer is symptomatic, discharged from hospital within the last 14 days or they or a member of their household are extremely vulnerable, staff should wear the following PPE, put on in the following order:

1. Disposable plastic apron
2. Fluid-resistant (type IIR) surgical face mask

### 3. Non sterile nitrile gloves

The order given above is practical but the order for putting on is less critical than the order of removal given below.

#### **Removing PPE**

Staff should remove the PPE in the following order:

Firstly:

- Grasp the outside of the glove with the opposite gloved hand; peel off
- Hold the removed glove in gloved hand

Then:

- Slide the fingers of the ungloved hand under the remaining glove at the wrist
- Peel the remaining glove off over the first glove and discard in prepared doubled waste bags
- Where possible wash hands, including forearms and where this is not possible, apply hand gel
- Remove apron and discard into the waste bags
- Where possible wash hands, including forearms and where this is not possible, apply hand gel
- Remove the mask last and place in waste bags
- Where possible wash hands, including forearms and where this is not possible, apply hand gel
- Seal waste bag and dispose of according to guidance
- Use antibacterial wipes to decontaminate alcohol gel bottle

## **5. HIA Surveyor visits**

### **5.1 Consideration of the person/people in the household**

Before a visit is carried out the Surveyor must try to look at alternative ways to complete the required activity.

- If the request is from a contractor can photographs be sent so that the issue can be discussed, and a solution agreed.
- When a contractor completes a job can photographic evidence and a telephone call to the customer be used to confirm the work is ok so that payment can be made.
- Where it is fixed mechanical equipment, a telephone call to a customer can be used to confirm it has been installed and working correctly.
- OT joint visits, a new system has been introduced using photographs and team calls to avoid visits.

Where a visit must be carried out, for example to measure for new works, the service must check referral information against the registers for special factors and known risks associated with individuals.

In addition, contact should be made with the customer and/or referrer in order to establish whether

- the person is known to have a positive diagnosis of coronavirus/Covid-19
- appears to have symptoms associated with coronavirus/Covid-19
- whether any member of the household is a positive or known case of coronavirus/Covid-19
- whether the person has been discharged from hospital within the last 14 days, and if so, date of discharge
- the person or any member of the household is in a vulnerable group and/or subject to shielding

The definition of vulnerable, is as follows:

#### **Vulnerable groups include:**

1. Solid organ transplant recipients.
2. 3. People with specific cancers:
  - a. people with cancer who are undergoing active chemotherapy
  - b. people with lung cancer who are undergoing radical radiotherapy
  - c. people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
  - d. people having immunotherapy or other continuing antibody treatments for cancer
  - e. people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
  - f. people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs

3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.

**a. Consideration of the Activity**

Consideration should be given to minimising the amount of time that will be required carrying out the activity and reducing risks.

Consideration should be given to the following:-

- Can zero contact with client be achieved, show ID at window, client unlocks door and returns to living room allowing the surveyor to measure the room where the works are proposed.
- Any discussion is carried out using a mobile phone even when at the property.
- Maintain a social distance throughout the visit, with customer or contractors..
- Where the works are external ensure that the client remains within the home.

**b. Agreeing a Safe System of Work**

In all instances, once it has been determined that a visit is essential, the service should agree a safe system of work for undertaking the activity. This should include

- Appropriate use of PPE
- A method of undertaking the activity that involves minimal contact with the person or members of their household

The customer/referrer, should be made aware of the means by which the service proposed to conduct the activity.

Where the customer is unwilling to engage in this safe system of work, the activity should not be conducted without further review by a manager/senior manager within the service and in some cases, it may not be possible to proceed with the activity.

**c. Application of PPE**

Where equipment can be retrieved from the customer without entering the property, officers should apply aprons and gloves.

Where it is necessary to enter a property in order to retrieve equipment, officers should apply

PPE in accordance with the SCAS Infection Control Protocol – Covid-19, and Community Equipment Services, Collections Guidance.

Full PPE is required where the following categories apply:

- Customer or member of the household is symptomatic
- Customer or member of the household is known Covid-19 positive
- Customer has been discharged from hospital within the last 14 days
- Customer or member of the household falls into the extremely vulnerable category

Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing then eye protection should be used.

Where none of the above categories apply, gloves and apron should be worn.

Where it is apparent that equipment is contaminated with bodily fluids, double gloves should be worn.

Equipment should be treated in accordance with the existing protocols for undertaking of this task and wiped down or bagged before being transferred to the vehicle. See Community Equipment Services, Collections Guidance.

### **Procedure**

Staff members should identify a suitable safe area away from the customer, within which to don their PPE.

Aprons and gloves are subject to single use with disposal and hand hygiene after every contact. Fluid resistant (Type IIR) surgical masks and eye protection can be subject to single sessional use where appropriate.

It is important that the staff member has the following equipment available

13. PPE required – Surgical mask, apron, non-sterile nitrile gloves
14. Antibacterial wipes
15. Alcohol gel
16. 2 waste bags

### **Putting on PPE**

Where normal requirements apply, staff should wear the following PPE put on in the following order:

3. Apron
4. Non sterile nitrile gloves

Where the customer is symptomatic, discharged from hospital within the last 14 days or they or a member of their household are extremely vulnerable, staff should wear the following PPE, put on in the following order:

4. Disposable plastic apron
5. Fluid-resistant (type IIR) surgical face mask
6. Non sterile nitrile gloves

The order given above is practical but the order for putting on is less critical than the order of removal given below.

### **Removing PPE**

Staff should remove the PPE in the following order:

Firstly:

- Grasp the outside of the glove with the opposite gloved hand; peel off
- Hold the removed glove in gloved hand

Then:

- Slide the fingers of the ungloved hand under the remaining glove at the wrist
- Peel the remaining glove off over the first glove and discard in prepared doubled waste bags
- Where possible wash hands, including forearms and where this is not possible, apply hand gel
- Remove apron and discard into the waste bags
- Where possible wash hands, including forearms and where this is not possible, apply hand gel
- Remove the mask last and place in waste bags
- Where possible wash hands, including forearms and where this is not possible, apply hand gel
- Seal waste bag and dispose of according to guidance
- Use antibacterial wipes to decontaminate alcohol gel bottle

