

COVID-19: Safe Practice in Care Homes

Keeping staff, residents and visitors in the care home safe

COVID-19 is spread when respiratory secretions from an infected person enters the mouth, nose or eyes of another. To prevent spread of COVID-19 remember to;

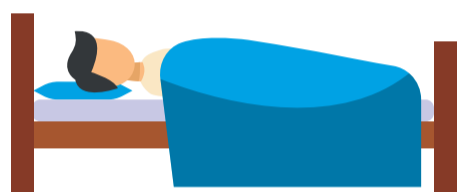
- Ensure that no staff or visitors enter the care home if they have symptoms of COVID-19
- Practice physical (social) distancing in the workplace and minimise close contact with colleagues wherever possible
- Avoid touching your eyes nose or mouth unless you have washed your hands immediately beforehand
- Catch coughs or sneezes in a tissue or the crook of your elbow

Providing care: Key Infection Prevention and Control Measures



Hand Hygiene (HH)

- Ensure bare below the elbows (do not wear long sleeved clothing)
- Carry out HH using soap and water (essential if visibly soiled) or alcohol based hand rub (ABHR)
- Undertake HH; before and after touching an individual/their environment, after body fluid exposure risk, before an aseptic procedure
- Extend HH to exposed forearms if contaminated



Isolation

- Ensure suspected and confirmed individuals are isolated in a single room for 14 days from symptom onset
- Wherever possible, keep the door to the isolation room/area closed
- If no single rooms available, you may cohort confirmed individuals together or suspected individuals together provided they have no other known/suspected infections
- Dedicated equipment where needed
- Staff should be dedicated to COVID-19 areas



PPE

When providing care within 2m of an individual who is shielding* or who may be suspected or known to have COVID-19 or when COVID transmission is sustained

- Fluid Resistant Surgical Mask (sessional) – can go between individuals in same item of PPE
- Eye/face protection (sessional) – can go between individuals in same item of PPE
- Apron (should always be single use only) – remove after individual care or cleaning
- Gloves (should always be single use only) – remove after individual care or cleaning
- Always perform Hand Hygiene after removing your PPE
- See COVID-19 care home guidance for additional PPE required for aerosol generating procedures

*When caring for a patient who is shielding all PPE must be single. PPE must also be changed when moving between COVID-19 and non COVID-19 areas



Cleaning

Decontaminate equipment and the environment at least TWICE daily with

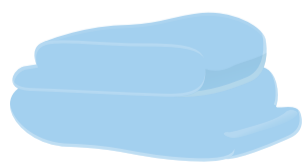
- General purpose detergent followed by or combined with a chlorine releasing agent at least 1000ppm av Chlorine
- Ensure at least TWICE DAILY cleaning of frequently touched surfaces (e.g communal toilets, bathrooms, door handles, bed rails, tables)
- Ensure COVID-19 areas are cleaned after non COVID-19 areas



Waste

Dispose of COVID-19 waste in clinical waste bags at point of use

If you do not have a clinical waste stream, COVID-19 waste can be disposed of in the domestic waste stream. Once full, the bag should be placed in a second bag and tied. These bags should then be stored in a secure location for 72 hours before being put out for collection.



Linen

- Manage all COVID-19 linen as 'infectious'
- Wear PPE when handling linen and do so within the individual's room
- Do not shake linen
- Transport securely to laundry facility in linen receptacle
- Change in and out of uniform at work and transport home in a bag to launder



Vis

- Restrict visitors to essential only
- Special consideration should be given for visitors to those with cognitive impairment or receiving end of life care
- Provide visitor with access to PPE if within 2m of a suspected/confirmed COVID-19 individual