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Coronavirus (COVID-19) advice for social care

Coronavirus (COVID-19) infection control for care providers

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Managing infection control is essential to prevent the spread of coronavirus (COVID-19) for your setting or service. As care providers, you are likely to be providing essential care and support to people, which will often require close contact. This quick guide sets out best practice for care providers to remain safe and prevent COVID-19 from spreading.

> Looking for training for your staff? See our free **infection control e-learning** `link 1`.

What is coronavirus (COVID-19)?

COVID-19 is an infectious disease caused by a newly discovered coronavirus. Whilst most people infected will experience mild to moderate respiratory illness and recover without needing specialist treatment, there are people at higher risk of developing a serious illness. This includes older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer.

Although age and underlying health conditions are the greatest risk factors, the evidence suggests that other groups are also more likely to become seriously ill. This includes men, people from Black, Asian and minority ethnic (BAME) backgrounds, those living in more deprived areas, those born outside the UK or Ireland, and those living in a care home.

In recognition of the increased risk of serious illness for some individuals in the social care workforce, **guidance** `link 2` has been issued to support employers to assess and reduce these risks.

The most common symptoms are developing a new continuous cough and/or a high fever (above 37.8°C) and/or a loss/change in your normal sense of smell or taste. Other symptoms that may appear are aches, pains, nasal congestion, sore throat or diarrhoea. Approximately 1 in 3 people have no symptoms so will be unaware they are infectious.

How does coronavirus (COVID-19) spread?

As COVID-19 is a new disease, we are still learning about the effects of the virus and how to best prevent its spread, as well as how best to respond as the virus mutates. A recent mutation appears able to spread more easily and quickly.

We know that COVID-19 is mainly spread through two methods:

- respiratory droplets released when someone sneezes, or coughs and sometimes exhales
- touching surfaces contaminated with respiratory droplets that can then be transferred by touching your eyes, nose or mouth.

The virus has been found in stool samples of people confirmed as suffering from COVID-19. Whilst this is not thought to be the main transmission route, all secretions (excluding sweat) and excretions (such as diarrhoea) from those suffering or suspected to be suffering from COVID-19 should be managed as being possibly infectious.

How to help prevent the spread of coronavirus (COVID-19)

General measures

As the number of coronavirus cases is rising rapidly across the country, a national lockdown has been introduced once more and everyone must stay at home. It remains vital to take the following steps to help contain the spread of the virus:

- regular hand washing for 20 seconds or more
- covering your face in enclosed spaces
- keeping a distance of 2 metres (or 1 metre plus other precautions) from people you don't live with

If any one person in a household develops symptoms of coronavirus, everyone in that household should self-isolate.

Advice for all

Public Health England (PHE) has advised the public to:

- always carry tissues and use them to catch a cough or sneeze, then bin the tissue, wash hands, or use a sanitiser gel
- wash your hands more often than usual, for 20 seconds each time with soap and water or hand sanitiser, especially when you:
    - get home or into work
    - blow your nose, sneeze or cough
    - eat or handle food.
- avoid touching your eyes, nose and mouth with unwashed hands
- avoid close contact with people who are unwell.

Test and trace

The **NHS test and trace service** link 3 aims to provide access to quick testing and to trace contacts of those with a positive result to let them know that they must self-isolate. The **NHS COVID-19 app** link 4 can help with contact tracing.

Testing is available for anyone with coronavirus symptoms, and for asymptomatic health and care staff, and care home residents. The Government has issued **guidance** link 5 on how to refer yourself, an employee or care home staff and residents.

What can care homes do to stop the spread of coronavirus (COVID-19)?

The Government has issued **guidance for adult social care, including care homes** link 7 . Further detail is included in the **COVID-19 winter plan** link 8 .

For people living and working in care settings, infections can be serious and, in some cases, life-threatening. They can also make existing medical conditions worse. Regular contact with staff, other residents, family and friends and the shared living space all mean infection can easily be passed around. It is therefore vital to take the steps that can help prevent COVID-19 occurring and spreading.

✓ **Isolation and testing** link 9
✓ **Hand washing and hand hygiene** link 10
✓ **Respiratory and cough hygiene** link 11
✓ **Personal protective equipment (PPE)** link 12
✓ **Laundry management** link 13
✓ **Ventilation** link 14
✓ **Best practice management of people at high risk or with symptoms of COVID-19.** link 15

Isolation and testing

Current guidance says that all residents being discharged from hospital or another setting, or admitted from the community, should be isolated in their own room for 14 days. If people are part way through an isolation period when they move, they should remain isolated until the 14-day period is complete.

Any resident admitted to hospital should be tested for COVID-19 prior to discharge. They should isolate for a period of 14 days even if the result is negative.

As testing and tracing is crucial to an effective COVID-19 response, care homes should keep a temporary record of current and previous residents, visitors and staff.

Handwashing and hand hygiene

Frequent hand washing and good hand hygiene is an essential method to control infection in your setting. All people and staff should decontaminate their hands with alcohol-based rub when moving in and out of areas where care for suspected and confirmed cases of COVID-19 is being delivered.

Hand hygiene must be performed before every direct contact with a resident, and any contact that could result in your hands being contaminated such as touching care equipment, PPE or waste.

There are three important stages to cover when talking about suitable hand hygiene: when you need to do it, preparing to wash your hands and the best way to wash your hands.

▼ When to wash your hands

There are five important moments when you should clean your hands:

- just before you provide care to a resident
- as soon as you have finished providing care to a resident

- straight after you have been exposed to any body fluids
- straight after touching the person's surroundings (e.g. chair, door handle) if this may have contaminated your hands
- as soon as you take off protective gloves.

▼ Preparing to wash your hands

To prepare for hand hygiene, it is recommended that you:

- expose your forearms so that they are bare from the elbows down
- remove all hand and wrist jewellery, a single plain metal finger ring is permitted; however, it should be removed or must be moved during hand hygiene
- ensure finger nails are clean, short and that artificial nails or nail products are not worn
- cover all cuts or abrasions with a waterproof dressing.

▼ Washing your hands

When washing your hands, you should:

- do so for 20 seconds, or the time it takes to sing 'Happy Birthday' twice
- wet your hands with water and apply enough soap to cover your hands
- use one hand to rub the back of the other and in between fingers – do the same with the other hand
- rub hands together and clean between your fingers
- rub fingers against the back of both your palms
- rub your thumbs using the other hand – do the same with the other thumb
- rub the tips of your fingers on the palm of the other hand – do the same with the other hand
- rinse your hands with water
- dry your hands with a disposable towel
- use the disposable towel to turn the tap off.

Where running water and soap are not available, an alcohol-based hand sanitiser should be used instead. Hand sanitiser for staff should be close to where care is provided, or personal dispensers used. Hand sanitiser should be used for 20-30 seconds to decontaminate the hands.

Respiratory and cough hygiene – 'Catch it, bin it, kill it'

To minimise transmission of COVID-19 through respiratory droplets, tissues and waste bins should be available to everyone. All staff, residents, users and visitors should:

- use disposable tissues to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose
- dispose of used tissues immediately in the nearest bin
- clean hands after coughing, sneezing, using tissues, after any contact with respiratory droplets or objects contaminated with respiratory droplets
- not touch their eyes, mouth and nose
- help those people who may need help with containing their respiratory droplets such as the elderly
- provide those who are immobile with a bag close by for immediate disposal of tissues
- ensure in common areas, or during transportation, that people with symptoms wear a fluid-resistant surgical face mask to minimise dispersal of their respiratory droplets or contamination of surfaces
- clean frequently touched surfaces.

Personal protective equipment (PPE) guidelines

The current guidance for care homes can be found at **COVID-19: how to work safely in care homes** [link 17]. Guidance has also been issued for domiciliary care at **COVID-19: how to work safely in domiciliary care** [link 18]. These pages include videos and diagrams about putting on and taking off PPE. PPE can be ordered via the **PPE portal** [link 19].

The guidance explains the type of PPE required in the following circumstances:

▼ When providing personal care which requires you to be in direct contact with the person (e.g. touching) OR you are within 2 metres of anyone who is coughing.

✓ Disposable gloves
✓ Disposable plastic apron
✓ Fluid-repellent surgical mask

? Eye protection may be needed with some clients but not all. Please refer to the **PHE guidance on page 3** `link 20`

These principles are also suitable for extra-care housing schemes and live-in homecare. These recommendations assume that care workers are not undertaking aerosol generating procedures (AGPs).

▼ When you need to be within 2 metres of the person, but do not need to touch them and no one within 2 metres is coughing

✓ Type II surgical mask

Disposable gloves and a plastic apron may be required for other infection prevention precautions or if the task involves anyone who is shielding.

If you are within a metre of a person with possible or confirmed COVID-19, Public Health England (PHE) recommends:

▼ Fluid-resistant facemasks

Fluid-resistant facemasks can be used to reduce contact with respiratory droplets by capturing some droplets when you are providing care in close contact. Both the person displaying symptoms and staff providing care should wear facemasks, preferably.

▼ Aprons

Aprons protect staff uniform from contamination when providing direct care and during environment and equipment decontamination. Fluid-resistant gowns must be worn when disposable aprons cannot provide adequate cover from splashing and body fluids. If non-fluid-resistant gowns are used, a disposable apron should be worn underneath.

▼ Disposable gloves

Disposable gloves must be worn when providing direct patient care and when exposure to blood or body fluids is likely, as well as during environment and equipment decontamination.

▼ Eye protection / visor

Eye protection / visor should be worn when there is risk of contamination to the eyes from body fluids. This may be a surgical mask with visor, or polycarbonate safety spectacles or equivalent. Regular vision-corrective spectacles are not considered adequate eye protection.

Note: PPE is only effective when combined with: **hand hygiene** (cleaning your hands regularly and appropriately); **respiratory hygiene** and avoiding touching your face with your hands, and following standard **infection prevention and control precautions**.

PPE should be:

- compliant with relevant BS/EN standards
- located close to where it will be used
- stored correctly to prevent contamination, and expiry dates adhered to.

When using PPE, you should:

- ensure you have been trained in the proper use and on donning and doffing PPE – videos are available for **aerosol generating procedures (AGPs)** `link 21` and **non-AGPs** `link 22`
- only use each PPE item once
- change PPE between different care tasks for one person
- change PPE between care tasks for different people
- remove PPE immediately and dispose of used items correctly
- practice hand hygiene and extend to exposed forearms after removing any element of PPE.

Laundry and waste management

Do:

✓ Wash items as appropriate in accordance with the manufacturer's instructions.
✓ Dispose of items that are heavily soiled with body fluids, such as vomit or diarrhoea, or items that cannot be washed, with the owner's consent.

✓ Store personal waste (such as used tissues, incontinence pads and other items soiled with bodily fluids) and disposable cleaning cloths securely within disposable rubbish bags. Place these bags into another bag, tying securely and keep separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal.

Do not:

✗ Place dirty laundry on the floor or other surfaces to prevent contamination.

✗ Shake dirty laundry before washing to minimise the possibility of dispersing virus through the air.

Note: According to Government guidance ^{link 23}, you don't need to separate dirty laundry that has been in contact with an ill person from other people's items.

Staff uniforms and clothing should be protected from contamination by PPE. For staff taking uniform home for laundering, use a plastic bag.

Ventilation

Natural ventilation can be an effective environmental measure to reduce the risk of spread of infections. Therefore, where safe and appropriate, the opening of windows and doors should be considered.

More information can be found on the World Health Organization (WHO) ^{link 24} website.

Best practice management of people at high risk or with symptoms of COVID-19

Use the drop-downs below for specific advice.

▼ People living in care homes

Some people living in care homes may be at risk of serious illness should they catch coronavirus. It is vital that both care staff and residents continue to follow the main advice from the Government outlined at the start of this quick guide, including social distancing measures.

Revised guidance ^{link 25} has been issued to help protect people considered to be clinically extremely vulnerable and shielding has been re-introduced for this current period of national lockdown.

Care home residents may not present with the typical (cough/fever) symptoms of this virus and may not be able to report a loss of taste or smell. They should therefore be assessed twice daily for:

- onset of high temperature (37.8 degrees or above)
- new persistent cough.

Softer signs of ill-health should also be assessed, including:

- shortness of breath
- less alert
- new onset of confusion
- being off food and/or reduced fluid intake
- diarrhoea or vomiting.

Anyone who develops symptoms should be isolated in a single room, using a separate bathroom if possible. A test should be arranged, and full infection-control measures put in place. If this is a new outbreak and/or it has been 28 days since the last case of coronavirus, the local Health Protection Team should be informed.

Any resident exposed to a person with possible or confirmed COVID-19 should be isolated (or grouped with others in the same position if isolation is not possible) until 14 days after their last exposure. If they develop symptoms, they should be tested.

Anyone discharged from hospital or from another care setting, and all new residents should be isolated for 14 days in their own room.

Managers can use the care home portal ^{link 26} to arrange tests for staff and residents.

Movement of staff within the care home should be restricted as far as possible. If any staff member develops symptoms, they should isolate for 10 days and be tested. Any member of staff with a symptomatic member of their household should isolate for 14 days. Staff must also not work if they are told to isolate by NHS Test and Trace.

Managers should encourage and support staff and residents to receive a flu vaccination.

▼ People supported by home care services, including those living in extra care housing

Many people receiving care and support from home care services will be at risk of serious illness should they catch coronavirus. It is vital that both care staff and people using the service continue to follow the main advice from the

Government outlined at the start of this quick guide. Providers should also reduce contact between members of staff where possible, and minimise the number of different people going into the homes of those considered at higher risk.

Revised **guidance** ^{link 27} has been issued to help protect people considered to be clinically extremely vulnerable and shielding has been re-introduced for this current period of national lockdown.

Care workers must follow the guidance on use of PPE, including how to safely put it on and take it off. If a care worker develops symptoms of COVID-19, they must self-isolate and take a test.

Providers should assume that anyone newly receiving support from their service may have COVID-19 for the first 14 days and care workers should use PPE as advised for caring for someone with the virus. If a person being supported by the service is discharged from hospital and the result of their COVID-19 test is not known, assume that the test may be positive for 14 days (or until the result is received) and use PPE as advised.

If a person develops symptoms, they should be supported to contact NHS 111 by telephone or online. Care workers should also inform their manager.

▼ People who receive direct payments

Guidance ^{link 28} has been issued for people receiving direct payments and personal assistants.

Direct payments should continue as before, and local authorities and CCGs should provide support to ensure people stay safe.

Everyone with symptoms, including personal assistants (PAs), is eligible for testing. Tests can be delivered to the person's own home. Specific guidance has been issued that invites PAs to register for coronavirus testing where they are self-isolating due to experiencing coronavirus-like symptoms or because a member of their household has symptoms.

It is essential that the correct PPE is used by PAs. Local authorities and CCGs will help source PPE if it proves difficult to get hold of.

Visitors

Visiting is vital to the wellbeing of those living in care homes and their family and friends.

However, during this period of national lockdown, care home visits can only take place with arrangements such as:

- Substantial screens
- Visiting pods
- Behind windows

Visits should be limited to a single constant visitor wherever possible, and PPE, distancing and infection control measures must also be in place.

No close contact indoor visits are allowed, and all visits must stop if an outbreak occurs.

Visits in exceptional circumstances such as end of life should be supported and enabled.

Guidance ^{link 29} providing more detail as to how visits should be arranged and managed, taking into account the needs and wellbeing of individuals and the layout of the care home has been issued.

Each care home should establish a visiting policy based on a continuous risk assessment, including details about how the risk of infection will be minimised. The policy should also consider whether residents needs make them particularly vulnerable or make visits particularly important. Details of the policy should be communicated clearly to all potential visitors and all visits booked in advance.

Read more about infection control and COVID-19

- **NICE Coronavirus guidance** ^{link 30}
- **NHS Coronavirus website** ^{link 31}
- **Official guidance** ^{link 32} issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS) and Public Health England as official guidance.
- **Hand decontamination** ^{link 33} (NICE)
- **How to wash your hands** ^{link 34} (NHS)
- **Guide to donning PPE** ^{link 35} (PHE)
- **Guidance on shielding vulnerable groups** ^{link 36} (PHE)
- **Helping to prevent infection: A quick guide for managers and staff in care homes** ^{link 37} (NICE/SCIE)

Support from SCIE

SCIE's COVID-19 hub **link 38** contains more relevant information including safeguarding, Mental Capacity Act and infection control. It can be used when working and supporting people who are isolated or vulnerable through COVID-19, and can also be shared with community groups.

link 1 | https://www.scie.org.uk/e-learning/infection-control

link 2 | https://www.gov.uk/government/publications/coronavirus-covid-19-reducing-risk-in-adult-social-care/covid-19-adult-social-care-risk-reduction-framework

link 3 | https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/

link 4 | https://www.nhs.uk/apps-library/nhs-covid-19/

link 5 | https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested

link 6 | http://healthvideos.hci.digital/coronavirus

link 7 | https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance

link 8 | https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021#preventing-and-controlling-the-spread-of-infection-in-care-settings

link 9 | https://www.scie.org.uk/care-providers/coronavirus-covid-19/infection-control/quick-guide#isolation-testing

link 10 | https://www.scie.org.uk/care-providers/coronavirus-covid-19/infection-control/quick-guide#hand-washing

link 11 | https://www.scie.org.uk/care-providers/coronavirus-covid-19/infection-control/quick-guide#cough-hygiene

link 12 | https://www.scie.org.uk/care-providers/coronavirus-covid-19/infection-control/quick-guide#ppe

link 13 | https://www.scie.org.uk/care-providers/coronavirus-covid-19/infection-control/quick-guide#laundry-management

link 14 | https://www.scie.org.uk/care-providers/coronavirus-covid-19/infection-control/quick-guide#ventilation

link 15 | https://www.scie.org.uk/care-providers/coronavirus-covid-19/infection-control/quick-guide#best-practice

link 16 | http://healthvideos.hci.digital/coronavirus

link 17 | https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes

link 18 | https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care

link 19 | https://www.gov.uk/guidance/ppe-portal-how-to-order-emergency-personal-protective-equipment

link 20 | https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/882376/Domiciliary_guidance_England.pdf

link 21 | https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

link 22 | https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

link 23 | https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings

link 24 | https://www.who.int/water_sanitation_health/publications/natural_ventilation/en/

link 25 | https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19?priority-taxon=774cee22-d896-44c1-a611-e3109cce8eae

link 26 | https://www.gov.uk/apply-coronavirus-test-care-home

link 27 | https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19?priority-taxon=774cee22-d896-44c1-a611-e3109cce8eae

link 28 | https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-people-receiving-direct-payments/coronavirus-covid-19-qa-for-people-receiving-a-personal-budget-or-personal-health-budget

link 29 | https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes

link 30 | https://www.nice.org.uk/covid-19

link 31 | https://www.nhs.uk/conditions/coronavirus-covid-19/

link 32 | https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

link 33 | https://www.nice.org.uk/guidance/qs61/chapter/Quality-statement-3-Hand-decontamination

link 34 | https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/

link 35 | https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

link 36 | https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#what-is-shielding

link 37 | https://www.scie.org.uk/publications/ataglance/helping-to-prevent-infection.asp

link 38 | https://www.scie.org.uk/care-providers/coronavirus-covid-19

link 39 | https://www.scie.org.uk/myscie/register

link 40 | https://www.scie.org.uk/myscie/login