



**Birmingham and Solihull**  
Clinical Commissioning Group

# COVID-19

## **Infection Prevention & Control**

**July 2020 (v5)**

# IPC principles for preventing spread

- Hand hygiene is paramount – follow 8 step technique, extended to ‘up to the elbows’ after removing any element of PPE
- PPE must be donned and doffed correctly
- Avoid at all times touching your face & when wearing PPE
- Limit the surfaces touched in a resident environment
- Cleaning processes must be robust; attention to common touch sites, shared electrical devices and resident equipment
- Everyone in the care home to maintain a 2m rule of social/physical distancing
- Respiratory and cough hygiene **for all** – ‘Catch it, Bin it, Kill it’

# Social/physical distancing for staff

- All staff should adhere to social distancing (2 metres) wherever possible, particularly if not wearing PPE, such as during work breaks
- Staff should take regular breaks and rest periods
- Consider staggering staff breaks to limit the density of healthcare workers in specific areas
- Review care home practice to minimise close contact between groups of staff over prolonged periods; for example, avoid congregation at the central nurse's station, restrict number of staff on care home review rounds, conduct handover sessions in a setting where there is space for social distancing
- For health and social care workers working in reception, other non clinical and communal areas but not involved in direct patient care, every effort should be made to maintain social distancing of 2 metres in addition to wearing a surgical mask

# Personal Protective Equipment (PPE) - Donning

## Non Aerosol Generating Procedures (AGPs)

Don PPE in the following order:

- Perform hand hygiene
- Disposable plastic apron
- Fluid repellent surgical mask (FRSM)
- Eye/face protection (risk assess)
- Gloves

## Aerosol Generating Procedures (AGPs)

Don PPE in the following order:

- Perform hand hygiene
- Disposable long sleeved fluid repellent gown/coverall
- FFP3 Respirator (must have been FIT tested)
- Full face shield/visor
- Gloves

# Personal Protective Equipment (PPE) - Doffing

## Non Aerosol Generating Procedures (AGPs)

Doff PPE in the following order:

- Remove gloves
- Perform hand hygiene
- Remove apron
- Perform hand hygiene
- Remove eye protection
- Perform hand hygiene
- Remove mask
- Perform hand hygiene

## Aerosol Generating Procedures (AGPs)

Doff PPE in the following order:

- Remove gloves
- Perform hand hygiene
- Remove disposable long sleeved fluid repellent gown/coverall
- Perform hand hygiene
- Remove full face shield/visor
- Full face shield/visor
- Perform hand hygiene
- Remove FFP3 respirator
- Perform hand hygiene

**All discarded PPE must be disposed of  
in the clinical waste stream**

# What are AGPs?

- Intubation, extubation and related procedures;
- Tracheotomy/ tracheostomy procedures;
- Manual ventilation;
- Open suctioning;
- Bronchoscopy;
- Non-invasive ventilation (NIV) e.g. Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP);
- Surgery and post-mortem procedures in which high speed devices are used;
- High frequency oscillating ventilation (HFOV);
- High flow nasal Oxygen (HFNO)
- Induction of sputum;
- Some dental procedures (e.g. high speed drilling)
- Upper gastro-intestinal endoscopy where there is open suctioning of the upper respiratory tract

# Summary of PPE National Guidance

	Providing personal care or within 2 metres of a resident who is coughing	Within 2 metres of a resident but no need to touch them and no one within 2 metres with a cough	Any other situation in a care home and at a distance of 2 metres or more away from residents **
Disposable gloves	Yes	No	No
Disposable apron	Yes	No	No
FRSM	Yes	Yes	Yes
Eye protection	Risk assess	No	No

\*\* NB: When working in staff only areas such as offices, laundry, kitchen etc. and applies to ALL staff e.g. carers, receptionists, domestic staff etc.

**For further detailed information click on the link below:**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/902355/How to work safely in care homes v5 20 July.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/902355/How_to_work_safely_in_care_homes_v5_20_July.pdf)

# PPE – sessional/continuous use

## FRSM and eye protection:

- These items of PPE can be considered as sessional/continuous use
- This means they can remain in situ for the session as long as they are not damaged, soiled, compromised or uncomfortable
- In between each resident review they can remain in situ but apron removal followed by hand hygiene and gloves removal followed by hand hygiene must be carried out in between each patient



# There is evidence of sustained transmission.

## Table 2. For sustained transmission in the community

### Additional considerations, in addition to standard infection prevention and control precautions,

where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/ gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection <sup>1</sup>
Any setting	Direct patient/resident care assessing an individual that is not currently a possible or confirmed case <sup>2</sup> (within 2 metres)	✓ single use <sup>3</sup>	✓ single use <sup>3</sup>	✗	✗	✓ risk assess sessional use <sup>4,5</sup>	✗	✓ risk assess sessional use <sup>4,5</sup>
Any setting	Performing an aerosol generating procedure <sup>6</sup> on an individual that is not currently a possible or confirmed case <sup>2</sup>	✓ single use <sup>3</sup>	✗	✓ single use <sup>3</sup>	✗	✗	✓ single use <sup>3</sup>	✓ single use <sup>3</sup>

Table 4

1. This may be single or reusable face/eye protection/full face visor or goggles.
2. A case is any individual meeting case definition for a possible or confirmed case: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wi-cov-infection>
3. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
4. Risk assess refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids. **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 care episode/single session.**
5. A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round, providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and consider the risk of infection to and from patients, residents and health and care workers where COVID-19 is circulating in the community and hospitals. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
6. The full list of aerosol generating procedures (AGPs) is within the IPC guidance [note APGs are undergoing a further review at present].



# What does sustained community transmission mean?

- If you are caring for residents who do not have symptoms of COVID-19 staff can risk assess the need to wear Fluid Repellent Surgical Mask (FRSM) and eye protection in addition to apron and gloves
- FRSM and eye protection can be considered as sessional use
- **PHE define sessional use as** - A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round; providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and consider the risk of infection to and from patients, residents and health and care workers where COVID-19 is circulating in the community and hospitals. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable
- In between each resident review they can remain in situ but apron removal followed by hand hygiene and gloves removal followed by hand hygiene must be carried out in between each resident
- If you are performing an aerosol generating procedure (AGP) on an individual that is not currently a possible or confirmed case it recommends for gloves, fluid repellent gown/coverall, FFP3 respirator and full face visor to be worn

# Hand Hygiene

- Hand hygiene is essential to reduce the transmission of infection in health and other care settings
- Compliance to '5 moments for hand hygiene' is critical
- Hands should be dried with **disposable paper hand towels** (from a dispenser)

## **Before performing hand hygiene:**

- expose forearms (bare below the elbows)
- remove all hand and wrist jewellery (a single, plain metal finger ring is permitted but should be removed (or moved up) during hand hygiene)
- ensure fingernails are clean, short and that artificial nails or nail products are not worn
- cover all cuts or abrasions with a waterproof dressing
- When wearing an apron, forearms (wrist to elbow) are exposed to respiratory secretions or other body fluids, extend hand wash to include both forearms. Wash forearms first and then hands

**Can you decontaminate your hands easily?**



# Hand Hygiene Technique

Wash up to both elbows first, then wash hands following the steps below. Each step consists of five strokes rubbing backwards and forwards.

1.

→  
Wet hands under running water. Take a measure of soap.



3.

→  
Right hand over back of left and vice versa.



5.

→  
Back of left fingers to right palms, fingers interlocked and vice versa.



7.

→  
Rub left palm with clasped fingers of right hand and vice versa.



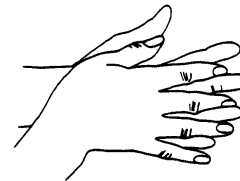
← 2.

Work into hands, palm to palm.



← 4.

Rub palm to palm, fingers interlaced.



← 6.

Rotational rubbing of right thumb clasped in left hand and vice versa.



← 8.

Left wrist with right hand and vice versa.



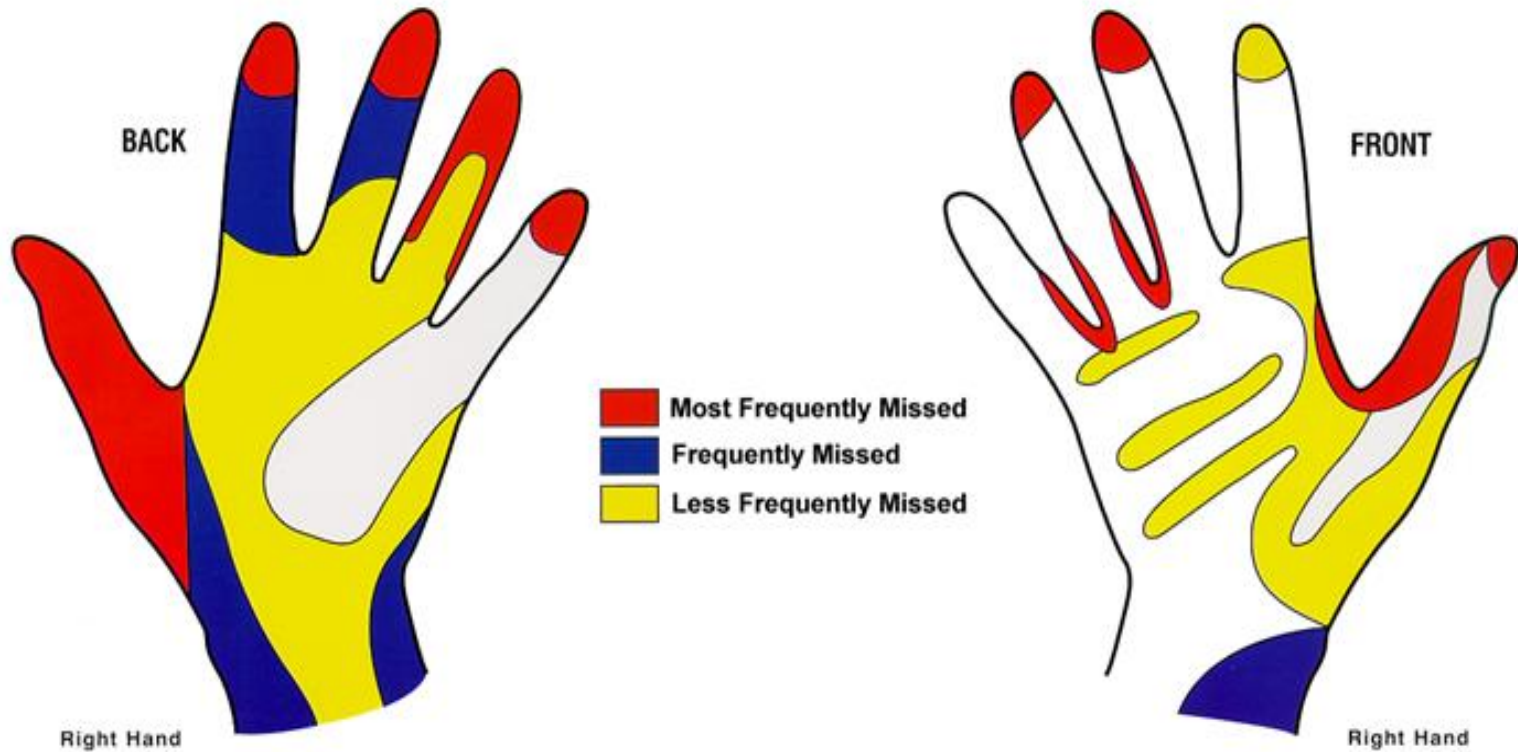
***Rinse hands under running water and dry thoroughly with disposable paper hand towels***

<https://www.nhs.uk/video/pages/how-to-wash-hands.aspx>

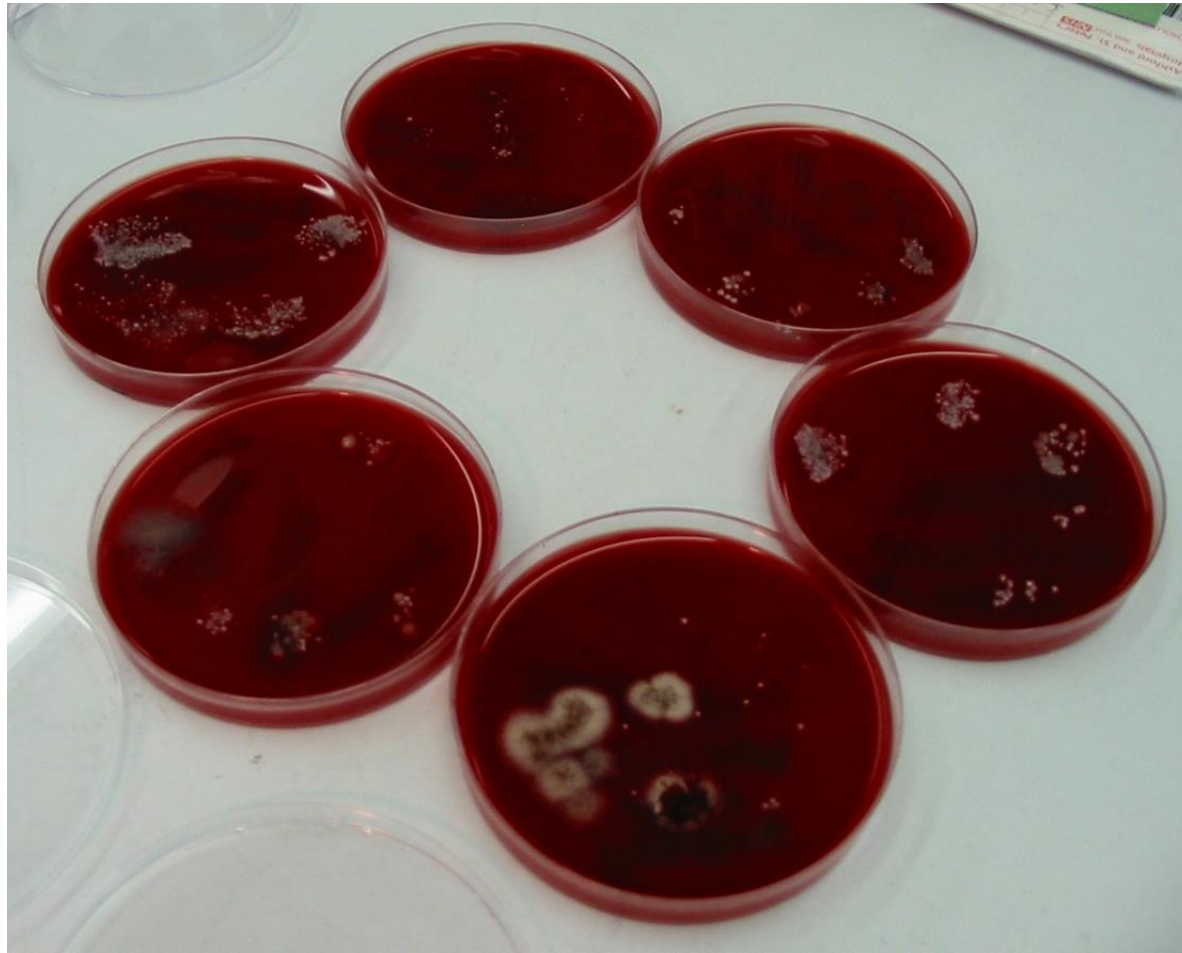
# Not as easy as you might think.....

- Areas that often get missed on hand washing

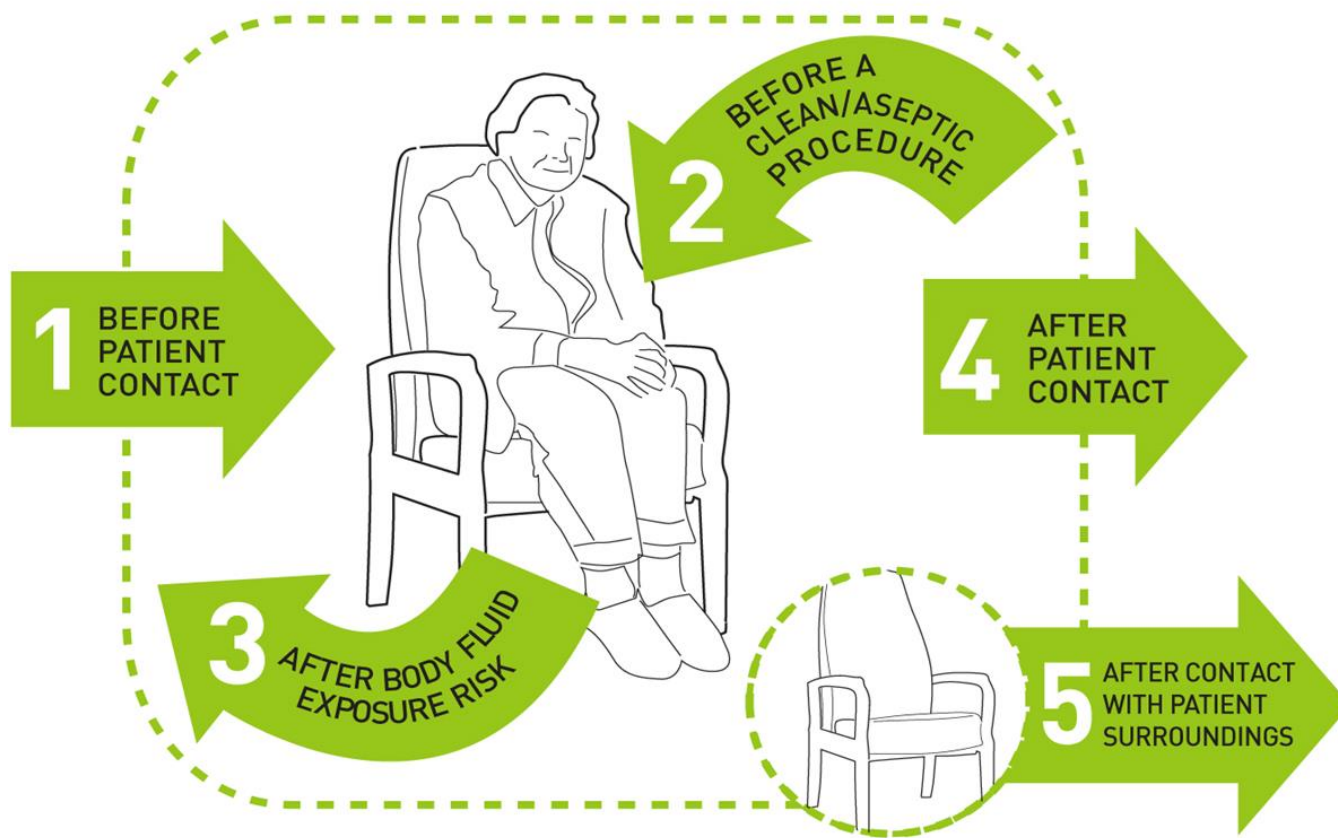
DISTRIBUTION OF AREAS INADEQUATELY TREATED DURING HAND WASHING



# What you can't see on your hands



# WHO – ‘5 moments’ for Hand Hygiene





# Environmental Decontamination

- The increased frequency of cleaning should be incorporated into the cleaning schedules for all areas, including where there may be higher environmental contamination rates
- Opportunities for cleaning of frequently touched surfaces multiple times (**more than twice a day wherever possible**) should be taken, such as:
  - ❑ surfaces such as medical equipment, door/toilet handles, resident call bells, over bed tables and bed rails must be cleaned at least twice daily, and when known to be contaminated with secretions, excretions or body fluids;
  - ❑ touch points in public areas such as lifts and corridor handrails; and
  - ❑ electronic equipment, including mobile phones, desk phones and other communication devices, tablets, desktops, and keyboards (particularly where these are used by many people), should be decontaminated at least twice daily

# Decontamination & Cleaning Processes

- Collect any cleaning equipment and waste bags required
  - Any cloths and mop heads used must be disposed of as single use items
  - Apply PPE correctly FRSM, disposable plastic apron and gloves
  - Keep the door closed with windows open to improve airflow and ventilation whilst using detergent and disinfection products
  - Bag any disposable items that have been used for the care of the patient as clinical waste
-

# Decontamination & Cleaning Processes

- Use disposable cloths/paper roll/disposable mop heads, to clean and disinfect all hard surfaces/floor/chairs/door handles/reusable non-invasive care equipment/sanitary fittings in the room, following one of the 2 options below:
  - Use either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.)

**or**

- • A neutral purpose detergent followed by disinfection (1000 ppm av.cl.).
- Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants
- Any cloths and mop heads used must be disposed of as single use items

# Decontamination & Cleaning Processes

- Discard detergent/disinfectant solutions safely at disposal point
  - Dispose of all waste as clinical waste
  - Clean, dry and store re-usable parts of cleaning equipment, such as mop handles
  - Remove and discard PPE as clinical waste as per local policy
  - Perform hand hygiene
-

# Decontamination of equipment

- Clean and disinfect any reusable non-invasive care equipment, such as blood pressure monitors, digital thermometers, glucometers etc. in between every use
  - Clean all reusable equipment systematically from the top or furthest away point
  - Single use equipment must not be reused
-

# Last offices

- IPC standards must be applied in the sad event of providing last offices to a resident
- Limit (if possible) the number of staff involved in caring for the deceased resident
- When providing care for the deceased resident, wear PPE (fluid repellent surgical mask, risk assess need for eye protection, disposable apron and gloves)
- Follow the care homes normal policy for last offices, ensuring that IPC measures are implemented

<https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19>

# Reporting suspected outbreaks

- COVID-19 is a notifiable disease and hence must be informed to Public Health England (PHE) via
- <https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2I#>
- Or ring 0344 225 3560
- PHE have a statutory obligation to manage the outbreak

## **CCG commissioned care homes:**

- During this challenging time it is requested that you continue to notify the CCG of all Serious Incidents that meet the Serious Incident criteria, including COVID-19 related outbreaks and unexpected deaths
- It is appreciated that capacity to undertake investigations at the present time is reduced however it is important that we capture details of incidents which are occurring to identify support future review and analysis.
- In order to reduce duplication of effort the CCG will accept any of the following as a method of notification where applicable:
  - ❖ A copy of a notification sent to CQC
  - ❖ A copy of a notification sent to PHE
  - ❖ A copy of a safeguarding alert sent to the Local Authority
- You can also continue to notify us via the BSOL CCG SI notification form. Please send these to [nhsbsolccg.patientsafety@nhs.net](mailto:nhsbsolccg.patientsafety@nhs.net)

## **Local authority commissioned care homes:**

- Please follow your usual agreed protocol for reporting

# Useful links

- <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
- <https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance>
- <https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan>
- <https://www.gov.uk/government/organisations/public-health-england>
- <https://www.england.nhs.uk/coronavirus/publication/infection-prevention-and-control-supporting-documentation/>
- <https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes/covid-19-putting-on-and-removing-ppe-a-guide-for-care-homes-video>