COVID-19 Infection Prevention and Control Guidance for Health and Social Care Workers who visit homes to deliver healthcare

V2.4 16.06.21

Version	Date	Changes from previous version	Draft by
2.4	14.06.2021	Inclusion of quotation from recent WHO update on transmission Revised to include reference to significant vaccine protection. Updated to reflect NPHET recommendation on close contact testing at day 0 and day 10 with exit from restricted movements if Day 10 test is reported as 'not detected' Specific reference to ventilation in the clients home in so far as practical	AMRIC
2.3	11.02.2021	Align with Interim guidance on Infection Prevention and Control for the Health Service Executive 2021 Changes to the section of Brief background on COVID-19 to reflect recent experience and emergence of new variants Statement that vaccination does not change the requirement for IPC precautions Update to guidance on exit from restricted movements for Covid-19 Contacts if the Day 10 test is reported as 'not detected' Update to guidance on FFP2 mask use when exposed to people with suspected or confirmed COVID-19 or COVID-19 Contacts Reference to use of deep nasal/mid-turbinate swabs Reference to new IPC training modules on HSEland	AMRIC
2.2	22.09.2020	Updated duration of self-isolation for community cases of COVID-19	AMRIC
2.1	26.06.2020	Updated layout of guidance document Table of contents included Edited flow of the document PPE guidance updated Hyperlinks added NPHET decision re temperature checking of Healthcare workers who visits homes letter dated 03/04/2020 Update to important symptoms to include loss of sense of smell or taste Appendices added • Hand Hygiene posters • Guidance on new born baby's blood spot collection where household members have suspected or confirmed COVID-19 infection updated. Appendix on new born baby blood spot collection amended to remove details on consent as this is not an IPC issue. Revisions updated with respect to Infection Prevention and Control based on broader queries and communication with various disciplines - Key Changes from Previous Version: 1.0 and 2.0 Requirement for gloved hands to close the drying box has been removed.	AMRIC
2.0	23.04.2020	Updated layout of guidance document Table of contents included Edited flow of the document PPE guidance updated Hyperlinks added Appendix added Hand Hygiene posters Guidance on new born baby's blood spot collection where household members have suspected or confirmed COVID-19 infection updated.	AMRIC
1.0	19.03.2020	Initial Guidance	AMRIC

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Overview:

This document is structured in a number of parts. The first part sets out an introduction to this document and provides general information on COVID-19. The second part sets out the processes for Healthcare Workers who are providing care to service users in their homes. The third part sets out the processes for Healthcare Workers who are performing a planned home visit to a service user with suspect or confirmed COVID19 or who is a COVID-19 contact.

Part 1: Introduction

Community based Healthcare Workers (HCWs) including Community Nurses, Public Health Nurses, Allied Healthcare Professionals, Home Helps and Personal Assistants play a vital role in supporting people to live in their own home by providing healthcare and personal care to people in the community. This guidance has been developed to support community based HCWs to take the best possible Infection Prevention and Control (IPC) measures to protect both the vulnerable people they care for and themselves from acquiring COVID-19.

Older people and people with underlying health conditions are at greater risk of developing severe disease with COVID-19 so it is very important to do everything possible to avoid bringing the virus into their home.

In the context of the continuing pandemic the advent of effective vaccination is a major advance in reducing the harm associated with COVID-19. However, the fundamental principles of basic infection prevention and control (IPC) are still a key part of the defences we have for protecting service users, our colleagues and ourselves from acquiring this disease. Although transmission in hospital in the early months of 2021 was extremely difficult to control the situation has improved greatly. The addition of vaccination to other measures has been a key driver in this change and this shows that it is possible to manage the risk of spread of COVID-19 while maintaining the delivery of timely and appropriate care to service users.

Purpose of document

As a healthcare worker, entering homes in the community to deliver care and provide support, there is a risk that you may be exposed to people with COVID-19 and a risk that you could spread COVID-19. The purpose of this guidance is to advise you on how to reduce that risk as much as possible as you continue to fulfil the critical role you play.

This guidance replaces the previously issued 'Guidance for Health and Social Care Workers who visit homes on COVID-19 V 2.3'. The guidance has been updated to with respect to a number of points as indicated in the table on page 1.

Scope

This document is intended for all those health and social care workers who visit homes and provide healthcare and personal care in the home of the client for example:

1. Public Health Nurses;
2. Community RGN's;
3. Physiotherapy/Occupational Therapy/Speech and Language Therapy;
4. Homecare supports assistants (HCSA's);
5. General Practitioners;
6. Mental Health Workers;
7. Community Psychiatric Nurses;
8. Palliative Care CNS;
9. Third party providers e.g. private providers.

This guidance is also relevant to those who plan for and manage the delivery of these services.

Brief background information on COVID-19

The virus which causes COVID-19 spreads mainly through respiratory droplets generated by coughing and sneezing, and through contact with surfaces that the droplets have fallen on to.

More recently, particularly in the context of the emergence and spread of more infectious virus variants such as B.1.1.7, concern regarding the risk of airborne spread has increased. This is reflected in the April 2021 updated to the WHO website Frequently Asked Questions as follows. "*The virus can spread from an infected person's mouth or nose in small liquid particles when they cough, sneeze, speak, sing or breathe. These particles range from larger respiratory droplets to smaller aerosols. Current evidence suggests that the virus spreads mainly between people who are in close contact with each other, typically within 1 metre (short-range). A person can be infected when aerosols or droplets containing the virus are inhaled or come directly into contact with the eyes, nose, or mouth. The virus can also spread in poorly ventilated and/or crowded indoor settings, where people tend to spend longer periods of time. This is because aerosols remain suspended in the air or travel farther than 1 metre (long-range). People may also become infected by touching surfaces that have been contaminated by the virus when touching their eyes, nose or mouth without cleaning their hands*." https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-how-is-it-transmitted (accessed 29 May 2021)

The virus can survive on surfaces at least for some hours and for up to 2 to 3 days in some cases if not removed or destroyed by cleaning and disinfection. It can be transferred to the eyes nose or mouth on contaminated hands.

People are most likely to spread infection around the time that they start to have symptoms. People with severe disease may be more infectious. Some people have become infected from people before those people had symptoms. People usually become sick about five to six days after they become infected but people may become sick as early as 1 day after infection or as late as 14 days after infection. Some people who never notice any symptoms may be infectious to others (asymptomatic transmission).

Most people with COVID-19 will have mild disease and will recover but some develop more serious illness. People at higher risk of developing more serious illness include older people, people who are immunocompromised and those with certain other medical conditions. Important symptoms of infection include fever, cough, shortness of breath and loss of sense of smell or taste. We now know that many frail older people may not have fever or respiratory

symptoms when they first become ill. In some cases, they may just feel generally unwell, lose their appetite, become confused and have an unexplained change in their baseline condition.

Vaccination for COVID-19 began in Ireland in late December 2020. Almost all frontline healthcare and social care workers have now been offered vaccination and most are vaccinated. The impact of vaccination is already apparent in a dramatic reduction in the number of new diagnoses of COVID-19 in healthcare and social care workers since mid-January. It is clear however that the protection afforded to healthcare workers by vaccination is not absolute; therefore, it remains prudent to avoid intense exposure as much as possible. There is growing evidence that vaccination reduces asymptomatic infection and reduces viral load in those who become infected. Therefore, risk of spread of infection from vaccinated people is reduced. However, vaccination may not prevent transmission of SARS-CoV-2 from healthcare worker to service users in all settings. Furthermore, vaccination may not be equally effective against all variants of the virus. Therefore, at present it is recommended that even when they have significant vaccine protection healthcare workers caring for service users should adhere to all IPC measures in this guideline in the same way as they did prior to vaccination. This advice will be reviewed regularly on the basis of emerging evidence and experience. The dramatic effect of vaccination in reducing the number of infections in healthcare and social care workers is now also apparent amongst the wider population as the vaccine programme has progressed.

Note that the risk of severe COVID-19 disease is far less in staff who have significant vaccine protection; Individuals are considered to have significant vaccine protection as set out here:

1. 28 days after the first AstraZeneca dose;
2. 7 days after the second Pfizer-BioNTech dose;
3. 14 days after the second Moderna dose;
4. 14 days after Janssen (one dose vaccination course).

Testing for COVID-19 is based on taking a swab from the throat and nose (combined oropharyngeal and nasopharyngeal swab) or on an swab taken from deep within the nose (a deep nasal swab). Testing is can be agreed and arranged through the person's General Practitioner. Walk in /self-referral testing is also be available in some areas for periods of time.

A deep nasal /mid-turbinate swab is also a good sample type and may be more acceptable for some people. People who have significant vaccine protection or who have had COVID-19 in the previous 9 months generally do not need testing if they have no symptoms but there are some exceptions.

People with a positive COVID-19 test should self-isolate for 10 days from the date of onset of symptoms, the last 5 days of which there must be no fever. If the person had no symptoms of COVID-19 and the test result was positive, then the person should self-isolate for 10 days from the day the test was performed, the last 5 days of which should be fever free also.

Note, however, that if the person requires hospitalisation or is in a residential care facility or a nursing home, then the period of isolation is 14 days with no fever for the last 5 days of that period.

HCWs who have tested positive for COVID-19 and who are medically well can return to work 10 days after symptom onset (or date of test if no symptoms) AND 5 days with no fever unless their illness was sufficiently severe that hospitalisation was required.

Current NPHET advice is that any HCW identified as a close contact should be tested for SARS-CoV-2 at day 0 and at day 10. If the test at 10 day returns a result of 'SARS-CoV-2' not detected' the HCW can stop their restricted movements and return to work. This applies unless they have significant vaccine protection or have had COVID-19 in the previous 9 months.

COVID-19 and Immunity after Recovery

People who have recovered from COVID-19 have evidence of an immune response and they appear unlikely to acquire infection for up to nine months following infection. However, it is recommended that healthcare workers who have recovered from COVID-19 continue to follow the same IPC precautions as all other HCWs when in contact with service users to reduce the risk of transmission of COVID-19.

Planning for delivery of healthcare/personal care in the home (managers and co-ordinators

1. Check that all healthcare and social care workers have been offered vaccination and have been facilitated to the greatest degree practical in accepting vaccination.
2. Review infection prevention and control training to ensure that all HCWs and social care workers have had basic training in IPC relevant to COVID-19;
3. Training should include Standard Precautions, in particular hand hygiene, respiratory hygiene and cough etiquette and in Transmission Based Precautions (Contact, Droplet & Airborne) including the appropriate use of Personal Protective Equipment (PPE);
4. Where cases of COVID-19 are detected promptly and transmission-based IPC precautions, including appropriate use of PPE are implemented fully, the risk of spread can be reduced;
5. Ensure that HCWs have access to alcohol hand rub and to items of personal protective equipment required to deliver the care they provide in a manner that is safe for the client and for them;
6. The NPHET recommend active monitoring of staff for fever, cough, shortness of breath (temperature checking twice a day) for HCW's visiting homes. All staff should be aware of the early signs and symptoms of COVID-19 and who to alert if they have a concern. Staff should be able to contact an appropriate escalation pathway. Please see the HPSC website for the most up to date case definition for COVID-19;
7. Ensure that HCWs are aware of the changes in a client's condition that should make them consider COVID-19 (see above);
8. Review the list of clients and ensure that it is up to date and that contact details are available for a family member or relevant other person;
9. Review the care that is required by each client;
10. Healthcare workers should be told that if they are unwell and have symptoms of COVID-19 such as cough, temperature, shortness of breath or new loss of smell or taste they must call their manager and not attend work. If a staff member develops symptoms while at work, they must report immediately to their line manager and not continue to see other clients;

11. Healthcare workers who are identified as contacts of a person with COVID-19 must not attend for unless they have significant vaccine protection or have had COVID-19 in the previous 9 months. Note that in some situations even those with significant vaccine protection or with infection in the previous 9 months may be advised to restrict movements by Public Health.
12. If a healthcare or social care worker is concerned that they may have COVID-19 they should stay at home and self-isolate and contact their doctor or occupational health service by telephone.
13. In so far as possible minimise the number of different staff caring for each client and minimise the number of different clients cared for by each staff member. This can help to limit the number of people infected in the event that a staff member or a client develops infection;
14. Ensure that staff have sufficient time allocated to adhere to any necessary IPC precautions, in particular to adhere to hand hygiene and safe donning, doffing and disposal of any personal protective equipment (PPE) required during their visit;
15. If possible and where appropriate, encourage communication with the client remotely through use of a mobile telephone or other similar device before a visit to check that they have no new symptoms on that day;
16. Clients and any of their families/friends who enter their home should be advised to let the service provider know as soon as possible if the client has a new cough, temperature or shortness of breath, are awaiting testing and that they should be advised to contact their doctor right away;
17. Healthcare staff should be told how to deal with the situation if they arrive at a client's home and find that the client's condition has deteriorated or other symptoms that suggest COVID-19 as advised above.
18. The following are training materials that can be used to support staff education and training.

Additional information

A comprehensive range of guidance documents is available at https://www.hpsc.ie/

Please check this website frequently as guidance is regularly updated as the situation evolves. This document is to be read in conjunction with relevant guidance available on HPSC website.

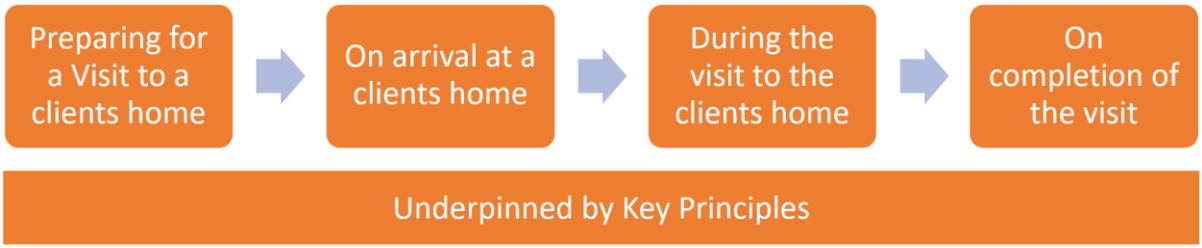
1. Case definition, https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casedefinitions/
2. Personal protective equipment guidance https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/
3. Video resources for donning and doffing PPE https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/videoresourcesforipc/
4. HSEland infection control modules on hand hygiene, standard precautions, PPE, respiratory hygiene and cough etiquette and 2 reminder videos on the COVID19 https://www.hseland.ie
5. PPE donning and doffing videos training programme: https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/primarycareguidance/videoresources/
6. Doffing ear looped surgical masks: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/videoresources/
7. https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/casedefinitions/
8. https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/

An information booklet for home helps and personal assistants is available online at: https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/

Part 2: IPC Practice for Healthcare workers when visiting a home

Health and social care workers play a vital role in ensuring the safety of their clients and of themselves. They do this by accepting vaccination as soon as it is available to them and by working with their managers to participate in training and to make appropriate use of the training and of alcohol hand rub and PPE provided for their use.

This section provides detail on the operational process which should be put in place. It provides detail on overarching principles and examines each stage in the process in more detail as per the following steps:



Key Principles

Health and social care workers should:

1. Accept vaccination as soon as it is available;
2. Participate in education and training provided and seek to apply it consistently;
3. Identify challenges with implementing IPC practice in particular settings or with particular clients and inform relevant managers.

This section sets out detail on:

1. Hand hygiene;
2. Respiratory Hygiene and Cough Etiquette;
3. Ventilation;
4. PPE;
5. Uniforms and personal Clothing;
6. Household Hygiene;
7. Laundry;
8. Equipment.

Hand Hygiene

Hand hygiene is vital to reduce the transmission of infection in health and other social care settings. (See hand hygiene technique posters Appendix 1). This can be achieved by:

1. Being bare below the elbow and cleaning your hands with soap and water or with alcohol based hand rub (ABHR) when you arrive at each house and after you leave each house;
2. When caring for the client hand hygiene must be performed as per the 5 moments of hand hygiene also before and after use of gloves, equipment decontamination and after handling of waste and laundry.

This means applying the 5 moments for hand hygiene during and after your visit to the person's home as:

1. Before a clean/aseptic procedure such as assisting a client to brush their teeth, and before preparing/ handling food or assistance with feeding or taking oral medicines;
2. After contact with body fluids such as bathing a person who is incontinent, handling soiled personal clothing and bed linen and clearing up spills of urine, faeces, vomit and handling waste;
3. After touching the person you are caring for, such as after any personal care activities including washing and dressing or assisting with mobility;
4. Immediately after removing gloves;
5. After leaving the home when care is finished.

Respiratory hygiene and cough etiquette

All staff and clients should be encouraged to adhere to respiratory hygiene/cough etiquette at all times. A supply of tissues, as well as access to alcohol based hand rub (ABHR) is required for all Healthcare workers

Key messages include:

1. Cover your mouth and nose with a disposable tissue when coughing and sneezing to contain respiratory secretions;
2. Discard used tissues into a waste bin immediately after use and clean your hands;
3. If you don't have a tissue, cough into your forearm or the crook of your elbow;

4. Perform hand hygiene;
5. Avoid touching your face (eyes, nose or mouth) with your hands;
6. Maintain a distance of 1 to 2 m (3 to 6 feet) or more from clients other than when you are providing direct personal care.

Ventilation

In so far as practical, consistent with weather conditions, comfort and security ensure that there is reasonable ventilation. For example, open a window or door, even partially or for periods of time.

Personal Protective Equipment (PPE)

All staff must be trained in the proper use of all PPE that they may be required to wear. See guidelines in relation to PPE use on the HPSC website at the following links

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/

and also

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/videoresources/acutehealthsettingcovid-19videoresources/

Key messages:

1. Surgical masks should be worn by healthcare workers when providing care to patients within 2m of a client who does not have suspected or confirmed COVID-19 and who is not a COVID-19 contact. Additional specific measures are required when caring for a client who has suspected or confirmed COVID-19 and may be required for a COVID-19 contact if they client does not have significant vaccine protection.;
2. Surgical masks should be worn by all healthcare workers for all encounters, of 15 minutes or more, with other healthcare workers in the workplace where a distance of 2m cannot be maintained;

3. Disposable gloves and a plastic apron are recommended for certain tasks including contact with body fluids such as bathing a person who is incontinent, handling soiled personal clothing and bed linen and clearing up spills of urine, faeces, vomit and handling waste;
4. Used items of PPE should be disposed of by placing in a bin in the client's home;
5. Hand hygiene should be performed immediately before and after putting gloves on and gloves should be removed immediately after the tasks are completed;
6. Hand hygiene must be performed immediately after removing gloves;
7. Shoe covers are not recommended.

Uniforms/ personal clothing of healthcare workers

Many health and social care workers wear uniforms, which they launder at home. Likewise, community nurses and PHNs wear personal clothes. Some staff have concerns regarding the need to launder uniforms at home however there is no indication that this is associated with a significant IPC risk. Normal household laundry practices can be expected to inactivate the COVID-19 virus and most other common pathogens. Key principles are:

1. A ten-minute wash at 60°C is sufficient to remove most microorganisms;
2. Using detergents means that many organisms can be removed from fabrics at lower temperatures however; it is recommended that clothes are washed at the hottest temperature suitable for the fabric;
3. Uniforms should be laundered separately from other household linen in a load not more than half the machine capacity at the maximum temperature the fabric can tolerate;
4. The risk of virus transmission from footwear is likely to be extremely low.

Household hygiene

Eating and drinking utensils should be cleaned in a dishwasher or with hot water and washing up liquid after use. These can be dried and reused. Regular household cleaning products should be used for cleaning.

Laundry

If you assist with laundry, avoid shaking any clothing. Machine wash clothes in accordance with the manufacturer's instructions.

Dirty laundry that has been in contact with an ill person can be washed with other people's items.

If the individual does not have a washing machine, wait a further 72 hours then laundry can then be taken to a public laundry service.

Items heavily soiled with body fluids, for example, vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.

Equipment

There is a requirement to take medical equipment into and out of client's homes. These are typically small pieces of equipment. A blood pressure monitor, for example, should be cleaned and disinfected by using a combined detergent and disinfectant wipe prior to leaving the house and placed in your car and before entering another house. Also refer to manufacturer's cleaning instructions.

Preparing for a visit to a client's home

1. Assess your case load;
2. If you are caring for clients who have COVID-19 you will require sufficient time to follow all relevant aspects of IPC practice and you may require someone to support you;
3. Check that you have all the items you are likely to require for your session of work in your vehicle;
4. You will need to perform hand hygiene first and last after each visit to a client's home therefore ensure that you have an adequate supply of alcohol hand rub for all visits;
5. PPE (gloves, aprons, and other items) are not appropriate as a routine for all tasks but should be available for certain tasks (for example as per HSE information booklet for home helps and personal assistants);
6. Surgical masks should be worn by healthcare workers when providing care to clients within 2m of a client who does not have suspected or confirmed COVID-19. Additional specific measures are required when caring for a client who has suspected or confirmed COVID-19 or who is an unvaccinated COVID-19 contact;

7. Surgical masks should be worn by all healthcare workers for all encounters, of 15 minutes or more, with other healthcare workers in the workplace where a distance of 2m cannot be maintained;
8. If possible, contact households in advance to confirm household members do not have symptoms of COVID-19 or are awaiting testing;
9. Ask for clients and other members of the household to maintain physical distancing when it is practical to do so;
10. In situations where you need to wear PPE explain that you may need to do this in all cases particularly if the care relates to children or persons with intellectual disability.

On arrival at a client's home

1. Bring a limited number of the items you expect to use with you into each client's home, ensure you have alcohol hand gel;
2. Bring as little as possible of your personal items into the client's home. Where it is necessary to bring personal items with you try to avoid using them in the client's home and minimise any contact between the client and your personal items. If you bring a mobile phone into the client's home, try to avoid using the phone during the visit;
3. Confirm that no member of the household has symptoms of COVID-19;
4. If a client or a member of the household has symptoms that suggest COVID-19 the staff member should leave the room if possible. If this is not possible they should maintain a distance of at least 1 to 2 m (3 to 6 feet) and adhere to all appropriate IPC guidance;
5. The HCW should call the service manager;
6. If the client is not distressed but is on his or her own, the staff member should call a family member or other contact person. If the person is distressed, the staff member may need to call emergency services;
7. If it is necessary to remain with the person or to approach within 1 to 2 m (3 to 6 feet) to attend to a person in distress the risk to the staff member can be reduced by applying following good IPC practice including use of appropriate PPE.

During the visit to the client's home

1. On entering the client's home avoid unnecessary direct touching gestures including handshaking;
2. Do not eat or drink in the client's home;
3. Maintain social distancing when it is practical to do so;
4. Check what you can practically do to ensure some ventilation during your visit
5. When it is not practical to maintain distance follow standard precautions for all clients and additional transmission-based precautions where required by the clients' condition;
6. The most critical element of standard precautions is hand hygiene.

On completion of the visit to the client's home

1. Perform hand hygiene after leaving the client's home and before returning to your vehicle;
2. There is no indication that use of a vehicle is a contributor to the overall risk of infection to staff and no specific cleaning or decontamination of vehicles used for home visits is recommended.
3. If you open doors or windows to improve ventilation check that they are closed if they represent a risk to the comfort or security of the client.

Part 3: IPC Practice for Healthcare workers when visiting a home with COVID19 suspect/confirmed or contact

Where a home visit is planned for a client with suspected or confirmed COVID-19 or a person who is an unvaccinated COVID-19 Contact this requires careful planning and it may be necessary to have a second person to support- depending on the level of care needed. In addition to measures outlined above consider the following.

If a home visit is planned to a household where there is a person with COVID-19 but the person affected is not the person who requires care, the affected person should remain in a separate room from the staff member for the duration of the visit. This is the most effective

way to manage the risk and may avoid the requirement for use of complex PPE that may prolong the visit.

It is important to consider all the elements set out in Part 2 of this document in addition to the information set out in Part 3.

Equipment should be organised before entering the home.

PPE requirements

1. Plastic apron;
2. Respirator mask (such as FFP 2) /Surgical mask;
3. Eye protection (required if there is a risk of splash);
4. Disposable gloves;
5. Disposable waste bag;
6. Detergent wipes;
7. Alcohol based hand rub;
8. A small plastic sheet work surface;

Note: Healthcare workers who deliver care to people with suspected or confirmed COVID-19 or COVID-19 contacts in the persons' home should have access to a well-fitted respirator mask (FFP2) and eye protection when in contact with possible or confirmed COVID-19 cases and COVID-19 contacts.

Additional supplies may be required depending on the type of care needed for example a dressing pack and gloves for nurses providing wound care.

For guidance on new born baby's blood spot collection where household members have suspected or confirmed COVID-19 infection (see Appendix 3)

To remain in the car – spare black bags, plastic bag, Alcohol Based Handrub

Preparing for the visit

1. Ask questions to form an update on the nature of the client's current condition. You may be familiar with the client and where possible how contact should be limited;
2. Establish if there is a porch, hall or corridor just inside the entrance door. Request that a small table or chair be placed in the hall or in a room just off the hall to provide the healthcare worker with a work area to don PPE and prepare to attend to the client;
3. Establish if there are other people in the residence and if so that they are asked not to greet the staff member and if possible to remain in a room or rooms separate from the client you are attending to and to avoid contact with the healthcare worker. Make it clear in particular that handshaking should be avoided;
4. Establish if there are companion animals and if so that they are safely contained so that they do not interrupt or distract the healthcare worker.

On arrival

1. If possible telephone the client or accompanying person to request that the entrance door is left ajar or that the key is the lock to allow the Healthcare worker to enter without engaging with people who live in the residence if it is safe to do so taking into consideration the client receiving care and their agreement;
2. Confirm that companion animals are contained securely;
3. Confirm that other residents, particularly children are in a place away from the entrance and the room occupied by the client.

On entering

1. Perform hand hygiene. Don PPE appropriate to the task and the person you are delivering care to and explain to the client that you will limit contact to that which is necessary;
2. Check what you can practically do to ensure reasonable ventilation during your visit.

On completion of visit

1. Remove PPE in accordance with the correct sequence shown in www.hpsc.ie videos;
2. Remove gloves and perform hand hygiene with ABHR;
3. Remove apron or gown and dispose in a domestic waste bag;
4. Remove mask and discard into the waste bag;

5. Tie the bag and place in black bag and advise family to dispose in normal waste after 72 hours;
6. If you opened doors or windows to improve ventilation check that they are closed if they represent a risk to the comfort or security of the client.

After leaving the clients home

1. Perform hand hygiene.

Appendix 1 – How to Handwash

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds

0

Wet hands with water;

1

Apply enough soap to cover all hand surfaces;

2

Rub hands palm to palm;

3

Right palm over left dorsum with interlaced fingers and vice versa;

4

Palm to palm with fingers interlaced;

5

Backs of fingers to opposing palms with fingers interlocked;

6

Rotational rubbing of left thumb clasped in right palm and vice versa;

7

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8

Rinse hands with water;

9

Dry hands thoroughly with a single use towel;

10

Use towel to turn off faucet;

11

Your hands are now safe.

World Health Organization | Patient Safety — A World Alliance for Safer Health Care | SAVE LIVES Clean Your Hands

May 2009

Appendix 2 – How to Handrub

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

Apply a palmful of the product in a cupped hand, covering all surfaces;

Rub hands palm to palm;

Right palm over left dorsum with interlaced fingers and vice versa;

Palm to palm with fingers interlaced;

Backs of fingers to opposing palms with fingers interlocked;

Rotational rubbing of left thumb clasped in right palm and vice versa;

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

Once dry, your hands are safe.

World Health Organization | Patient Safety | SAVE LIVES Clean Your Hands

May 2009

Appendix 3 – Guidance on new born Bloodspot Screening

Guidance on completion of National New born Bloodspot Screening in a client's residence where household members have suspected or confirmed COVID-19 infection[1]

PPE Requirements

1. Alcohol based hand rub (ABHR);
2. Long sleeved disposable gown;
3. Surgical mask/ well-fitting FFP2 mask if required (* see note PPE requirements above);
4. Eye protection (goggles only required in exceptional circumstances if there is a risk of splash);
5. Two pairs of disposable nitrile gloves;
6. One healthcare risk waste bag;
7. One black bin bag to place the bag for removal after 72 hours into household waste bin;
8. Sharps container placed in clear area. Only bring required equipment to residence;
9. ABHR for use in the home.

Procedure

BEFORE Arriving at the Residence

1. Ask questions to form an understanding of the nature of the person's condition and the nature/location of residence. Where possible contact should be limited to the parent/guardian who is asymptomatic or with the mildest symptoms. If this is not the parent / guardian with the legal capacity to consent, then clear written authorisation of the parent / guardian with the ability to consent (usually mum) needs to be provided to the Public Health Nurse (PHN);

[1] Reference: A Practical Guide to Newborn Bloodspot Screening in Ireland National Newborn Bloodspot Screening Laboratory Temple Street Children's University Hospital Temple Street, Dublin D01 YC67 7th Edition – December 2018

2. Complete as much of the newborn bloodspot screening sample (NBBSS) card as possible for the infant concerned prior to entering the house. Do not complete multiple cards in advance as this increases risk of errors. Mark card as biohazard;
3. Establish if there is a porch, hall or corridor just inside the entrance door and how many rooms are available. Request that a small table or chair be placed in the hall or in a room just off the hall to provide the tester with a work area;
4. Establish if there is room directly off the entrance hall and if so arrange that if possible the parent/guardian will meet the PHN with the infant there;
5. Establish if there are children or others in the residence and if so that they are asked not to greet the PHN and if possible to remain in a room or rooms separate from the patient and to avoid contact with the PHN and make it clear in particular that handshaking should be avoided;
6. Establish if there are companion animals and if so that they are safely contained so that they do not interrupt or distract the tester.

BEFORE ENTERING the Residence

1. Telephone the parent/guardian to request that the entrance door is left ajar or that the key is in the lock to allow the tester to enter without engaging with people who live in the residence;
2. Confirm that companion animals are contained securely;
3. Confirm that other residents, particularly children are in a place away from the entrance and the room;
4. Ask that the parent/guardian has a pen to sign the consent form to avoid sharing pens. If sharing pens is essential ask the parent/guardian to perform hand hygiene and wipe the pen with an alcohol wipe after use;
5. The process of securing valid consent is critical but is not and IPC issue and is outside the scope of this document.

ON ENTERING the Residence

1. Perform hand hygiene by washing hands or using an alcohol hand rub using appropriate technique;

2. Request adult who is holding the infant to wear a mask;
3. Open PPE and Place the plastic sheet on a table top or chair in the entrance area to provide a clean work area;
4. Leave the drying box and sharps container for the specimen open on the clean work area provided by the sheet;
5. Don PPE in the usual manner and enter the room where the parent and infant are waiting.

Having performed the test

1. Continue wearing the PPE and return to your clean workspace carrying the sample in your gloved hand;
2. Insert the card into the drying box, **being careful not to touch the outside of the box**;
3. Remove gloves and perform hand hygiene with ABHR;
4. Remove PPE and dispose of in the household waste bag. Tie the waste bag and place in a black bin bag and advise family to dispose in normal domestic waste bin after 72 hours;
5. Perform hand hygiene with ABHR;
6. Close the drying box;
7. Perform hand hygiene with ABHR;
8. Safely dispose of the lancet in a sharps bin/Need to address what to do with contaminated sharps?
9. Take the drying box from the clean work area as you leave the residence

After Leaving the Residence

1. Perform hand hygiene using ABHR;
2. Once sample is fully dried, the sample must also be labelled 'Biohazard' as per current practice for samples with known or suspected infectious disease risk. The nature of

the biohazard does not need to be recorded on the screening card. The screening card must be fully dry before transporting. The sample is placed in a biohazard bag and then placed in an envelope for transporting samples. The sender of samples by registered post or by courier is responsible for ensuring that the packaging and transportation of the sample complies with current transport regulations regarding Health and Safety as laid down in the European Directive (ADR 2015) Packaging Regulations P650. Dried bloodspots must be packaged appropriately. NNBSL recommends that once the blood has dried, the sample should be inserted into a water resistant, tear proof Tyvek® envelope or equivalent.

ENDS