COVID-19 Infection Prevention and Control Guidance for Outpatient services and Health Care Visits to the Home

HSE Antimicrobial Resistance and Infection Control (AMRIC) Team

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Infection Prevention and Control (IPC) is about supporting the provision of safe healthcare with the lowest possible risk for everyone

• Without unnecessary barriers to appropriate and timely care and visiting for people receiving healthcare

• Barriers to care can be as harmful as infection – higher level policy decision to suspend services may be made but IPC will rarely recommend suspending services on IPC grounds

• Getting the balance right is a challenge: risk assessment is key

• Putting the basic IPC measures in place is the key starting point
A way of thinking about controlling COVID-19 in any setting

Note – it is of course not possible to stop people with COVID-19 infection entering places that provide care for them – the key is to recognize that they have COVID and put in place the extra measures.

Making sure as much as practical that staff and people entering the building do not have COVID-19 and are not COVID-19 contacts

Hand hygiene, physical distancing, respiratory etiquette, wearing surgical face mask, clean environment, monitoring of staff and service users, preparedness plan

Early detection of outbreaks, early and high quality clinical care for those with infection, looking after general health all the time
Applicable to all healthcare settings including community and home care services
Supported with n IPC framework of individual checklists to support risk assessment of healthcare services
Interim Guidance Format- main content focus:

- Risk assessment as the basis for IPC practice for all healthcare activity
- **Standard and Transmission-based** precautions
- Organisational support
- Staff health and safety in relation to IPC
- Education and training- e-learning module in development to support this
IPC Guidance framework: based on hierarchy of controls and IPC principles to consider when planning and delivering services
Preparedness advice for managers

• Ensure all staff have undertaken awareness training around COVID-19

• Ensure all staff are trained with standard and transmission based precautions:
  ❑ Hand hygiene & respiratory etiquette
  ❑ Appropriate choice and use of PPE
  ❑ Procedures for safely donning and doffing of PPE and disposal of PPE
  ❑ Decontamination of the environment and equipment
  ❑ Public health measures around wearing masks and physical distancing

• Ensure supplies are available to staff including:
  ❑ alcohol based hand rub (ABHR)
  ❑ personal protective equipment
  ❑ cleaning materials
Preparedness

Increase staff awareness of COVID-19 including:

- What to do if they develop symptoms – especially not to attend work
- The procedure for going off work if unwell including self isolation for 10 days if COVID positive
- [Note change in duration of self-isolation]
- Who to contact for advice about testing (for example occupational health service or GP)
- Ensure staff are aware of signs /symptoms of COVID-19 when meeting clients and who to contact if they have a concern that a persons condition causes a concern about COVID-19
- What to do if a persons condition deteriorates on the visit or clinic appointment
- Where possible contact should be made with people prior to visit to check if they have symptoms
**Standard Precautions** apply anywhere healthcare is delivered - all the time.

Especially:

- Hand Hygiene
- Respiratory Cough Etiquette
- Appropriate use of recommended PPE
- Environmental /equipment cleaning & appropriate disinfection

**COVID-19 NPHET recommendations:**

- Physical distancing
- Wearing a surgical face mask when physical distancing is not achievable during healthcare delivery
When visiting someone in the home:

- Avoid any unnecessary contact with the person
- Don’t eat or drink in the home
- Maintain social distancing where possible
- Only bring essential items in with you that you need including equipment and PPE
Contact and Droplet Precautions with anyone suspected/confirmed with COVID-19 infection

Additional measures to prevent COVID-19 transmission when caring for people with COVID-19 include:

• Additional wearing of PPE for episodes of care based on:
  - type of activity
  - level of contact with clients

• Additional cleaning and disinfection of surfaces and equipment

• Extra measures when disposing of waste in the home
Section 3: Key points on Personal protective Equipment (PPE)

Avoiding exposure is always best where possible – keep the level of contact and length of time exposed as low as possible

• Avoid any unnecessary contact with the client- maintain social distancing where possible

• Where no physical contact is required wear a surgical mask and perform hand hygiene

• Always wear PPE that fits correctly

• Assess type of PPE based on the level of anticipated contact with the client

• If PPE if required donned and doff at the appropriate time (if caring for someone with COVID-19 don on entering) and removed and discarded upon leaving the home

Remember Hand Hygiene Is crucial at all times
Use of facemasks during COVID-19 pandemic

**NPHET Guidance** has been provided re the use of surgical masks by healthcare workers in the context of COVID-19:

What are surgical masks intended to do?

- To reduce the risk of droplet transmission of infection to others
- To reduce the risk of droplet transmission of infection to the wearer

Surgical masks should be worn by healthcare workers when providing care within 2m of a client, regardless of the COVID-19 status of the client.

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 (one continuous period of 15 minutes)

Hand Hygiene, respiratory etiquette and social distancing remain key to prevent COVID-19 transmission.
“Much of our assessments and therapeutic interventions require close contact, touch, the use of soft materials and having our facial expressions visible. In certain assessments and therapeutic activities it is important that the child can see the clinicians facial expressions.

What is the current thinking on the use of visors when working 1:1 with children (screens are not possible in certain assessments and therapies)? And are there any additional precautions we should take when wearing visors?“

Currently reviewing the evidence around masks compared with visors – expect update in next couple of weeks
Healthcare workers and facemasks in public healthcare areas

Q. “Many of my colleagues working in BPCC think it’s now prudent for staff to wear face mask while in the office not just when walking through public areas. What would the advice be regarding this now?”

A. If you can keep distance or when in a room on your own there is no reason to believe wearing a mask makes you safer

Note in Public Areas. Memo from CCO on 16th September to Deputy Director General
Public and patients have expressed concern that they are wearing cloth face coverings in all public areas of healthcare facilities but that they see healthcare workers who are not wearing facemask in these facilities.

The AMRIC Oversight has recommend that healthcare workers, in addition to current guidance on mask use, should be asked to wear masks when transiting through busy public areas of healthcare facilities in both the community and acute setting to address this public concern.

This will be updated to HPSC guidance as documents are being updated
Type of PPE to wear is based on risk assessment

- Eye protection*
- Surgical facemask
- Disposable Plastic Apron
- Gloves
- Long Sleeved Disposable Gown

*Eye protection to be worn on risk assessment

Low Contact: Unlikely to provide opportunities for the transfer of virus/other pathogens to the hands and clothing.

High Contact: Increased risk for transfer of virus and other pathogens to the hands and clothing.

With thanks to Samantha Weston and James Fox, Creative & Midlands Partnership, NHS Foundation Trust.
### Section 3: Key points PPE When Caring for COVID-19 – Low Contact examples

The tasks being performed are **unlikely** to provide opportunities for the transfer of COVID-19 to the hands and clothing. Examples include:

- Undertaking no contact /low contact clinical assessments
- Recording temperature
- Checking urinary drainage bag
- Inserting a peripheral IV cannula
- Assistance with eating and drinking
- Changing bed linen

<table>
<thead>
<tr>
<th>Type of PPE required</th>
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<tbody>
<tr>
<td>- Hand hygiene</td>
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*Eye protection is worn as standard precautions when there is a risk of blood, body fluids, excretions or secretions splashing into the eyes*

Individual risk assessment must be carried out before providing care to include:
- whether patients are coughing
- the task you are about to perform
### Section 3: Key points on PPE When Caring for COVID-19

#### High contact activities (examples)

High contact patient care activities that provide **increased risk** for transfer of COVID-19 to the hands and clothing of healthcare workers

Examples:
- Close contact for physical examination and physiotherapy
- Changing incontinence wear
- Assisting with toileting
- Device care or use
- Wound care
- Bathing/showering
- Directly assisting with mobility
- Care activities where splashes/sprays are anticipated

#### Examples of PPE

- Hand hygiene
- Disposable single use nitrile gloves
- Long sleeved gown
- Surgical facemask
- Eye protection*

*Eye protection is recommended as part of standard infection control precautions when there is a risk of blood, body fluids, excretions or secretions splashing into the eyes

Individual risk assessment must be carried out before providing care. This assessment will need to include:

- Whether patients are coughing
- The task you are about to perform
Section 3: For Aerosol Generating Procedures (AGPs) When Caring for COVID-19 airborne precautions are required

Aerosol Generating Procedures is short for Aerosol Generating Procedures associated with an increased risk of infection

Aerosols may contain virus if the person is infectious at the time

Coughing, breathing, talking, sneezing, gagging are not aerosol Generating Procedures associated with an increased risk of infection (including in people who have infection)

A respirator mask (at least an FFP2) instead of a surgical mask

AGP’s associated with an increased risk of infection should be carried out on suspected /confirmed COVID-19 clients using airborne precautions
Q: We are quite uniquely placed as our service often precludes the ability to use masks and maintain social distance. We need to see our clients mouths when they talk/during therapy and often have to sit close to carry out assessments. Thus both mask wearing and social distancing are challenging.

For dysphagia assessments (swallow difficulties) we have to be close to the patient and often risk them coughing when we try different food/fluids consistencies. We are treating these as AGPs and wearing full PPE when possible.

It has been very difficult to get specific answers for speech therapists working in the community as our position is quite unique and generic advice does not apply.

I have been trying to get clear masks through procurement (clearmasks.com). we could then visualise out clients faces/they could see ours. Clear masks are being used by all SLTs in NHS in UK and NHS have purchased 250,000 as they recognise our unique set of circumstances.

A: The HPSC has very clear guidance on what is and what is not an AGP associated with increased risk of infection – dysphagia assessment are not AGPs associated with an increased risk of infection – Standard Precautions plus mask is appropriate unless the patient has evidence of infection (then add Contact and Droplet Precautions)
Q. “I would like to raise 2 queries around infection control within the community nursing and wound clinics in health centre and home settings
Firstly it appears that some staff are wearing both visors and masks with patients that are identified as low risk via the risk assessment but the patients in question might be vulnerable with underlying conditions. Is there any guidance regarding this?”

A. Yes the link for PPE guidance is available on www.hpsc.ie – visor in addition mask is only required if there is a risk of splashing to the eyes

Q. the Health Care Assistants are using a new mask for each patient they visit at home? Is this necessary?

A. NPHET requires use of mask when within 2m of a patient/client. Surgical face masks are disposable after each session of care (only wear a surgical mask once).
PPE Queries

Q. “Donning and Doffing PPE in the clients home - how is it recommended as often space is very limited. Is best practice to don/doff inside the client’s home in their hallway or outside the house?"

A. Generally doffing in the porch/hallway is preferable but you do need to use your judgement

Q. Apron: Is it best to have apron to cover the full chest up to the neck, some brands of aprons finish mid chest?

A. Standard apron is appropriate in most situations in which cover is required other than when caring for people for whom Contact and or Droplet precautions are required and close physical contact is expected. (In Standard Precautions aprons are only required when contact with blood or body fluids is anticipated)

Q. Video resources – would it be possible to have a specific video resource for clinicians completing home visits? Currently there is a video for the acute setting and GP practice on how to don/doff PPE but none for a home setting"

A. Would be happy to hear what specific content is required and will see what we can do
Section 3: Donning of PPE should be performed on entry to the home

You should have:

• Alcohol based hand rub
• The necessary PPE
• Waste bin bag
• Disposable gloves
• No added value in double gloving
• Do not use alcohol gel on gloved hands

View video on how to don and doff PPE www.hpsc.ie
Section 3: Accompanying a Person at End of Life

For family members or friends

Should be advised of the risk

Should be shown how to do hand hygiene

Should be offered PPE (for example gloves, masks and aprons)

BUT

It is important to respect their choice about physical contact and how much time they need to spend with the person
They may chose not to wear PPE
They may chose to hold the persons hand without a glove
Important to be compassionate and supportive
Regular detergent products may be used for routine cleaning of equipment and environment. Disinfect only when necessary in addition to cleaning where COVID or any transmissible infection, contamination from blood and body fluids has occurred.

Q. Is it considered inappropriate for a service to retain seating furniture which is non-wipeable but which is imminently suited to the therapeutic engagement with clients – assuming that general IPC precautionary measures are in place strictly?
A. Washable furnishings are preferred - **RISK ASSESS** It depends on the situation and how important the current seating is and what is the likely risk of seeing infectious people.

Q. Some work with children involves them moving around, including playing on the floor. *When or how often should the floor be cleaned when working with children?*

A. **Daily clean usually unless spillages of body fluids or visibly dirty (but clean your hands when you are finished with the child on the floor)**
Waste guidance

• All waste is disposed of by healthcare risk waste collection if available or in the homes setting
  • Double bag the waste in household bags- tie and secure
  • Waste bag is held for 72 hours before collection (probably very little risk if the held for 71 hours does not happen)

Bins in outpatient settings for disposal of PPE, is there an alternative that can be used while we wait for foot pedal bins on order to come in?

A. Yes : segregated domestic and clinical waste segregate - remove bag after OPD session

Q. “Should PPE including face masks used routinely be disposed of in clinical waste bins”?
A. When contaminated with blood and body fluids or after use with someone known/suspected with a transmissible infection in healthcare settings
Query from Primary Care

Q. “I am currently in an acting OT Manager role in PCCC and the following question has been brought up on multiple occasions for the last no of months. It is with regards to infection control and safe working for staff and clients, where a no of our staff members are working both in a testing role and also with delivering face to face service to clients in the community”?

A. Yes: Providing all the IPC measures have been followed and the staff member is not suspected/symptomatic or a close contact of someone with COVID

Q. Can essential face to face training and meetings take place when virtual measures will not achieve what is required

A. Controlled environments with risk assessment and IPC guidance may be considered. Interim guidance on delivering face to face education available on HPSC website
   Note also the importance of continuing training of healthcare students also confirmed by HSE and by NPHE
Query from Child health and Psychology Services

Our service is using Telehealth support systems when suitable to engage with clients (parents; professionals & children) but this is not always adequate to undertake assessment & intervention needed to support children and their families. We have undertaken risk assessments in our work places –to ensure that face-to-face clinic appointments are managed safely and risk is mitigated through adherence to IPC protocols in place”.

Q. “Could you advise in respect to service user attendance at significantly important therapeutic sessions when consideration needs to be given if a family member or parent in the home may need to travel in and out of the country as part of their work (with strict protocols in place in respect to this work environment, but where work pattern and work-related guidelines do not allow for or require periods of isolation on return to this country)? “

A. If a family member`s presence is essential to the healthcare needs of a family member this needs to be considered.
“Certain activities require physical contact with the child these include:
· Snack activity: clinician putting food directly into the child’s mouth with their hand.
· Putting on the child’s shoes and jacket at the end of a session.

Q. Are these still possible if the clinician hand sanitises immediately before and after the activity?”

A. Yes, Standard Precautions apply and hand hygiene is central

Q. Is it sufficient to ask the children to hand sanitize after being on the floor if the floor is visibly clean and cleaned twice per week?

A. Yes. Hand hygiene should be encouraged with everyone upon entering and leaving the healthcare appointment
Section 3 Queries

Q. “For clinic appointments and home visits, we need to sit at a table with our client and often focus on the one activity/book/assessment etc. and cannot maintain social distance. For many months now, I have been trying to advocate for screens for the clinic table so we would have any additional level of protection between us and client. Some SLT clinics in the country have them, but not all.

Q. Could I get some clarification on this. Again, it is not required by the full MDT, but would be very appropriate for SLT sessions, which last 45mins-60mins, in a clinic room with a client, often at less than 1 metre. We deal with elderly, sick and medically vulnerable clients so I would like to feel that we are using all available precautionary measures”

A. Screens may help reduce risk (“engineering control”)
4. Online resources and links - preparedness
**Section 4. Online resources and links**

[www.hpsc.ie](http://www.hpsc.ie) is the central hub for nationally approved infection control guidance relating to COVID19. It contains a wealth of infection control guidance and resources for caring for people in their own home. You should familiarise yourself with the relevant guidance.

All guidance has been approved by the COVID19 National Public Health Emergency Team (Expert Advisory Group) or the HSE Heath Protection and Surveillance Centre.

**The critical guidance for all staff delivering care in a person’s home is:**

COVID-19 Infection Prevention and Control [Guidance](#) for Health and Social Care Workers who Visit Homes to Deliver Healthcare
Online training programmes are available on www.hsland.ie. This resource is accessible to any service public or private once they have registered online.

The key infection control resources on this site include videos to demonstrate:

- How to perform hand hygiene using soap and water
- How to perform hand hygiene using alcohol-based rub
- Breaking the chain of infection – an online infection control course (with a knowledge test)
- How to put on and take off PPE in a community setting (with a knowledge test)
- How to put on and take off PPE in an acute hospital setting (with a knowledge test)
Section 4. Online resources and links

There are additional videos on HPSC relating to putting on and taking off the new coverall type PPE and masks with loops. Also included are scenarios for managing patients in a GP clinic area that are useful for other settings.

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

Webinars: there are a number of education webinars on infection control and reducing the risk of transmission of COVID19 in health services.

Section 4. Online resources and links

There are additional videos on HPSC relating to putting on and taking off the new coverall type PPE and masks with loops. Also included are scenarios for managing patients in a GP clinic area that are useful for primary care settings.

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/videoresources/
There is a considerable amount of online information for clients, families, the public. All of this information is available on the HSE website and the link is listed below.

There are many pieces of translated materials, videos in Irish sign language and specific materials for patients who have intellectual disability or who have dementia.

Please familiarise yourself with the range of materials accessible here:

https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/
Section 4. Online resources and links

Some samples of online posters available for download – use this link
https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/