

COVID-19 Guidance for Healthcare Staff providing home care visits 19th February 2021

HSE Antimicrobial Resistance and Infection Control (AMRIC) Team

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What we will discuss today

- Challenges in providing care with home visits
- Implications of new variant strain of COVID -19
- COVID-19 IPC measures for home visits
- Public Health and contact tracing of home care staff
- Vaccination
- Scenarios discussed and chat box queries

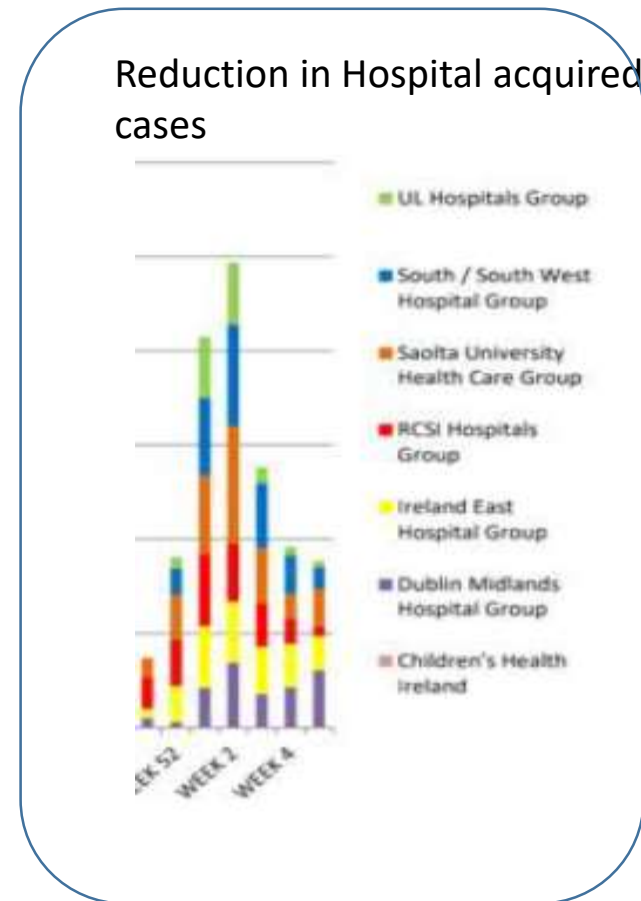
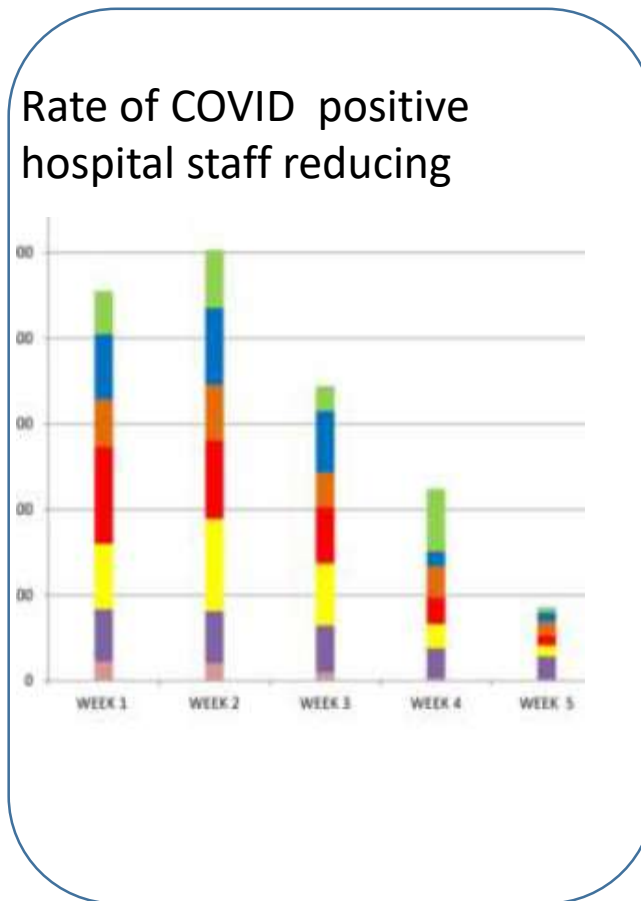
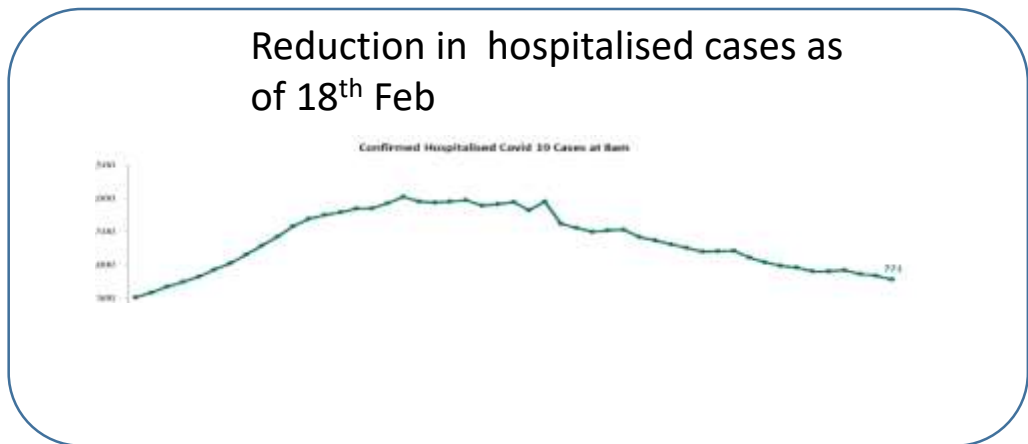
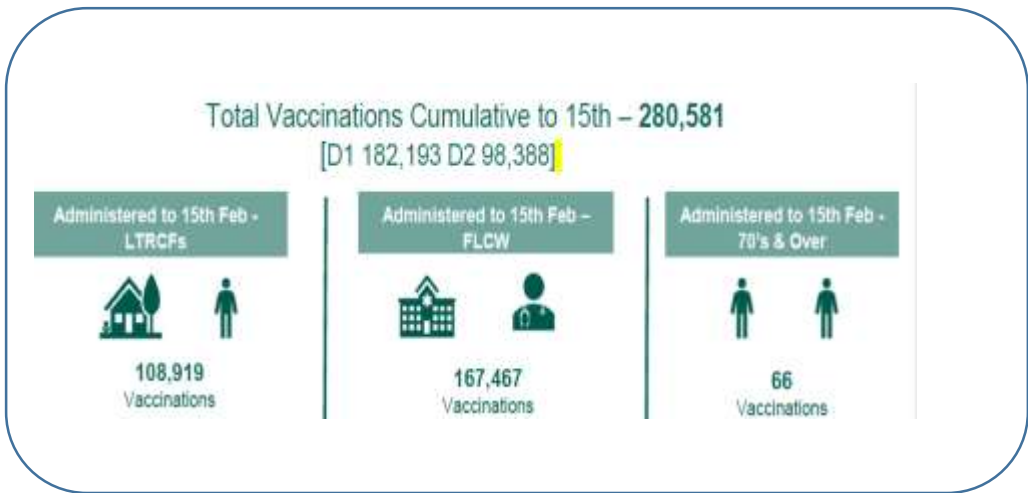
- Small bedroom and bathroom spaces –more limited space
- People who may potentially be incubating infection
- Managing logistics of equipment including hoists
- Level of PPE to use - variance in practice around what everyone is doing
- Supporting people in settings which involves close contact

Challenge of providing consistent quality of personal care in this context ?

We may not have all the answers today but we will try to understand the issues and seek ways to improve guidance , information and education

Key things that clear guidance and support so that all people receive the right to the best care possible at home and the vaccine roll out progresses as quickly as possible

There is some encouragement as we look at where are since the recent COVID-19 surge with new variants



CAUTION

DO NOT DROP YOUR GUARD



The vaccine is safe

The vaccine is effective **AFTER** the immune response

The vaccine is not perfect

There are lot of other infections besides COVID-19

IPC does not go away because you have been vaccinated

Some points on current pandemic and new variants



Note “South African”
variant B 1.135 also
reported in Ireland

Some new variants appear to spread more effectively than other variants of SARS-CoV-2 because of increased transmissibility

The “UK Variant” SARS-CoV-2 variant may now account for more than more than three quarters of COVID-19 cases detected in Ireland
(The names of the variants is confusing B 1.1.7 is what people are calling the “UK” variant)

There is growing concern also that the UK variant may also cause more severe disease

The recent surge is associated with a high incidence of community transmission and healthcare associated COVID-19 in long-term residential care facilities and acute hospitals

It is not clear to what extent the surge in COVID-19 in January was caused by

? emergence of the UK variant

? increased social interaction over the Christmas period

Probably a combination of both

New variants and travel



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Risk of introduction of more new variants from other countries is now driving more restrictions on international travel right across the world



Transmission of COVID-19



There is no evidence that the route of transmission of the new variants is different from that of other variants of SARS-CoV-2

Considered as predominantly **droplet and contact** transmitted from someone who is infected

Risk of airborne spread has always been recognised as a concern particularly in the context of aerosol generating procedures (AGPs) in healthcare settings – for example tracheostomy suctioning

Also some experts are concerned about a greater risk of airborne spread in other settings with some new variants

Coughing, using a nebuliser, collecting a nasopharyngeal swab are not considered to be an airborne risk when someone is known/suspected to be COVID positive

Existing Public Health and IPC measures based on interrupting contact and droplet routes of transmission remain highly effective in protecting against the new variants of the virus - **if strictly adhered to (very hard to do all the time but critically important)**



Safety Pause: helping teams provide safe quality care

How safe is the service today- keep connected!



- Is everyone feeling OK today?
- Has everyone received COVID awareness and IPC training?
- Any new staff -what support do they need in the service?
- Have we any risks or concerns in our service today and do our staff know who to speak to?
- What is working well for us ?
- What is not working so well us?
- Is there one thing we can improve for people in our service today ?

Key Points for staff to prevent transmission spread



- **Preventing it Get Started - Staff**
- Do not come to work if you have symptoms of respiratory tract infection
- Do not come to work even if you are told you don't need a test (until 48hrs after symptoms resolve)
- Do not come to work even if you have a not-detected test (until 48hrs after symptoms resolve)
- **Declaration of fitness for work possible?** (protecting patients and colleagues)

- **Go home if you become symptomatic**
- Remind colleagues to go home if they are symptomatic
- **The role and methods for staff testing**
- Method of sample collection (nasopharyngeal swab or deep nasal swab)
- Method of laboratory testing (PCR or antigen)



Reminder on preparedness advice



- All staff are trained with the basics in infection prevention and control that we use all the time including hand hygiene- we call these standard precautions which means “not doing nothing “ when delivering healthcare
- Ensure all staff have undertaken awareness training around COVID-19
 - Hand hygiene & respiratory hygiene (coughing into your elbow)
 - Appropriate choice and use of PPE when we need to use it
 - Procedures for safely putting on, taking off and disposal of PPE
 - Cleaning 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
 - appropriate** cleaning materials



Examples of standard precautions: **always** used when delivering care routinely



Cleaning your hands: using an alcohol hand rub or by hand washing using “5 moments in hand hygiene”

Wearing PPE to protect yourself when there is a possibility of coming in contact with blood and body fluids.

Gloves and apron are a common example

Empty a catheter/ commode or assisting with incontinence
Performing a wound dressing Taking a nasal swab



Wear eye protection and face mask/visor when there is a risk of splashing to the eyes, nose and mouth

Clean healthcare equipment after use with detergent and water / detergent wipes or follow manufacturers instructions

Surgical face mask : now Public health measures that apply during pandemic with social distancing of 2m where possible

Disposing of domestic and healthcare risk waste



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Additional measures to prevent transmission of possible/confirmed COVID-19 in addition to standard precautions



- Additional wearing of PPE for type of care based on:
 - type of activity
 - level of contact with the person you are assisting
- Additional cleaning and disinfection of surfaces and equipment you bring with you on home visits
- Additional waste management this includes double bagging of waste and leaving in secure holding area for 72 hours

What is the most appropriate PPE to wear and when?



Recent guidance updated for PPE



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**Current recommendations for the use of Personal Protective Equipment (PPE) for
Possible or Confirmed COVID-19 in a pandemic setting**

v2.3 09.02.2021

Healthcare workers in community and hospital settings 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

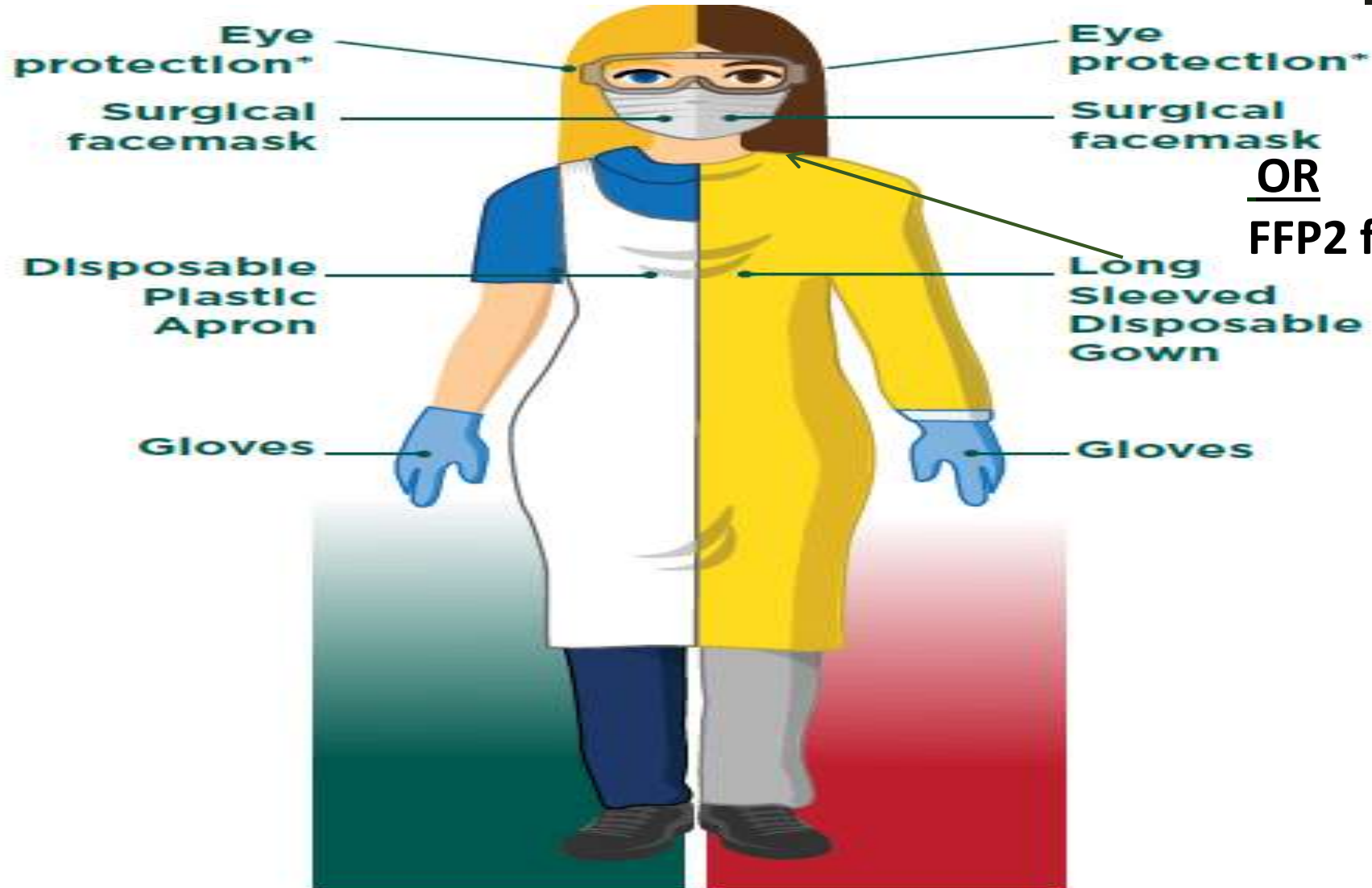
In the context of a ward or facility based outbreak or a COVID-19 assessment hub it is appropriate to consider all patients in the setting as suspected or confirmed COVID-19 cases



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Type of PPE to wear is based on risk assessment



OR
FFP2 facemask

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.

**Eye protection to be worn on risk assessment*



Different types of Masks



Surgical face masks to protect the mouth and nose from blood/body fluid splashes including respiratory secretions **(and also to reduce potential shedding from you)**

- Must be donned properly to cover nose and mouth
- Shouldn't dangle around the neck or be pulled up and down or touched once in place
- Should be discarded once removed e.g. for a drink or to answer telephone

What about double masks?

Respirator Masks (FFP2)



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Respirator mask (e.g. FFP2) recommended as a suitable option to a surgical mask when caring for a patient with COVID-19 and for any associated aerosol generating procedures (AGPs)

Fit **testing** for respirator masks wearers is required to ensure mask fits properly to the wearers face shape (less critical with duckbill style)

Carried out by someone with specific training in performing **fit testing** using qualitative and quantitative tests

FFP2 masks do not work for bearded/unshaven people as a proper mask seal cannot be achieved on the wearers face – those people require an alternative respirator (e.g. hood) if protection against airborne exposure is required



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Fit check



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Fit check is undertaken by the wearer and is essential each time a respirator mask is worn to ensure there are no gaps between mask and face for unfiltered air to enter

Safe use of FFP2 respirator mask

1 Separate the edges of the respirator mask to fully open it.

2 Slightly bend the nose wire to form a gentle curve.

3 Hold the respirator mask upside down to expose the two headbands.

4 Using your index fingers and thumbs, separate the two headbands.

5 While holding the headbands with your index fingers and thumbs, cup the respirator mask under your chin.

6 Pull the headbands up over your head.

7 Release the lower headband from your thumbs and position it at the base of your neck.

8 Position the remaining headband on the crown of your head.

9 Conform the nosepiece across the bridge of your nose by firmly pressing down with your fingers.

10 Continue to adjust the respirator mask and secure the edges until you feel you have achieved a good facial fit. Now, perform a fit check.

Check the fit of the respirator mask every time you wear it.

Fit check instructions:

- The wearer should be clean shaven to achieve a good fit.
- Forcefully inhale and exhale several times.
- The respirator mask should collapse slightly when you inhale and expand when you exhale. You should not feel any air leaking between your face and the respirator mask.
- If the respirator mask does not collapse and expand, or if air is leaking out between your face and the respirator mask, then you have NOT achieved a good facial fit.
- Adjust the respirator mask until the leakage is corrected and you are able to successfully fit. Check your respirator mask.

HELPFUL TIPS:

- The wearer should ensure the respirator mask is:
 - The respirator mask becomes uncomfortable
 - Stripping becomes difficult
 - The respirator mask is damaged or distorted
 - The respirator mask becomes obviously contaminated by respiratory secretions, blood or bodily fluids.

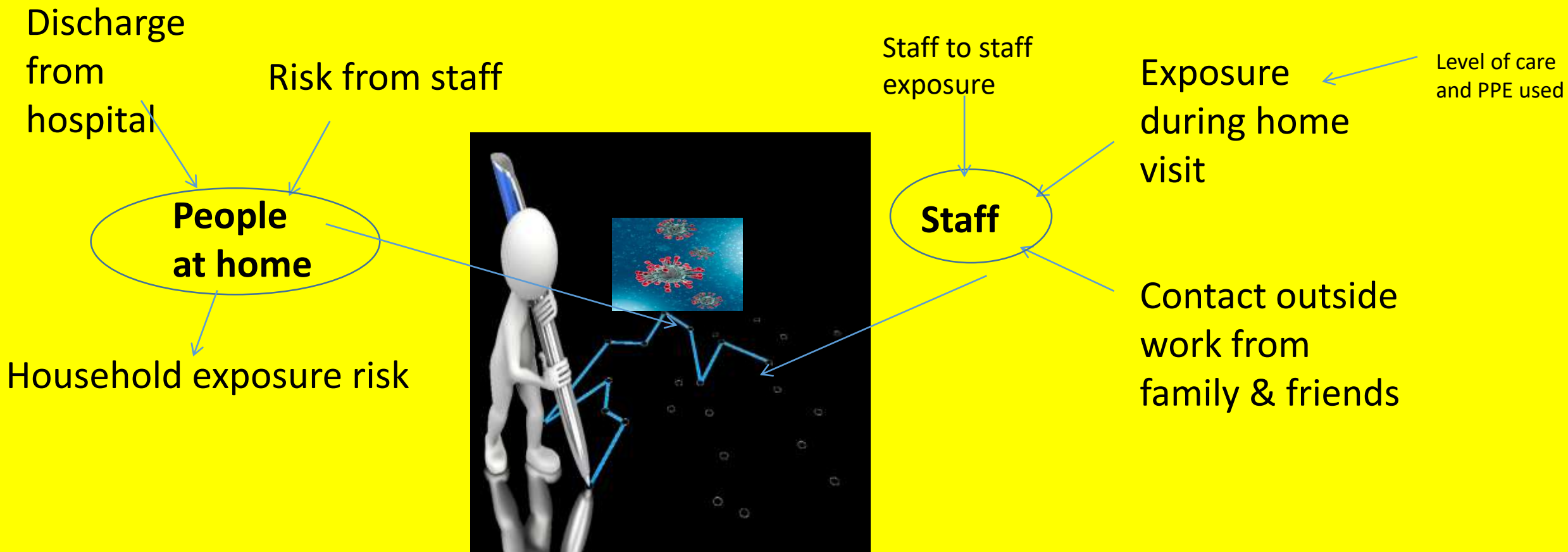
How to safely put on, fit check and take off a FFP2 mask (03/02/2021)



Video and resources on undertaking a fit check available on www.hpsc.ie

Contact tracing challenges in

uncontrolled settings V controlled settings



Checklist completed to identify linkages
Exposed anyone else (including private care staff)
Number of clients affected by one positive contact

Contact tracing is key:

Who the person might have given it to – go back 24/48 hours depending on symptoms

Who the person might have gotten it from - source of infection - setting where people got exposed- go back at least 7 days

Joining the dots
where did staff
and client
exposure
emerge



Prevention is key:

- Risk assess each visit in advance – is the person possible/known positive COVID
- Limit your contact with other people in the house
- Physical distance and face mask if possible
- Hand Hygiene , what PPE to wear and how to wear it
- Change mask if it becomes wet e.g.. in shower

COVID-19 Vaccine



Key points on the COVID-19 vaccine



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1. Three vaccines now available (BioNTech/Pfizer and Moderna and AztraZeneca)
2. Government policy on provisional vaccine allocation groups
<https://www.gov.ie/en/publication/39038-provisional-vaccine-allocation-groups/>



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Key points on the COVID-19 vaccine



Group	Provisional vaccine allocation groups
1	People aged 65 years and older who are residents of long-term care facilities (likely to include all staff and residents on site)
2	Frontline healthcare workers
3	People aged 70 and older
4	Other healthcare workers not in direct patient contact
5	People aged 65-69
6	Key workers (vaccination programme)
7	People aged 18-64 with certain medical conditions
8	Residents of long-term care facilities aged 18-64
9	People aged 18-64 living or working in crowded settings
10	Key workers in essential jobs who cannot avoid a high risk of exposure
11	People working in education sector
12	People aged 55-64
13	Other workers in occupations important to the functioning of society
14	Other people aged 18-54
15	People aged under 18 and pregnant women

Sequencing of vaccination of Frontline Healthcare Workers



The following are guiding principles for the sequencing of vaccination of healthcare workers by the HSE

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/covid-19-vaccine-materials/sequencing-of-covid-19-vaccination-of-frontline-healthcare-workers.pdf>

1. The sequencing process needs to be practical and transparent
2. Sequencing should be based on the best practical estimate of exposure risk
3. Sequencing should not be based on where people work (community or acute hospital), who they work for (public sector or private sector), category of worker or grade
4. Vaccine allocated to frontline healthcare workers should be administered as promptly as possible to ensure that the maximum possible number of frontline healthcare workers are protected as quickly as possible
5. The vaccination programme has to be practical to administer No dose should be wasted



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Reference to support evidence of vaccination efficacy

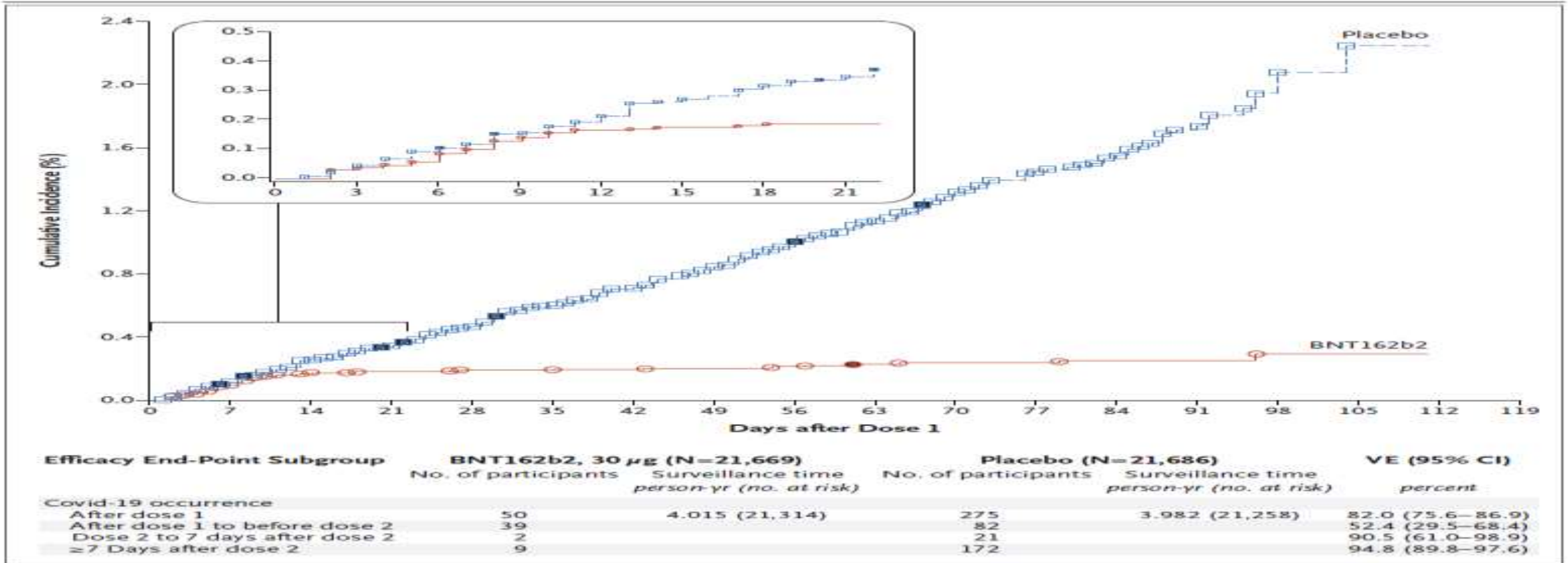


Figure 1: From Polack FP et al. Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine.
<https://www.nejm.org/doi/full/10.1056/NEJMoa2034577>



If you wish to hear the webinar discussion on IPC queries received copy and paste the attached link into the web browser on your device

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/webinarresourcesforipc/>





Some more online resources and links - preparedness

Stay safe at work.



Do not come to work if you have symptoms of COVID-19 infection, are a contact or are waiting for a test. Remember, the risk doesn't go away when you are out of the clinical area.

Keep 2M apart or wear a mask if you cannot keep 2M apart.

Travel to work



If you have to share transport, always wear a face covering.

Passengers should sit in the rear of the car, away from the driver.

Break times



Keep 2M from other staff. If you can't keep 2M distance, wear a surgical mask. Keeping your distance is safer.



Changing rooms



Keep your distance from other staff. Do not bring personal items into clinical areas. When you are caring for people, remove your wrist jewellery and fitness bands.



Public corridors and meeting rooms

Do not stand talking in groups in the corridors. Avoid face to face meetings, but, if you must, please maintain 2M social distance.

If you cannot keep 2M apart, you must wear a mask. Healthcare staff should wear surgical face masks in public work areas.



Stay safe. Protect each other.



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New stay safe at work poster (online version – poster will be printed and HSE services can order)

- New stay safe at work staff webpages
- New stay safe at work animated video <https://youtu.be/iLR1ZHIMvo0>
- Message from the CEO in his regular staff video
- Key messages from Prof Cormican video <https://youtu.be/mxOjqkLy7QU>
- Social media plan
- Staff broadcast
- RESIST newsletter feature
- Inclusion in HG and Community Services news articles/staff communications
- Health Matters piece



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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 Health 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.hseland.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)



There are additional videos on HPSC relating to putting on and taking off the new overall 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.

<https://bit.ly/34YccbT>



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/az/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/>

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/>



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Visitors

PROTECT YOUR LOVED ONES

Don't visit if you feel unwell with a cough, breathing difficulties, fever or shortness of breath.

			
Wash your hands well and often to avoid contamination	Cover your mouth and nose with a tissue or sleeve when coughing or sneezing and use used tissue	Avoid touching eyes, nose, or mouth with unwashed hands	Clean and disinfect frequently touched objects and surfaces

For more information visit [hse.ie/coronavirus](https://www.hse.ie/coronavirus)

HSE



Cosain tú féin agus daoine eile ó thinneas

Nigh do lámha

- Tar éis casacht nó sraoth
- Nuair a bhíonn tú ag tabhairt aire do dhuine tinn
- Roinn agus tar éis bia a ullmhú
- Sula n-itheann tú
- Tar éis an leithreas
- Nuair atá do lámha salach
- Tar éis lámh a leagain ar ghearradh, spualc nó créacht oscailte
- Is féidir cuimilteoir alcóil lámhe a úsáid mura bhfuil cuma shalach ar na lámha

www.hse.ie/handhygiene

RESIST

HSE



COVER YOUR COUGH AND SNEEZE

STOP THE SPREAD OF GERMS THAT MAKE PEOPLE SICK

When you cough or sneeze cover your nose and mouth with a tissue

OR Cough or sneeze into your elbow, not your hands.

Throw away your tissue!

Clean your hands after coughing or sneezing.

THANKS!

RESIST

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