

Guidance for carers in homes for the elderly

Scope for this guidance

The elderly have been defined as a vulnerable population since their risk of developing serious complications if infected by the COVID-19 virus is much higher than that in the general population. It is therefore important that they remain protected from acquiring the coronavirus.

How does transmission of the virus occur?

The COVID-19 infection is transmitted by people carrying the virus. The disease can be spread from person to person through respiratory droplets expelled from the nose or mouth particularly when a person coughs or sneezes. These droplets can persist from a few hours to a few days on objects or surfaces around the person in question. It is possible to get infected with COVID-19 if you touch these objects or surfaces and then touch your eyes, nose or mouth. COVID-19 can also be contracted by inhaling droplets from a sick person who has just coughed or sneezed. In addition, there is increasing evidence that the virus can also be transmitted by persons with few or no symptoms. This is why it is important for Elderly Care Homes to ensure that all basic hygienic and infection control measures are in place so as to reduce or if possible, eliminate the risk that any resident or healthcare worker gets infected by the virus.

General infection control and hygienic measures:

- ✓ Any member of staff that does not feel well or develops any symptom whatsoever shall not be allowed to work in the home in whatever capacity.
- ✓ The most common symptoms of coronavirus include one or more of the following:
 - Cough
 - Fever
 - Shortness of breath
 - Other symptoms may include tiredness, sore throat, runny / blocked nose, headache, muscle pain, loss of smell, loss of taste, diarrhoea or vomiting.

In more severe cases, infection can cause pneumonia with severe acute respiratory distress.

- ✓ Every member of staff shall be responsible enough to report any symptoms immediately, phone 111, get swabbed, and stay away from the workplace

until the result is issued. If negative, the member of staff shall still stay away from the workplace until all symptoms have passed and the person has been well for at least 24 hours without taking any medication.

- ✓ Thermometer checks should be performed on all members of staff before and at the end of every shift. If a fever of more than 37°C is detected, action as under the preceding paragraph is to be followed.
- ✓ 70% alcohol-based hand sanitisers shall be made available at the entrance of the home, at the entrance of resident's bedrooms, in the common areas and in other areas of the home as necessary. Resident and staff bathrooms shall always be supplied with soap and water and pull out napkins and tissue rolls, not air driers or towels.
- ✓ Hand hygiene must be practised rigorously at all times but especially before and after caring for the elderly especially if bed-bound or ill, before and after preparing or eating meals, after the use of the bathroom facility, after handling garbage, after blowing your nose, coughing or sneezing, and whenever hands appear or feel dirty. Hands must be washed with soap and water for at least 20 seconds or rubbed with a 70% alcohol-based hand sanitiser.
- ✓ Staff and residents should be taught to avoid touching their eyes, nose or mouth unless they have just washed their hands before.
- ✓ If coughing or sneezing cannot be helped, staff and residents must cover their nose and mouth with a tissue which should be immediately thrown away in a lined and closed bin. If no tissues are available, the inner side of the flexed elbow should be used. This is very important as otherwise objects or people may become contaminated. Hands and arms (up to the elbow in people wearing short sleeves) must be immediately washed afterwards. Used tissues should be disposed of immediately and NEVER left lying around. A healthcare worker who has either sneezed or coughed should immediately follow guidance under the first paragraph of this section.
- ✓ Evidence suggests that the virus may last on surfaces from a few hours to a few days, depending on different conditions. Regular and daily cleaning of surfaces with simple disinfectant is important.

Physical distancing

Physical distancing measures must be kept between members of staff, between residents, and in so far as possible between members of staff and residents. It is important to maintain a distance of at least two metres. This is in order to

minimise the risk of spreading or breathing in droplets contaminated with COVID 19 that are produced when an infected person breathes, talks, coughs or sneezes.

Toilet and Bathroom Hygiene

It is important to close the toilet lid before flushing the toilet. This is because during flushing, aerosolization occurs, and if the faeces or urine in the water closet carry any virus, this can easily be inhaled in the process.

Hands must be washed thoroughly with soap and water for 20 seconds after use of the toilet and dried using pull out napkins or tissue rolls which should be disposed of immediately in a bin inside the bathroom.

Entry and exit into the Care Home

Always ensure anyone entering the facility is not symptomatic for COVID-19.

Temperature of any person entering the facility must be checked. Persons exhibiting fever of more than 37°C are not to be allowed in.

Hands must be washed with soap and water at the entrance or if this is not available, they must be rubbed with 70% alcohol sanitiser. Alcohol must be allowed to dry in order to be effective. Alcohol hand rub should not be limited to the hands but include the wrist area and extended up to the forearm as much as possible, especially if the person is wearing short sleeves.

It may be recommended for persons entering the facility to change their shoes on entry. Alternatively, clean overshoes may be worn. Overshoes are to be worn PRIOR to hand washing/alcohol rubbing. Overshoes are to be removed and disposed of in a bin upon exiting the facility, followed by hand washing/alcohol rubbing.

If it is necessary for a “stranger” to access the facility, e.g. a handyman/woman, plumber, electrician, etc, apart from following the above procedure, he/she should wear a surgical mask. Hands should be rubbed with alcohol sanitiser after the mask is put on.

Remember do not shake hands with the entrant, do not hug, and always maintain social distancing of at least 2 metres.

Handling of groceries, medication, supplies etc entering the home

First wash your hands well or apply alcohol rub.

Then wipe the outer packaging surfaces of the items with soap and water or alcohol sanitiser where possible. Items that do not need refrigeration, or which do not need to be consumed/used immediately should be left in a bag and stored in a place where they will not be touched for three days. Following this it is still recommended to wipe down these items before use.

In the case of those food items that you would like to use immediately or items that must be refrigerated or fresh food items such as meats and vegetables, you can transfer the fresh food items into your own domestic clean containers with the outer package discarded.

Fruit and vegetables should be cleaned carefully under running water or in a previously cleaned sink with copious amounts of water. Raw sprouts and frozen berries should be thoroughly heated before consumption. Although international guidance does not include this additional requirement, there is also the possibility of using appropriate food sterilising chlorine tablets which are sold in pharmacies.

Throw away all unnecessary packaging. Thoroughly clean all kitchen, sink and any other surface used in handling these products.

Ensure that you wash your hands well with soap and water for 20 seconds when you finish the process.

Use of Personal Protective Clothing (PPE)

Correct use of PPE reduces the risk of a healthcare worker of getting infected from a positive patient. Experience with other infectious diseases shows that the greatest risk of a healthcare worker to get infected from a patient occurs during doffing (i.e. removing PPE). Healthcare workers should receive appropriate and adequate training in the use of PPEs according to their estimated risk of contracting the disease. Some general principles include the following:

Donning and doffing

Donning (putting on the PPE) should be performed in a clean area i.e. before entering the room/ward. On the contrary doffing (removing PPE) should be performed in a “dirty” area i.e. before leaving the room/ward. Ideally this should be in a place that is covered or isolated so that the risk of splatter of any viral particles that may have got on the gown, on to surrounding surfaces is limited.

Sequence of donning and doffing

Hand hygiene should be carried out before starting the process of donning. The gown is worn first, followed by the mask, the hair cap, then the visor and finally the gloves.

Doffing should be done in sequence of most contaminated item to least. Gloves are removed first, followed by gown since these are the two most contaminated PPEs. Hand hygiene is done after they are removed and before moving on to remove PPE around the head. This should be removed in the following order: visor, followed by the hair cap, alcohol hand rub and then the mask. Hand hygiene is repeated again as the final step. Remember hand hygiene is as important as any PPE used. (Please refer to appropriate training materials and video of hand hygiene procedure and donning and doffing procedure)

Caring for normal patients (not known or suspected to be COVID-19 positive)

When wearing PPEs to handle/care for normal patients, you should wear double gloves. If long gloves or surgical gloves are available, first put on the surgical gloves and then normal gloves on top. Between one patient and the next, use alcohol hand rub on the gloves, allow to dry, take off the top layer of gloves, put on new normal gloves on top of the surgical gloves and proceed to caring for the next patient.

Special precautions should be taken when caring for elderly persons who require regular nebuliser therapy. In the first instance, it should be excluded by swabbing that such patients do not have the Covid-19 virus in their respiratory tract. Nebuliser therapy should be administered in a room which is naturally ventilated and whose surfaces and floors can be easily sanitized.

Use of PPEs to swab patients for COVID-19

When wearing PPEs to SWAB more than 1 patient for the presence of COVID-19 **in the same room**, keep the same PPE on but use alcohol rub on the gloves and wait for it to dry before you move on to swabbing the next patient.

When swabbing patients in different rooms who however share the same facilities, e.g. bathrooms or kitchen) you can keep the same PPE but apply alcohol hand rub to the gloves and allow to dry before swabbing the other patient.

When swabbing patients in **different** rooms wards/halls/areas you always need to doff completely and don again before swabbing the next patient. **You also**

need to doff and don again if swabbing patients in different rooms within the same ward if they don't use the same facilities e.g. bathrooms or kitchen.

REMEMBER if you take off your gloves, at any point during swabbing, even if you are swabbing patients in the same room who share the same facilities (e.g. bathroom or kitchen) you will need to doff completely and don again.

Disposing of the PPEs

DO NOT push/press down the gown or any other PPE item into a biohazard bag or garbage bag with your hands even if wearing gloves, because of the high risk of contamination. Garbage bags should be big enough to hold PPEs inside and if a PPE won't fit in one garbage bag, multiple bags should be used. Garbage bags should be sealed properly and stored safely till the swab result is out. If the result is negative, they can be disposed of with as mixed waste. If the result is positive, treat the bags as biohazard waste. Store them safely for three days prior to disposing of them as mixed waste. Always ensure you have a proper sized biohazard/garbage bag before you start donning.

The nun's veil

Nuns should ideally remove their veil before donning, as otherwise the veil will not make it possible to use a hair cap. If it is not possible to take this off before donning, it will still need to be taken off after doffing BEFORE removing the mask, sealed in a bag, and disposed for laundry. The nun then takes off the mask and will have to put on a clean veil only when ready from doffing.

Disinfection of a room where there was a positive case

When a room which previously housed a COVID-19 patient is vacated, it needs to be disinfected. The cleaner needs to wear full PPEs to carry out the disinfection process. All surfaces need to be wiped clean with a bleach-based detergent. All cloths/mops used to disinfect the room need to be thrown away in a biohazard bag, together with the PPEs of the cleaner, when ready. The cleaner needs to follow the proper donning and doffing sequence outlined above.

Preparing health care workers and staff members for a live-in

Well before the expected start of the live-in period, the health care workers should receive the required **training** on the use of PPEs. This can be arranged with the Public Health Authorities through the Social Care Standards Authority.

Next staff need to be prepared to be swabbed. It is essential that from 2 to 3 days BEFORE being swabbed and up to the time they receive their result, staff do the following:

1. Limit contact with the general public and practice social distancing.
2. Do not use public transport.
3. Avoid supermarkets, petrol stations, ATMs and other shopping outlets.
4. Practice good hand hygiene
5. At their home, any groceries that need to be delivered or stocked for the family, should either be left in their bags for 3 days if possible, or else immediately wiped with soap and water before storing them in cupboards.

They should then wait at home until they receive their swab result. Throughout the period after being swabbed and whilst waiting for the swab result, any healthcare worker who feels any symptoms (fever, cough, shortness of breath, sore throat, runny or congested nose, headache, tiredness, generally feeling unwell, aches and pains (muscles or joints), diarrhoea, vomiting, loss or altered sense of smell or taste, or any other symptom), he/she is to immediately report this to the manager of the home who should in turn alert the Social Care Standards Authority. He/she should not report for work.