

Home Visits Guidance for Waltham Forest Council Staff

Updated 11/05/20

Always check the Personal Protective Equipment (PPE) guidance for the most up to date advice [here](#)

Introduction

The council employs a range of staff who are required to visit clients during their work. Before carrying out a visit, staff should call the client and ascertain the following information:

1. If a face to face visit is required.
2. If a client has any symptoms of Covid-19 (see below)
3. If anyone living in the same household as the client has symptoms of Covid-19
4. Is the client or anyone in the household [extremely vulnerable to COVID-19 ?](#) (see full list of extremely vulnerable people at Appendix 6)
5. If direct patient care is required (e.g. bathing, dressing, personal hygiene, contact with bodily fluids)
6. If care is required where you will need to be within 2 meters of the client, even not touching them (e.g. preparing food, removing medicine from packaging etc)

Symptoms of Covid-19 include:

- a high temperature (a temperature $\geq 37.8^{\circ}\text{C}$ OR you feel hot to touch on your chest or back)
 - a new, continuous cough – this means you've started coughing repeatedly

Someone is not considered to still have symptoms of COVID-19 if there have been at least 7 days since symptoms started, clinical improvement has occurred, they have not been admitted to hospital for COVID-19, they are not severely immunosuppressed AND they have not had a high temperature for at least 2 days (48 hours). A post-viral cough can last for weeks past the infectious period.

Any individual that was admitted to hospital for COVID-19 should continue to be treated as if they have symptoms, until 14 days after their first positive test if they required critical care and/or are immunocompromised; or 7 days otherwise AND until they have not had a high temperature for at least 2 days (48 hours), and PPE worn during a home visit (see below section for households with symptoms of Covid-19).

If workers are concerned that they have COVID-19:

1. follow the [NHS advice](#) and self-isolate, following [COVID-19: stay at home guidance](#) and ensuring anyone they live with also follows this guidance
2. They should also let their manager know immediately by phone, in line with HR guidance

3. If they or anyone they live with has symptoms of COVID-19, they should not visit or care for individuals until safe to do so. See advice on ending isolation for more information.

If the client has symptoms of COVID-19:

The risk to their health and wellbeing must be assessed and appropriate action taken if not already done so, please follow the [NHS advice](#).

If a member of the household is extremely vulnerable to COVID-19

If any member of the household is extremely vulnerable to COVID-19 and being shielded (see list in Appendix 6), the worker must wear PPE (single use disposable plastic aprons, gloves and surgical mask) for the protection of the patient. This is the case even if these individuals have no symptoms.

If PPE is being worn as an individual is shielded, but direct care is not being provided and the individual doesn't have symptoms, a non fluid resistant mask can be worn. Anyone who is extremely vulnerable should have received a letter from the NHS, confirming their status.

Providing direct care to people in their own homes

Direct care includes activities such as bathing, dressing, personal hygiene, contact with bodily fluids.

If you are providing direct care to people in any setting, including in their own home, PPE should be worn (gloves, apron and fluid repellent surgical mask). This should be worn even if the individual being cared for does not have symptoms of Covid-19.

Fluid-repellent surgical masks can be used continuously while providing care, unless you need to remove the mask from your face (e.g. to drink, eat, take a break from duties). You may wear the same mask between different homecare visits if it is safe to do so whilst travelling. This may be appropriate when travelling between households on foot or by car or by public transport, so long as you do not need to take the mask off, or lower it from your face. You should not touch your face mask. The mask is worn to protect the care worker, and can be used while caring for a number of different clients. You should remove and dispose of the mask if it becomes damaged, soiled, damp, or uncomfortable to use. If removed, you would then need to use a new mask when you start your next homecare visit.

Eye protection should also be worn when providing direct care, if risk assessment suggests there is a risk of splashes, blood, body fluids, where there is risk of droplets or secretions from the client's mouth, nose, lungs or from body fluids reaching the eyes (e.g. caring for someone who is repeatedly coughing or who may be vomiting) or where staff consider there is a risk to themselves or the individual they are caring for.

Eye protection can be used continuously while providing care, unless you need to remove the eye protection from your face (e.g. to take a break from duties).

Domiciliary care workers should always use a face mask when visiting a client, regardless of whether someone has Covid-19 symptoms or not, as the nature of the role means they are likely to be within 2 metres of the client. Other PPE to be worn by domiciliary care workers depends on the task being completed, and if the client has symptoms or is extremely vulnerable to Covid-19.

This change in the recommended PPE is because Public Health England guidance on PPE has now been updated based on evidence that there is now sustained community transmission of Covid-19 in the community.

If a member of the household has symptoms of COVID-19

If you are visiting a clients' home to provide direct care and they or anyone who lives in the household with them has symptoms of COVID-19, you should use PPE (single use disposable plastic apron, gloves, fluid-resistant surgical mask and eye protection). PPE should be used even if the person with symptoms is not the person you are providing care for/visiting.

If you are not providing direct care, but are unable to maintain 2m distancing, PPE will be required.

When your visit does not require you to touch the client but you need to be within two metres of the client

Where possible, you should remain more than 2 meters away from the client on your visit. Where you are required to be within 2 meters of the client but not touching them (e.g. removing medicine from packaging, preparing food, cleaning etc), surgical mask is required. Disposable gloves, apron or eye protection are not required.

If unable to maintain 2 metre distance from anyone who is coughing (including the client) then PPE is required as above, for a household with symptoms of Covid-19.

If the person being cared for has been discharged from hospital having had Covid-19

If the individual being cared for has been discharged from hospital, having had Covid-19, PPE should be used (apron, gloves, fluid resistant surgical mask and eye protection if risk of splashing) even if the patient no longer has symptoms, for a period of 14 days following their first positive test if they required critical care and/or are immunocompromised; or 7 days following positive test otherwise.

If the patient has a fever on discharge, PPE should also be worn as above until their fever has resolved for 48 hours consecutively without medication to reduce their fever (unless otherwise instructed by their acute care provider – for example, another reason for persistent fever exists), even if that goes beyond the normal 7/14 days.

If undertaking aerosol generating procedures

If you are undertaking an [aerosol generating procedure](#) as part of care on your visit e.g. some surgical procedures, performing tracheotomies, intubation, some dental procedures etc, additional PPE will be required, please discuss with your manager.

Whilst in an individuals' home

While visiting an individual's home, where possible, open windows or hold meetings/provide care in well ventilated rooms. Avoid sharing objects (such as pens). When contacting a client prior to the visit, ask them to leave all internal doors open, to minimise contact with door handles.

Planning and Risk Assessing Home Visits

When you are planning a home visit, you will already be doing a risk assessment as part of your normal role. During the Covid-19 outbreak, you will need to add the following questions into your risk assessment.

- Who are you visiting and what is their Covid-19 status? Are they unwell with covid-19 symptoms? Does a member of the household have symptoms of Covid-19? Are they a confirmed case?
- Is your visit essential? – could it be cancelled or postponed? Done over the phone? Done online?
- What will you be doing on your visit? – is it personal care or involving close personal contact?

Once you have the answers to these questions, you can use the decision tree below to help you decide whether to undertake the visit and whether you need PPE or not. If you need more help with a risk assessment, see Appendix 5.

Advice on specific care activities for an individual with Covid-19

Cleaning

- Information about cleaning can be found in the [infection control guidance](#) (section 9)
- Comprehensive information about cleaning and decontamination in a care home setting, for a number of scenarios can be found in care home [guidance](#) (p18)
- Best practice for management of blood and body fluid spills in relation to COVID-19 can be found [here](#)
- If the visit is for the purposes of cleaning after someone with suspected Covid-19 has left, then please refer to the [national guidance on cleaning in non-healthcare settings](#)

Laundry

- Guidance about laundry for care homes can be found in the [care home guidance](#) (p19) and in the [infection control guidance](#) (section 11)
- Guidance on [home care provision](#) states that: If care workers support the individual with laundry, then they should not shake dirty laundry. This minimises the possibility of dispersing virus through the air.
- Wash items as appropriate, 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 after the 7-day isolation period has ended; the laundry can then be taken to a public laundromat.
- 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.

Hygiene for all visits

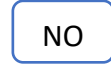
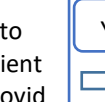
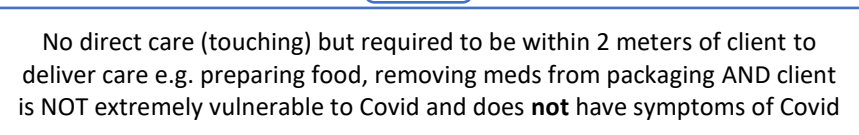
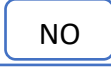
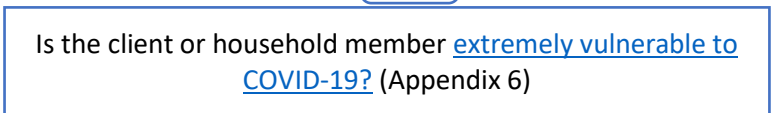
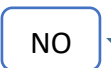
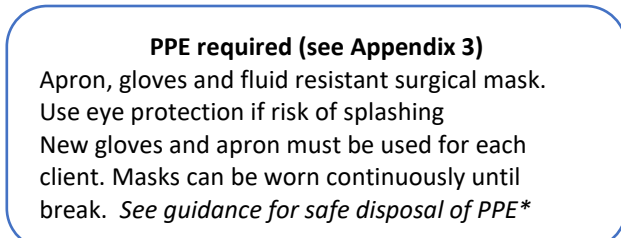
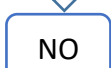
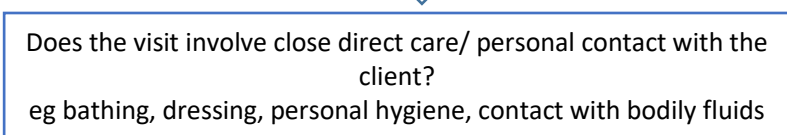
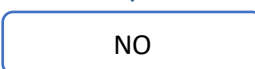
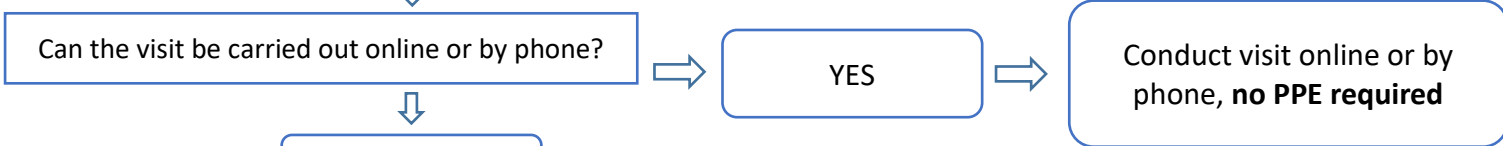
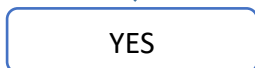
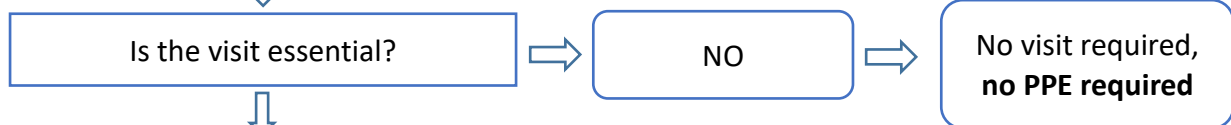
- Hands should be washed for at least 20 seconds upon entering the premises with soap and water (or hand sanitizer with at least 60% alcohol content if soap and water not available), immediately before every episode of direct patient care, after any activity or contact that potentially results in hands becoming contaminated (e.g. removal of personal protective equipment or waste handling) and on leaving the property.
- Further hand washing advice can be found [here](#) and in Appendix 1 and 2.

Guidance for Staff providing care at home: Do I need to use Personal Protective Equipment (PPE) to protect myself and my client from COVID-19?

If you or anyone in your household has [symptoms of COVID-19](#), you must stay at home and not visit clients.

Before visiting, call the client to find out if the client meets any of the below:

- The client has a new cough or a high temperature
- and/ or
- The client or anyone in the household is self isolating due to symptoms of COVID-19
- and/ or
- Is the client or anyone in the household [extremely vulnerable to COVID-19](#) ?
- and/ or
- Is direct care required eg bathing, dressing, personal hygiene, contact with bodily fluids?
- and/or:
- Care required means worker will be within 2 meters of client, even if no direct touching required?



Continue with visit/contact. Maintain distance of 2m (3 steps) from anyone in the house. Follow routine hygiene precautions. **No PPE required.**

Use of Personal Protective Equipment (PPE)

Staff will need appropriate training to use PPE correctly. More specific advice regarding putting on (**donning**), taking off (**doffing**) of PPE can be found in **Appendix 4**.

Disposal of PPE

- It is essential that personal protective equipment is stored securely within disposable rubbish bags.
- These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being put in the usual household waste bin.

Further guidance on the disposal of PPE and cleaning advice can be found in the detailed guidance for each care setting:

[Social care Covid guidance collection](#) (all resources published here). These include:

[Guidance on Home Care Provision](#) (updated 6th April)

[Guidance on Supported Living Provision](#) (updated 6th April)

[Guidance on Infection Prevention and Control](#) (updated 3rd May)

[Guidance on Admission and Care of Residents during COVID-19 Incident in a Care Home](#) (published 2nd April)

Coronavirus [Adult Social Care Action Plan](#) (updated 16th April)

[Guidance for stepdown of Infection Control Precautions within hospitals and when Discharging Covid-19 patient from Hospital to Home Settings](#) (updated 23rd April)

[Guidance for care of the deceased](#) (Updated 20th April)

[Covid-19 PPE guidance \(updated 3rd May\)](#)

[How to work safely in care homes \(updated 27th April\)](#)

[How to work safely in domiciliary care \(updated 30th April\)](#)

[Supporting adults with learning disabilities and autistic adults \(updated 24th April\)](#)

[Working safely during Covid-19 in other people's homes \(published 11th May\)](#)

Further Information

The Government have published a suite of Covid-19 Guidelines for specific types of settings and/or roles: [gov.uk List of Covid-19 Guidance](#). Please check the guidance regularly as it is an ever evolving situation and it is changing daily.

Guidance on [staying at home and away from others \(social distancing\)](#) (updated 1st May)

We acknowledge that these guidelines don't cover every situation in which a worker would be required to enter a clients' home. We have therefore used the principles set out in these documents to provide a set of generic guidelines for workers in a range of roles who may need to visit clients in their homes.

If you require further specific guidance relating to your role, please refer to the documents listed above or contact your Line Manager.

This guidance is derived from the best available information from Public Health England as of 17th April 2020.

Appendices:

1 – Best practice how to hand wash

2 – Best practice how to hand rub

3 – Recommended PPE for primary, outpatient and community care settings

4 - Putting on and taking off PPE

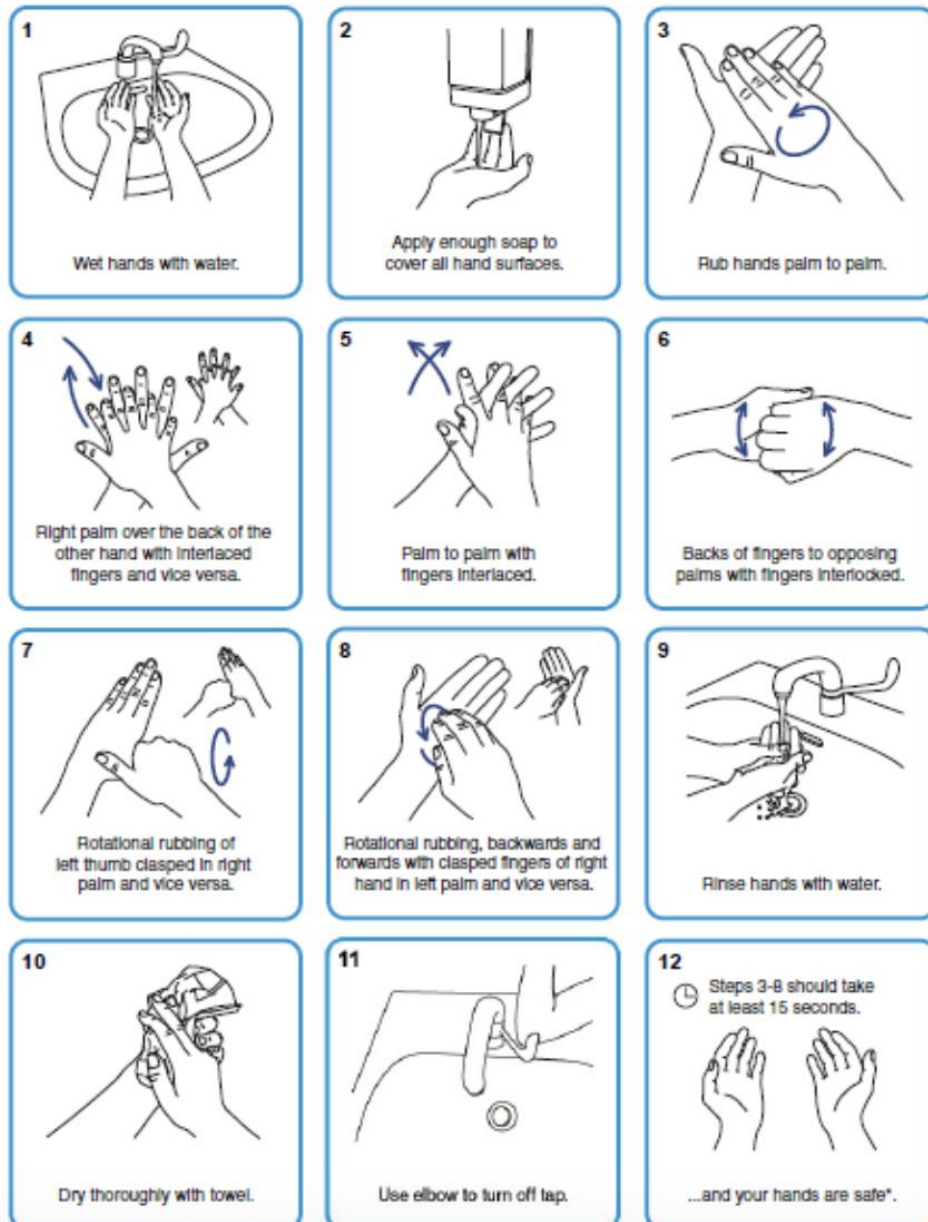
5 – How to conduct a risk assessment for coronavirus

6 - People who are extremely vulnerable to COVID-19

SEE NEXT PAGES

Appendix 1 – Best practice how to hand wash

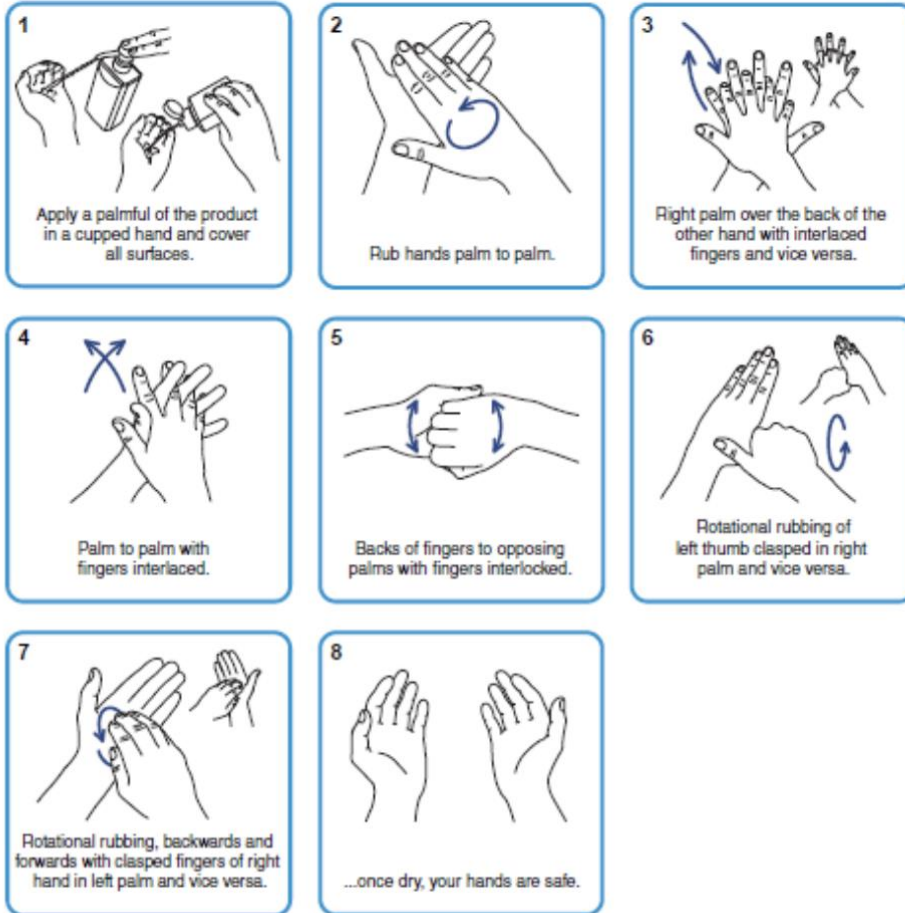
Steps 3-8 should take at least 15 seconds.



*Any skin complaints should be referred to local occupational health or GP.

Appendix 2 – Best Practice How to hand rub

Duration of the process: 20-30 seconds.



Appendix 3: [Recommended PPE for community settings](#)



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

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

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/ gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection ¹
Any setting	Direct patient/resident care assessing an individual that is not currently a possible or confirmed case ² (within 2 metres)	✓ single use ³	✓ single use ³	✗	✗	✓ risk assess sessional use ^{4,5}	✗	✓ risk assess sessional use ^{1,6}
Any setting	Performing an aerosol generating procedure ⁷ on an individual that is not currently a possible or confirmed case ²	✓ single use ³	✗	✓ single use ³	✗	✗	✓ single use ³	✓ single use ³
Any setting	Patient transport service driver conveying any individual to essential healthcare appointment, that is not currently a possible or confirmed case in vehicle without a bulkhead, no direct patient care and within 2 metres	✗	✗	✗	✓ single use ³	✗	✗	✗

Table 4

- This may be single or reusable face/eye protection/full face visor or goggles.
- A case is any individual meeting case definition for a possible or confirmed case: <https://www.gov.uk/government/publications/when-to-wear-protective-equipment-when-investigation-of-possible-cases-investigation-and-risk-control-management-of-possible-cases-of-adult-onset-coronavirus-2019-ncov-infection>
- Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
- Risk assess refers to utilising PPE when there is an anticipated likely risk of contamination with splashes, droplets of blood or body fluids. **Where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/single session.**
- A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and consider the risk of infection to and from patients, residents and health and care workers where COVID-19 is circulating in the community and hospitals. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
- The list of aerosol generating procedures (AGPs) is included in section 3.1 at: www.gov.uk/government/publications/when-to-wear-protective-equipment-when-investigation-and-control-of-possible-cases-of-adult-onset-coronavirus-2019-ncov-infection. (Note AGPs are undergoing a further review at present).
- Ambulance staff conveying patients are not required to change or upgrade PPE for the purpose of patient handover.





Public Health
England

Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: <https://youtu.be/eANIs-Jdi2s>

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Remove jewellery
- Tie hair back
- Check PPE in the correct size is available

- 1 Perform hand hygiene before putting on PPE.



- 2 Put on apron and tie at waist.



- 3 Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



- 4 With both hands, mould the metal strap over the bridge of your nose.



- 5 Don eye protection if required.



- 6 Put on gloves.



*For the PPE guide for AGPs please see:

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control



Public Health
England

Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: <https://youtu.be/eANIs-Jdi2s>

• PPE should be removed in an order that minimises the risk of self-contamination

• Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.



2 Clean hands.



3 Apron. Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated.** Discard.



4 Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.



5 Clean hands.



6 Remove facemask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.

7 Clean hands with soap and water.



*For the doffing guide to PPE for AGPs see:

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

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After removing PPE, hand washing should include washing up to forearms (if forearms aren't covered).

A video demonstration about how to put on/take off personal protective equipment can be found here: (for health and social care settings): https://www.youtube.com/watch?v=GncQ_ed-9w&t=1s

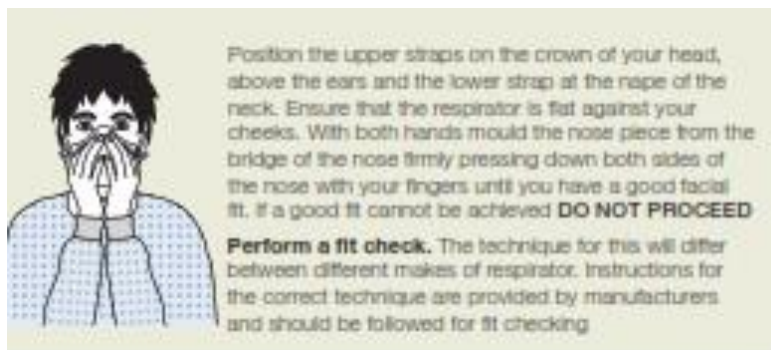
Putting on PPE: Respirators

Please note respirators are only required for aerosol generating procedures e.g. some surgical procedures, performing tracheotomies, intubation, some dental procedures etc. A full list of aerosol generating procedures can be found in the [Covid-19 PPE guidance](#).

Pre-donning instructions

- ensure healthcare worker hydrated
- tie hair back
- remove jewellery
- check PPE in the correct size is available
- keep hands away from face and PPE being worn
- change gloves when torn or heavily contaminated
- limit surfaces touched in the patient environment
- regularly perform hand hygiene
- always clean hands after removing gloves

Respirator should be put on before eye protection, followed by gloves. This is undertaken outside the patient's room.



If you have facial hair, please see [this guide](#) about how to fit the respirator.

Appendix 6: People who are extremely vulnerable to COVID-19

People falling into this extremely vulnerable group include:

1. Solid organ transplant recipients.
2. People with specific cancers:
 - people with cancer who are undergoing active chemotherapy
 - people with lung cancer who are undergoing radical radiotherapy
 - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - people having immunotherapy or other continuing antibody treatments for cancer
 - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD).
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.

Public Health England advise that all people in the extremely vulnerable group should “shield” for at least 12 weeks during the current COVID-19 situation, which means not leaving their homes during this time.

Public Health England guidance on shielding can be found [here](#)