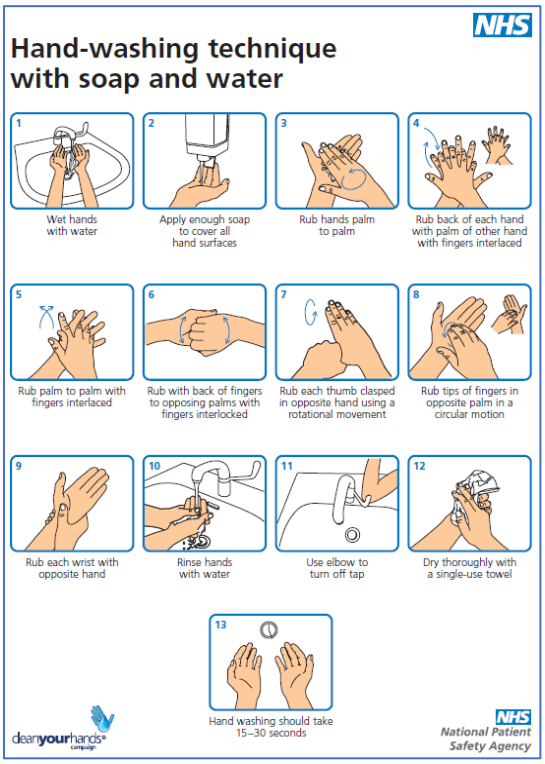
Toolkit: Coronavirus: Infection Prevention, Control and Treatment of COVID-19

Version: 1 – 06/04/2020

For: Nurses, Clinical and Care Practitioners, and Housekeepers and Maintenance

Everything you need to know relating to our procedures and processes on the prevention and treatment of Covid-19.

This toolkit may change subject to latest Government advice.



SHIELD SOCIAL CARE save lives

Images: NHS Education for Scotland, Halyard, NHS National Patient Safety Agency,

Coronavirus Toolkit - Preventing and Treating Covid-19

Contents

1. Background to the Coronavirus COVID-19

COVID-19 is a new illness that is caused by a virus known as Coronavirus. The virus originated from China in December 2019 and is estimated that one person affected by the virus can, on average, infect up to 2.5 other people. It has spread around the world, initially from persons travelling into each country and then to community transfer – that is, when persons affected start to spread it to local people.

The virus affects the lungs and airways. In most cases, it causes mild to moderate symptoms, similar to those of the flu, including dry persistent cough and a fever. However, those with underlying health conditions, it can cause a more severe illness, with some requiring critical care in hospital (including within Intensive Care Units and requiring mechanical ventilation) and can lead to death.

Because the virus is new, very little is known about its transmission, although scientists are studying hard to learn more about the virus.

How the virus is spread

It is believed that it is spread from person to person via cough droplets – that is, small droplets packed with the virus that is expelled when an infected person coughs or sneezes. These can be breathed in or ingested – through your eyes, nose or mouth. So, the risk of catching the Coronavirus is increased by standing within 2 metres of the affected person for more than 15 minutes or if they cough or sneeze on you.

The virus can also live up to 72 hours (estimated) on hard surfaces and up to 24 hours on soft surfaces (estimated). So, the cough droplets can cause an infection if someone touches a surface they have landed on, and then touch their eyes, nose or mouth.

Therefore, the earliest government advice in combatting the spread of the virus has been about breaking the chain of transmission by:

- Washing hands, thoroughly, for 20 seconds
- Practicing good respiratory hygiene – cover coughs and sneezes with a tissue and bin the tissue immediately. Or catch it with the crook the elbow. Wash hands afterwards. CATCH IT BIN IT KILL IT
- Not touching the face – particularly the mouth, nose and eyes.
- Cleaning surfaces
- Not sharing food, utensils and crockery
- Practicing social distancing from others – staying at least 2m away from others

Incubation and Infectious Periods

From studies of the transmission in China, it is believed that the virus incubates for approximately 5 days before a person starts to show symptoms. However, this could be anywhere between 1 and 14 days.

It is also believed they may be infectious 1 to 2 days before they show symptoms. Some people may not even show any symptoms, and it is unknown whether they are infectious, or less infectious, at this stage.

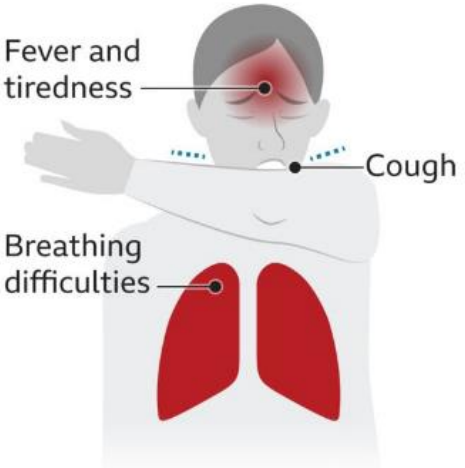
Symptoms

Main symptoms include:

- A fever or burning up – a high temperature of over 37.8°C or 100F.
- A new continuous dry cough (excessive coughing for more than an hour or 3 or more continuous coughing episodes in 24 hours)

However, other symptoms reported include:

- A headache
- Muscle aches
- Sore throat
- Chills
- Laboured breathing
- Hoarseness
- Wheezing
- Sneezing
- Nasal discharge / congestion



Some people feel only mild symptoms – similar to a cold, although, it is rare to experience a runny nose. Some people feel more intense symptoms. Please be mindful that some of these symptoms may be caused by numerous other viruses, asthma or hay-fever, particularly this time of year.

For many, the symptoms should start to ease after 5 days, and they should be symptom free by day 7. However, some people may start to feel more severe symptoms around day 5 or 6, where breathing becomes worse, and some develop pneumonia or more critical symptoms.

Whilst most people who develop severe symptoms are either elderly or have underlying health conditions (see below), some unexplained occurrences have arisen. The most severe symptoms require hospitalisation, intensive care and mechanical ventilation.

Treatments

There is no known vaccine, cure or treatments for the disease. However, scientists around the world are working to develop a vaccine and treatments.

For those with mild to moderate symptoms, who are able to cope with the symptoms at home, it is best to:

- Get lots of rest
- Use over-the-counter medications, such as paracetamol, to help reduce the fever and cope with any headache (use according to instructions on the packet or label)
- Drink water to stay hydrated
- Keep the room well-ventilated and with natural sunlight, if possible.
- Hot drinks

2. The Risk of Coronavirus Entering our Facilities

Our care homes normally have a lot of visitors every day – each working staff member, other health and social care professionals, contractors and resident family members and friends.

The following video highlights the quick transmission rate of this disease and how easy the infection can be carried from person to person in a healthcare setting, if infection control processes are not followed obsessively. #breakthechain

https://m.facebook.com/story.php?story_fbid=10220304125167036&id=1046111715?sfnsn=scwspmo&extid=mAvwjgPS6zfB8lr7&d=n&vh=e

So, **people** present the greatest **RISK** of introducing the virus into our care homes. Lock down, containment, segregation and our preventative measures reduce but do not eliminate that risk. The longer we exercise these measures, the more secure our care homes and facilities are. This approach is the same as "self-isolating" our units.

It is therefore the responsibility of us all, **both in work and our home lives**, to prevent the spread of this disease. Through individual, collective and organisational responsibility, we can help to protect the whole Pendine community – for both residents and our staff.

Coronavirus cannot spread or be transmitted if we adopt infection control procedures (standard and enhanced) and if we stick rigidly to the Government distancing rules at home and in work. **Take no risks in your home life**, for your family's sake. **Take no risks in work**, for those in your care and your colleagues.

You can beat the Coronavirus with 3 simple measures:

1. Continuous Infection Control at home and at work
2. Social distancing at home and at work
3. Never be complacent – don't lose your guard for a single second – at home and at work.

Parc Pendine Gofal Goleuedig Pendine Park Inspiring Care

Our preventative measures to reduce RISK include:

- Reducing the flow of people in the care homes through various measures including lock down and containment, segregation and restricting visitors
- Enhancing infection control in an "end to end" process from before entering the building right through to care delivery. INCLUDING WASH YOUR HANDS
- Restricting new admissions or limiting within strict infection control procedures
- Communicating risks and processes through management, training and regular bulletins
- Following Government advice and mandatory requirements both at home and in work, regarding social distancing and self-isolation
- Following agreed processes and taking responsibility for oneself, the team and our residents.

3. Prevention and Delaying the Spread through Infection Control, Work Practices and Social Distancing

A: Lock Down and Containment
B. Restricting Visitors and Strict Infection Control Procedures for Visits
C. Standard Infection Control Procedures SICPS
D. Protecting Staff
E. Supporting Residents and Wellbeing

A. Lock Down and Containment

Lock down protects both residents and staff from picking up the virus. Locking down our facilities from non-essential visitors helps protect our residents and staff.

Once in lock down, the only people permitted to enter our care home facilities are:

- Staff working in that facility
- Exceptional visitors, such as a GP or relatives in certain circumstances subject to Manager approval, who must follow strict infection control rules for the duration of their visit (see below).

Visitor and Supplier Notices are placed at all entrances (care homes and facilities, such as Kitchens, Laundries and Offices) stating the No Visits and Contactless Supplies policies.

Lock down also means:

- Suppliers deliver their supplies contact less – leaving their supplies at the entrances and not entering our facilities or coming within 2m of any staff member.
- Essential repairs by contractors will only be permitted under strict adherence to our infection control processes, and as "contact less" as possible – limited exposure to any resident or staff member.
- Residents should not leave the care homes for their own safety, unless absolutely necessary.
- Segregation of staff within the care homes and facilities, including:
  - Gardeners are not permitted inside the care homes or other facilities
  - Maintenance are permitted into care homes under strict rules of containment of cross contamination and segregation
  - Catering and laundry are not permitted inside the care homes and no one other than catering or laundry staff are permitted to enter catering / laundry facilities
  - Central Office staff are not permitted inside the care homes.


Coronavirus Notice
Message to all Visitors

As we move into the Government's Delay Phase, all non-essential access to Pendine Park Care Homes is now denied.

However, under exceptional circumstances only, if you require a visit, please contact the Manager to arrange an appointment to be conducted between 2 and 3pm.

We greatly regret this action and we are doing everything we can to keep our residents safe.

We would like to thank you for your cooperation during these challenging times.

Please contact the Manager:
Name:
Tel:
Email:

B. Restricting Visitors and Strict Infection Control Procedures for Visits

Once the care homes are in lock down and containment, the number of people coming into our facilities is greatly limited and therefore, reduces the risk of bringing the virus in. Visits are restricted including relatives and visiting professionals unless absolutely necessary and within strict infection control procedures. No children under the age of 16 are permitted to enter. Children may show very mild or even no symptoms but may still carry the virus.

Visiting professionals must adhere to our procedures. In the event of any difficulties, politely ask them to wait and call for the Senior Person in Charge.

Essential visits are arranged with the Care Home Manager who will risk assess and permit the visit if the visitors adhere to strict infection control measures. The visits will be arranged by the Manager, for example between 2.00 and 3.00pm, for a maximum period of 30 minutes, so they do not occur in busy times or when more residents are out of their rooms.

Visits can only take place in the resident's bedroom or a designated containment room or area as specified by the Manager.

Arranged and approved visits are subject to:

1. Washing hands outside of the entrance or immediately on entering – for 20 seconds and using hand sanitiser
2. Disclosing any possible exposure to the virus (including household members) or disclosing any signs of a respiratory infection – if either apply, there is strictly no entry allowed.
3. Temperature checks will be conducted to ensure they are running a fever or high temperature (anyone will a temperature over 37.8^{o}C will not be permitted to enter)
4. Following strict infection control procedures throughout the visit, as follows:
    a. Washing hands again for 20 seconds on entry
    b. If they sneeze/cough – they must use single tissues to 'Catch it Bin it Kill it'
    c. They must not touch or share any food, utensils or crockery
    d. They must not leave any food in the care home
    e. They must not touch handles / handrails / surfaces (as much as possible)
    f. They are to pocket any mobile phones/tablets and not use whilst in the care home
    g. Restrict exposure to staff and residents – conduct the visit in the resident's room.
    h. Not approach any unwell residents.
5. Visitors to be escorted to the resident's room:
    a. Staff to open doors and stand aside to eliminate the need for the visitors to touch any surfaces.
    b. All rooms between the entrance and the resident's room must have doors closed
    c. Other residents and staff to be behind closed doors as the visitor passes
    d. The resident's room or containment room must be well ventilated throughout the visit.
6. Surfaces in the resident's room or containment room and handrails etc must be thoroughly cleaned after the visit (including the lift, if used).
7. Entrance doors must remain locked at all times. Passcodes may change regularly.

C. Standard Infection Control Procedures SICPS

i. Standard Infection Control Procedures SICPS – Please also refer to our Infection Control Toolkit

Staff are required to carry out strict infection prevention and control measures. Staff are knowledgeable of these – as such measures have been implemented for outbreaks of other viruses – such as Norovirus. However, the measures for COVID-19 will have to be implemented for a much longer period.

This video (as discussed before) is a reminder that if infection control processes are not followed obsessively, the infection can easily be carried from person to person in a healthcare setting.

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Infection control and PPE can ***#breakthechain***.

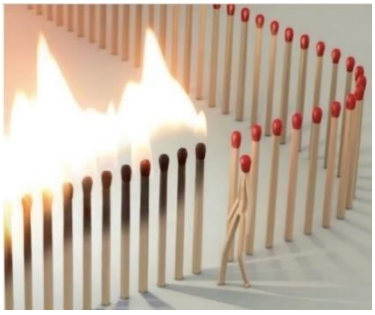


Photo courtesy of Juan Delcan and Valentina Izaguirre

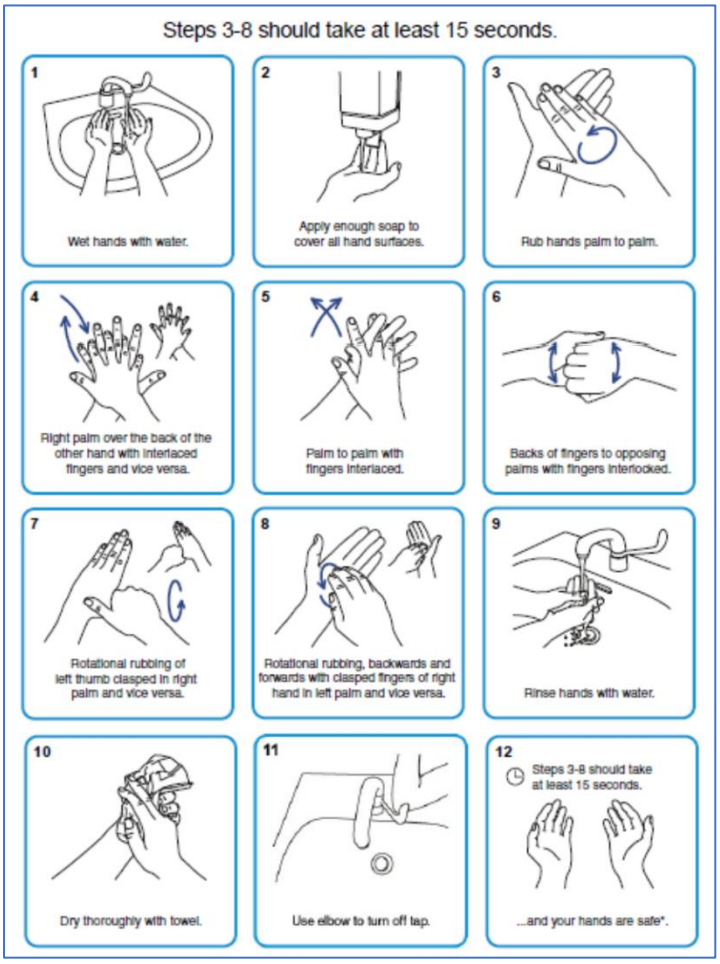
Staff must adhere to the following SICPs principles at all times:

- Washing hands frequently and thoroughly for a minimum of 20 seconds
- Washing hands with plenty of soap and water, or if not available, using hand sanitisers
- Washing hands before arriving and immediately on arrival at the care homes
- Using hand sanitiser and the Toggle sanitisers regularly throughout the day and after touching any high traffic surfaces
- Catch it Bin it Kill it (single use of tissues)
- Avoid touching face, mouth and eyes
- No sharing of food and drink, crockery and utensils
- Regularly cleaning surfaces with disinfectant
- Avoid touching hard surfaces unless necessary and then sanitising hands afterwards e.g. handrails, door handles, lifts, wheelchairs, zimmer frames, hoists, enrichment equipment, servery equipment etc

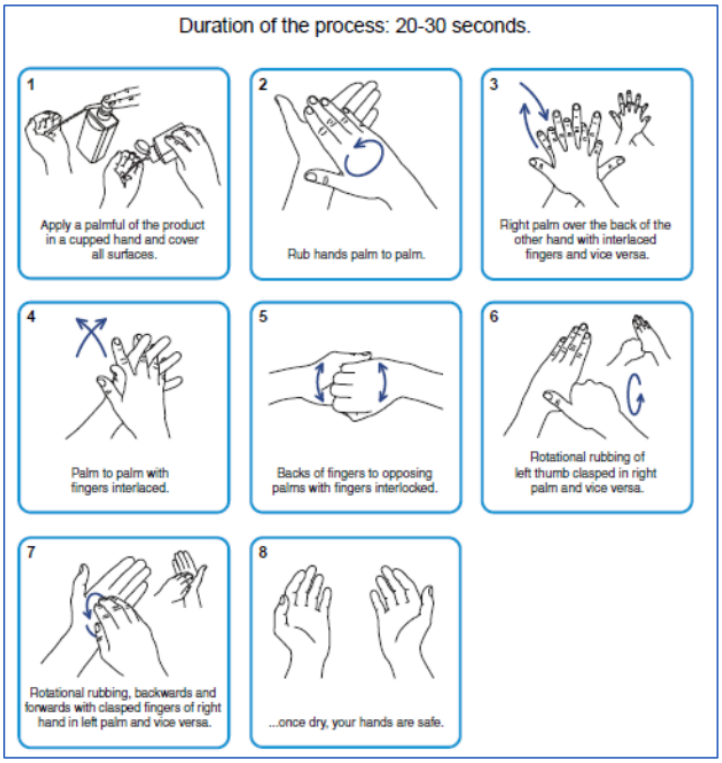
Increased cleaning is undertaken, with emphasis on surfaces, particularly high traffic risk points (door handles, handrails, light switches, key-pads, toilets, sinks, tables etc). Ornaments should be removed from surfaces to allow for easier cleaning.

This video gives an excellent demonstration of **how to wash your hands** – although the commentary is in Spanish, you can watch how by washing your hands in a certain way you can make sure you wash every part of them. https://twitter.com/SinghLions/status/1240686550939136003

Handwashing



Using Hand Sanitiser



Source: **COVID-19: Guidance for infection prevention and control in healthcare settings:** Issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS) and Public Health England as official guidance.

When must you wash your Hands - Hands must be **decontaminated immediately:**

1) **before** every episode of direct resident contact or care.
2) **after** every episode of direct resident contact or care
3) **after** exposure to blood/body fluids
4) **after** any other activity or contact with a resident's surroundings that could potentially result in hands being contaminated
5) **after** removal of protective aprons, gloves and clothing

Hand washing Facilities are available (washbasins, warm running water, soap and disposable paper towels and foot operated bin) in all areas where care takes place. Staff must use soap and paper towels separate from those used by residents.

You Must	**You Must NOT**
Wash under nails	Wear nail polish (chipped nail polish can harbour microorganisms)
Keep nails short	Use nail brushes (can lead to abrasions a potential site for infection)
Wash under wedding ring (no other rings are allowed)	Wear artificial nails (linked to fungal infections)
Remove all jewellery	Wear jewellery (except wedding ring)
Cover cuts and abrasions with waterproof dressings.	Wear sleeves below the elbow

iii. PPE for Standard Infection Control Procedures

Disposable Personal Protective Equipment (PPE) must be worn when providing care.

- *Plastic aprons:* Staff must wear disposable plastic aprons when carrying out direct hands on care and discard after each individual care.
- *Plastic Gloves:* Disposable gloves must be worn when in contact with body fluids, blood and if dealing with any dressings, skin conditions or soiled linen. Gloves must be disposed of after each individual's care and the correct hand washing technique must be used. Hands must be correctly washed and dried between individuals, events and specific uses.

Masks, Visors and Eye Protectors are not usually worn for routine care procedures. Typically, necessary where there is a high risk of splashing blood and bodily fluids. **They will be required for any resident with suspected or confirmed Coronavirus – please see Section 5.**

iv. Spillages of Blood and other Bodily Fluids

Mop up first using absorbent paper and properly disposed of in the clinical waste following the required process. Gloves and Apron must be worn. The area must then be wiped with a disinfectant i.e. sodium hypochlorite and the disinfectant rinsed off and the surface dried thoroughly afterward. Bleaching should be avoided in carpeted areas; thorough cleaning with detergent solution followed by drying is usually adequate.

v. Safe Management and Disposal of Medical Sharps

Medical sharps must be safely managed according to policies and procedures. It is the responsibility of the trained person using medical sharps to be aware of the risk of exposure to injury and infection and protective precautions and to dispose of safely and to use appropriate protective clothing when using. Please refer to our **Infection Control Toolkit**.

vi. Clinical Waste Management and Waste of Disposal

Clinical waste consists of human tissue, blood, or other body fluids; excretions; drugs, swabs or dressings; syringes, needles and other sharps. Unless these are rendered safe, they may prove hazardous to any person who comes into contact with them.

- Spillages of clinical waste must be cleaned and managed immediately in accordance with the Organisation's clinical waste policy
- Safely manage, store and secure clinical waste by:
  - Wearing appropriate personal protective clothing
  - Using **YELLOW** clinical waste bag in foot operated sack holders.
  - Avoid hand to mouth contact at all times and do not allow sacks to be in contact with body, thrown or dropped.
  - Replace sacks at least daily or when ¾ full
  - Don't transfer loose contents from sack to sack
  - Using sharps boxes for medical needles etc.
  - Display clinical waste biohazard warning use.
  - Seal and label with source of origin e.g. name of home (and unit)
  - Wash (& disinfect if appropriate) sack holders on weekly basis/when visibly soiled
  - Separating from general waste.

- Clinical (biohazard) waste cannot be properly disposed of under the law and regulations if mixed with general waste.
- Never put clinical waste down the toilets (including gloves, aprons, wipes etc).
- Mixing clinical waste and general waste risks cross contamination and is strictly forbidden and may be subject to disciplinary.
- Licensed contractors remove yellow bags and sharps.
- Clinical waste and sharps boxes are always collected by licensed carriers and are appropriately registered. Otherwise the organisation can be prosecuted

vii. Laundry, Household Waste and Linen

Household Waste: Household or domestic waste consists of all non-hazardous waste generated during day-to-day activities. This can be disposed of in the normal way.

Linen: Micro-organisms in soiled linen are unlikely to cause infection in healthy staff. However, it is extremely important, and staff must wear protective clothing (aprons and gloves) and take care when handling soiled linen.

Careful handling is required, e.g. no shaking of linen in order to reduce the risk of infection. To reduce the risk of infection linen must not be carried through the home; the receptacle or container must be at the location e.g. bedside.

Load Linen Trolleys and Skips properly with stocks and bags before commencing work activities.

Most linen can be washed in the usual way. Fouled linen must be washed at 60°C. Potentially or infected linen are placed in soluble bags that dissolve in the washing machine (solusacs).

viii. Mobile Phones/Tablets and other Commonly Used Items

Mobile phones/tablets/computer keyboards/mouse can harbour germs and as they are frequently used, can be a major source of infections spreading.

Please see this video on how to clean phones/tablets: https://www.youtube.com/watch?v=XwPVqXrJitI

This is a simple method to clean phones/tablets, but you should check the manufacturer's instructions:

- Unplug the phone and remove the case
- Dampen a microfibre cloth with water and add some normal household liquid soap
- Wipe the surfaces of the phone (front and back) with the cloth
- Take care not to get moisture in any of the openings
- Dry your phone with a clean dry microfibre cloth

Staff must not bring their mobile phones into the care environment. Clean your phone at home before coming to work and don't use on your journey into work.

Residents must be supported to clean their mobile phones, tablets, computer keyboards and mice.

C. Protecting Staff

i. Segregation of Staff

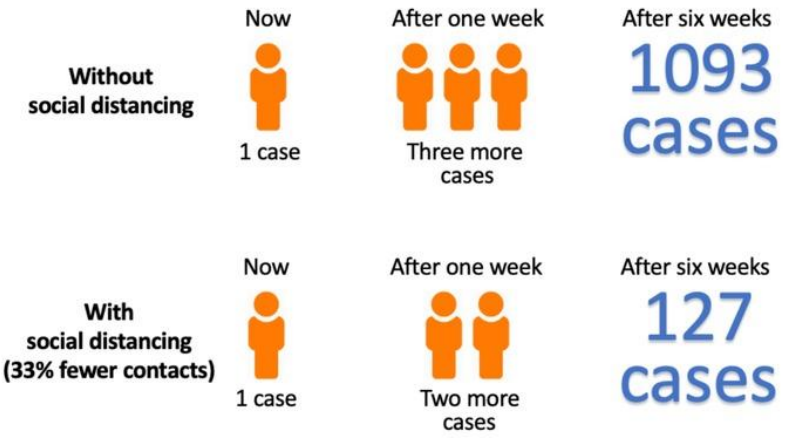
Staff from different departments and units will be segregated as much as possible. This means that nursing, care and care support staff will work in one care home only, and possibly within one unit as much as possible.

- Catering and laundry are not permitted inside the care homes and no one other than catering or laundry staff are permitted to enter their specific facilities. Food trolleys and laundry will be left at entrances for care staff to pick up.
- Gardeners are not permitted inside the care homes or other facilities
- Maintenance are permitted into care homes under strict rules of containment of cross contamination and segregation
- Central Office staff are not permitted inside the care homes

ii. Social Distancing at Home and at Work

We all have a collective responsibility and follow all government measures to reduce the spread of the virus. The following illustration shows the importance of social distancing and the disturbing reality of the multiplier effect:

Credit: Dr Robin Thompson
University of Oxford



On 24th March 2020, the UK Government introduced unprecedented stricter measures on households throughout the UK as a result of the spread of the virus and some complacency in the Nation. This included staying at home and only going out to:

- Shop for basic necessities – such as food and medicine. Shopping trips should be as infrequent as possible.
- Exercise once a day (a run, walk or cycle) done alone or only with the people you live with.
- Any medical need or to provide care for or help a vulnerable person. This includes moving children under the age of 18 between their parents' homes, where applicable. Key workers or those with children identified as vulnerable can continue to take their children to school.
- Travelling to and from work, where the work cannot be done from home.
- When outside, people should keep 2m away from other people they do not live with.

iii. The Importance of Great Communication and Up to Date Contact Details

One of our Cultures is GREAT TEAM WORKING AND COMMUNICATION:

- Respecting and valuing each other
- Pulling together as a team and team building
- Open transparency and sharing the right information
- Positive acknowledgement and two-way communication

Never has this been so important:

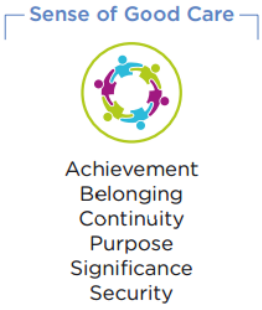
- Look out for our regular Coronavirus Bulletins
- Train and refresh your knowledge
- Role model agreed processes, particularly infection control and PPE

It is important that staff receive ongoing communications as to the changes occurring at work. Please make sure your managers has your current contact details – home and mobile telephone numbers, email address, postal addresses and details of their next of kin.

iv. Staying Well Tips, Vulnerabilities and Self-Isolation

Coronavirus does not like direct heat or sunshine. So, some tips to stay well include:

- Breathe in deeply and hold your breath for 10 seconds each morning and throughout the day – helps clear the airways.
- Choose hot drinks over iced drinks and keep well hydrated.
- Ensure rooms are well ventilated both in work and at home.
- Use sunlight whenever you can – sit in front of sunny windows.
- Supplement diet with vitamin D
- Remember personal hygiene is a great barrier in offering protection.
- Always follow Infection Control processes whilst in work and at home



We can all become overwhelmed by the enormity of the Coronavirus Pandemic and its implications on our lives and at work. Take time to look after your mental health. Stay in touch with family and friends over the phone or on social media. There are also sources of support and information that can help, such as the Every Mind Matters website. Enjoy our "*Taking Care of You and Yours*" bulletins.

All staff member have a responsibility to notify their manager of any health risks or vulnerabilities or caring responsibilities at home so that risk assessments can be undertaken, and appropriate action made to reduce such risks.

E. Resident Support and Wellbeing

i. Support for Residents including their Social Distancing

You can beat the Coronavirus and care for residents with 3 simple measures:

1. Continuous Infection Control at home and at work
2. Social distancing at home and at work
3. Never be complacent – don't lose your guard for a single second – at home and at work.

Remember, our preventative measures (see page 4).

Some residents may need to be isolated for a range of reasons (see below regarding the most vulnerable). This may mean residents may have to remain in their rooms more often or sit apart at mealtimes or within communal areas. Resident wellbeing may be affected (see below).

Mobility Assessments and Resident Personal Evacuation Plans must be reviewed and updated as residents will be spending more time within their own rooms and maybe therefore under less observation. Bedrooms must be free of clutter to reduce the risks of falls. Managers and Clinical and Senior staff will risk assess and provide clear instructions.

The Pandemic also introduces change that could impact on care delivery. For example, shift changes, team changes and changes to timings and routines. **Change means risk**… be aware of changes, inform yourself, be proactive and alert at all times and specifically, following any leave/absence, even if overnight, the situation can change by the minute.

- Catering and mealtimes should be as enjoyable an experience as possible. Take care to be aware of changes in food or fluid levels, allergies and foods to avoid.
- Resident bedrooms must be kept well ventilated where possible to increase air flows, with curtains open to allow for sunlight.

Best practice management at all times with regards to core care delivery:

- Nutrition and Hydration
- Pressure Care
- Continence
- Falls and mobility

Additionally, role model to residents and colleagues your best practice:

- Constantly clean resident rooms, surfaces and living rooms and clear clutter for easy sanitising
- PPE and infection control, including managing laundry and disposal of PPE and uniform cleanliness
- Moving and handling

During this time, access to GP and other healthcare professional services will be limited and may have to be undertaken contactless – by email, telephone or services such as Skype. Clinical staff – both Nurses and Clinical Care Practitioners, must increase their baseline observation testing to ensure residents are being monitored appropriately. This information may be required by medical staff to assess the residents. Non urgent Outpatient appointments have been cancelled, and managers have contacted relatives to ask for their support, as staff can not accompany residents to the hospital at this time.

ii. Our Most Vulnerable Residents and Risks

Our residents' ages and vulnerabilities span a wide range within our different care homes. Underlying health conditions are equally as varied, and your Manager and each resident's care plan will guide the individual risk assessments and any adaptations our residents require.

Vulnerabilities include:

- Aged over 70 years irrespective of underlying health conditions
- Underlying Health Conditions Vulnerable Category (see below)
- Underlying Health Conditions Extremely Vulnerable Category (see below)

Underlying Health Conditions Vulnerable Category

Residents in this category, and those over 70, require an individual risk assessment and possible adaptations – managed through a new specific Care Plan.

Underlying health conditions include:

- chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
- chronic heart disease, such as heart failure
- chronic kidney disease
- chronic liver disease, such as hepatitis
- chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- diabetes
- problems with your spleen
- being seriously overweight (a body mass index (BMI) of 40 or above)

Underlying Health Conditions Extremely Vulnerable Category*:*

Residents in this category must be shielded and isolated for at least 12 weeks and the resident's care plan and risk assessment must be followed without exception and with the strictest precautions. This will require further isolation for those residents, including contact with others within the care home, and more stringent "barrier nursing". This will be managed through a new specific Care Plan.

Underlying Health Conditions in the extremely vulnerable category include:

- Solid organ transplant recipients
- People with specific cancers
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
- People on immunosuppression therapies sufficient to significantly increase risk of infection.
- Women who are pregnant with significant heart disease, congenital or acquired

Residents in this category may have received a letter from the Welsh Government stating they are extremely vulnerable to Coronavirus.

Further information will be provided by the government for those specific residents, and general guidance is found the document below: https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

iii. Resident Wellbeing

We will all be anxious at this time, and this includes our Residents, who will be missing any regular visitors they may have and contact with their families. It is therefore important to try and keep residents' spirits up, and plan for simple activities that can support and enrich their lives.

Simple things can help - singing and chatting to the residents more whilst you work! Nursing and social care tasks may become more focused on delivering essential support and maintaining safety, but these can be delivered with a smile and some laughter.

Activities, if possible, should continue in house – with infection control measures applied – sanitising of equipment before and after use. Residents must be supported to carry out regular handwashing or have their hands washed, and practice good respiratory hygiene practices. This can be encouraged again during activities.

iv. New Admissions

Controlling new admissions is part of our core preventative measures. To support the NHS cope with increased admissions to hospitals, Care Homes can play a part by admitting patients and freeing up further beds. However, pre-admissions will now be undertaken contactless (by phone or email).

All care homes have specially designated isolation units/admission units, where all new admission will be initially accommodated for 14 days. Risk assessment and strict infection control is vital throughout this 14 day period, which will include regular temperature checks each day and baseline observations. (See overleaf for definitions of Admission Units and Isolation Units).

New admissions must only be permitted if (See overleaf for a table outlining Admissions Process):

- A Coronavirus test has been undertaken and is negative - to ensure the admitting person does not carry the virus
  OR
- The admitting person has been cared for in an acute setting for more than 2 weeks and have remained asymptomatic during that period.
  OR
- The admitting person has a positive Coronavirus test but is no longer symptomatic and has completed their isolation period. The hospital must provide the Date of the test and results and the date of symptoms onset.
  OR
- The admitting person has a positive Coronavirus test but is no longer symptomatic. The hospital must provide the Date of the test and results and the date of symptoms onset and a care plan for the remaining period of the isolation process
  AND
- New admissions must be approved by our RI or Directors.

Following the 14 days and subject to the Manager, the new admitting person may be moved to a more another more permanent room.

All new admissions should have support and wellbeing and vulnerabilities checked and integrated into their Care and Support Plan, including the Care Delivery Planner.

Upon Discharge, resident has…	Care required on discharge	Care required on first sign of symptoms
No symptoms for at least 14 days within acute settings	Admit to Admission Unit* for 14 days and monitor for symptoms Provide care as normal	Admit to Isolation Unit** for 14 days after onset of symptoms and until symptom-free. Provide Treatment as per Section 4 – Treatment for Residents with Suspected/Confirmed COVID-19 and with Transmission Based Precautions and Enhanced Infection Control
Tested negative for COVID-19 on discharge	Admit to Admission Unit* for 14 days and monitor for symptoms Provide care as normal	Admit to Isolation Unit** for 14 days after onset of symptoms and until symptom-free Provide Treatment as per Section 4 – Treatment for Residents with Suspected/Confirmed COVID-19 and with Transmission Based Precautions and Enhanced Infection Control
Tested Positive for COVID-19 and • No longer symptomatic • Completed Isolation Period	Admit to Admission Unit* for 14 days and monitor for symptoms Provide care as normal	N/A
Tested Positive for COVID-19 and • No longer symptomatic • Still within Isolation Period	Admit to Isolation Unit** for 14 days after onset of symptoms and until symptom-free Provide Treatment as per Section 4 – Treatment for Residents with Suspected/Confirmed COVID-19 and with Transmission Based Precautions and Enhanced Infection Control	N/A
Tested Positive for COVID-19 and Still symptomatic	ADMISSION NOT PERMITTED	N/A

*** Admission Unit** - Isolated rooms for any new admissions. Admitting resident must stay there for at least 14 days (unless they show symptoms, and then moved to isolation room). Must have separate bathroom facilities to the rest of the care home and must be located away from any residents with underlying health conditions, particularly those placing them at the extremely vulnerable category to Covid-19

**** Isolation Unit** – Isolated rooms for any suspected/confirmed COVID-19 residents. Only those with the Dedicated Treatment and Support Team (as advised by Manager) are permitted to enter and full PPE must be worn. Must have separate bathroom facilities to the rest of the care home and must be located away from any residents with underlying health conditions, particularly those placing them at the extremely vulnerable category to Covid-19.

4. Isolation, Treatment and Enhanced Infection Control of Residents showing Symptoms of or diagnosed with COVID-19

Underpinning Guidance:
COVID-19: Guidance for infection prevention and control in healthcare settings
Adapted from Pandemic Influenza: Guidance for Infection prevention and control in healthcare settings 2020

Issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS) and Public Health England as official guidance.

Background

Enhanced Infection Control and processes are required when treating residents showing symptoms of or diagnosed with COVID-19.

In Section 3, **Standard Infection Control Procedures SICPS** were explained. Those principles are embedded in the **Enhanced Infection Control Procedures** you will now learn, which are termed **Transmission Based Precautions (TBPs).**

In this section, you will learn more about:

A. Transmission Based Precautions and the differences with Standard Infection Control Procedures
B. Identifying Symptoms and Monitoring Residents for Symptoms
C. Immediate Actions for Residents Displaying Symptoms of COVID-19
D: Suspected COVID-19 Case – Communication Cascade Protocol
E. Transmission Based Precautions Enhanced Infection Control Procedures
F. Treatment of Residents with Symptoms and/or Diagnosed with COVID-19 and Precautions
G. Transfers to Hospital
H. Dignity for the Deceased

A. Transmission Based Precautions and the differences with Standard Infection Control Procedures

Standard infection control precautions (SICPs) definition: Standard infection control precautions (SICPs) are the basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agents from both recognised and unrecognised sources. Sources include blood and other body fluids, secretions and excretions (excluding sweat), non-intact skin or mucous membranes, and any equipment or items in the care environment. SICPs should be used by all staff, in all care settings, at all times, for all residents. Please refer to Section 3 and our Infection Control Toolkit.

Transmission Based Precautions (TBPs) definition: Transmission based precautions (TBPs) are applied when SICPs alone are insufficient to prevent cross transmission of an infectious agent. TBPs are **additional** infection control precautions required when caring for a resident with a known or suspected infectious agent, such as COVID-19.

In addition to standard infection control precautions (SICPs), droplet precautions should be used for residents known or suspected to be infected with COVID-19.

- COVID-19 virus is expelled as droplets from the respiratory tract of an infected individual (e.g. during coughing and sneezing) directly onto a mucosal surface or conjunctiva of a susceptible individual(s) or environmental surface(s).
- Droplets travel only short distances through the air; a distance of at least 1 metre has been used for deploying droplet precautions. However, this distance should be considered as the minimum rather than an absolute.
- Transmission based precautions (TBPs (droplet) should be continued until the resolution of the resident's fever and respiratory symptoms.

Routes of transmission:

- **Contact precautions:** Used to prevent and control infection transmission via direct contact or indirectly from the immediate care environment (including care equipment). This is the most common route of infection transmission.

- **Droplet precautions:** Used to prevent and control infection transmission over short distances via droplets (>5µm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Droplets penetrate the respiratory system to above the alveolar level.

Interrupting transmission of COVID-19 requires both droplet and contact precautions.

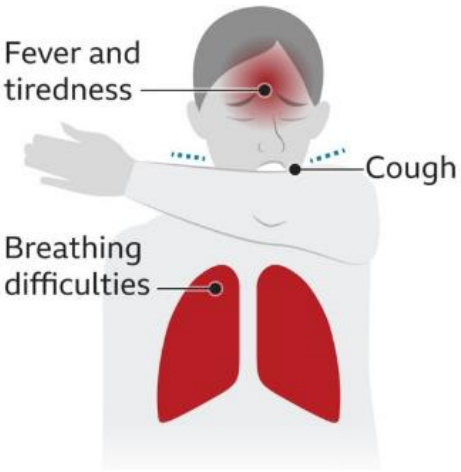
B. Identifying Symptoms and Monitoring Residents for Symptoms

Residents will be monitored twice daily to identify symptoms, and this will include checking for:

- A high temperature of 37.8°C or over
- A new continuous dry cough (excessive coughing for more than an hour or 3 or more continuous coughing episodes in 24 hours)

Other symptoms may include:

- A headache
- Muscle aches
- Sore throat
- Chills
- Laboured breathing
- Hoarseness
- Wheezing
- Sneezing
- Nasal discharge / congestion



Please be mindful that some of these symptoms may be caused by numerous other viruses, asthma or hay-fever, particularly this time of year.

Twice daily checks will include temperature checks and assessment of baseline observations, which includes respiration checks. Residents who cannot report any symptoms of their own must be monitored closely and look for signs of increased delirium as this may indicate an infection.

COVID-19 symptoms compared to common conditions

SYMPTOM	COVID-19	COMMON COLD	FLU	ALLERGIES
Fever	Common	Rare	Common	Sometimes
Dry cough	Common	Mild	Common	Sometimes
Shortness of breath	Common	No	No	Common
Headaches	Sometimes	Rare	Common	Sometimes
Aches and pains	Sometimes	Common	Common	No
Sore throat	Sometimes	Common	Common	No

Source: https://www.businessinsider.com/rare-uncommon-symptoms-of-covid-19-coronavirus-2020-3?r=US&IR=T
This may change subject to latest Government advice.

C: Immediate Actions for Residents Displaying Symptoms of COVID-19

Resident	Staff	Tracing	Senior in Charge (SiC)
If the Resident out of their room, they must be transferred to own room and safely close the door.	Staff must notify the Senior in Charge (SiC) immediately.	Any areas that have possibly been exposed to the virus must be **Deep Cleaned** – See Section 5.	SiC to follow **Suspected COVID-19 Case – Communication Cascade Protocol** (see overleaf)
For any transfer within the care home, symptomatic residents should be masked to reduce droplet transmission.	SiC to instruct staff to implement **Transmission Based Precautions - Enhanced Infection Control Procedures** (see D below)	Identify **Resident Contacts** - other residents who have: • Been within 2m of the infectious residents for at least 15 minutes • Live in the same unit and share communal areas with the infectious resident	SiC must contact Public Health Wales on 0300 003 0032 (*see below). Arrangements may then made for BCU team to undertaken testing within the care home
The resident will be isolated for at least 14 days and this may involve moving rooms. The Manager will advise of the isolation room.	SiC to instruct staff to implement start **Treatment Process** (see E below)	**Resident contacts** must be isolated in their own room for 14 days and monitored for symptoms, including twice daily or on condition change temperature checks.	The SiC must notify relatives (by phone). Relatives must be kept updated with the resident's progress. Relatives may want to visit – this is NOT advisable, but the Manager will advise on individual cases.
The door to the isolated room must be kept shut and signage placed to identify Enhanced Infection Control Procedures in place and only those within identified team can enter. The bed should be placed at least 2m from the entrance.	Staff to don PPE immediately (see D below) when caring for the symptomatic resident (when with other residents, standard infection control procedures apply)	Identify **Staff Contacts:** staff that have provided care within 2m of the infectious resident for more than 15 minutes. Staff Contacts can remain at work. Staff Contacts must monitor themselves for symptoms and immediately isolate as per Coronavirus Absence Toolkit). Twice daily or change of condition temperature checks to be undertaken. Refer to Manager for advice.	The Manager to assign a **Dedicated Treatment and Support Team** to provide care and treatment for the infectious resident (see E below)
The isolation room must be cleared of all clutter / unnecessary furniture.	Start a **Chest Infection ACE** to manage symptoms and review assessments / care plans as per change of rooms/treatments (i.e. falls, fire evacuation etc)		Manager/RI to inform CIW https://careinspectorate.wales/online-services

*** Public Health Wales contact details:**

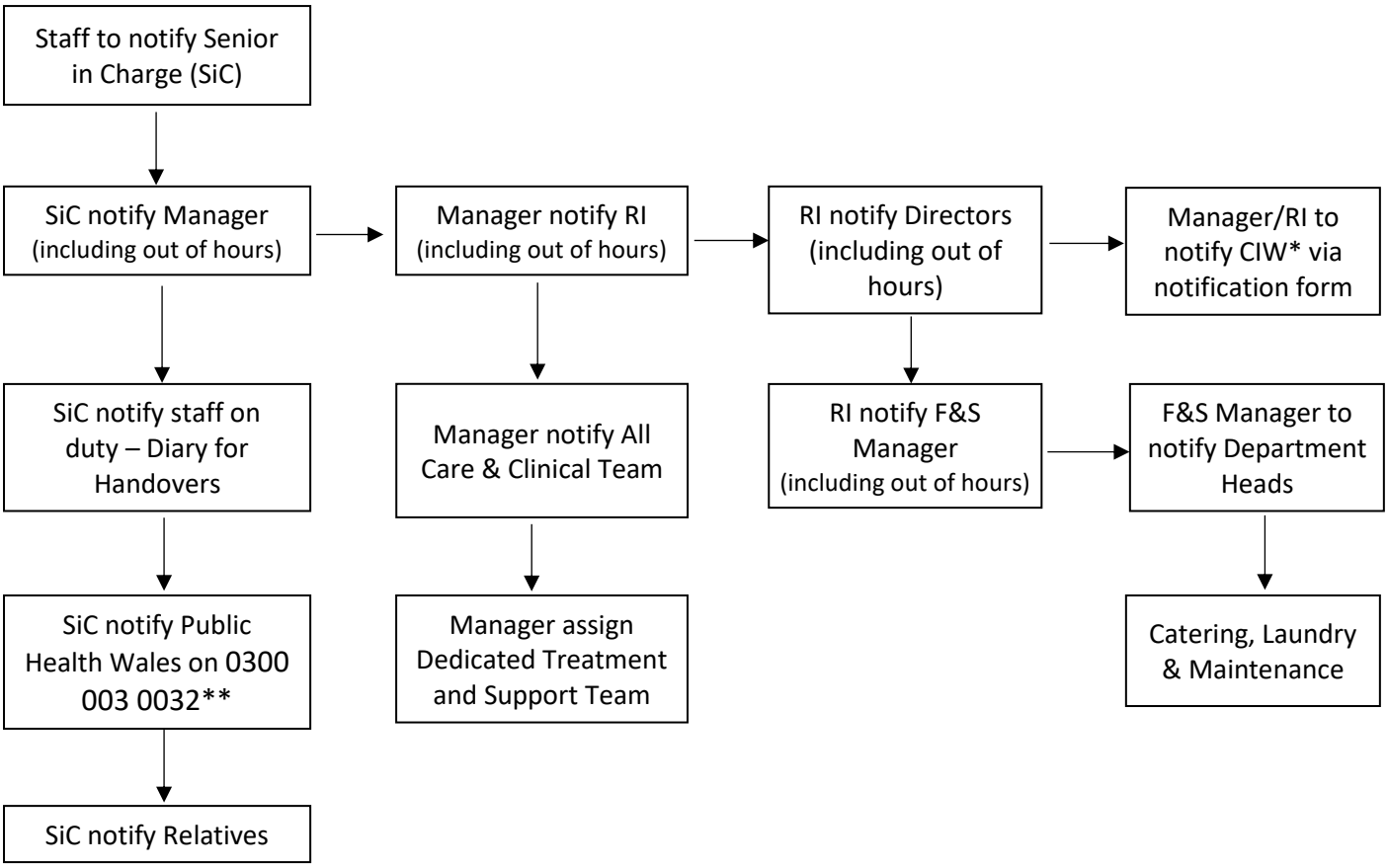
Phone: Mon-Fri, 9am-6pm: 0800 035 2877 All other times (or if 0800 not responding) 0300 003 0032

Email: phw.covid19enclosedsettings@wales.nhs.uk

D: Suspected COVID-19 Case – Communication Cascade Protocol

For all suspected cases, the following information must be available

- Name of Care Home
- Name of Resident
- Description of symptoms
- Time scale of onset
- Baseline observation readings – temperature, respiratory rates, blood pressure, SATs levels – nursing homes only
- Precautions in place



*** Care Inspectorate Wales:**
Notify Care Inspectorate Wales (CIW) of **confirmed** and **suspected** cases of COVID-19 of residents, staff and the family of staff. Go to https://careinspectorate.wales/online-services to notify and report as you would any infectious disease.

**** Public Health Wales contact details:**
Phone: Mon-Fri, 9am-6pm: 0800 035 2877 All other times (or if 0800 not responding) 0300 003 0032
Email: phw.covid19enclosedsettings@wales.nhs.uk

This may change subject to latest Government advice

E. Transmission Based Precautions - Enhanced Infection Control Procedures

Barrier Nursing to be Applied
Barrier Nursing must be applied if there is a suspected case of COVID-19.

Barrier nursing is used when a resident is suspected to have an infection (including COVID-19) and standard infection control precautions need to be enhanced.

Simple barrier nursing consists of staff coming into contact with the symptomatic resident wearing personal protective equipment (PPE) (see below) to protect their bodies from the infectious agents.

The objective is the prevention and spread of infection from one resident to another, and from one resident to a staff member, and it requires the complete isolation of the resident, except for those attending to the care and needs.

Isolation Room/Area
If possible, the symptomatic resident should be isolated within a room with a dedicated ensuite bathroom facility (see Section 3 – New Admissions for definition of isolation room/unit).

The door to the isolated room must be kept shut and signage placed to identify Enhanced Infection Control Procedures in place and only those within Dedicated Treatment and Support Team can enter.

The bed should be placed at least 2m away from the entrance to the room, if following a risk assessment, the door cannot remain closed.

The isolation room must be cleared of all clutter / unnecessary furniture to allow for easier cleaning.

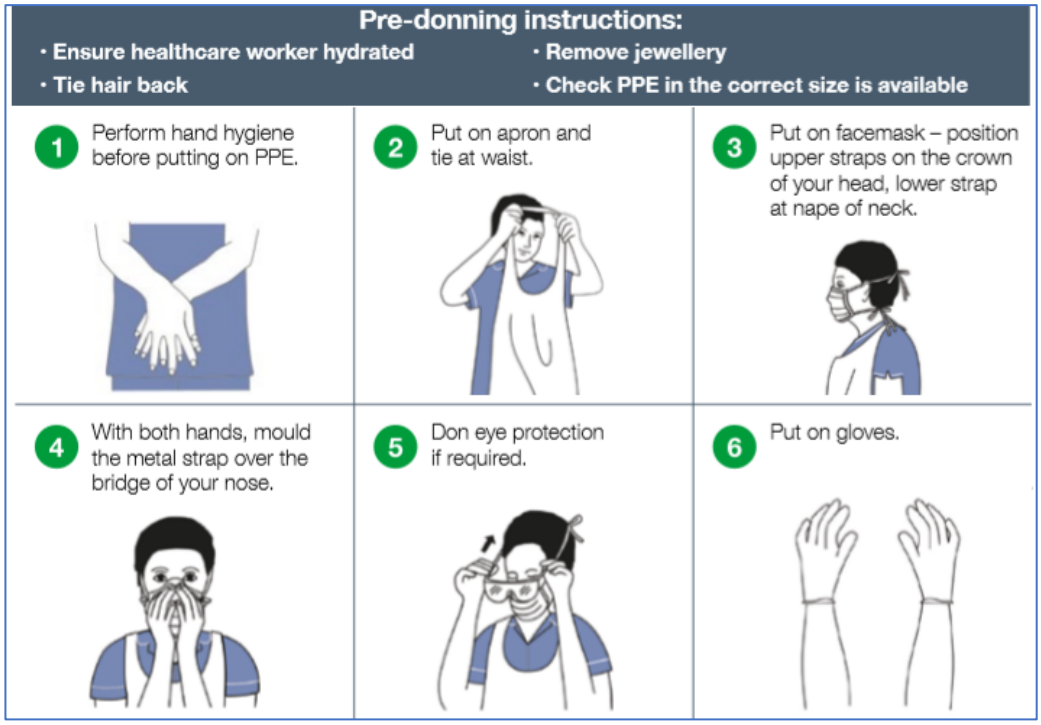
Personal Protective Equipment (PPE) for Personal Care:

- For care and support where you need to be within 2m of the resident, **staff must wear PPE**:
  - **A fluid-resistant surgical mask (single use)**
  - **Disposable gloves**
  - **Disposable apron**
  - **Eye protection**
- Disposable gloves must be worn when touching the ill resident, their environment and any soiled items or surfaces.
- Masks, aprons and gloves must be single use items.
- Eye protectors to be decontaminated after every use
- Hands must be cleaned for 20 seconds (see page 7) after contact with the ill resident and after removing gloves, masks and eye protection.
- Hands must be dried with disposable paper towels.
- Avoid touching your eyes, nose and mouth with unwashed hands.

Further guidance on appropriate PPE use can be found here:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874316/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf

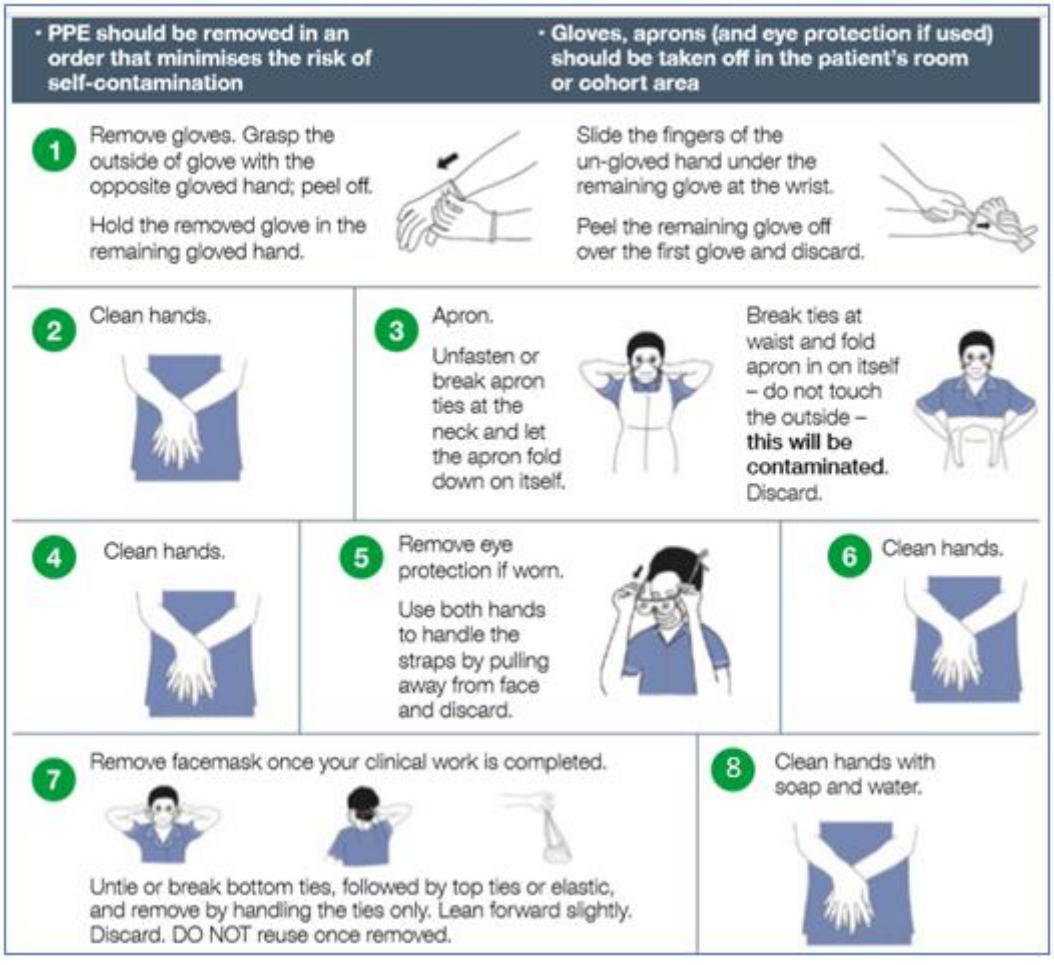
Putting on (Donning) Personal Protection Equipment (PPE)

Source:https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875211/Putting_on_PPE_for_non-aerosol_generating_procedures_quick_guide.pdf



Removing PPE

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875212/Taking_off_PPE_for_non-aerosol_generating_procedures_quick_guide.pdf



Disposal of PPE

- Placed used masks, aprons, gloves and other contaminated items in a clinical waste bag then double bag and secure the contents (for reusable PPE e.g. visors see Management of Equipment, Reusable PPE and Care Environment below)
- Double bagged waste should be held for 72 hours within an outside bin before being taken by Clinical Waste Contractor – See Section 5 which explains the process
- Immediately wash hands after disposing of PPE

Uniforms for Staff Attending to a Symptomatic Resident

Staff who are attending to any resident with symptoms must change out of their uniforms before leaving the care home. Do not have any social interaction if wearing a uniform – i.e. don't visit a supermarket.

Place uniforms in a washable cloth bag (i.e. cloth PE bag or pillowcase) to take home to launder (place cloth bag with uniform straight into the washing machine):

- separately from other household linen
- in a load not more than half the machine capacity
- at the maximum temperature the fabric can tolerate, then ironed or tumbled-dried.

Care Equipment

Care equipment (blood pressure monitors, pulse oximeters etc) should be single-use items if possible. Reusable (communal) non-invasive equipment should as far as possible be allocated to the individual resident and **must be cleaned and decontaminated**:

- between each resident and after resident use
- after blood and body fluid contamination
- at regular intervals as part of equipment cleaning.

Note: the use of nebulisers and humidifiers does not represent a significant infection risk. Standard infection control procedures must be adhered to at all times. Staff should use appropriate hand hygiene when helping residents to remove nebulisers and oxygen masks.

Fans that re-circulate the air **must not** be used.

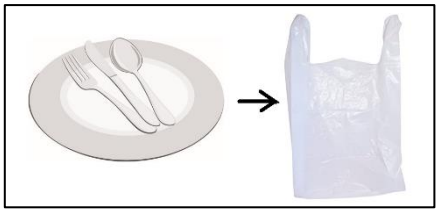
Management of Equipment, Reusable PPE and the Care Environment

Cleaning and decontamination of equipment and the care environment must be performed as outlined in **Section 5 - Cleaning and Disinfection of Reusable Equipment**.

A dedicated empty receptacle must be taken to the resident's isolation room and placed next to the entrance (i.e. furthest away from the resident). Reusable equipment and PPE (e.g. visors) must be placed in the receptacle. Once remaining PPE has been removed, put on fresh apron and gloves to take the receptacle to the Pharmacy to then perform the cleaning and disinfecting (as per Section 5 – Cleaning and Disinfection of Reusable Equipment).

Crockery and Cutlery

- There is no need to use disposable plates or cutlery.
- Used crockery and cutlery must be placed in a polyethylene bag before being put in the container for transport back to the kitchen. Staff on the Pot Wash will ensure they are washed appropriately.



Maintaining Integrity of the Resident's Isolation Room

- Ornaments must be removed from surfaces to allow for frequent cleaning
- High traffic surfaces such as medical equipment, door/toilet handles, call bells, over bed tables and bed rails should be cleaned at least twice daily and when known to be contaminated with secretions, excretions or body fluid
- Toilets/commodes must be cleaned after each use, particularly if resident has diarrhoea
- Cleaning should be with hot soapy water and dried off using disposal items (cloths and paper towels and mop heads). Surfaces should be wiped down with a bleach solution (Milton or Chlorine tablets) following dilution levels on the bottle/container also displayed on the data sheet and manufacturer's instructions. (**See Section 5**)
- Anyone carrying out cleaning must wear Disposable Aprons, Gloves and Mask (if required) and follow the procedures for donning and removing PPE.
- Laundry or PPE must not be shaken to avoid particles dispersing into the air (**see Section 5**)
- Used PPE and clinical waste to be double bagged and disposed as per **Section 5**
- Only those permitted must enter the room
- The resident's room must be deep cleaned (**Section 5**) procedure when the room has been vacated.

Duration of Precautions

Residents should remain in isolation with TBPs/Enhanced Infection Control procedures applied for at least 14 days or until the resolution of the fever and respiratory symptoms. For safety reasons, isolation rooms are only accessible by staff designated by your Manager.

F. Treatment of a Resident with Symptoms and/or Diagnosed with COVID-19 and Precautions

Treatment Procedures

The Resident's Environment

- Resident will be relocated to an isolated area/room AS IDENTIFIED BY THE MANAGER and will be attended by a dedicated group/ care team.
- Barrier nursing (see above) will be introduced which includes the wearing of full PPE for every contact
- Residents must be treated within well-ventilated rooms.

Care and Support

- Assess, plan and evaluate care using Chest Infection ACE and note enhanced infection control
- Ensure the resident is well hydrated
- Consider the use of hot drinks if resident is able to tolerate
- Don't be overly concerned regarding nutrition during this period – consult with Catering Manager for possible high calorific fluids that can be tolerated and will support nutritional needs
- Homely remedies, such as paracetamol, can be used to help with some symptoms. Use these according to the instructions on the packet or label and consider any contraindications and do not exceed the recommended dose.
- Undertake and record base line observations at a frequency determined by the nurse or community nurse. Our CCPs are trained to undertake these observations. Relay information to GP
- Expect fluctuations in symptoms – fever and headaches may come and go over several days
- Expect extreme fatigue and allow residents to rest and sleep
- Personal care will be important in maintaining the resident's comfort and dignity and may be required more frequently due to any high temperatures exhibited
- Offering reassurance to the resident is so important as they will be frightened if struggling to breathe
- Encourage the resident to be sat upright using pillows as much as they are able – this helps with air entering the lungs (including for sleep)

Escalation of Symptoms

- Emergency oxygen can be administered to alleviate symptoms but only under the direction of the GP.
- If symptoms escalate, and the resident has difficulty breathing, alert Senior in Charge who should contact NHS 111 (not GP) or 999.

Recovery

- Symptoms may continue past 7 days – continue to care and support as per all procedures above until resident is completely symptom free
- Once symptoms have decreased, expect extreme fatigue as body adjusts and heals. This may go on for 14 to 21 days.
- Once symptoms have decreased, ensure resident continues to be well hydrated, and consider their nutritional needs as appetite returns – refer to Catering Manager for advice and support.

Staff Team Delivering Treatment and Care to a Symptomatic Resident
Your manager will assign a **Dedicated Treatment and Support Team** of trained and eligible staff to deliver care and treatment to a symptomatic/diagnosed resident and to manage the integrity of the isolated resident's room. You must not enter an isolation room unless you are permitted as part of the dedicated team.

Eligibility criteria excludes any staff aged over 70 or with an identified underlying health condition that puts them at a higher risk of serious illness from COVID-19.

Where possible, staff who have had **confirmed** COVID-19 and recovered should care for COVID-19 residents. Such staff should continue to follow the infection control precautions, including personal protective equipment (PPE).

Monitoring Procedures
- All staff who provide care, including housekeeping staff who carry out any deep cleaning, must monitor themselves during their care with the resident and for 14 days following their last contact with the ill resident. Frequent daily temperature checks will be undertaken to spot signs of any fever.
- If you have direct contact with any bodily fluids of the ill resident (e.g. were coughed or sneezed on when not wearing mask) tell the Senior in Charge immediately.
- If you develop symptoms, isolate yourself as quickly as possible and follow the advice for Staff with Symptoms of Coronavirus (see Coronavirus Absence Toolkit and various Bulletins for procedures).

G. Transfers to Hospital
If the resident is to be transferred to hospital, the ambulance service should be informed of the infectious status of the resident. Staff of the receiving ward/department should be notified in advance of any transfer and must be informed that the resident has or is suspected to have COVID-19. Our Hospital Transfer Form must be used.

H. Dignity for the Deceased
In the sad event of a death of a resident with possible or confirmed COVID-19, our normal processes as outlined in Toolkit 12 – Dealing with Loss and Grief and End of Life Care – must be followed.

Public Health Wales states there is little risk if handling a deceased person who had possible or confirmed COVID-19. However, the principles of Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) should continue to apply due to the ongoing risk of infectious transmission via contact although the risk is usually lower than for living individuals.

Appropriate PPE should be worn by any individual who needs to have physical contact with the resident. The Senior in Charge will contact relatives and the relevant nominated undertakers – Note: Coroner's rules in relation to last visit of GP has been extended from 14 to 28 days.

5. Deep Clean Processes, Laundry and Waste Management

A. Disposal of PPE Procedures:

- Placed used masks, aprons, gloves and other contaminated items in a clinical waste bag then double bag and secure the contents.
- Waste should be held for 72 hours before being taken by Clinical Waste Contractor
- Therefore, bins outside must be clearly DATED and all used/infectious double bagged PPE/Soiled Laundry/Soiled Items must be placed in the correctly dated bin
- Clinical Waste contractor to be instructed to only empty bins dated over 72 hours
- Once emptied, re-date the bins and start process again.

B. Laundry Procedures

- All used/infectious laundry and linen must be handled within the resident's room.
- Items heavily soiled with body fluids, such as vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the resident's (or representative's) consent.
- Disposable gloves and apron must be worn when handling used/infectious laundry and linen
- Do not shake used/infectious laundry to minimise the possibility of dispersing the virus through the air
- Do not place used/infectious laundry on the floor or other surfaces
- Do not re-handle used/infectious laundry and linen once bagged and do not overfill bags
- Place possibly used/infectious laundry and linen directly into a water-soluble bag (solusacs) and secure
- Place the solusac inside a clear polythene bag and secure
- Place the polythene bag into RED linen bag to be taken to laundry.
- Clothing and linens belonging to the ill resident can be washed with other laundry.

C. Deep Clean Procedures

First: Please Note: **Doors either to the room or corridors surrounding (if a wider area is implicated) will need to remain shut, windows open wide and the air conditioning switched off. Please allow 20 minutes before the cleaning commences. This gives time for fresh clean air to circulate, this will reduce any contamination.**

Preparation

- The person completing the cleaning should be trained and competent.
- It is important to collect all the supplies you will need prior to entering the room, including clinical waste bags.
- Before entering the room, perform hand hygiene then put on a disposable plastic apron and gloves.
- Any cloths and mop heads used must be disposed of as single use item.

On entering the room

- Keep the door closed with windows open, this will improve airflow and ventilation whilst using detergent and disinfection products.
- Bag all items that have been used for the care of Resident as clinical waste, for example, contents of the waste bin and any consumables that cannot be cleaned with detergent and disinfectant
- Remove any fabric curtains or screens and bag as infectious linen.

Cleaning process

- All hard surfaces should be cleaned using hot soapy water and dried off using disposal items (cloths and paper towels and mop heads). It is important to clean all hard surfaces i.e., floors, walls, chairs, beds, switches, door handles, tables, lamps and any other hard surfaces décor and equipment.
- Then all surfaces should be wiped down with a bleach solution (Milton or Chlorine tablets) following dilution levels on the bottle/container also displayed on the data sheet and manufacturer's instructions
- The room should be cleaned from the highest point downwards, this will eliminate water/ contamination running down hard surfaces onto the newly cleaned areas.
- Reusable non-invasive care equipment, sanitary fittings in the room and all areas of the bathroom should be included.
- Any cloths and mop heads used must be disposed of as single use items

Cleaning and disinfection of reusable equipment

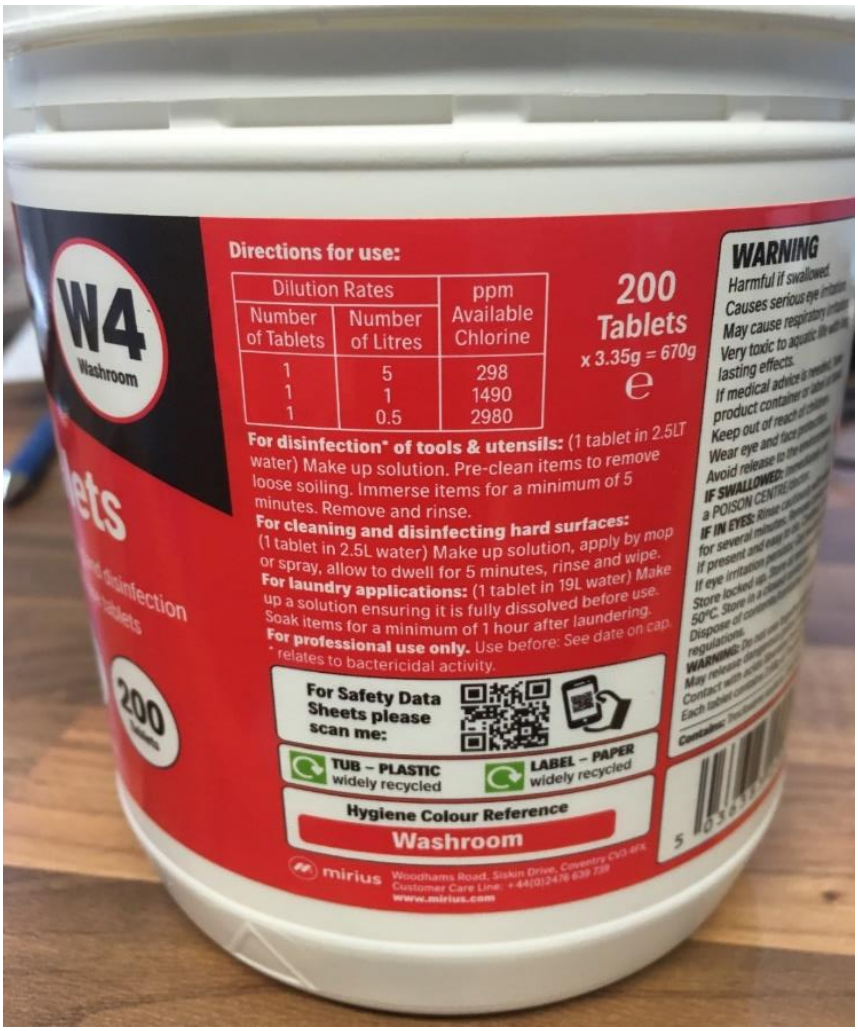
- Clean all reusable equipment systematically from the top or furthest away point.
- This includes all medical equipment i.e. blood pressure monitors etc
- Reusable medical equipment must be cleaned after every use i.e. between each resident
- This also include reusable PPE i.e. Face/Eye Visors and Plastic Glasses.
    - *Visors*: this item comes in 2 or more pieces – a rigid head frame and clear vision panel. Dismantle the visor and wash both parts separately and disinfect (as below).
    - *Glasses*: wash as below, ensuring hinges and groves are cleaned thoroughly. Disinfect as below.
- Use an empty receptacle and take to Resident's room – place near door, furthest away from resident
- Place items to be cleaned and disinfected in the receptacle to take to the Pharmacy
- Don fresh apron and gloves, and then take the receptacle to the Pharmacy
- Wash the items in the same receptacle using hot soapy water and gently rinse (avoid splashing).
- Using a separate dedicated receptacle, soak in a disinfectant solution for 30 minutes (use Milton or Chlorine tablets following dilution levels on the bottle/container also displayed on the data sheet and manufacturer's instructions). Remove apron and gloves and dispose (as in Section 4).

Carpeted flooring and soft furnishings
If a carpeted area is impacted and cannot withstand chlorine-releasing agents, consult the manufacturer's instructions for a suitable alternative to use, following or combined with detergent cleaning.

On leaving the room
- Discard detergent or disinfectant solutions safely at disposal point.
- All waste relating to this incident/clean should be removed from the room/area ASAP and disposed in the normal way for CLINICAL Waste. Cloths and mop heads to be disposed of as clinical waste
- Clean, dry and store re-usable parts of cleaning equipment, such as mop handles
- Remove and discard PPE doubled bagged as outlined above
- Perform hand hygiene
- The area may then return to normal use.

Cleaning of communal areas
If a suspected case spent time in a communal area, for example, lounge, shared bathroom etc, then these areas should be cleaned with detergent and disinfectant (as above) as soon as practicably possible, unless there has been a blood or body fluid spill which should be dealt with immediately. Once cleaning and disinfection have been completed, the area can be put back in use.

Chlorine Tablet W4 (Milton Solution overleaf)



Milton Solution

- DISINFECTION OF PROFESSIONAL KITCHEN: use on clean work surfaces, floors, walls and utensils.
- HOSPITAL DISINFECTION: use for blood spillages, feeding utensils and general ward equipment.
- FRAGRANCE-FREE

DIRECTIONS FOR USE: For professional kitchen: Clean surfaces thoroughly using detergent and rinse. Prepare and use the Milton solution using the instructions below. Leave to dry.

APPLICATION	DOSAGE	USAGE INSTRUCTIONS	MINIMUM CONTACT TIME
	11 ml / 600 ml	Pour 11 ml (1x11 ml pump) into spray bottle and fill with cold tap water to 600 ml. Spray surface. Wipe with clean damp cloth to cover the surface.	15 min.
	22 ml / 4 L	Pour 22 ml (2x11 ml pump) in 4L cold tap water. Wipe over surface with solution.	
	22 ml / 4 L	Pour 22 ml (2x11 ml) in 4L cold tap water. Immerse utensils in solution, except metal parts. For destaining, leave immersed for 30 minutes.	
	50 ml / 10 L	Rinse to remove dirt/debris. Pour 50 ml (2x25 ml pump) in 10L cold tap water. Immerse vegetables/ fruit in solution. Rinse thoroughly.	

FOR HOSPITAL USE

All utensils and surfaces should be thoroughly pre-cleansed with soap or detergent.
Dilutions:
Neat: Treatment of body fluid spillages – cover area with fluid and mop up with clean and dry paper.
1/20: Laboratory work surfaces and plastic protective aprons – wipe over surface with solution.
1/160: All plastic non porous equipment baby feeding utensils and breast pump parts. Thoroughly pre-cleanse and immerse in the solution for 15 minutes. Change all made up solution after 24 hours.

*Bactericidal: EN 14562 in 15 min at 0.6% v/v and EN 13697 in 15 min at 1.8% v/v. **Levuricidal:** EN 14562 in 15 min at 0.6% v/v and EN 13697 in 15 min at 1.8% v/v.
COMPOSITION: Active ingredient : sodium hypochlorite (CAS : 7681-52-9) : 2% w/w.
PRECAUTIONARY MEASURES: (undiluted product): May be corrosive to metals. Causes skin irritation. Very toxic to aquatic life with long lasting effects. Keep out of reach of children. Keep only in original container. IF ON SKIN : Wash with plenty of water. If medical advice is needed, have product container or label at hand. Avoid release to the environment. Dispose of contents/container in accordance with regulations. Contact with acids liberates toxic gas.
Warning! Do not use together with other products. May release dangerous gases (chlorine).
Safety data sheet available for professional user on request.

STORE AND USE CAREFULLY, AVOID SPLASHING. KEEP CAP TIGHTLY CLOSED AND KEEP BOTTLE UPRIGHT TO PREVENT LEAKS. PRODUCT WILL DISCOLOUR FABRICS, ALWAYS USE ON A SMALL NON-VISIBLE SURFACE FIRST.
STORE AWAY FROM HEAT.

Made in UK

Warning

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