Hampshire and Isle of Wight

IPC update

Please contact the 7 day IPC team for support
We are available 7 days a week (9am to 4pm) including weekends and Bank Holidays
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Hampshire and Isle of Wight

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Mask Wearing

NHS Hampshire and Isle of Wight

National guidance:
https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care

Face masks

- Care workers and visitors to care homes do not routinely need to wear a face mask at all times in care settings or when providing care in people's own homes.
- **However there remain a number of circumstances where it is recommended that care workers and visitors to care settings wear masks to minimise the risk of transmission of COVID-19. These are:**
- if the person being cared for is known or suspected to have COVID-19 (recommended Type IIR fluid-repellent surgical mask) *Transmission based precautions*
- if the member of staff or visitor is aware that they are a household or overnight contact of someone who has had a positive test result for COVID-19
- if the care setting is in an outbreak – see section on outbreak management for further information

Other reasons for mask wearing mentioned in the guidance:

- If a care recipient is particularly vulnerable to severe outcomes from COVID-19 (for example, potentially eligible for COVID-19 therapeutics) mask wearing may be considered on an individual basis in accordance with their preferences.
- Mask wearing may also be considered when an event or gathering is assessed as having a particularly high risk of transmission.
- If the care recipient would prefer care workers or visitors to wear a mask while providing them with care then this should be supported.
- Providers should also support the personal preferences of care workers and visitors to wear a mask in scenarios over and above those recommended in this guidance.
- As per the recommendations for standard precautions, type IIR masks should always be worn if there is a risk of splashing of blood or body fluids
- *The ICB would also recommend staff with respiratory symptoms who are well enough to work (either have not tested for covid or are covid negative as per testing guidance) also wear a mask while at work*

A note in the national guidance around mask wearing causing distress/communication problems:
If masks are being worn due to an outbreak or risk assessment, consideration should be given as to how best to put this into practice while taking account of the needs of individuals and minimising any negative impacts. If a person receiving care finds the use of PPE distressing, or their use is impairing communication, a local risk assessment regarding this can be made.

ICB advice on completing mask risk assessments

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As a minimum masks must be worn:

•if the person being cared for is known or suspected to have COVID-19 (recommended Type IIR fluid-repellent surgical mask) *Transmission based precautions*
•if the member of staff or visitor is aware that they are a household or overnight contact of someone who has had a positive test result for COVID-19
•if the care setting is in an outbreak
•If a care recipient is particularly vulnerable to severe outcomes from COVID-19 (for example, potentially eligible for COVID-19 therapeutics) mask wearing may be considered on an individual basis in accordance with their preferences.
•If the care recipient would prefer care workers or visitors to wear a mask while providing them with care then this should be supported.
•Providers should also support the personal preferences of care workers and visitors to wear a mask in scenarios over and above those recommended in this guidance.
•As per the recommendations for standard precautions, type IIR masks should always be worn if there is a risk of splashing of blood or body fluids.

Consider mask wearing:

- Mask wearing may also be considered when an event or gathering is assessed as having a particularly high risk of transmission.
- *The ICB would also recommend staff with respiratory symptoms who are well enough to work (either have not tested for covid as they do not meet the requirements or are covid negative as per testing guidance) also wear a mask while at work*
- *Consider local rates of respiratory infections and returning to universal mask wearing during high rates of respiratory infections*

Where masks are worn (either due to the above or due to a local decision to keep universal mask wearing) ensure that the following is risk assessed:

- Needs of individuals and minimising any negative impacts
  - If a person receiving care finds the use of PPE distressing
  - their use is impairing communication
  - *Also consider staff members communication or comfort when wearing masks (local recommendation)*

Free personal protective equipment scheme
Update 10 January 2023

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Hampshire and Isle of Wight

The scheme has now been extended until DHSC's stocks are depleted or until the end of March 2024 (whichever is sooner).

The purpose of the scheme is to support the government's COVID-19 Response: Living with COVID-19 strategy during a challenging period of global inflation and cost of living pressures.

The continued provision of free personal protective equipment (PPE) for coronavirus (COVID-19) will:

- protect frontline healthcare staff, the elderly and vulnerable
- reduce pressure on the NHS

The government considers that ensuring that health and social care providers, community pharmacies and public sector organisations have access to PPE for COVID-19 infection control is important in controlling the spread of COVID-19, and in turn the impact on public health, the economy and social wellbeing.

Useful links

NHS Hampshire and Isle of Wight

- https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-socialcare
- https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings/care-home-outbreak-testing-for-covid-19-flowchart-staff-and-residents-text-alternative
- https://www.gov.uk/government/publications/covid-19-managing-healthcare-staff-with-symptoms-of-a-respiratory-infection/managing-healthcare-staff-with-symptoms-of-a-respiratory-infection-or-a-positive-covid-19-test-result

Isolation of Residents

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- Residents should isolate in the care home for 10 days from when the symptoms started, or from the date of the test if they did not have symptoms
  - **support** the resident to self-isolate for up to 10 days within their own room with tests available to end the period of isolation earlier (see below for further information)
- Receive one visitor at a time (this does not include visiting professionals)
- Where able enable residents to go out into outdoor spaces into the care home grounds through a route where they are not in contact with other care home residents with a risk assessment in place
- Where possible enable residents with suspected or confirmed Covid-19 to cohort in an area of the home away from Residents who are testing negative. These areas will need to have a risk assessment in place and require a plan to clean/decontaminate the area daily

ICB advice:

Isolation is an important tool for reducing transmissions, the H&SC Act updated December 2022 requires Social Care Settings to ensure they can provide adequate isolation facilities (see slide 4 for more details).

However we recognise that many resident will struggle to safely isolate in their own rooms, where this is the case homes can consider:

- *Allocating an area of the home for positive residents to be isolated in when they don't want to be in their room, this can be with other positives (Cohort area)*
- *Support with outside walks*
- *Where a resident walks with purpose consider if they can be 1:1 or staffing levels increased to help redirect them to lower risk areas*
- *Increase*
  - *hand hygiene, specially where the resident walks with purpose*
  - *ventilation in the space being used (regular window opening)*
  - *Surface cleaning especially frequently touched surfaces (consider decluttering the area being used)*
- *Ensure all mitigations are documented*

Criterion 7 - The provision or ability to secure adequate isolation facilities.

7.1 Healthcare registered providers (excluding providers of ‘personal care’) delivering inpatient care should ensure that they are able to provide, or secure the provision of, adequate isolation precautions and facilities, to prevent or minimise the spread of infection to service users, staff or visitors. This may include facilities in a day care setting.

7.2 Social care settings may not have dedicated isolation facilities for service users but are expected to implement isolation precautions when a service user is suspected or known to have a transmissible infection.

7.3 Policies should be in place for the allocation of appropriate isolation facilities based on service user needs and local risk assessment. The assessment could include consideration of the need for special ventilated isolation facilities, management of appropriate PPE, bare below the elbows (BBE) protocols, waste management strategies, impact of social isolation assessments, and the monitoring of service users. Sufficient numbers of staff with suitable training should be available.

7.4 Registered providers of health and social care should ensure that they are able to provide or secure facilities to physically separate a service user from other service users in an appropriate manner, to minimise the spread of infection.

7.5 Health and social care providers should ensure they have dedicated service user equipment allocated to the isolation facilities, wherever possible. Where this is not feasible, an appropriate decontamination strategy must be in place.

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General PPE Recommendations

Activity	Face mask	Eye protection	Gloves	Apron
Social contact with clients, staff, visitors	No	No	No	No
Care or domestic task involving likely contact with blood or body fluids (giving personal care, handling soiled laundry, emptying a catheter or commode)	Risk assess – Type IIR if splashing likely	Risk assess if splashing likely	Yes	Yes
Tasks not involving contact with blood or body fluids (moving clean linen, tidying, giving medication, writing in care notes)	No	No	No	No
General cleaning with hazardous products (disinfectants or detergents)	Risk assess – type IIR if splashing likely or if recommended by manufacturer of cleaning product	Risk assess or if recommended by manufacturer of cleaning product	Risk assess or if recommended by manufacturer of cleaning product	Risk assess or if recommended by manufacturer of cleaning product

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Caring for someone with a known or suspected Covid 19

Activity	Face mask	Eye protection	Gloves	Apron
Giving personal care to a person with suspected or confirmed COVID-19	Yes – type IIR	Yes	Yes	Yes
General cleaning duties in the room where a person with suspected or confirmed COVID-19 is being isolated or cohorted (even if more than 2 metres away)	Yes – type IIR	Yes	Yes	Yes
For tasks other than those listed above, when within 2 metres of a person with confirmed or suspected COVID-19	Yes – type IIR	Yes	Risk assess (if contact with blood or body fluids likely)	Risk assess (if contact with blood or body fluids likely)

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Activity	Face mask	Eye protection	Gloves	Apron
Undertaking an AGP on a person who is not suspected or confirmed to have COVID-19 or another infection spread by the airborne or droplet route	Yes – type IIR to be used for single task only	Yes	Yes	Yes (consider a fluid repellent gown if risk of extensive splashing)
Undertaking an AGP on a person who is suspected or confirmed to have COVID-19 or another infection spread by the airborne or droplet route	Yes – FFP3 RPE to be used for single task only	Yes – goggles or a visor should always be worn If there is a risk of contact with splash from blood or body fluids and the FFP3 is not fluid resistant this needs to be a full-face visor (which covers the eyes, nose and mouth area)	Yes	Yes (consider a fluid repellent gown if risk of extensive splashing)

Caring for someone with an AGP

Asymptomatic Testing

Staff are not required to carryout routine testing. This may be subject to change based on local COVID19 prevalence.

However, staff maybe asked to test following a home's risk assessment

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Symptomatic Testing For Residents and Staff

Symptomatic testing refers to anyone has respiratory symptoms https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19

2 LFD tests taken 48 hours apart i.e., if one test is negative repeat 48 hours later

All Staff and Residents

Residents should be offered the choice to self-administer or have the test

Rapid Response Testing

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- Triggered by 1 or more positive staff or residents' cases
  LFDs daily for 5 consecutive days (working days only)
  STAFF ONLY

Purpose – determine if an outbreak is occurring and to prevent transmission

Outbreak Testing

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- 2 or more positive/suspected linked cases of COVID-19 that occur within 14 days
- Applies to both Staff and Residents
- Results from an LFD or PCR test
- Carry out a risk assessment to determine if the cases are linked
- Declare outbreak if linked and continue with outbreak measures
- **Whole Home outbreak testing:**
- If an outbreak is declared by the home following a risk assessment
- Staff and Residents conduct a LFD and PCR test on DAY 1 of the outbreak
- Staff and Residents conduct another LFD and PCR between 4 and 7 days

Recovery Testing

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- Recovery Testing consists of a PCR test 10 days after the last symptomatic case or last confirmed asymptomatic positive test
- Recovery testing does not apply to staff and residents who have tested positive to covid in the last 90 days
- Negative Results following Recovery Testing
- If the results are all negative, outbreak is declared over, and the outbreak measures can be lifted
- Positive results following Recovery Testing
- If the results are positive, Care home to risk assess if case is linked to the original outbreak
- If determined part of the same outbreak, then wait 10 days to repeat recovery test

Note Small care Homes do not have to carry out Recovery testing

Outbreak ends when all periods of isolation have been completed.

Member of staff is symptomatic of a Respiratory illness but tests Negative to Covid

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Anyone who has

- symptoms of a respiratory infection **AND** a high temperature

OR

- symptoms of a respiratory infection **AND** do not feel well enough to continue their usual activities

should not go to work, stay at home and avoid contact with other people.

- These staff should take 2 lateral flow tests 48 hours apart.
- If the lateral flow test result is negative, they should take another lateral flow test 48 hours later, staying away from work during this time.

If the second lateral flow test is also negative, they can return to work if they do not have a temperature and are well enough to do so, subject to discussion with their line manager or employer and a local risk assessment (THINK FLU).

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Positive Test Result

If either test is positive, they should follow the guidance in the section ‘If a staff member receives a positive lateral flow or PCR test result’.

- Can return if staff member no longer has a temperature, and negative LFDs from day 5 for 2 consecutive days
- If positive on day 10 – continue to stay off until 1 negative lateral flow
- Managers to risk assess between Day 10 and 14 if staff member can return to work
- If remains positive on day 14 – can return on day 15 irrespective of LFD result

If a staff member has a confirmed contact with COVID19 Positive case

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Applies to prolonged close contact such as:

Live in the household with a covid positive case
People who have stayed overnight in a household with a covid positive care

Manager to complete a risk assessment to include distance, ventilation, mask wearing, rapid response testing

Consider redeployment of staff during 10 days of contact
Ensure compliance with IPC measures

Care Home Residents who are contacts of confirmed cases

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Residents should NOT isolate or undertake additional testing

- Minimise contact with the Covid19 Positive person
- Avoid contact with anyone who is at high risk of severe covid infection
- Follow guidance regarding testing and isolation if they develop COVIF19 symptoms

Management of Suspected Outbreaks

Hampshire and Isle of Wight

Updated guidance allows Care Homes to undertake their own risk assessment and implement appropriate measures

- **Please call your local IPC practitioner in the ICB and/or 7-day service**
- Carry out a Risk Assessment as soon as possible – consider if an outbreak and what outbreak measures are required
- The risk assessment should determine if the cases are likely to have been the result of transmission within the care home. This is to assess whether the cases are linked.

(The risk assessment can be undertaken directly by the care home provider with the expertise of relevant care home staff, with further support also available from the local HPT (or other local partner such as community IPC team, local authority or ICB, according to local protocols) at the care home's request)

- Inform HPT (UKHSA)
- Update the Capacity Tracker
- Clearly document your risk assessment

Risk Assessment

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CONSIDER:

- Is a known source of infection?
- Could the initial case (whether suspected or confirmed COVID-19) have infected others while in the setting.
- the initial individual had contact with the other individual or individuals with suspected or confirmed COVID-19 while they were likely to have been infectious
- the initial individual may have picked up the infection from the setting. This may be possible if the individual was in the setting during their incubation period (up to 14 days prior to symptom onset and/or a positive test)
- there are any factors which may increase the risk of transmission occurring in the setting

Cases would not be considered linked if:

- the cases were more than 14 days apart, from the earliest of symptom onset or a positive test
- the cases were in people who had not been in the care setting in the last 14 days
- the cases were among different staff members or residents in discrete units, floors or sections who remain completely separate and do not mix
- a case or the cases were recently discharged from hospital and safely isolated under the care of cohorting staff

Discharge from Hospital to Care Home

- PCR 48 hours prior to discharge into a care home, if the home feel that they can be cared for safely
- 10 days isolation (can be across both care sectors) from day symptoms started (day 0)+ or day of positive test (day 0)
- LFD negative at day 5 then 2 consecutive negative LFDs then can end isolation (absence of a fever for 48 hours without medication)
- Do not test if tested positive for COVID19 in the last 90 days
- Resident discharged from an area of the hospital where there has been an outbreak of COVID19 should be isolated for 10 days. However they can end isolation if they receive a negative LFD after 2 consecutive negative LFDs from day 5 and remain asymptomatic

Covid-19 contacts can be accepted back with the appropriate precautions

Admission to Care Home

Residents should take both of the following:

- a PCR test within the 72 hours before they're admitted (or a lateral flow test if they have tested positive for COVID-19 in the past 90 days)

- a lateral flow test on the day of admission (day 0)

These tests should be provided by the care home if the individual is being admitted from the community.
If an individual tests positive on either of these tests and continues to be admitted to the care home, they should be isolated on arrival and follow the guidance on care home residents who are symptomatic or test positive for COVID-19.

Urgent Admissions – LFD or PCR within 72 hours urgent admission and isolate as per guidance if test is positive

General IPC update

NHS Hampshire and Isle of Wight

Hand Hygiene:

- Please ensure all staff who have contact with residents are bare below the elbow
- Undertaking hand hygiene pre and post contact with residents and the residents environment
- Soap and Water should be used when hands are visibly dirty, sticky and following contact with anyone with diarrhoea and or vomiting
- Please also ensure residents are supported to undertake hand hygiene on a regular basis
- Over winter staff members may find their hands are drier, please provide staff with the RCN guide on hand care to support them in caring for their skin this winter https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2020/may/009-250.pdf?la=en

Cleaning:

- Please increase cleaning frequency within the home and ensure the products you are using are active against covid and flu
- Use a product active against norovirus for any resident with diarrhoea and/or vomiting
- Ensure that staff members always clean equipment after each use

Cough etiquette:

- Remind staff of good cough and respiratory etiquette (Catch it, bin it, kill it)

- **Visitors: There should not normally be restrictions on visitors, however during an outbreak residents are able to have One visitor at a time (it does not have to be the same visitor);**
  - Promote good IPC Practices including Hand Hygiene of resident and staff; promote mask use; promote vaccination for those eligible
- **Ventilation:**
  - Please ensure all communal spaces are well ventilated, this can be natural or mechanical. Where windows cannot be left open due to cold temperatures a regular process of opening windows should be in place
- **Movement of staff members:**
  - Where possible cohort staff to areas of the home, especially during an outbreak
- **Social distancing:**
  - Encourage/support residents who use the communal spaces to social distance where possible, especially during an outbreak
  - We recognise that it is difficult to prevent spread where a resident walks with purpose, where this is the case try to increase cleaning in the area they frequent and clean their hands regularly

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- **Attendance at work:**
  - Test for covid, however remember their symptoms may be linked to **other** respiratory infections
  - Staff members with respiratory symptoms even if they have a negative PCR or LFD should not attend work if;
    - they have symptoms of a respiratory infection **AND** a high temperature
    - they have symptoms of a respiratory infection **AND** do not feel well enough to continue their usual activities
  - Staff members with confirmed or potential infectious diarrhoea and/or vomiting must stay away from work until they have been clear of symptoms for at least 48hrs
- **Isolation of residents:**
  - Residents with symptoms indicative of infectious diarrhoea and/or vomiting or respiratory infections should be initially isolated until a diagnosis is confirmed
  - Residents with symptoms of respiratory infection who are covid negative should be risk assessed for other respiratory infections

Flu preparedness

- Please prepare for a potential flu outbreak by gathering a list of all residents
- their most recent eGFR blood result
- Most recent weight
- whether they have swallowing difficulty
- if they need a best interest decision for prophylaxis
- Also a list of staff who are at high risk of flu (get offered a free flu vaccine) and not had a flu vaccine in last 2 weeks
- Please ensure you have sufficient COVID PCR tests for at least 1 whole home test (they can also be used for flu), consider ordering more

RESTORE2

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- Ensure that Residents have an up-to-date, baseline set of observations/ Restore2 score
- Carry out a new set of baseline observations/ Restore2 score when a resident is discharged from hospital as their 'normal' observations/Restore2 score may have changed since admission
- Baseline observations/ Restore2 score
  - Provide reassurance for staff
  - Demonstrate deterioration
- Staff should monitor observations/Restore2 score while residents are on antibiotics so that they can respond quickly to any deterioration of the resident.