

Welcome to the latest Residential and Nursing Home communication from Hampshire and Isle of Wight (25 June 2020)

Dear Colleagues,

Please see below for essential COVID-19 updates on:

- Ligature Risk of Personal Protective Equipment
- Aerosol Generating Procedures list – updated
- Safety Alerts
 - Personal protective equipment and heat: risk of heat stress
 - Alcohol-Based Hand Sanitiser – Vehicle Fires
 - Clear Mask – MHRA Alert

Other information

- Social Care Institute for Excellence – Safeguarding Resources
 - Safeguarding adults with dementia during the COVID-19 crisis
 - Safeguarding adults training webinar series
- Falls Huddles to prevent further falls
- The use of Fans and Air Conditioning/Ventilation systems during Sustained Community Transmission of Covid-19
- Skills for Care - offer to the social care sector during COVID-19

Ligature Risk of Personal Protective Equipment

There has been one notified case of a resident with Learning Disabilities attempting to ligature (hang/asphyxiate) themselves using the ties of a face mask.

The advice remains that all staff should continue to wear appropriate PPE to protect themselves and their residents. However, staff should be mindful that unattended/stored PPE could be used to ligature e.g. aprons, masks, gloves and, therefore, all PPE in settings where there are vulnerable people should be secured at all times.

Aerosol Generating Procedures list – updated

Public Health England has modified the wording around [Aerosol Generating Procedures](#), specifically relating to ‘respiratory tract suctioning’.

On 18 June 2020, the wording changed from 'intubation, extubation and related procedures, for example, manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract)' to 'respiratory tract suctioning'.

The current position of PHE is that suctioning of the oral cavity in front of the pharynx*, where you can still see the tip of the yankeur sucker or catheter **does not constitute an AGP**. If suction is past the pharynx, this could generate aerosols and although the risk is felt to be low it **does constitute an AGP**.

**The pharynx (plural: pharynges) is the part of the throat behind the mouth and nasal cavity, and above the oesophagus (food tube) and larynx.*

If you feel you are conducting AGP's your staff will need to be fit tested for safe use of FFP3 masks. You can contact your local CCG or Local Authority to discuss how this fit testing can be delivered/arranged.

Safety Alerts

Personal protective equipment and heat: risk of heat stress

Alert: Wearing personal protective equipment (PPE) in warm/hot environments increases the risk of heat stress. This occurs when the body is unable to cool itself enough to maintain a healthy temperature. Heat stress can cause heat exhaustion and lead to heat stroke if the person is unable to cool down.

Staff may require more frequent breaks and the frequency of PPE changes may increase, with a resulting increase in demand. Staff should continue to wear PPE to protect themselves from the risk of COVID-19 as per current guidance. However, the following precautions are advised:

- [Consult the Heatwave Plan for England.](#)

Ensure that staff are aware of the risk of heat stress when wearing PPE and know how to reduce their risk:

Staff working in warm/hot conditions should follow the advice:

- Take regular breaks, find somewhere cool if you can
- Make sure you are hydrated (checking your urine is an easy way of keeping an eye on your hydration levels – dark or strong-smelling urine is a sign that you should drink more fluids)
- Be aware of the signs and symptoms of heat stress and dehydration (thirst, dry mouth, dark or strong-smelling urine, urinating infrequently or in small amounts, inability to concentrate, muscle cramps, fainting)
- Don't wait until you start to feel unwell before you take a break
- Use a buddy system with your team to look out for the signs of heat stress (e.g. confusion, looking pale or clammy, fast breathing) in each other
- Between shifts, try to stay cool as this will give your body a chance to recover
- Ensure that PPE supplies are sufficient to cover a likely increase in demand for certain PPE items during warmer months due to staff changing equipment more frequently
- Consider whether more staff may be needed per shift to maintain service levels while accommodating increased staff breaks
- Any actions taken must be aligned with local infection prevention and control policies.

Alcohol-Based Hand Sanitiser – Vehicle Fires

During the hot weather there have been a number of fires caused by [alcohol hand rubs/sanitiser](#) being left in cars.

The alcohol hand sanitiser is becoming heated resulting in flammable vapours being released. These vapours reach their flashpoint and then ignite, setting fire to flammable components within the car. When the outside temperature is 25C, the inside car temperature can reach 55C.

Please remove all alcohol based hand sanitiser products from vehicles when they are not occupied.

Clear Mask – MHRA Alert

Clear masks have a clear front making the mouth and face visible and are intended to facilitate communication with patients / service users who use lip-reading and facial expressions to support communication, including people who are d/Deaf, people with hearing loss, people with a learning disability, autistic people and people with dementia.



Clear masks act only as a fluid shield for the mouth and nose to provide splash resistance. It is not claiming or has any evidence of any other properties that are comparable to a medical face mask. Therefore, this is quite a limited use and in practical terms means it can only be used as a replacement for a Type IIR in the PPE Ensemble and not for any other purpose. This is to protect the wearer as it offers equivalent splash protection to a Type IIR.

Limitations of use

The '*ClearMask*' is allowed into the NHS supply chain for use as PPE in healthcare settings in the management of COVID-19 for the duration of the pandemic with the limitations of use listed below.

- ClearMask should not be used in a surgical/operating setting or for surgical/invasive procedures as recommendation by the manufacturer
- It should not be used where there is excessive splashing or spraying of body fluids due to potential splash back off the impervious front
- It should not be used in place of a Type II surgical mask as it has not been assessed for bacterial efficiency to protect the patient from the worker
- It cannot be used in place of a tight fitting respirator (FFP2/FFP3) to protect the worker during aerosol generating procedures or high risk acute care areas .
- '*ClearMask*' are marked as single use devices and should be used and disposed of according to [manufacturer's instructions for use](#)

Current advice is that some areas may wish to use Clear masks but please ensure that a risk assessment around the type of residents and environment they will be used in has been completed.

Social Care Institute for Excellence – Safeguarding Resources

Safeguarding adults with dementia during the COVID-19 crisis

Safeguarding adults with dementia is an important part of everyday work for providers of adult social care. This [quick guide](#) aims to support care providers and staff to safeguard people with dementia during the crisis.

Safeguarding adults training webinar series

The Department of Health and Social Care has asked SCIE to develop a series of webinars to support you and your team to keep adults with care and support needs safe in a variety of settings.

Each week we explore specific aspects of the safeguarding process. Attend one-off sessions to refresh your learning in a particular area or sign up to all six for a complete overview and introduction to safeguarding adults.

Maximising the benefits of remote learning, [each webinar](#) will provide:

- a presentation from a safeguarding expert
- a forum for sharing ideas
- Q&A opportunities to discuss the safeguarding challenges that you are facing.

Falls Huddles to prevent further falls

The number of resident falls has increased during COVID-19. Falls Huddles are a quick and immediate way of supporting a simple root cause analysis to look at why the resident has fallen in a holistic way. It may help the home to identify simple

things they can do to mitigate the risk for further falls, looking at environmental, medicinal, and medical aspect of why the fall happened. It can also be used for wider learning such as are the falls in the home at a particular time, or area etc.

The huddle should be completed as close to when the fall happened, and with the staff involved. This can then be shared with your nurse support from the CCG so it can be peer reviewed and any further learning shared across the wider areas. The tool is attached to this communication.

The use of Fans and Air Conditioning/Ventilation systems during Sustained Community Transmission of Covid-19

As the weather gets hotter, homes may wonder about how they can safely keep staff and residents cool and comfortable. The following provides some principle around the use of fans and air-conditioning.

Principles:

- The preferred way to ventilate a room is to open the windows to allow regular air changes to occur which minimises any potential pathogens to be dispersed (ensuring falls/escape risks are considered)
- Before using a fan/ air-Conditioning/ ventilation systems in any area, a risk assessment should be carried out
- Ideally fans and any item which circulate indoor air should not be used as they could circulate pathogen particles, increasing the risk of transmission. However, it is recognised that some working environments will not be able to maintain safe working temperatures without fans or air conditioning units.

Windows:

- Secure ventilation with outdoor air by opening windows and doors whenever possible
- Ensure regular airing with windows (even in mechanically ventilated buildings)

- Open the window 15 minutes prior to using the room, especially if it has been previously occupied by others (including clinic rooms)
- Avoid open windows in toilets to assure the right direction of ventilation.

Ventilation Systems including Air Conditioning:

- Ensure that the ventilation system is well maintained and in good working order
- Switch air handling units with recirculation to 100% outdoor air; avoiding recirculation of central air
- Switch air conditioning/ventilation to nominal speed at least 2 hours before the building usage time and switch to lower speed 2 hours after the building usage time
- At nights and weekends, do not switch ventilation off, but keep systems running at lower speed
- Keep toilet ventilation 24/7 in operation and Instruct building occupants to flush toilets with closed lid
- Providers should risk assess the use of air conditioning which circulate indoor air
- Ensure that doors are kept shut when in use to help prevent spread of pathogens

Use of Fans

- Avoid use if patient is symptomatic of COVID19
- Switch off fans during invasive procedures
- Aim the fan at a wall and preferably angled to allow the air to re-circulate at a higher level than the occupants of the room
- Keep fan/system clean; revise cleaning schedule to include daily cleaning of fans/blades
- Clean immediately if fan appears soiled
- If someone develops COVID-19 symptoms whilst in the area, turn off fans until area can be deep cleaned.

Further guidance can be found on [REHVA COVID-19 guidance](#) and [COVID-19 in the hospital setting](#)

Skills for Care - offer to the social care sector during COVID-19

Skills for Care is working with the Department of Health and Social Care (DHSC) and has agreed a revised work programme for 2020/21, with a focus on COVID-19. This section provides an overview of Skills for Care's offer to the social care sector.

1. Updated Skills for Care [website](#)

Skills for Care website has been updated with a focus on COVID-19; here, you will find information on the following:

- i. Essential training, delivered by Endorsed Providers and supported by WDF
- ii. Support for regulated professionals
- iii. Support for registered managers
- iv. Support for individual employers

In addition, Skills for Care offer new support in response to COVID-19 in the following areas:

- i. [Sector feedback](#) – the sector can complete Skills for Care short survey on experiences during pandemic and the potential impact they might have on the future of services. This feedback is shared with DHSC regularly and other partners and will inform Skills for Care's ongoing support to the sector in the coming months. Some feedback stories are also available on our website
- ii. [Deployment of nurses](#) – key questions answered and resources available, such as nurse deployment flowcharts and factsheets. Skills for Care also have a dedicated [page](#) for registered nurses in social care and another [page](#) for employers who need to access deployed registered nurses in social care
- iii. [Safe and fair recruitment](#) – Skills for Care new 'one stop shop' dedicated page with recruitment guides, some of which have been updated in light of COVID-19, such as a [supplement](#) to the safe and fair recruitment guide to help employers follow a clear process when recruiting for COVID-19 eligible roles, and a [distance recruitment tips](#) resource on virtual interviewing
- iv. An updated page on Skills for Care's [endorsed providers](#) who are delivering essential online training during COVID-19 (see point 3 for more details).

2. Training

Skills for Care have identified that training remains a priority during this period to ensure there is a skilled and competent workforce. The training is available as three individual packages of learning: **rapid induction programme** (aimed at new staff), **refresher training** aimed at existing staff) and a **volunteer programme**. More info can be found [here](#).

Endorsed learning providers have received grant funding to support employers with the cost of this essential training during this period. A list of Skills for Care's endorsed learning providers can be found [here](#).

3. Programme of support for [registered managers](#)

Skills for Care have opened a new advice line and email inbox to provide registered managers support and answers to questions. A summary [FAQ](#) document has also been produced. Skills for Care [members' Facebook group](#) is now open to all registered managers and front-line managers in similar roles and locality managers have established WhatsApp groups to allow registered managers to stay connected and support networks with virtual meetings.

4. Ongoing support to managers and staff

Skills for Care continue developing their series of [webinars](#) on a range of topics to support managers and their service during the pandemic, some of which are delivered with partners.

POST Falls Huddle

Post falls assessment can reduce the likelihood of further falls. It is important that those residents who have had a fall have an immediate post – falls huddle, to prevent further falls. By completing a post fall huddle, as a home you can quickly review what happened and the future management of your resident. The huddle should involve all the key people who involved in the residents care, then gather your key findings.

If a fall occurs in your home, please contact your CCG Nurse who will visit/MS TEAMS the home to help review or facilitate the huddle.

NHS Number:		
Date of Birth:		
Huddle attendees/Role		Date & Time of fall:
		Date & Time of Huddle:
	Comments	Actions
Does your resident know why they fell?		
Was the fall witnessed?		
What injuries were sustained as a result of the fall?		
Where were the staff at the time of the fall?		
Were there any other residents unwell at the time of the fall?		
What were they doing before for the fall? (the resident)		
Was the call bell used by the resident?		
Does the resident have capacity to use the call bell?		

Unfamiliar Environment?		
Place of fall		
Risk assessment		
Falls assessment prior to admission?		
Falls risk included in handover?		
History of falls?		
Medical history		
Medication list (include new medication)		
Lying and Sitting Blood Pressure (if observations recorded in the home)		
Equipment checked? Such as frames/sticks /ferrules etc.		
Well Hydrated?		
Any palpitations? Chest pain?		
Osteoporosis risk?		
Resident known to have chronic pain?		
Eyesight		
Hearing		

Confusion/disorientation		
Continence status		
Mobility		
Hydration status		
Footwear		
Lighting		
Flooring issues (wet floor)		
Clutter/obstacles		
Were there bed rails available? And/or Used appropriately?		
Staffing levels at the time of the fall? Normal staffing on duty?		
Other circumstances occurring at the time of the fall? e.g Other residents behaviour		
How many agency staff were on duty at the time of the fall?		
Skill mix at the time of the fall		
Staff knew resident?		
Staff up to date with their falls training?		

After undertaking the huddle, please contact your Nurse Facilitator to discuss the following:

What was the cause of this fall?

Were there any contributory factors?

What actions can you take to prevent further falls?

Review of home policy – any policy changes required?

**Duty of Candour – Health and Social Care Act 2008 (Regulated activities)
Regulation 2014: Regulation 20**