

## General Principles

- Novel Corona virus (COVID-19) is a respiratory virus.
- It is mainly spread by droplets from the nose and mouth when an individual is coughing/sneezing.
- These droplets are under the influence of gravity and usually settle within 2m of the symptomatic person in the environment and any objects/equipment within that distance.
- The surrounding environment can become contaminated with the droplets. This means that the virus can be picked up by the hands. This is why hand hygiene remains an important part of infection prevention and control.

**To protect against this virus there are two main strategies:**

### Contact Precautions:

**Following contact precautions will protect you from picking up the virus from a potentially contaminated environment, objects, and individuals.**

Strict hand hygiene is vital i.e. when it is carried out and how it is carried out.

- Liquid soap & warm running water should be used. When this is not available alcohol hand rub can be used providing the hands are visibly clean.
- Avoid touching your face.
- An apron and gloves can provide protection when in close contact with the environment, equipment /objects.

### Droplet Precautions:

- This means protecting yourself from potentially infectious droplets, as they are coughed or sneezed from the infectious person.
- A fluid resistant surgical mask (FRSM) provides protection from infections that are spread by droplets.
- Eye protection should be worn when in close contact with symptomatic people (within 2 metres).

### Remember:

- Don't wear mask around your neck or on the top of your head, it should be worn correctly or disposed of.
- Hand hygiene is essential at all times, whether at home or at work
- Observe guidelines around social distancing.

### Visiting Professionals (e.g. GPs, DNs, Specialist Nurses etc):

- Can a telephone call, or Near Me session be considered?
- Can you talk to the patient or client from outside?
- If not, follow the guidance above.

## Care Homes:

If you are a staff member who works within the office or kitchen area you should not need to use PPE for infection prevention and control purposes. However, if you move within the care home environment and you choose to wear a FRSM, this can be worn for up to 4 hours with asymptomatic residents, or replaced when it becomes wet or soiled (this is classed as sessional use). The guidance from COSLA however is clear and if you feel you need to wear protection you can.

Social distancing of 2 metres must be followed between staff where possible, in staff rooms and shift handovers in staff break rooms and care report handovers.

- Ensure you use the PPE safely and correctly, wash hands, put PPE on outside the person's room and taking it off in the person's room or the area of care, in the correct order and you must wash your hands by carrying out good hand hygiene as per National Infection Prevention and Control manual.

If you are delivering care within two metres of a **non-symptomatic** individual e.g. assistance with clinical care, supporting people to eat or with dressing, washing, toileting or support with oral hygiene and medication (such as eye drops) and in circumstances where you are assisting people to move or reposition:

- Wash hands before donning PPE
- Wear apron, FRSM, eye protection and gloves.
- It is important that gloves and aprons are removed after supporting a resident. Hand hygiene must be carried out and apron and gloves replaced for the next resident. It is important that gloves and aprons are removed between delivering care between residents and hand hygiene is carried out.
- You can continue to wear your mask and eye protection providing it has not become grossly contaminated such as splashed onto, or it becomes wet, for a maximum of 4 hours. This is classed as sessional use but it must be removed during comfort or meal breaks and disposed of.
- The order of removal of PPE is gloves, apron, eye protection and then mask unless person is non-symptomatic and PPE (mask and eye protection) is being worn sessionally.
- Hand hygiene must be carried out once the PPE has been removed.

If you are delivering care within two metres of a **symptomatic** individual (e.g. coughing/fever), e.g. assistance with clinical care, supporting people to eat or with dressing, washing, toileting or support with oral hygiene and medication (such as eye drops) and in circumstances where you are assisting people to move or reposition:

- Wash hands before donning PPE
- Wear apron, FRSM, eye protection and gloves.
- If you are delivering care to a symptomatic individual it is important that the full PPE is changed after delivering care to that individual and that hand hygiene must be carried out after its removal. This applies to any symptomatic, suspected or positive COVID19 persons.
- The order of removal of PPE is gloves, apron, eye protection and then mask. This should be disposed of as normal within the person's bedroom/area of care, then placed into a small plastic bag where it can then be removed to a waste holding area for 72 hours. It can then be disposed of into the usual waste stream.
- Hand hygiene must be carried out once the PPE has been removed.

If eye protection is reusable it should be kept on, but must be decontaminated in accordance with manufacturer's guidelines prior to attending to the next resident.

Social distancing must be followed.