



COVID-19 Infection, Prevention, and Control Guidance for Personal Assistants

Table of Contents

Introduction	1
Section 1 Managing the planning for delivery of PA supports in the home (Service providers and/or Leaders)	4
Section 2 Infection, Prevention and Control for Personal Assistants	6
2.1 PAs should.....	6
2.2 Preparing for a visit.....	6
2.3 On arrival at a Leader's home.....	7
2.4 During the visit to the Leader's home.....	7
2.4.1 Hand hygiene.....	7
2.4.2 Respiratory hygiene and cough etiquette.....	8
2.4.3 Personal Protective Equipment (PPE).....	8
2.5 On completion of the visit to the Leader's home.....	8
2.6 Activities/work outside of the home.....	9
2.7 Personal clothing of PAs.....	9
2.8 Household hygiene.....	9
2.9 Laundry.....	10
2.10 Equipment.....	10
Section 3 Supporting a Leader with suspected or confirmed COVID 19	11
3.1 PPE requirements.....	11
3.2 Before arriving at the house.....	12
3.3 Before entering the house.....	12
3.4 Entering the house.....	12
3.5 On completion of the visit.....	12
Appendix I Frequently Asked Questions.....	14
Appendix II Useful links and information.....	17
Appendix III How to handwash.....	18
Appendix IV How to handrub.....	19
Appendix V Return to work form.....	20
Appendix VI Risk assessment of transport vehicle.....	21
Appendix VII PPE requirements per activities to be performed.....	22



Introduction

Personal Assistants (PAs) play a vital non-medical role in supporting disabled people to lead independent lives. The PA works on a one to one basis with the person in the home and/or in the community. The disabled person is referred to as the “Leader” of the service. The PA is directed in most instances, depending on the service provider, by the Leader of the service. The Leader is in full control of the planning of support types and times. This support is to enable the Leader to have opportunities to make their own decisions and pursue activities of their choosing.

Independent Living

“Independent living” for disabled people is about having the freedom to have the same choices that everyone else has in housing, transportation, education and employment. Independent living is about choosing what aspects of social, economic and political life people want to participate in. It is about having control over your life to, for example, have a family, get a job, participate socially and to realise your goals and dreams. For many disabled people, “independent living” can best be achieved by the employment of Personal Assistants to provide supports where needed.

The Personal Assistance Service (PAS) is a tool that allows Leaders to live independently. The PAS enables Leaders to do all the tasks that they cannot do for themselves. It provides Leaders with the freedom and flexibility needed to live their lives as they chose. A Personal Assistant (PA) is hired to assist with a range of day-to-day tasks that they cannot physically do for themselves. With PAS they are in control and direct the PA to carry out tasks both inside and outside of the home including personal care, domestic duties, assisting in day-to-day tasks such as shopping, support in the workplace or socialising. A PA does not “look after” or “care for” Leaders. Leaders delegate these tasks to PAs and in doing so take back control of their lives.

Purpose of document

This guidance has been developed to support PAs, Leaders and Service Providers to take the best possible Infection, Prevention and Control (IPC) measures to protect both PAs and Leaders from acquiring COVID-19. There is a risk that PAs may be exposed to people with COVID-19 (including a Leader) and a risk that they could spread COVID-19 since it is common for PAs to support multiple Leaders. The purpose of this guidance is to advise on how to best reduce the risks (via individual assessments) as PAs continue to fulfil their critical role.



Scope

This guidance is relevant to PAs as well as those who plan and manage the delivery of these services (Leaders and/or Service Providers). Section 1 of this document apply to all **Leaders and Service Providers** (who manage PA services) regardless of the model of service provision; Section 2 applies directly to IPC measures that **PAs** should be aware of, while Section 3 is specifically addressed to **PAs** where their Leader becomes COVID positive.

General information on COVID-19

The virus which causes COVID-19 is spread mainly through respiratory droplets generated by coughing and sneezing, and through contact with surfaces that the droplets have fallen onto. The virus can survive on surfaces for at least some hours and for up to 2 to 3 days in some cases if not removed or destroyed by cleaning or disinfection.

People are most likely to spread infection around the time that they start to have symptoms. People with severe disease may be more infectious. Some people have become infected from people before those people had symptoms. People usually become sick about five to six days after they become infected but people may become sick as early as 1 day after infection or as late as 14 days after infection.

Most people with COVID-19 will have mild disease and will recover but some develop more serious illness. People at higher risk of developing more serious illness include older people, people who are immunocompromised and those with certain other medical conditions. The most common symptoms of infection include fever, cough, shortness of breath and loss of sense of smell or taste. We now know that many frail older people may not have these symptoms when they first become ill. In some cases, they may just feel generally unwell, lose their appetite, become confused and have an unexplained change in their baseline condition.

One of the best ways of managing the virus is an effective testing programme and comprehensive contact tracing. Testing for COVID-19 is done by taking a swab from the throat and nose. Only one swab is used to collect both samples, with the throat site sampled first. Testing is agreed and arranged through the person's General Practitioner.

HSE COVID 19 Contact Tracing App

PAs, Leaders, and the Leader's close contacts are advised to download this app which has the following functions:

- Alert you if you have been in close contact with someone who has tested positive for coronavirus
- Advise you on what to do to protect yourself and others



- Alert other app users that you were in close contact with, if you test positive for coronavirus

This app is available on the [App Store](#) or the [Google Play Store](#).



Section 1

Managing the planning for delivery of PA supports in the home (Service Providers and/or Leaders)

- Review infection prevention and control training to ensure that all PAs have had basic training in IPC relevant to COVID-19.
- Training should include Standard Precautions, in particular hand hygiene, respiratory hygiene and cough etiquette and in Transmission Based Precautions (Contact, Droplet & Airborne) including the appropriate use of Personal Protective Equipment (PPE).
- Ensure that PAs have access to alcohol hand rub and to items of personal equipment required to deliver the support they provide in a manner that is safe for the Leader and for them.
- The NPHE recommend active monitoring of staff for fever, cough, and shortness of breath. All PAs should be aware of the early signs and symptoms of COVID-19 and who to alert if they have a concern. PAs should be able to contact an appropriate escalation pathway with their Leader or service provider. Confirmation of no symptoms is sufficient. Please see the HPSC website for the most up to date case definition for COVID-19 www.hpsc.ie
- Leaders/Service providers should communicate to PAs any changes in the Leader's health that should make them consider COVID-19.
- Service providers should review the list of Leaders and ensure that it is up to date and that contact details are available for a family member or relevant other person. For Leaders, this includes discussing and forming contingency plan with PAs
- PAs should be told that if they are unwell and have symptoms of COVID-19 such as cough, temperature, shortness of breath or new loss of smell or taste or if they are a contact of someone with COVID-19 they must call their Service Provider (manager) or Leader to alert then that they will be unable to attend work. If a PA develops symptoms while at work, they must report immediately to their Service Provider or Leader and not continue to see other Leaders.
- If a PA is concerned that they may have COVID-19 they should stay at home and self-isolate and contact their doctor or occupational health service by telephone.
- The Service Provider should review the supports and any modification in supports that is required by each Leader in order to mitigate the risks associated with COVID-10 (for example, a Leader may need to have another suitably trained PA who could provide support in an emergency should their PA contract COVID-19 – contingency plan)



- In so far as possible minimise the number of people supported by one PA or reduce it to low number of Leaders by creating hubs or pods with which the PAs work. This can help to limit the number of people infected.
- Ensure that PAs have sufficient time allocated to adhere to any necessary IPC precautions, in particular to adhere to hand hygiene and safe donning, doffing and disposal of any personal protective equipment (PPE) required during their visit.
- If possible and where appropriate, encourage communication with the Leader remotely through use of a mobile telephone or other similar device before a visit to check that they have no new symptoms on that day.
- Leaders and any of their families/friends who enter their home should be advised to let the Service Provider know as soon as possible if the Leader has a new cough, temperature or shortness of breath, are awaiting testing and that they should be advised to contact their doctor right away.
- PAs should be told how to deal with the situation if they arrive at a Leader's home and find that the Leaders condition has deteriorated or other symptoms that suggest COVID-19 as advised above.



Section 2

Infection, Prevention and Control for Personal Assistants

PAs play a vital role in ensuring the safety of their Leaders and of themselves by participating in training, making appropriate use of training and of the alcohol hand rub and PPE (Personal Protective Equipment) provided for their use.

3.1 PAs should:

- Participate in education and training provided and seek to apply it consistently
- Identify challenges with implementing IPC practices in particular settings or scenarios and inform the Leader.

3.2 Preparing for a visit

- Assess your work load
- If you are supporting someone who has COVID-19 it will require sufficient time to follow all relevant aspects of IPC practice and you may require someone to support you
- Check that you have all items you are likely to need for your session of work in your vehicle for example:
 - Own cup/utensils for food and drink
- You will need to perform hand hygiene first and last, after each visit to a Leader's home therefore ensure that you have an adequate supply of alcohol hand rub for all visits
- PPE such as gloves, aprons, and other items are not appropriate as a routine for all tasks but should be available for certain tasks. See 2.4.3 for specific advice.
- Surgical masks should be worn by PAs when supporting a Leader within 1 metre proximity, regardless of the COVID-19 status of the Leader. They should also be worn for all encounters of 15 minutes or more, with other people in the workplace where a distance of 1 metre cannot be maintained.
- If possible, contact Leaders in advance to confirm household members do not have symptoms of COVID-19 or are awaiting testing.
- Ask Leaders and other members of the household to maintain physical distancing when it is practical to do so.



3.3 On arrival at a Leader's home

- Bring a limited number of items you expect to use with you into each Leader's home
- Bring as little as possible of your personal items into the Leader's home (except for the items listed in 2.2 – utensils, towel and clothes). Where it is necessary to bring personal items with you, try to minimise any contact between the Leader and those items.
- If you bring a mobile phone into the Leader's home, try to avoid using the phone during those hours
- Confirm that no member of the household has symptoms of COVID-19
- If the Leader or a member of the household has symptoms that suggest COVID-19, you should leave the room if possible. If this is not possible they should maintain a distance of at least 1 metre.
- Ask Leaders for the contact details of the Leader's circle of support including who they would like to be contacted in situations where they are unwell, for example, family, GP, service provider, as appropriate to the Leader's wishes.

3.4 During the visit to the Leader's home

- On entering the home, avoid unnecessary direct touching gestures including handshaking
- Maintain social distancing when it is practical to do so
- When it is not practical to maintain distance, follow Standard Precautions for all Leaders and additional Transmission-based Precautions where required by the Leader.
- The key Standard Precautions are as follows:

2.4.1 Hand hygiene

Hand hygiene is vital to reduce the transmission of infection in health and other social care settings. This can be achieved by:

- Being bare below the elbow and cleaning your hands with soap and water or with alcohol based hand rub (ABHR) when you arrive at each house and after you leave each house
- When supporting a Leader, hand hygiene must be performed as per the WHO 5 moments of hand hygiene, also before and after the use of gloves, equipment decontamination and after handling of waste and laundry. See Appendix 1 and 2 for more information on hand hygiene.



2.4.2 Respiratory hygiene and cough etiquette

All PAs and Leaders should adhere to respiratory hygiene/cough etiquette at all times. A supply of tissues as well as access to alcohol based hand rub (ABHR) is required for all PAs

- Cover your mouth and nose with a disposable tissue when coughing and sneezing to contain respiratory secretions
- Discard used tissues into a waste bin immediately after use and clean hands
- If you do not have a tissue, cough into your forearm or the crook of your elbow
- Perform hand hygiene
- Avoid touching your face (eyes, nose, or mouth) with your hands
- Maintain a distance of 1 metre or more from Leaders unless necessary

2.4.3 Personal Protective Equipment (PPE)

All PAs must be trained in the proper use of all PPE that they may be required to wear. In a pandemic situation where stock shortages may be anticipated, new or different PPE items may need to be procured. The unnecessary use of PPE will deplete stocks and increases the risk that essential PPE will not be available to staff when really needed.

- Surgical masks should be worn by PAs for all encounters of 15 minutes or more, where a distance of 1m cannot be maintained, regardless of the COVID-19 status of the Leader
- Disposable gloves and plastic aprons are recommended for tasks including contact with body fluids such as handling soiled personal clothing/bed linen or clearing up spills of urine or handling waste. Other types of PPE should be used depending on the activity undertaken as detailed in **Appendix VII**.
- Used items of PPE should be disposed of by placing in a waste bin the Leader's home
- Hand hygiene should be performed immediately before and after putting on gloves, and gloves should be removed immediately after tasks are completed
- Shoe covers are not recommended

3.5 On completion of the visit to the Leader's home

Perform hand hygiene after leaving the Leader's home and before returning to your vehicle. There is no indication that use of a personal vehicle (that the PA is using to drive to/from work but not sharing with the Leader) is a contributor to the overall risk of infection to staff, and no specific cleaning or decontamination of vehicles used for home visits is recommended.



3.6 Activities/work outside of the home

The use of public transport should be avoided in line with current restrictions. However, travel for medical appointments, to visit someone in your support bubble or any other compassionate reason is considered essential travel. PAs and Leaders should follow existing public health guidelines when travelling on public transport.

PAs who use public transport to go to work should follow the standard public health guidelines.

When sharing a vehicle, an individualised risk assessment should be carried out. PAs and the Leader should wear surgical masks when travelling together in any vehicle where 1 metre distance cannot be maintained.

See **Appendix VI** for a more comprehensive risk assessment for transport.

3.7 Personal clothing of PAs

There is no need to change work clothing before leaving a Leader's home if PPE is worn appropriate to the task being undertaken. When laundering clothes that are worn to work normal household laundry practices can be expected to inactivate the COVID-19 virus and most other common pathogens. Key principles to follow:

- A ten-minute wash at 60 degrees is sufficient to remove most micro-organisms or leaving in sealed bag for 72 hours
- Using detergents mean that many organisms can be removed from fabrics at lower temperatures. However, it is recommended that clothes are washed at the highest temperature suitable for the fabric
- Clothes used for work as a PA should be laundered separately from other household linen in a load not more than half the machine capacity at the maximum temperature the fabric can tolerate
- The risk of virus transmission from footwear is likely to be extremely low

3.8 Household hygiene

PAs should bring their own cup and utensils. Eating and drinking utensils should be cleaned in a dishwasher or with hot water and washing liquid after use. These can be dried and reused. Regular cleaning products should be used for cleaning.



3.9 Laundry

If you assist with laundry, avoid shaking any clothing. Machine wash clothes in accordance with manufacturer's instructions. Dirty laundry that has been in contact with an ill person can be washed with other people's items.

If the Leader does not have a washing machine, wait a further 72 hours after the 14-day isolation period has ended; the laundry can then be taken to a public laundry service.

Heavily soiled items with body fluids, for example, vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.

3.10 Equipment

Any equipment taken in and out of a Leader's home should be cleaned and disinfected by using a combined detergent and disinfectant wipe prior to leaving the house and placed in your car and before entering another house. Also refer to manufacturer's cleaning instructions.



Section 3

Supporting a Leader with suspected or confirmed COVID-19

If a Leader is unwell with C-19, they will need to agree with Service Provider a support plan which balances their independent living support needs (as minimal as is safe), with due care for PAs health. The support provided by PAs is not expected to be medical and their role is the same as in times of mild illness. The main differences are the protective measures adapted by the PAs and Leaders. As with any other illness, the Leader should refer to the relevant healthcare professional if their symptoms become more severe which may include contacting their GP or hospitalisation.

If a home visit is planned for a Leader with suspected or confirmed COVID-19, this requires careful planning by all parties and it may be necessary to have a second to PA to support. Where PPE is worn appropriately and the PA cleans their hands regularly and the room is well ventilated, the PA should be able to continue to work with other Leaders. In an ideal world, if feasible, the PA should be assigned to the Leader who is suspected/confirmed until they have been identified as either COVID-19 negative and are symptom free for 48 hours OR 10 days have elapsed since the first onset of symptoms and they are fever free for the previous 5 days. If a home visit is planned to a household where there is a person with COVID-19 but the person affected is not the Leader, the affected person should remain in a separate room from the PA for the duration of the visit. This is the most effective way to manage the risk and may avoid the requirement for use of complex PPE that may prolong the visit. PPE should always be organised before entering the Leader's home.

3.1 PPE requirements

- Surgical mask
- Plastic apron
- Eye protection (required if there is a risk of splash/contact with body fluids)
- Disposable gloves
- Disposable waste bags
- Detergent wipes
- Alcohol based hand rub

Additional supplies may be required depending on the type of support needed. The wearing of PPE does not suggest the PA takes on medical tasks.



To remain in your personal vehicle/bag:

- Spare black bags
- Plastic bags
- Alcohol based hand rub

3.2 BEFORE ARRIVING at the house

- Ask questions to form an update on the nature of the Leader's/or household member's current condition. You may be familiar with the Leader and where possible how contact should be limited
- Establish if there is a porch, hallway or corridor just inside the entrance door. Request that a small table or chair be placed in the hall or in a room just off the hall to provide you with a work area to don PPE
- Establish if there are other people in the house and if so, ask that they are not to greet you and if possible to remain in a room or rooms separate from the Leader you are supporting, and to avoid contact with you. Make it clear in particular that handshaking should be avoided
- Establish if there are companion animals and if so, ask that they are safely contained so that they do not interrupt or distract you.

3.3 BEFORE ENTERING the house

- If possible, telephone the Leader to request that the entrance door is left ajar or that the key is unlocked to allow you to enter without engaging with other living in the house, so long as it is safe to do so – taking into consideration the Leader's choice.
- Confirm that companion animals are contained securely
- Confirm that other residents, particularly children are in a place away from the entrance and the room occupied by the Leader

3.4 ENTERING the house

- Perform hand hygiene.
- Don PPE appropriate to the task and Leader
- Explain to the Leader that you will limit contact to that which is necessary

3.5 ON COMPLETION of the visit

- Remove PPE in accordance with the correct sequence shown in HPSC videos



- Remove gloves and perform hand hygiene with ABHR
- Remove apron or gown and dispose in a domestic waste bag
- Remove mask and discard into waste bag
- Tie the bag and place in black bag, advise the Leader to dispose in normal waste after 72 hours (you may want to use a date label on the outer bag)

After leaving the residence: perform hand hygiene



Appendix I

Frequently Asked Questions

a) What is standard PPE?

Standard PPE includes facemask, gloves, aprons and hand sanitizer

b) What is Enhanced PPE?

Enhanced PPE includes facemasks, gloves, goggles/visors, full sleeved gowns or coveralls. Staff required to use enhanced PPE will receive training. The enhanced PPE should be provided to PAs in PPE packs, where required. The PPE packs should contain:

- A printed copy of how to put on and take off PPE
- A gown or coverall
- An apron (in case the coveralls are too small to close an apron can be put on over/underneath the coverall)
- Two pairs of gloves
- Facemask
- Hand sanitiser (tiny miniature bottles but they may not need to be included as there are small/medium/ large bottles available)
- Two waste bags for double bagging (**removed PPE is to be kept double bagged for 72 hr before putting in general waste**)
- Sticky labels for dating black bags
- A small plastic bag to hold all the above.
- (Some packs will be made with goggles/face-shields in the event of a person with symptoms of cough/respiratory symptoms).

c) My Leader is a close contact of a confirmed case?

Leader to be referred to GP for a Covid test (either symptomatic or non-symptomatic). Contact the Service Providers clinical team where available for advice. It is best practice to limit amount of staff exposure to them while awaiting test results. Ideally staff who worked with them in the previous 48 hours of becoming informed they are a close contact should work solely with them. These staff to wear enhanced PPE for tasks where social distance cannot be maintained. Full 14 days restrictions of movement required. Two negative results may be required. If positive test received derogation process implemented. Contact tracing to occur.



d) My Leader has a family member who they live with who is symptomatic?

The family member should self-isolate where possible and limit contact with staff. Standard PPE to be used unless Leader demonstrates symptoms of COVID. If family member tests positive or if Leader becomes symptomatic, contact the Service Provider's Clinical Team where available.

e) A PA's family member's work colleague has tested positive? Can the PA still work?

The PA can remain at work if their family member is non-symptomatic whilst awaiting a test/results and has a negative Covid test. The family member must contact their GP for a Covid assessment. If the family member receives a positive test result or the family member becomes symptomatic, the PA must restrict their movement and contact their GP for a medical assessment.

f) A PA's child is deemed symptomatic of Covid (not just a runny nose), can the PA still work?

No the PA cannot work if their child is symptomatic or any household member is symptomatic. The PA must contact their GP for medical advice before a decision can be made if the PA can return to work.

If the PA's child is tested and diagnosed with COVID-19 and if they can't be isolated at home and there is an ongoing exposure risk, household contacts should restrict movements for 17 days from the onset of symptoms in the case (or date of test if the confirmed case was asymptomatic).

g) My PA has been contacted by their child's school to say that another child in the class/bubble have tested positive. Can my PA still work?

PA to consult their GP. If their child is non-symptomatic of Covid, the PA can continue to work. The PA (parent) is a contact of a contact (see flowchart for further information).

h) My PA has returned from overseas and said they would get a private Covid test on return to Ireland. Can they return to work if the test result is negative?

No the PA must restrict their movements for 14 days as per government guidelines.

i) A family member returns from overseas travel and stays with my PA. Can the PA work?

The PA can work as normal once the family member restricts their movement and remains non-symptomatic. If the family member develops symptoms, they



must self-isolate immediately and contact their GP for a Covid Assessment.
The PA must then restrict their movements.

- j) A PA is a close contact of Covid 19 and tested negative. Does the PA still need to restrict their movement for 14 days since last exposure?

Yes the PA must still restrict their movements for 14 days regardless of negative test result. The PA may also be referred for a second test 7 days after exposure. This is decided by their GP.

- k) When can a PA who tested positive for Covid 19 return to work?

The PA must have completed the mandatory 10 days isolation with the final 5 days consecutively fever/symptom free. The PA must obtain a return to work certificate from their GP.

- l) Covid Testing of Leaders: Test at home or transport required:

If a Leader is referred for a Covid test, they may be referred to attend a testing centre. If they cannot travel or access the test centre, the GP can arrange for testing to be completed at home however there are noted delays in this. It is preferable for service users to avail of a test at a test centre where possible to limit delays in obtaining test results.

- m) Can a PA wear a face-covering or visor as an alternative to a facemask?

No: HSE medical standard disposable facemasks should be worn. Wearing visors, over the counter facemasks and re-useable face coverings are not permitted.



Appendix II

Useful links and information

A comprehensive range of guidance documents is available at www.hpsc.ie. Please check this website on a daily basis as guidance is regularly updated as the situation evolves. This document is to be read in conjunction with relevant guidance available on HPSC website

Case definition

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casedefinitions/>

Personal protective equipment guidance

<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/>

Video resources for donning and doffing PPE

<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/videoresourcesforipc/>

Staff wellbeing

<https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>

HSE Land Hand Hygiene module or at least the 2 quick reminder videos on the COVID19 page www.hseland.ie

Doffing ear looped surgical masks:

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/videoresources/>

<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/videoresourcesforipc/>

<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/useofsurgicalmasksinhealthcaresetting/>


An information booklet for home helps and personal assistants, which is available online:

<https://www.hpsc.ie/az/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/File,13739,en.pdf>

Appendix III How to Handwash

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the entire procedure: 40-60 seconds



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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May 2009

Appendix IV How to Handrub

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: 20-30 seconds

<p>1a</p>  <p>Apply a palmful of the product in a cupped hand, covering all surfaces;</p>	<p>1b</p> 	<p>2</p>  <p>Rub hands palm to palm;</p>
<p>3</p>  <p>Right palm over left dorsum with interlaced fingers and vice versa;</p>	<p>4</p>  <p>Palm to palm with fingers interlaced;</p>	<p>5</p>  <p>Backs of fingers to opposing palms with fingers interlocked;</p>
<p>6</p>  <p>Rotational rubbing of left thumb clasped in right palm and vice versa;</p>	<p>7</p>  <p>Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;</p>	<p>8</p>  <p>Once dry, your hands are safe.</p>

 <p>World Health Organization</p>	<p>Patient Safety <small>A World Alliance for Safer Health Care</small></p>	<p>SAVE LIVES <small>Clean Your Hands</small></p>
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May 2009



Appendix V Return to Work Form

Return to Work Form to be completed **3 days** in advance of the return to work after the PA has recovered from COVID-19 or suspected COVID-19.

Employee Name: _____

Location: _____

	Yes	No
1. Do you have symptoms of cough, fever, high temperature, sore throat, loss of taste or smell, runny nose, breathlessness or flu like symptoms now or in the past 14 days?		
2. Have you been diagnosed with COVID-19 infection in the last 14 days?		
3. Have you been told you are a Contact of COVID-19 and should self-isolate?		
4. Have you been advised by a doctor to cocoon at this time?		

Signature: _____

Line Manager Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

This form has been adapted from the Health and Safety Authority - [https://www.hsa.ie/eng/topics/covid-19/return to work safely templates checklists and posters/](https://www.hsa.ie/eng/topics/covid-19/return%20to%20work%20safely%20templates%20checklists%20and%20posters/)



Appendix VI Risk Assessment of Transport Vehicle

	Yes	No	ACTION
1. Will the driver be keeping a private and confidential passenger manifest for use if contact tracing subsequently becomes necessary and will all passengers (and or family members) be made aware that such a list is being kept, and the purpose for which the data will be used if required?			
2. Will cleaning products and tissues be available within the vehicle to clean the surfaces which are most frequently contacted at the start and end of the journey? e.g <ul style="list-style-type: none"> • External door handle • Key(s)/fob(s) • Steering wheel • Dashboard (including driver switches) • Inside door buttons/latches, including window switches/latches) • Seat belt and buckles • Indicator • Gear stick • Hand brake • Fuel filler cap and release button • Touchscreens/buttons including radio and ventilation controls • Mobile phone and handset • Internal mirror • Handrails • Chairs and arm rests • Control for lift etc The type of cleaning method chosen must take into consideration the type of surface being cleaned. (Note: disinfectant should not be used unless there is a specific requirement – e.g. a spill of body fluids)			
3. Is waste kept in a suitable lidded receptacle and removed from the vehicle at the end of each journey?			
4. Are the PA and Leader aware that car-pooling is not advised?			



Appendix VII PPE requirements per activities to be performed

Activities to be performed	PPE requirements
<p>Delivery of nebulised medications via simple face mask (This is NOT considered an aerosol generating procedure as it is not supported by evidence or plausible hypothesis and not recognised by most national bodies.)</p>	<p>Hand Hygiene Surgical Face Mask Gloves Gown OR Plastic Apron Risk Assessment Re: Eye Protection</p>
<p>All service users who do not require an aerosol generating procedure but do require high contact service user care activities that provide increased risk for transfer of virus and other pathogens to the hands and clothing of health and social care workers including (but not limited to)</p> <ul style="list-style-type: none"> • Close contact for physical examination / physiotherapy • Changing incontinence wear • Assisting with toileting • Device Care or Use • Wound Care • Providing personal hygiene • Bathing/showering • Transferring a service user • Care activities where splashes/sprays are anticipated 	<ul style="list-style-type: none"> • Hand Hygiene • Disposable Single Use Nitrile Glove • Long sleeved disposable gown (where available) * • Surgical facemask • Eye Protection** <p>*If gowns are not available, disposable aprons provide substantial protection. The value of a plastic apron is less if staff are not bare below the elbow as long sleeves are easily contaminated (CCO letter 25/03/2020)</p> <p>**Eye protection is recommended as part of standard infection control precautions when there is a risk of blood, body fluids, excretions or secretions splashing into the eyes.</p> <p>Individual risk assessment must be carried out before providing care. This assessment will need to include</p> <ol style="list-style-type: none"> 1. Whether service users with possible COVID-19 are coughing. 2. The task you are about to perform



<p>All service users where the tasks being performed are unlikely to provide opportunities for the transfer of virus/other pathogens to the hands and clothing. Low contact activities for example</p> <ul style="list-style-type: none"> • Helping to feed a service user 	<ul style="list-style-type: none"> • Hand Hygiene • Disposable Single Use Gloves* • Disposable Plastic Apron • Surgical facemask • Eye Protection** <p>*Gloves must be changed between service users and hand hygiene must be performed before and after putting on gloves on.</p> <p>**Eye protection is required to be worn as part of standard infection control precautions when there is a risk of blood, body fluids, excretions or secretions splashing into the eyes.</p> <p>Individual risk assessment must be carried out before providing care. This assessment will need to include</p> <ol style="list-style-type: none"> 1. Whether service users with possible COVID-19 are coughing. 2. The task you are about to perform
<p>Cleaning</p>	<p>PPE Requirements</p>
<p>Cleaning where the person with suspected or positive COVID-19 is</p>	<ul style="list-style-type: none"> • Hand Hygiene • Disposable Plastic Apron • Surgical Facemask • Household or Disposable Single Use Nitrile Gloves

Adapted from Table 1: Recommendations for the use of PPE during COVID-19 pandemic in “Current recommendations for the use of Personal Protective Equipment (PPE) for Possible or Confirmed COVID-19 in a pandemic setting” V2.2 22.09.2020