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Prevention and Preparedness for COVID-19 in a residential facility for people with disabilities.

Questions and Answers from Webinar

27/04/2020

Questions posed during the "Prevention and Preparedness for COVID-19 in a residential facility for people with disabilities." Webinar on April 27, 2020 have been compiled into this Q&A document. Please refer to the HPSC and HSE Library websites on an ongoing basis for up to date guidance and advice. V1 05/05/2020

Contents

As you are aware, this pandemic is evolving very rapidly, so it essential that you keep updated and please refer to the following websites regularly for updates: www.hse.ie/coronavirus and www.hpsc.ie .

Section 1: PPE – There were multiple questions on the wearing, use and disposal of PPE:

1.1 Use of Facemasks:

1.1.1 Q: Is there any advice on use of home-made masks where there are no suspected or confirmed cases of Covid-19?

A: No- the current recommendation is that single use surgical facemasks should be used and this is the current national guidance for all healthcare workers in the situations outlined by NPHET. This guidance is summarised to include the following:

- Recent recommendation on routine use of surgical masks by healthcare workers in the context of pandemic COVID-19
- To reduce the risk of droplet transmission of infection to the wearer
- To reduce the risk of droplet transmission of infection to others

Surgical masks should be worn by healthcare workers when providing care within 2m of a client, regardless of the COVID-19 status of the patient

Surgical masks should be worn by all healthcare workers for all encounters, of 15 minutes or more, with other healthcare workers in the workplace where a distance of 2m cannot be

Hand Hygiene, respiratory etiquette and social distancing remain key to prevent COVID-19 transmission.

1.1.2 Q: Facemasks, although the rationale is understood, has left a significant number of units unable to fulfil the guideline. Have you any advice that you can offer line managers to manage this? Currently it is not possible to adhere to this due to the supply being so slow.

A: The recommendation from NPHET for universal use of facemasks in situations where in contact with clients and healthcare workers will have an increased impact on supply. In order to ensure that services are in a position to get supplies of surgical masks; this should be part of the contingency planning by service managers to ensure the recommendation is adhered to.

1.1.3 Q: What constitutes a healthcare setting under the terms of this guidance? Does it cover the following?

a. **residential settings/group homes for people with disabilities**
b. **Overnight/full time service provision in a person's own home (individualised services)**
c. **Community supports (in a person's own home or elsewhere e.g. Personal Assistant support)**

A: Yes the guidance on facemask usage applies to all of the above settings. In addition, a healthcare setting is any setting where health care is delivered and this includes the client's own home.

1.1.4 Q: Can you please clarify, with examples, when staff should wear masks while working for 15 minutes or more with other healthcare workers where a distance of 2m cannot be maintained? A lot of ID settings are community houses, 5 bedded houses 6 clients, 3-4 staff for example.

A: Facemasks should be worn when staff are within 2 meters of each other for 15 minutes or more. In the example above, with a large number of staff working in a small environment, they may have to wear masks for significant amounts of time. Every service needs to consider locally activity within their facility as the recommendation issued by the NPET applies to wearing of masks in all healthcare services. If there are circumstances where healthcare staff unavoidably need to be closely congregated for more than 15 minutes beyond the recommended 2 metres the recommendation applies. The practical advice would be to review current situations where this arises and determine if changes may be made to activity where possible to support the physical 2 metre distancing.

1.1.5 Q: Is there derogation for situations where a person being supported will not be able to tolerate staff wearing masks?

A: I am not aware from an IPC perspective of any derogation and it may be best to review the circumstances with the Head of your service and liaise with Occupational Health Service.

1.1.6 Q: Should Service Users wear masks during personal care being carried out by staff?

A: This is not the current guidance which recommends the wearing of masks by staff only at this time. There is no requirement that service users wear facemasks when personal care is being carried out in their environment where they are being cared for. In circumstances where service users leave their dedicated isolation room /cohort area it is recommended they wear a face mask. This includes attending an essential out resident appointment or procedure in another location where possible

1.1.7 Q: Can you give some guidelines around the usage of masks for staff in centres where there is not a suspected or confirmed case? Are they single use? Should a new mask be used each time you support a different client? This may be just to administer meds rather than intimate personal care.

A: As noted in a previous answer, surgical masks apply for all circumstances outlined within the 2metre distance regardless of whether there is COVID-19 positive or non COVID circumstances. If you are working e.g. in a unit of the facility where multiple clients are being cared for then the mask may

be worn for the duration of the session provided it remains on the face and not pulled up or down, is not damaged or becomes wet or soiled . The mask should be removed when leaving this location e.g. going for lunch time break.

I am also giving an example of working in a COVID-19 related residential facility. If you are caring for one individual who is suspected /confirmed positive with COVID-19 you should remove all PPE including mask and discard when leaving the isolation room. In the situation of a number of residents who are cohorted together in one designated area, sessional use of PPE (e.g. a gown, mask and eye protection) may take place for the duration of the healthcare workers time within this designated area. It is however very important that gloves are removed and a clean pair of gloves applied between resident use (or as required) and hand hygiene performed on each of these occasions**.**

1.1.8 Q: If you are going to be working with two people for > 15 minutes - can you wear the same mask between both people to save on PPE?

A: Only in the situation of providing sessional care as outlined in the previous answer.

1.1.9 Q: Can surgical masks be used between service users in a clustered community environment when there is NO suspected or confirmed case.

A: See previous answer as I assume this refers to a one site unit or facility. If going between different wards/units it is recommended the PPE including mask is discarded and a clean mask applied. In the situation of a house to house environment it is recommends the PPE including mask is removed and discarded upon leaving each home.

1.1.10 Q: The directive came out about the use of masks including the use in social care - but the chain of supply is so limited - cause of anxiety for all?

A: As part of the facilities contingency plan, the provider must risk assess the likely requirement for masks and link with their CHO to support the sourcing of this.

1.1.11 Q: Do you need to wash your hands and use hand gel prior and after use of mask?

A: Yes hand hygiene is critical after removing all PPE and includes the mask. Hand gel alone is sufficient but where the hands are visibly soiled, hand washing using the proper technique for 20 seconds is required.

1.1.12 Q: If a person supported needs assistance using a nebuliser, i.e. staff member needs to adjust/ hold a mask in place, should it be treated as an AGB due to the close contact required?

A: Administration of nebulised medication is not an AGP associated with an increased risk of infection and does not require airborne precautions including the use of a respirator mask. Droplet and contact precautions still require to be followed when this activity concerns suspected/confirmed cases of COVID-19.

1.2 Disposal of PPE:

1.2.1 Q: Please advise if we should double bag PPE waste in all houses or just in houses with a confirmed/ suspected case?

A: This recommendation applies to houses with suspected/confirmed COVID-19 cases.

1.2.2 Q: For facemasks used for routine care of non-Covid residents do they need to be discarded as clinical waste or in the general waste?

A: If there is no suspected/ confirmed residents in the facility with COVID-19 related then standard precautions apply and the waste may be discarded as normal household waste.

1.3 Videos on correct use of PPE:

Q: Have you any recommendations of videos for the correct use of PPE?

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

Section 2 - Reducing the risk of spread of COVID:

2.1 Craft Workers - precautions

Q: We have had an issue with Craft Workers going out to residential premises are not being told of infected residents and are going finding out by accident later.

A: While it would be better to be told in advance, it is best to work on the basis that there may be someone with a diagnosis and precautionary measures should be taken. In addition, it may be possible that craft workers may have Covid and not be aware of it. Precautionary measures will therefore reduce the risk of spread.

Q: If a client lives on their own (with support staff), do they need to remain in their bedroom if they test positive?

A: If the person is able to tolerate isolation with supports, then it is recommended that they remain in isolation in their own room.

2.2 Residents returning from hospital to their Residential Care Facility

Q: Can you provide guidance that we need to take for people supported that may need to attend hospital for non COVID related health issues? What measures should be in place for the person

supported and the staff that may have supported them if necessary when they return to a residential house where other vulnerable people live?

A: See Resident Transfers in the latest version of the *Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units.*

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/algorithms/COVID-19%20Assessment%20and%20testing%20pathway%20for%20RF%20and%20LTCF.pdf

2.3 Washing of staff clothes

2.3.1 Q: Can you please clarify the washing of our clothes which are worn in work please?

A: The guidance on PPE sets out the recommendations for washing clothes.

https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/guidance-on-the-use-of-ppe-in-disability-services.pdf

2.3.2 Q: We are changing out of our uniforms and washing them at home. Is this the right protocol?

A: It is recommended that staff change their clothes before leaving work and launder them at home in line with the guidance

2.3.3 Q: Is there a requirement for staff to change their clothing at the end of shift in non C-19 confirmed /suspected locations?

A: There is no current requirement in the guidance that states this but staff may decide to do so in personal preference. It is better practice for staff to change clothes at the end of their work shift before leaving the residential service.

2.2.4 Q: Guidance states that clothes worn (uniform or otherwise) during a shift must be changed before the staff member exits the workplace to avoid cross contamination in the community. These clothes must then be washed using hot water (>65 degrees for at least 10 minutes) and standard laundry detergent and dried in a dryer on as hot a setting as the fabric allows (see Management of Linen). Most domestic machines have either a 60 degree or 90 degree option but not a 65 degree option. Clothes are being damaged by the higher temp cycle.

A: Staff uniforms/clothing (from HPSC guidance)

• Staff uniforms are not considered to be personal protective equipment.

• Uniforms should be laundered daily and 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 tumble dried.

• Staff should avoid bringing personal items, including mobile phones into isolation or cohort areas.

2.4 Temperature checks of staff

2.4.1 Q: We are checking client and staff temperatures once daily. Is the recommendation to take twice?

A: Yes the recommendation is twice daily – as they come on their shift and when they are finishing their shift.

2.4.2 Q: What is the temp cut off? It was 38 and now maybe 37.5 - any guidance?

A: A fever is defined as 38 degrees Celsius or above.

2.4.3 Q: In a home support service environment regarding temperate taking of staff – should/must employer provide staff member with thermometer to facilitate twice daily temperate taking?

A: There are situations where it is not practical to take staff temperatures such as for home support staff. In this situation it is important that each staff member be aware of their own health and the symptoms to watch out for and if symptomatic, should contact their employer before starting work for advice.

2.5 External Services

Q: Some residential centres have PAs which would be considered essential care, providing personal care in addition to social supports for residents along with the residential provider. Therefore there are two Providers providing services to residents which increase the risk of transmission. Should the residential provider look to minimise external services for the next few weeks/ months?

A: While it would be better to be told in advance, it is best to work on the basis that there may be someone with a diagnosis and precautionary measures should be taken. In addition, it may be possible that PAs may have Covid and not be aware of it. Precautionary measures will therefore reduce the risk of spread.

Section 3 Testing for COVID-19

3.1 Timeline for results

Q: Is there a time frame for test results for staff/service users from a residential care facility?

A: The goal is to return results within 48 hours. However, this will vary depending on laboratory capacity, reagent availability and numbers of tests to be reviewed.

Section 4 Treatment for COVID-19

4.1 Clinical Pathway for person suspected of COVID-19 in social care led residential services

Q. How can we up skill social care workers to be able to monitor a confirmed COVID-19 in order to ensure that they are not deteriorating and know when to escalate their treatment – we have NO nurses on staff?

A. There are supports in each CHO to help staff – your first port of call is the GP and Public Health who will put you in touch with the local COVID response team and there are also registered nurses in intellectual disabilities who are available to give advice.

https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/algorithm-social-care-led-residential.pdf

Section 5 – Residents' Rights

5.1 Right to refuse testing or treatment

Q: The right for service users to refuse testing, refuse staying in isolation (due to capacity issues) , refuse to wear mask or have temp taken, refuse to move to a cohort area if confirmed or suspected?

A: 'Currently, there is no legal authority either by way of statute, or common law that will allow for the mandatory testing of an individual i.e. you cannot impose a COVID 19 test upon an individual without their consent' (ref: **Asim A. Sheikh BL**, **Prof. Mary Donnelly** 24th March 2020)

This applies to all medical treatment and interventions.

Some of the individual's we support may be frightened, they may need to pace and walk around to reduce feelings of anxiety for example. In all that we do at the moment we should maintain a person centred approach as we consider how best to adhere to the HSE guidelines which are ultimately concerned with IPC, reducing the spread of COVID 19 and ensuring that individuals who have tested positive for COVID 19 receive treatment. Safe relating for the individual and others should also guide our decisions.

Accessible information shared by staff that are known and trusted is important now, as is introducing the individual to some of these health tasks gradually using desensitisation. Take a measured and pragmatic approach in all decisions, document decisions made and should any rights restrictions need to be considered this should only occur in consultation with a MDT, will all decisions clearly documented and notified as required.

https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/guidance-for-testing-for-covid-19-in-disability-services1.pdf

https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/guidance-on-supporting-a-person-with-additional-needs-who-becomes-distressed.pdf

https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/support-to-avoid-or-manage-stress-for-individuals-with-a-disability-in-a-pandemic.pdf

Q: How far should organisations go to get service users to have a test for COVID-19?

A: see above guidance

Section 6 - MISCELLANEOUS -

6.1 Precautions for Staff

Q: What precautions should be taken for residents that may spit at staff?

A: This is a very important question to ask; as it means that you are planning and preparing for such an event. As with all behaviours of concern, it is important to consider why an individual may spit, and how can they be supported to have this need met in another way. Remember all behaviours communicate a message so the individual is trying to tell you something. The next thing to consider is when is the person more likely to do this and when are they less likely, this way we can try and increase the situations when the behaviour is less likely and decrease the situations where the behaviour is more likely. While we are doing all of this, we also need to consider what PPE may be available and how we then set out a 3-5 step protocol for staff so that they can safely provide care and support.

6.2 Link for Webinar 27/04/2020

Q: Is it possible to get the whole video of the webinar emailed to participants?

A: https://youtu.be/odQs5gYOYmo

6.3 Future Planning

Q: Planning for after the lockdown is lifted?

A: The National Disability Office is leading a planning process for the coming months as restrictions are eased. These will be available and communicated as they are developed.

We envisage that the lockdown or current restrictions will be lifted gradually and incrementally. Infection prevention and control will become our new normal. For many of us we will adapt to this change readily and hopefully easily enough, with our habits on keeping ourselves and others safe now automatic. It will include physical distancing and adhering to the criteria set out by the HSE for safe relating. For some though, we will also need to consider loss, bereavement and the impact of the restrictions imposed on them. This may require additional support in the form of pastoral care, psychological therapies and time and compassion to support them as they understand and come to terms with all that they have experienced.