

LBN Covid - 19 Safeworking Guidance

Risk assessment for processes and visits

Assess whether the process or visit is needed. Ask whether or not it can be carried out remotely or delayed,

- How do I know if a household of a client is Covid-19 positive?
 - Any symptoms of new cough or fever starting within 14 days? Make a screening call and log results using your usual workflow software system,
 - A confirmed test diagnosis with symptoms starting within 14 days,
- When should I assume a household is positive?
 - If a child is in the house, presume they are positive. Young children do not usually have symptoms but shed the virus. Older children especially 12+ may be actively unwell
 - There is no history or evidence of illness and recovery from Covid-19 and the person has cough /cold symptoms.
 - Discharge from the hospital was < 14 days ago without a history of complete recovery from Covid19.
- When should I assume a household is negative?
 - If there is a clear history of a Covid-19 like illness which has resolved >17 days ago (72 since last symptoms) and NO ONE in the household has any symptoms (cough/cold/fever).
 - The household has a resident on the NHS shield list who is well.

Visits to presumed negative, non Covid-19 and shielded homes.

- You should always wash hands on entering the property and dry using your own towel.
- Maintain a distance of at least 2 m (3 large steps) from all residents.
- Avoid touching your face or clothes.
- Wash your hands on exiting the property. Ask the resident to open the door for you to exit after you have washed your hands.
- **You must not visit a shielded home if you are even slightly unwell. Even regular colds can be life threatening.**

Visits to presumed negative non covid-19 homes requesting mask use

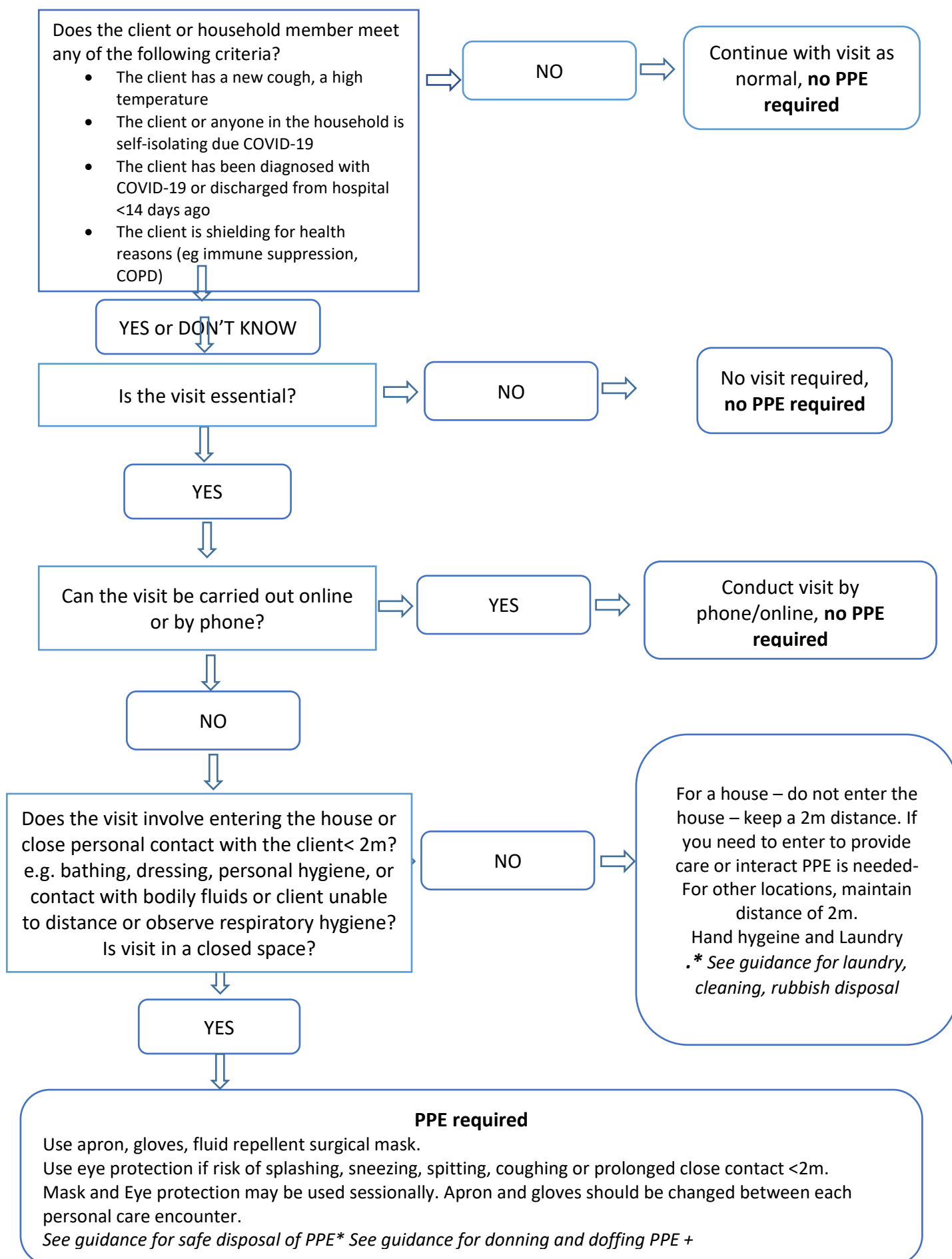
LBN policy of self-isolation for any symptoms however minor (a new runny nose, cold, etc) means no one who is symptomatic should visit. The virus needs to be shed to infect someone and is shed in body fluids (sneeze, cough, sputum, tears and diarrhoea).

Being well and observing hand hygiene and respiratory hygiene with the 2m social distancing will protect your clients as much as possible.

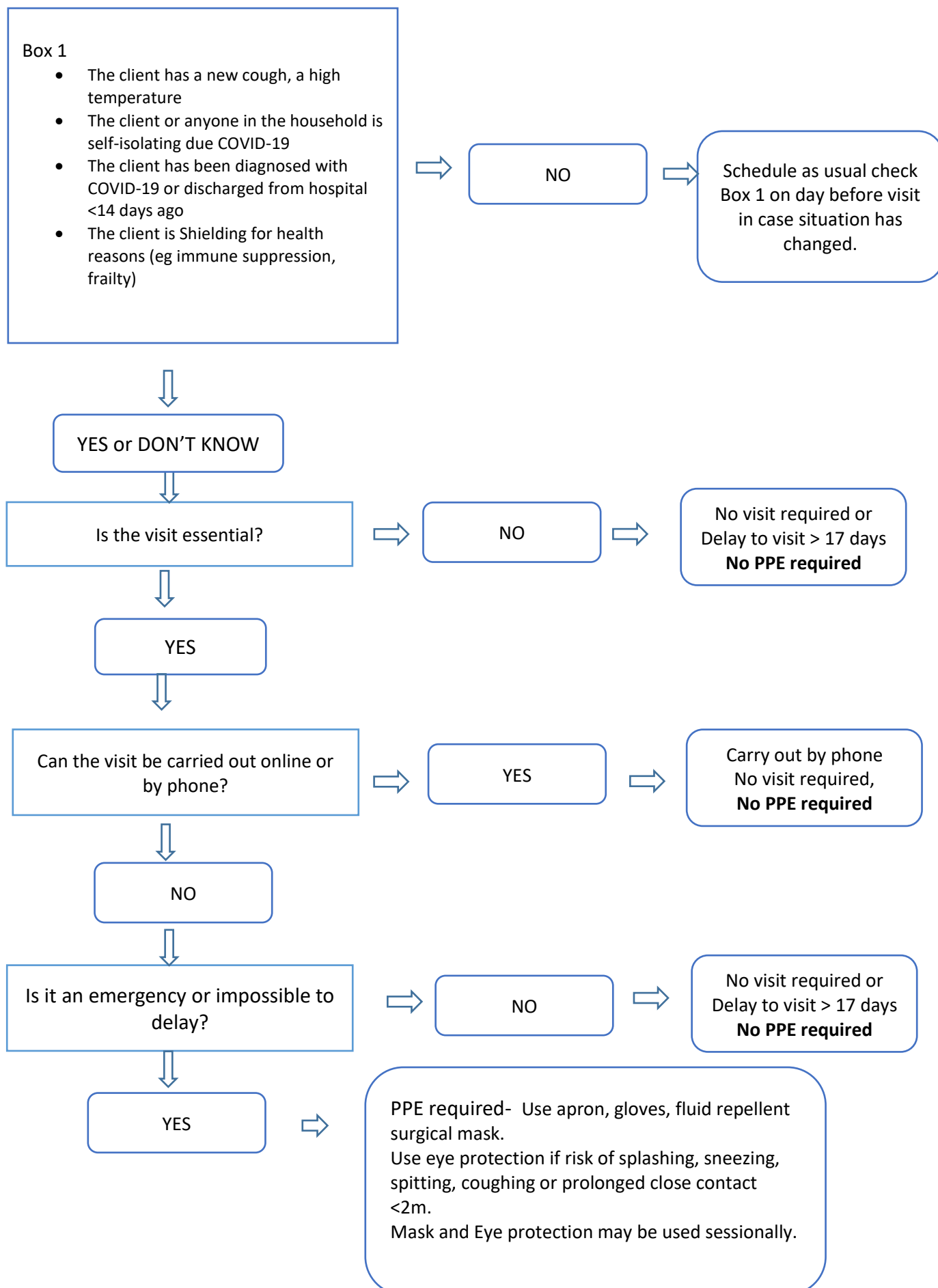
If you need to or are likely to have contact with clients <2m and have no history of recovery from Covid-19 then mask use is recommended if requested.

As virus shedding peaks at the time symptoms start, it is possible that transmission can occur before you recognise that you have symptoms. If you feel you should use a mask to protect clients from your health state, you should not be at work. If this situation arises mid-shift/mid visit putting on a mask will protect clients - reducing 85% of transmission from droplets - and should be used. You should then go straight home.

DECISION AID – Do I need to visit in person or use Personal Protective Equipment (PPE) to protect myself and my client from COVID-19? (based on PHE Guidance on Home Care Provision 17.03.2020 and revised 02/04/20 and 10/4/20)



DECISION AID - Do I need to visit in person and or use PPE? Repairs and non-personal assessments (Based on PHE /NHS PPE strategy 10/4/20)



When can I use PPE for a session?

A session is a longer period of work in a single location in which multiple activities are carried out. It may last several hours eg an entire morning of doing a drug round, holding consultations in a single space, running a clinic, carrying out multiple assessments in the same location.

Masks, aprons and eye protection may be used for a session (within a hot zone) providing the mask is not visibly soiled or damp. There is no good evidence that repeat changing of masks between tasks offers any improved protection and repeat donning and doffing increases the risk of self-contamination.

Reuse of PPE

PPE is intended to be single use but some eye protection may be cleaned (detergent followed by disinfectant) and reused. Follow manufacturers guidance for details.

Do I need Eye protection? Risk assessment for eye protection

Needed if:

- There a risk of splashing with infected fluids,
- The client cannot observe respiratory hygiene ('catch it, bin it, kill it') with coughs and sneezes,
- There is a risk of spitting, or
- There are multiple people with Covid-19 in a closed space.