

PPE STAFF GUIDANCE

Staff PPE Guidance and operational practice when in contact with those who have/ may have COVID-19

Who is this guidance for?

This is guidance for staff working in Children's Social work, combining guidance for all settings including, Residential Children's Homes and those working in Children's Social Work Fieldwork and Community settings, where home visiting is required. It has been prepared with the aim of supporting planning for the use of PPE and for developing practice approaches with which we need to become familiar if we are to remain safe from the risk of infection from COVID 19. Scottish and National Govt advice re use of PPE and links to safe practice for the health, social care the social work and children's residential workforce is regularly updated, the links offered below are accurate at this update of 22/05/20.

The roles which children's social work assume in terms of home visiting contact do not include the delivery of direct personal care, therefore the guidance around PPE needs to be interpreted in terms of the specifics of the role being undertaken. The use of risk assessment on an individual home visit basis is therefore required, balancing consideration of statutory duty, welfare and wellbeing issues, risk of harm and risk of escalation to significant harm, should a direct contact not be facilitated must be undertaken in planning of home visiting contact. The explicit assumption is that social distancing rules will be applied, followed and incorporated into risk informed practice. The use of PPE should be planned for all home visiting contacts and linked to the risk assessments which have been completed for our service areas. Risk informed planning should be apparent for all home visiting contacts. Risk Assessments have been completed for all our service areas and should be shared by managers with practitioners. Good communication is essential between and across our planning and delivery activities to ensure our Health and Safety responsibilities are fulfilled and we are mindful of social distancing and reducing harms in our contacts with service users in their own homes.

Updates May 2020

When young people and children may need to move or be alternatively placed

Recent guidance has been published regarding the circumstances we can seek testing of children and young people including, those moving between placements, where they have been missing and may be deemed to have been at risk of exposure to Covid 19, the letter of 14/05/20 to all Chief Social Work Officers from the Chief Social Work Advisor indicated the following.. *We are aware that in emergency situations when a child is being accommodated or moved between care placements, queries are arising about whether it is helpful to test the child for the presence of coronavirus. These may particularly arise if the child has been in contact with an individual with symptoms of Covid-19, or with someone who has tested positive for the virus, or if the child has returned from having absconded..or in unsafe situations where the risk of infection has been unclear. A decision on whether it is appropriate for a child in this situation to be tested should be made locally in discussion with the Health Protection Team and this guidance seeks to allow individual risk assessment of each case...* the local number to discuss the above and arrange a test with NHS Grampian Health Protection Team is 01224 558520. There should be a planning

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discussion with the placement provider, placing Social Worker and Team Manager to agree the best local route for this to take place.

The Guidance below relates most significantly to staff working within education settings and those child care settings where personal care is essential . This may serve as a useful reference point and reminder in terms of hand hygiene and the need for day to day incorporation of risk informed practice.

<https://www.gov.scot/publications/coronavirus-covid-19-physical-distancing-in-education-and-childcare-settings/pages/overview/>

The Care Inspectorate webpage offers contemporary information relevant to both those working in regulated residential care and field work settings

<https://www.careinspectorate.com/index.php/coronavirus-professionals>

Our Professional Practice

Children's residential care will apply a risk assessment approach when the care practice outlined in this guidance is being applied in any of the local Aberdeen City children's homes.

The link below provides advice on the use and application of PPE and can be found along with the suite of guidance to staff in social care and social work settings on the Health Protection /Scottish Govt sites.

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2980/documents/1_covid-19-guidance-for-social-or-community-care-and-residential-settings.pdf

As the progress of this pandemic develops, guidance to staff in children's residential and fieldwork settings will change and be adapted to wider NHS Scotland guidance for staff in these settings. Staff should keep themselves updated via this site and Aberdeen city Council <https://peopleanytime.aberdeencity.gov.uk/coronavirus-advice-for-employees/>

Please also note that access to PPE kit should be arranged by the representative from the Unit or Team who has been allocated this role. Refreshed kit can be requested from amcgill@aberdeencity.gov.uk

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SECTION 1 CARING FOR A YOUNG PERSON IN LOCAL CHILDREN'S HOME WITH POSSIBLE OR CONFIRMED COVID-19 RESIDENTIAL CHILDREN'S HOMES

Caring for a Young Person with possible or confirmed symptoms of Covid-19 may be a challenging task, this is a time where we would utilise the knowledge of our young people within a relational based approach. Offering reassurance in language they understand, agreeing ways they will keep in touch with those who they have close contacts and how they are comfortable in being reassured. For example, tasks will include: ensuring that their room has enough stimulation to keep the young person occupied, the staff identified to care for the young person is someone who has a relationship with them, ensuring that they are followed up in their room regularly, given reassurances and ensuring their health is assessed and acted on in a way which offers emotional containing reassurance, i.e GP notifications, hospital admissions etc, and ensuring that they are given the information they require to keep them and others safe. See the section of Cohort care in this guide.

Each residential children's home will have access to the appropriate level of PPE including gloves, apron, sanitiser, mask and goggles. All teams will also have access to an introduction to best practice re PPE and care team cohort session.

SOCIAL WORKERS/ COMMUNITY BASED WORKERS

The role of children's social work does not include the provision of personal care, so while the use of PPE is relevant to home visiting contacts, it has a different significance for home visiting scenarios than those where home care and personal care are the aim of the contact. Good practice must include risk assessing each planned visit, should there be a family member is isolating or showing symptoms, the worker should have a discussion with their line manager, re the expected practice during the visit and agree any contingencies. Each direct contact arrangement should include use of PPE and planning when this will be donned and planning for disposal of the PPE kit after the visit. Each team will have access to PPE and at this time (24/4/20) this includes individual hand sanitiser, apron, gloves and surgical grade mask. Good hand hygiene practice is also essential in terms of reducing infection risk. All practitioners need to note that the distribution and supply issues associated with PPE may be at times challenging and create understandable anxiety, hence robust risk assessment based on the tasks being undertaken is essential.

Other forms of relationship maintaining and checking in contact should be explored, and care plans updated to reflect their use for example: Skype, Facetime, video and phone calling.

Where home visiting is going ahead all distancing and protective measure must be applied.

<https://www.gov.scot/publications/coronavirus-covid-19-social-worker-guidance-on-safe-contact/>

If there is Child Protection Concerns and there is no other option but to have direct contact to support assessment of risk and concern follow the guidance highlighted: <https://www.gov.scot/publications/coronavirus-covid-19-supplementary-national-child-protection-guidance/>

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Please also note the reference made to relational practice, helpfully outlined in this article https://hbr.org/2020/03/coping-with-fatigue-fear-and-panic-during-a-crisis?referral=03758&cm_vc=rr_item_page.top_right

SECTION 2 INFECTION CONTROL

- Staff must comply with the infection prevention and control procedures set out in the NATIONAL INFECTION PREVENTION AND CONTROL MANUAL. <http://www.nipcm.hps.scot.nhs.uk/>
- <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-infection-prevention-and-control-measures/>

SECTION 3 ISOLATION (RESIDENTIAL CHILDREN'S HOMES)

Each Children's Home will have undertaken a risk assessment to appraise whether there is an option to care for a young person who is in isolation within the home they are living, or whether alternative provision is sourced (for example an Airbnb accommodation).

Young people who have been identified as having an underlying medical condition, highlighted within the Government and NHS guidance, will be supported to socially distance and be shielded out with the home in an alternative provision. A designated team will be identified and a risk assessment will be undertaken and maintained in support of the young person and the care staff.

Should an assessment be formed that the young person who has suspected or confirmed Covid-19 remains in the home that they live, the following guidance should be adhered to:

<https://www.gov.scot/publications/coronavirus-covid-19-residential-childcare/>

- Where possible, the young person with suspected or confirmed COVID-19 should be isolated within a single room (Bedroom), with an en-suite bathroom.
- If an en-suite is not available and the individual must use a communal bathroom, it would be essential that the infection control guidelines are followed, and the bathroom and any area entered is disinfected after each use.
- All other residents/ staff members should not use or remain away from the area that the young person who is isolating has been until the designated team has cleared the areas.
- The door to the bedroom should be kept closed where it is safe to do so.

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- Where possible, the bed within the room where the individual who is isolating is living, should be moved to the furthest away point from the door to achieve a 2-metre social distance from the open door.
- Only essential designated staff should enter the room, wearing appropriate PPE (refer to section 5).
- Exiting and entering the room should be kept to a minimum.
- All staff coming on duty to be made aware of any individual who is isolating.

SECTION 4 STAFF COHORTING (WORKING IN DESIGNATED TEAMS)

A designated team is a team that has been identified and tasks supported by risk assessment within each place of work to carry out a specific task. In this event, the task would be to provide the care and support necessary to supporting someone with suspected or confirmed Covid-19, within the Children's Home or in an alternative site eg an air bnb accommodation

The remaining team will have the responsibility of caring for and supporting the other young people within the home. This will include offering support and understanding of the implications of living with someone who is isolating (for example, them isolating within the home for 14 days (see government guidance on this). Alongside this, it would be essential that they are aware and supported to adhere to the guidance of having no contact with the individual who has suspected or confirmed Covid-19.

- Should a young person require isolate, it would be recommended that staff are asked to take a change of clothes to work. This will allow for clothes to be changed and left at work before going home. Where possible a designated room would be allocated to offer a changing facility.
- A team member is allocated to solely care for the young person in isolation. Following each interaction with the individual, they should remove PPE, have a washing facility and change clothing before interacting with the general population of the home.
- Where and if possible, staff who have had confirmed COVID-19 and have since recovered should care for the individual presenting symptoms.

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SECTION 5 PPE

- When supporting a young person/ client who has suspected symptoms of Covid-19, PPE should be worn prior to entering the room/house. PPE includes disposable gloves, disposable Aprons, disposable masks and where necessary goggles.

How to Apply and Remove PPE (References)

<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-the-correct-order-for-donning-doffing-and-disposal-of-personal-protective-equipment-ppe-for-healthcare-workers-hcws-in-a-primary-care-setting/>

<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-the-correct-order-for-donning-doffing-and-disposal-of-personal-protective-equipment-ppe-for-healthcare-workers-hcws-in-a-primary-care-setting/> (video link)

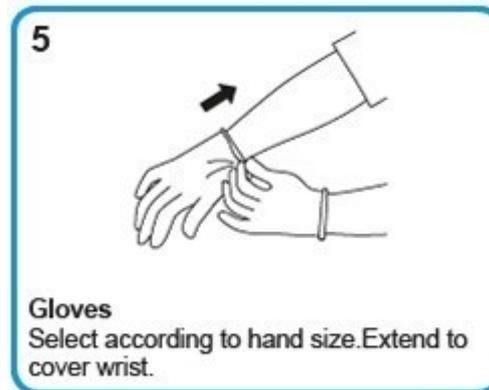
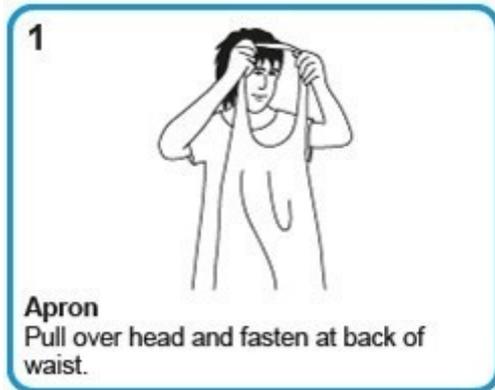
Step One: Preparation before Donning PPE

- Ensure you have everything you need before entering the house/ or the area with a person who may have Covid-19.
- Perform hand hygiene (Soap and water or antibacterial gel)

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Step Two: Applying (Donning) PPE

The order for putting on PPE is Apron, Surgical Mask, Eye Protection (where required) and Gloves.



Enter the home/room and provide the care required (where possible limited your time in the bedroom, maintain a safe 2metre distance from the young person and avoid touching the client/Young Person, unless necessary)

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Step Three: Removing (Doffing) PPE

Removing Personal Protective Equipment (PPE). This is carried out at the front door or in the room that the Client/Young Person is isolating. Residential Staff: The PPE is disposed in a bin, located in the room with the Young Person who is isolating. Community Workers: It is important that you double bag the PPE and leave it in the house of the client. (Advise to be given to the client to dispose in general waste after 72 hours)

The order for removing PPE is Gloves, Apron, Eye Protection, Surgical Mask.

<p>6</p>  <p>Outside of gloves are contaminated. Grasp the outside of the glove with the opposite gloved hand; peel off.</p>	<p>7</p>  <p>Hold the removed glove in the gloved hand. Slide the fingers of the ungloved hand under the remained glove at the wrist. Peel the second glove off over the first glove. Discard into an appropriate lined waste bin.</p>
<p>8</p>  <p>Apron Apron front is contaminated. Unfasten or break ties. Pull apron away from neck and shoulders touching inside only. Fold and roll into a bundle. Discard into an appropriate lined waste bin.</p>	<p>12</p>  <p>Eye Protection (Goggles/face shield) Outside of goggles or face shield are contaminated. Handle only by the headband or the sides. Discard into a lined waste bin or place into a receptacle for reprocessing/ decontamination.</p>
<p>13</p>  <p>Surgical Mask (or respiratory) Front of mask/respirator is contaminated - do not touch. Unfasten the ties - first the bottom, then the top. Pull away from the face without touching front of mask/respirator. Discard disposable items into an appropriate lined waste bin. For reusable respirator place in designated receptacle for processing/ decontamination.</p>	

Step Five: Post Doffing

- Wash your hands

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SECTION 6 COMMUNICATION/NOTIFICATION

- All staff working in the home of the individual should be informed.
- Any family members, significant to the young person, or have Parental Rights and Responsibilities should be notified and regularly updated. They cannot visit the person infected
- The Service Manager is notified.
- Care Inspectorate are notified (residential)
- Follow the guidance around isolation periods, should the symptom continue to worsen, contact GP for advice or contact 111.

SECTION 7- USEFUL GUIDANCE/TOOLS

<https://www.nursingtimes.net/clinical-archive/infection-control/infection-control-3-use-of-disposable-gloves-and-aprons-24-06-2019/>

<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-stay-at-home-advice>

<https://www.hps.scot.nhs.uk/web-resources/container/covid-19-the-correct-order-for-donning-doffing-and-disposal-of-personal-protective-equipment-ppe-for-healthcare-workers-hcws-in-a-primary-care-setting/> (video Link)

<http://www.nipcm.hps.scot.nhs.uk/appendices/appendix-6-best-practice-putting-on-and-removing-ppe/>

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2980/documents/1_covid-19-guidance-for-social-or-community-care-and-residential-settings.pdf

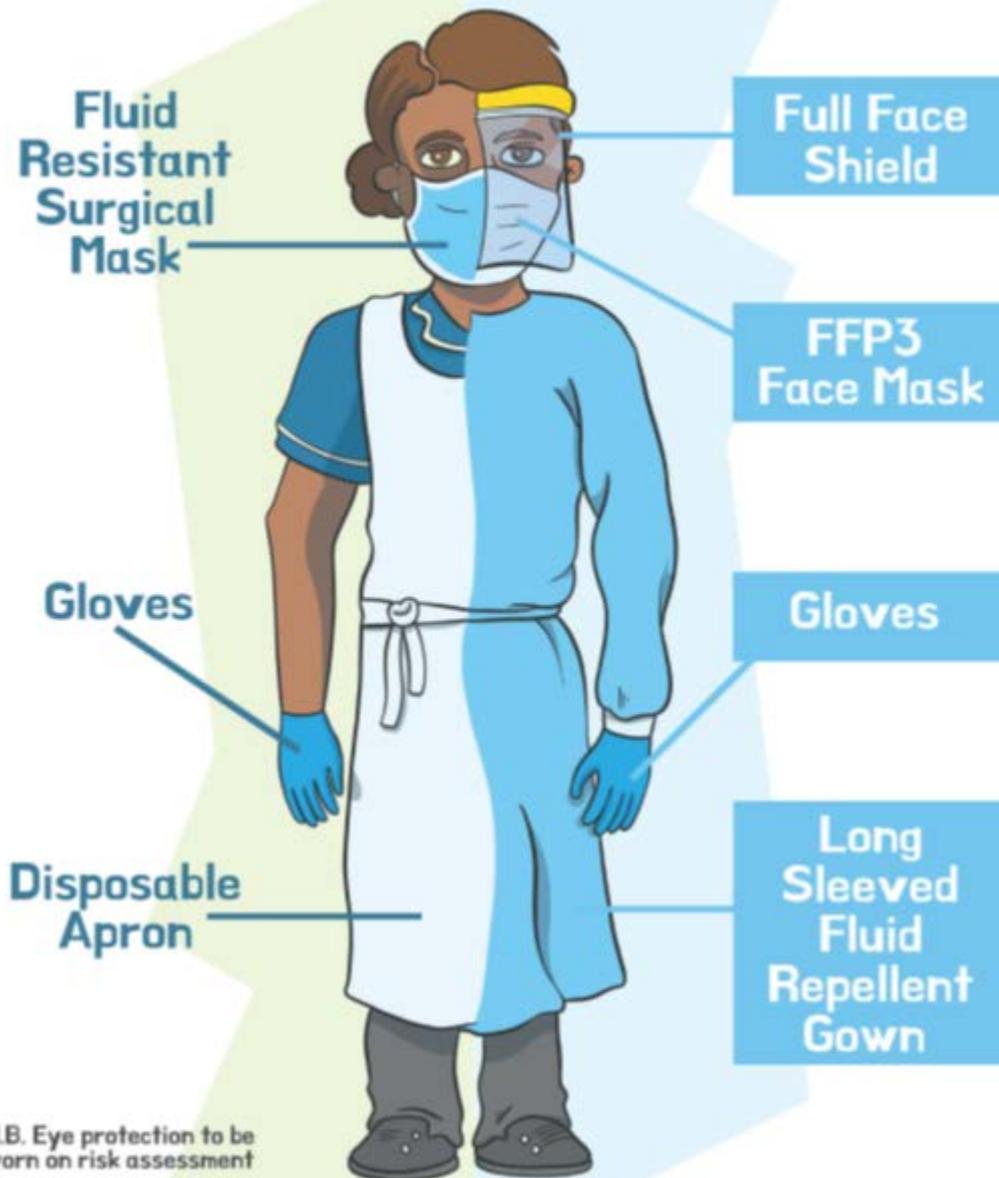
APPENDIX 1 SUSPECTED/CONFIRMED COVID-19 PPE GENERAL AREA

www.jamesfoxcreative.co.uk / BFMJamesonFox
Illustration by James Fox Creative for



COVID-19

Safe PPE



General contact with confirmed or suspected Covid-19 case

Aerosol Generating Procedures