

Home Visits Guidance

Barnet Public Health

30th March 2020

Introduction

The council and partners employ a range of staff who are required to visit clients' during their work. If possible, staff should first ascertain:

- A) **If a client is in self-isolation due to COVID-19 and asymptomatic OR in self-isolation due to COVID-19 and symptomatic prior to their visit, and**
- B) **If a face to face visit is essential and explore alternative methods such as telephone or online where possible/appropriate.**

Symptoms of COVID-19 include:

- a high temperature (a temperature $\geq 37.8^{\circ}\text{C}$ OR you feel hot to touch on your chest or back), **and/or**
- a new, continuous cough – this means you've started coughing repeatedly

If the client is self-isolating but is not showing symptoms (is *asymptomatic*):

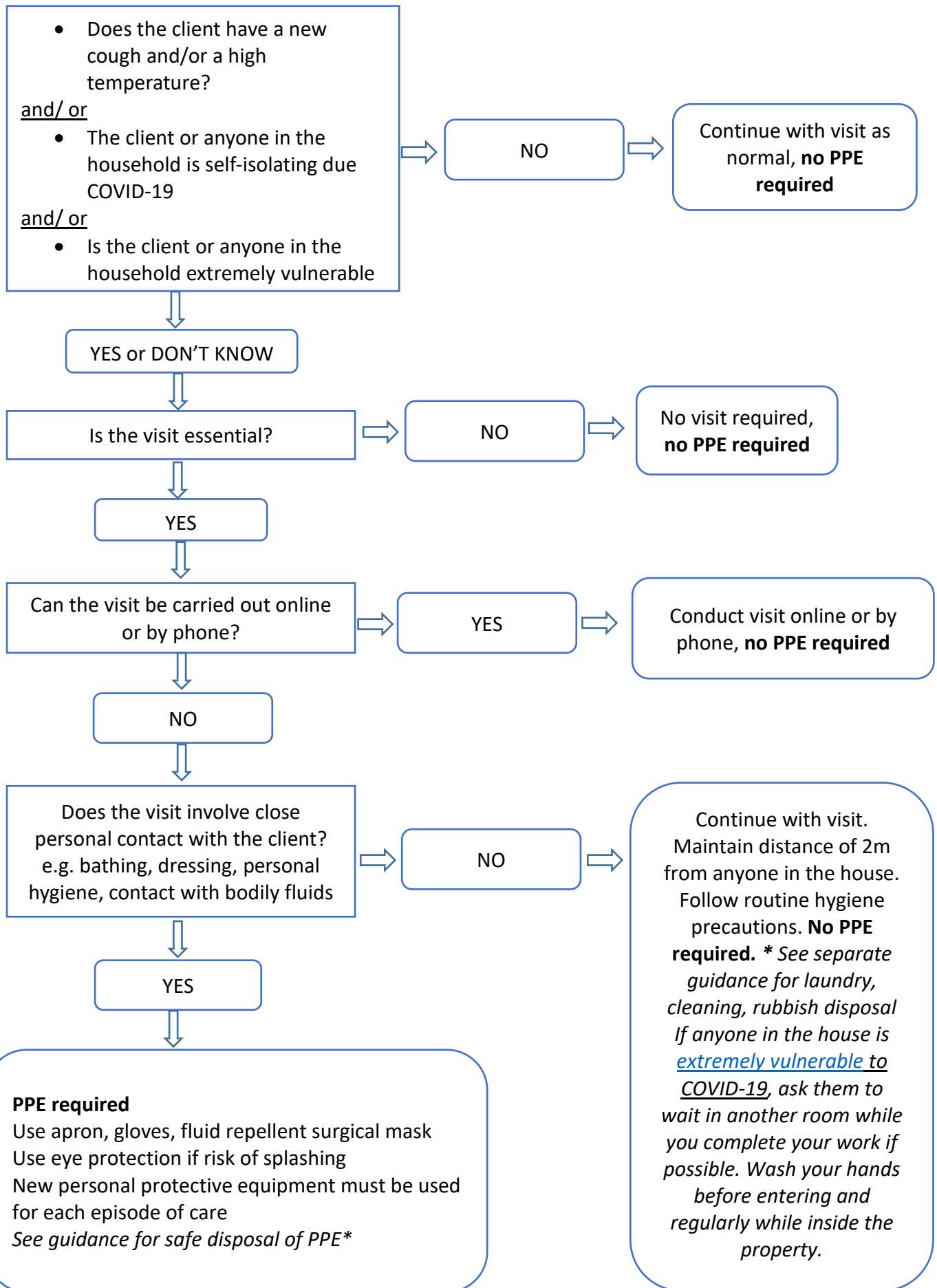
1. Visits can go ahead, and no personal protective equipment is required above and beyond normal good hygiene practices.
2. If a visit is not deemed necessary at this stage contact with the person can be maintained by telephone.
3. Workers should practice tips on [preventing spread of infection](#) at all time.

If the client is self-isolating and has symptoms of COVID-19 (i.e. *symptomatic*):

1. They must be advised to follow the [NHS advice](#).
2. You should also:
 - Inform your Manager immediately to seek further advice.
 - If a face-to-face visit is deemed necessary, then undertake a full risk assessment in collaboration with your manager and in line with the decision flowchart at the end of this guidance. **PPE will be required if close personal contact is required (e.g. bathing, washing or being within 1m distance with a person who has symptoms).**
 - If a face-to-face visit is not deemed necessary at this stage contact with the person can be maintained by telephone or online.

Guidance for Staff providing care at home: Do I need to use Personal Protective Equipment (PPE) to protect myself and my client from COVID-19?

PHE Guidance on Home Care Provision 19.03.2020



How to conduct a risk assessment for coronavirus

With your line manager:

1. Identify the hazards – *if you entered a property with an infected person living there, what hazards would be identified? How would this then affect other staff members, visitors or clients? This should be considered with the tasks you are completing, what equipment you would use, and what PPE is available.*
2. Decide who may be harmed and how – *give a clear statement of who could be harmed and how, and to what level. Which individuals within your team and clients, are at higher risk due to the tasks they carry out or their health, i.e. being immunocompromised or having pre-existing medical conditions.*
3. Assess the risks and control them – with your line manager you should now go through each risk and assess how likely they are to occur and how severe it might be. *Log how you might mitigate or control each risks in a reasonable measure. Control measures should include cleaning procedures, use of PPE and measures such as allowing staff members to work from home if possible.*
4. Record your findings – *share the risk assessment and make sure it is understood by every member of staff.*
5. Complete reviews – *procedures and guidance should be reviewed and updated as guidance evolves.*

Date raised	Risk description	Likelihood	Impact	Severity	Owner	Mitigating action	Contingent action	Progress on actions	Status
<i>E.g. 11/03/ 2020</i>	<i>Contact with a case of covid-19</i>	<i>High</i>	<i>med</i>	<i>Low</i>	<i>Fred Smith</i>	<i>Call ahead to check whether they are well</i>	<i>Good hand hygiene</i>		



Public Health
England

Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: <https://youtu.be/eANIs-Jdi2s>

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Remove jewellery
- Tie hair back
- Check PPE in the correct size is available

- 1** Perform hand hygiene before putting on PPE.



- 2** Put on apron and tie at waist.



- 3** Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



- 4** With both hands, mould the metal strap over the bridge of your nose.



- 5** Don eye protection if required.



- 6** Put on gloves.



*For the PPE guide for AGPs please see:

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

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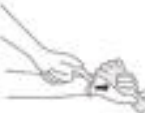







Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: <https://youtu.be/eANls-Jdi2s>

• PPE should be removed in an order that minimises the risk of self-contamination

• Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

<p>1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.</p>		<p>Slide the fingers of the un-gloved hand under the remaining glove at the wrist. Peel the remaining glove off over the first glove and discard.</p>	
<p>2 Clean hands.</p> 	<p>3 Apron. Unfasten or break apron ties at the neck and let the apron fold down on itself.</p>	<p>Break ties at waist and fold apron in on itself – do not touch the outside – this will be contaminated. Discard.</p>	
<p>4 Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.</p>		<p>5 Clean hands.</p> 	
<p>6 Remove facemask once your clinical work is completed. Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.</p>	<p>7 Clean hands with soap and water.</p> 		

*For the doffing guide to PPE for AGPs see: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control