



## **Community healthcare workers ( non nursing/residential homes) visiting patients in their own homes COVID Principles 31<sup>st</sup> March 2020**

**This document provides background and context for a set of principles for the Community Residential and Nursing Home Sector to follow.**

NB :The document refers to **shielding** – shielding is a measure to protect extremely vulnerable people by minimizing interaction between those who are extremely vulnerable and others. This is to protect the most vulnerable from coming into contact with COVID 19 virus.

### **Background and context**

#### **Jersey General Hospital COVID 19 response:**

The Jersey General Hospital has entered the **Pro-active Shield** Stage of its COVID 19 escalation strategy.

This has involved some significant change to operational delivery of secondary care services including: Critical care provision has been expanded, the Emergency department has been reconfigured, bed utilization has been restructured, elective surgery cancelled and outpatient activity restricted to priority urgent cases.

In addition to this an Urgent Treatment Centre has been developed to ensure that all ambulatory hospital attendances are screened before entry. Management of the public will take place in a segregated area in Gwyneth Huelin to avoid entry into Jersey General hospital. In addition to these changes other measures have been taken to **shield** the Jersey General Hospital which has centred on the use of Personal Protective Equipment and specific direction has been issued with guidance from Dr. Ivan Muscat in his capacity as Director of Infection Prevention and Control/Deputy Medical Officer of Health.

We strongly recommend that those in other settings must now review practices and procedures as we move to the **Community Reactive Shield Stage**.

This phase is set out as below:

### **Community Reactive Shield Stage**

#### **Community Healthcare Workers (Non-Nursing home/ Residential home setting)**

All healthcare workers outside of Jersey General Hospital setting must adhere to the following strict principles:

### **Staff**

- All non-contact methodologies must be considered as alternatives to direct client/ patient interaction with healthcare workers
- Direct interaction should now be considered the exception
- Senior Managers must risk stratify working arrangements to ensure client/ patient contact is minimised and produce robust Stranded Operating Procedures for their staff in the context of COVID 19
- All Healthcare workers must adhere to their SOP's
- Staff must adhere to strict hand washing
- Staff must adhere to social isolation outside of work
- Staff managers must consider deploying staff to single site working – no cross covering sites unless an absolute requirement
- Managers must contact each staff member the day before to risk assess for potential COVID 19 symptoms
- Managers must consider having their staff work in teams to minimise staff to staff contamination
- Managers should also consider having staff in non-domiciliary residences (hotels) and batch shifts to avoid cross contamination and minimise contacts outside of work
- Any staff demonstrating COVID 19 symptoms should immediately inform their line manager for risk assessment for self-isolation as advised by Infection Control

### **Clients/ Patients**

- Strict public self-isolation measures should be in place and the need re-enforced by staff and through all communications
- All clients/ patients **must** be screened for symptoms of COVID 19 by telephone prior to any healthcare worker undertaking face to face in person interaction
- Gloves and aprons should be worn when possible
- All Healthcare interaction should be the minimum required, close contact/ touch avoid unless an absolute requirement
- Any client/ patient who is deemed to be unwell with COVID 19 symptoms is advised to contact their GP for advice/ review
- If reviewed by a GP it may be appropriate for a discussion to take place with the Infection Control team responsible for Community and a COVID 19 testing/ PPE strategy to be agreed be put in place for that specific client/ patient
- The principle aim is to manage all clients/ patients within their current care setting and avoid transferring to another care facility

**We strongly recommend and encourage:**

- Regular hand hygiene practices with soap and water or alcohol hand foam/gel where available
- Decontamination of re-usable medical equipment (between patients and on a regular cleaning schedule)
- Environmental cleaning focusing on horizontal surfaces and touch points
- To cover mouth and nose with a tissue (or flexed elbow) when coughing and sneezing, disposing immediately afterwards and decontaminating hands