

Respiratory infection control in care homes

(Slide deck 3: Changing the environment)

Dr Roxaneh Zarnegar (Deputy Medical Director)

Mrs Emma Stewart (General Manager - Medical Directorate)

Royal National Orthopaedic Hospital, UK

Including slides from Infection Prevention Society Coronavirus Infection Prevention and Control for Nursing and Residential Care Version 1.2. 8/5/2020 slides



What we will cover

- How you should change the care home environment to prevent infection transmission
- How to clean the environment where the COVID 19 known or suspected case is cared for
- What you might need to do after the person has passed away

Care Home Resource Pack



London Care Home Resource Pack (1)

22nd April 2020

Version 1.1

Review Date: 6th May 2020

This London guide is designed to complement and not replace local guidance and professional judgement. It will be updated to align with other national and regional guidance once published.



Changes needed for PPE use

- Identify where your PPE should be kept, this should be close to the area of use on a trolley or in a specific cupboard
- Identify areas that are safe to take your PPE off (Doffing areas):
 - Ensure they are large enough
 - Ensure that the bin is large and easy to use and not over-flowing
 - Laminate and display PHE donning and doffing quick guide posters
 - The area should be near a sink or have alcohol gel available nearby



Cleaning the environment

There is detailed information in the document mentioned above on cleaning and the suitable products that you should use as well as managing healthcare waste.

- Pay greater attention to frequently touched surfaces.
- Clean communal areas as soon as possible if a resident with suspected symptoms has been there
- The frequency of cleaning should be increased to match your additional needs



Frequently touched areas

- Clean and disinfect all shared equipment
- Where possible use single use
- Fans that circulate air should not be used



Cleaning and Decontamination of the Environment and equipment



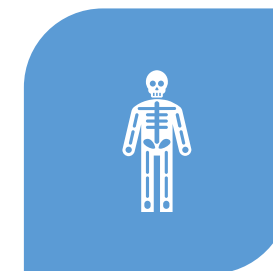
A COMBINED DETERGENT/DISINFECTANT SOLUTION AT A DILUTION OF 1,000 PARTS PER MILLION AVAILABLE CHLORINE (PPM AVAILABLE CHLORINE (AV.CL.) OR A GENERAL-PURPOSE NEUTRAL DETERGENT IN A SOLUTION OF WARM WATER FOLLOWED BY A DISINFECTANT SOLUTION OF 1,000PPM AV.CL.



ONLY CLEANING (DETERGENT) AND DISINFECTANT PRODUCTS SUPPLIED BY EMPLOYERS ARE TO BE USED



PRODUCTS MUST BE PREPARED AND USED ACCORDING TO THE MANUFACTURERS' INSTRUCTIONS AND RECOMMENDED PRODUCT "CONTACT TIMES" MUST BE FOLLOWED.



IF ALTERNATIVE CLEANING AGENTS/DISINFECTANTS ARE TO BE USED, THEY SHOULD ONLY ON THE ADVICE OF THE IPCT (OR EQUIVALENT) AND CONFORM TO EN STANDARD 14476 FOR VIRICIDAL ACTIVITY



Minimising environmental contamination in the home

- Regular cleaning throughout the home prevents surfaces becoming contaminated with virus
- Open windows to allow fresh air to circulate
- Use combined detergent/disinfectant solution for cleaning hard surfaces:
 - Preferably 1000ppm chlorine disinfectant
 - If another disinfectant (check efficacy with manufacturer)
- Use detergent to clean soft furnishing (if likely to be damaged by chlorine disinfectant)
- Discard items heavily contaminated by body fluids if they cannot be washed
- Use disposable cloths
- Launder mop heads or use disposable

Procedures for cleaning staff

- Ensure cleaning staff know what PPE they should wear in each area
- Train cleaning staff in putting on & taking off PPE
- Clean all surfaces in resident rooms
 - especially high touch areas such as grab rails, bedrails, bathrooms
- Discard cleaning solution at a disposal point
 - Clean mop handle & bucket
- Remove waste and linen for disposal/reprocessing
- Remove PPE and wash hands

Additional procedures for cleaning rooms of residents with COVID-19

- Clean rooms of residents with COVID-19 last
- Use disposable cloths
- Use disposable mop head
- Discard cleaning solution at a disposal point
- Clean mop handle & bucket
- Remove waste and linen for disposal/reprocessing



Cleaning room of resident with COVID-19 who has died

- In the sad event of a death, there is still a risk of infection
- Ensure that all residents maintain a distance of at least 2m (3 steps) or are in another room from the deceased person
- Avoid all non-essential staff contact with the deceased person
- If you do need to provide care for the deceased person, wear PPE (surgical mask, disposable apron and gloves)
- Follow the usual processes for dealing with a death in your setting
- Clean all surfaces
 - high level windows, ledges and sills, curtain rails
 - lower level windows, ledges and sills
 - furniture, fixtures and fittings, en-suite rooms
 - door handles, light switches, soap & towel dispensers
- Clean all surfaces of mattress and bed
 - Unzip mattress – check foam for strike through – replace if soiled
- Mop hard floor surfaces
- Shampoo carpet and fabric chairs
- Discard waste (as clinical waste)
- Place laundry in dissolvable bag and return to laundry



Linen and laundry

- All linen used by residents with suspected or confirmed COVID-19 should be managed as 'infectious' linen
- It must be handled, transported and processed in a manner that prevents exposure of staff, contamination of their clothing and the environment
- Do not rinse, shake or sort linen
- A laundry receptacle (skip or billy) should be available as close as possible to the point of use for immediate linen deposit
- All linen should be handled inside the patient room/cohort area and not put on the floor or other surfaces



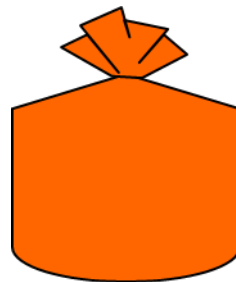
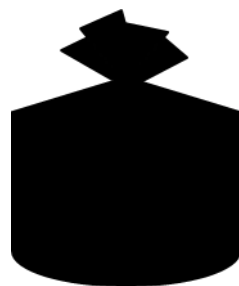
Utensils

- Use a dishwasher as much as possible. Use the highest temperature the dishes can tolerate



Waste management

- Waste should be removed at least daily and discarded as clinical waste (orange bag) if no clinical waste stream then
- All the personal waste of COVID suspected or known cases (e.g. used tissues, continence pads, other items soiled with bodily fluids), used PPE, and disposable cleaning cloths should be double bagged in black domestic waste bags tied securely stored securely for 72 hours before discarding as domestic waste
- Consider date label on waste



2 categories of waste for COVID-19:

- Black = domestic
- Orange = infectious



Staff uniform and safety at home

Personal hygiene

- Wash hands and forearms before leaving the home
- Wash hands again when arrive home
 - Virus easily removed by soap and water and alcohol gel
- Personal items do not need to be decontaminated
 - These are not in contact with respiratory secretions from patients

Uniforms

- Wear a clean uniform everyday
- Change into and out of uniform at work where possible
- Protect from contamination during day with plastic aprons
- Change out of uniform (before leaving the home)
 - Transport in plastic bag
- Wash as usual in washing machine
 - Washing will kill & remove any virus
 - Avoid overloading - dilution important for removing dirt
 - Wash uniforms separately from household items
 - Wash at 60°C



Useful contacts PHE and Local Authorities

	Brighton & Hove	East Sussex	West/ North Sussex
ASC	Contracts Unit Admin Team ContractsUnit.AdminTeam@brighton-hove.gov.uk Quality Monitoring Team QualityMonitoringTeam@brighton-hove.gov.uk	market.support@eastsex.gov.uk	contracts@westsussex.gov.uk
PH	Publichealth@brighton-hove.gov.uk	PublicHealthEnquiries@eastsex.gov.uk	publichealth@westsussex.gov.uk
NHS CHC	NHSFUNDED CARETEAM (NHS BRIGHTON AND HOVE CCG) BHCCG.nhsfundedcareteam@nhs.net	asc.chcdutyteam@eastsex.gov.uk	cwscg.chc@nhs.net

Public Health England Health Protection Unit Surrey and Sussex

EmailPHE.sshpu@nhs.net

Telephone 0344 225 3861 (option 1 to 4 depending on area), Out of hours advice 0844 967 0069

Useful contacts

Sussex NHS Commissioners CCG

Need fit test training:

To book Fit Test training send your enquiry to sxccg.fittesttraining@nhs.net

Any general enquires re:

PPE, IPC send your enquiry to: sxccg.infectionprevention@nhs.net



End of slide deck 3

Acknowledgements:

Thank you to Professor Briggs and the GIRFT Team for their support for the Supertrainers in COVID 19 Infection Prevention & Control Programme for Care Homes Programme.

We would also like to thank NHS England & NHS Improvement and Public Health England for their input into the slide decks, in particular

Linda Dempster, Head of Infection Prevention & Control, NHS Improvement

Patricia Gordon, NHS England

Sam Sherington, Head of Community Nursing, NHS England

