

Covid-19 Training

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DO NOT send to be marked

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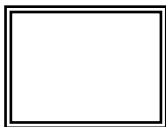


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N.B: We are aware that official practice is to use the terms “service users” or “people using this service” to describe those receiving care. We prefer the term “client” and use it throughout our training package.

Key:



worksheet



important



Covid-19

Learning outcomes.

- Understanding Covid-19.



Introduction

This document is designed to provide everybody in your organisation with relevant information about Covid-19 and how it affects them and those they come into contact with. Please be aware that while we will endeavour to update this document with any major changes where we can and will state we have done this on our Markit system and website, please also refer to any information available from www.gov.uk website, NHS, CQC etc. As we have seen, this is a rapidly changing situation.

The document is split into four sections as follows:

1. Covid-19. What everyone needs to know.
2. Covid-19. Providers / managers.
3. Covid-19. Resident care staff.
4. Covid-19. Home care staff.

This enables you to provide relevant sections only where applicable.

At the back of this document we have provided some questions to enable you to check the staff know the processes in their workplace, there is also space for the manager or relevant person and the staff member to sign. This will then provide evidence that the staff member has had training and understands their role during this Covid-19 pandemic.

For further information in supporting clients during this Covid-19 pandemic see the following documents on www.gov.uk.

Residential Care.

Admission and Care of Residents during Covid-19 Incident in a Care Home. This is a joint document produced by Department of Health and Social Care, Public Health England, NHS and CQC. It will be regularly updated.

Homecare.

Covid-19: guidance on home care provision. This is a document produced by Public Health England and will be updated regularly.

Supported Living.

Covid-19 Guidance for supported living provision This is a document produced by Public Health England and will be updated regularly.

We hope we have given you sufficient information to give you an understanding of the role you play in this Covid-19 pandemic. Each workplace will have their own policies and procedures, so these must always be followed.



Unit One

Covid-19. What everybody needs to know.

Covid-19 is a new illness. Many people call it Coronavirus, it is very infectious. It is a viral infection that can affect your lungs and your airways. At present there is no cure or vaccine for it, research and development is being done to change this. Most people who get Coronavirus will not be very ill. Some people who already have health conditions or are older may become more ill.

Covid-19 spreads when an infected person coughs small droplets, containing the virus into the air. These droplets can be breathed in or can cause an infection if you touch a surface they have landed on, and then touch your face with unwashed hands.

This infection is recognised by the symptoms of:-

- High fever.
- New continuous dry cough lasting for more than an hour.
- Loss of sense of smell or taste.

For most people, Covid-19 will be a mild illness lasting a few days, for others it can be more serious, causing breathing difficulties which can become more severe requiring the person to be put on a ventilator. In some cases this may ultimately end in death.

How does Covid-19 present itself.

People appear to be affected by Covid-19 in different ways as follows:

Asymptomatic Covid-19.

Being asymptomatic means you have no symptoms but may still be a carrier. It is likely that this will occur more often in the healthiest and the younger age groups, including most children. It is estimated that up to 50% of the population may be asymptomatic.

Mild Covid-19.

People with a mild case of Covid-19 usually have flu like symptoms. The fever is not usually high and there may be little or no cough. Breathlessness may occur during normal exercise but not during normal household duties. Self-care, eating and drinking are not affected and appetite is often normal. Most people with Mild Covid-19 do not need medical treatment and it generally lasts up to seven days.



Moderate Covid-19.

In moderate cases, the cough is more pronounced and inflammation occurs in the lungs. The cough may be more persistent and occur many times during an hour. Sleep may be disturbed by the cough and there may be some breathlessness on walking up the stairs. There may be a headache because of the temperature being high. Tiredness is possible, but the ability to self-care is still there. A reduced appetite may occur. Low mood and feeling weepy may also be present. Most people with moderate Covid-19 do not need medical treatment and it can last from 7 to 14 days.

Severe Covid-19.

In severe cases, pneumonia is present, this is where the infection goes deep into the lungs causing severe breathlessness even at rest. Often oxygen levels are low and the urge to breathe faster is strong. The chest will feel tight and chest, tummy or back will hurt when breathing.

Critical Covid-19.

In Critical Covid-19 cases, the pneumonia becomes severe, a condition called SARS short for severe acute respiratory syndrome. The small air sacs in the lungs become so inflamed and wet that they become sticky and then help is needed with inflating the lungs. This is what a ventilator is for. People with critical Covid-19 are very ill and in some cases they will develop sepsis, causing body organs to stop working. This is the stage where death is more likely to occur.

Who is at risk of Covid-19.

Everybody is at risk and should take steps to keep themselves and others safe. A smaller group of people who have underlying health conditions are more likely to develop severe or critical Covid-19 and complications may be present. This group of people will already be aware of the need to maintain a healthy lifestyle and avoid putting themselves at risk of developing infections.

Underlying health conditions.

This refers to chronic or long term illnesses, that weaken the immune system and usually require long term treatment. Examples of these conditions include:

- Heart disease.
- Diabetes.
- Lung disease.
- Conditions that involve your immune system being compromised.



Covid-19

There will be other conditions and people with multiple illnesses or conditions which make them more at risk of infection. Because the body is already fighting a long term illness, condition, the ability to fight infection is reduced so the symptoms and the impact from an infection can be worse. Sometimes a person may be told to shield to protect themselves from coming into contact with Covid - 19. See shielding for more detail.

How can we keep ourselves safe?

The www.gov.uk website has all of the up to date information and links where applicable, but here are the basics:

Hand washing.

In any infection situation washing your hands is the number one prevention method.

Hands should be washed for 20 seconds regularly particularly before preparing or eating food, after using the toilet and before touching your face, particularly eyes, nose and mouth. See hand washing poster on (available on the Recrier website / [resource library](#)) how to wash hands effectively.

Sneeze and cough into a tissue.

Where possible use a disposable tissue that can be thrown away. If you do not have a tissue, cough into the crook of your arm. Always wash your hands after coughing, sneezing or blowing your nose.

Avoid touching your eyes, nose, and mouth.

There is some suggestion that Covid-19 infection can enter through eyes, nose and mouth, this is because skin is thinner in these areas. So always wash your hands before touching your face.

Social distancing.

We should all follow the government guidance as follows:

- Only meet up in a group of 6 (maximum), unless otherwise advised by your Local Authority.
- If you go out, stay 2 metres (6ft) away from other people at all times or if this is not possible make sure you wear a face covering.
- Wash your hands as soon as you get home.
- Follow social distancing guidelines in public places



Covid-19

Everyone should practice social distancing where possible, this involves maintaining a 2 metre distance between yourself and others at all times when outside of your home unless when at work your role dictates otherwise. Other things you should do are:

- Avoid contact with someone who is displaying symptoms of coronavirus (Covid-19). These symptoms include high temperature, loss of smell or taste and/or a new and continuous cough.
- Avoid non-essential use of public transport when possible.
- Avoid large gatherings in public spaces.
- Use telephone or online services to contact your GP or other essential services in the first instance.
- Everyone should be trying to follow these measures as much as is practicable.

Shielding.

Shielding is a term used for the practice of protecting extremely vulnerable people from coming into contact with corona virus. Those in a vulnerable group may need to shield at certain times. Check Gov.uk regularly for any changes. Visits from people who provide essential support, such as healthcare, personal support with your daily needs or social care should continue unless they have symptoms. Alternative support should be in place for this. Those people living in a household where someone is shielding should support them in shielding by observing social distancing while out and regular handwashing.

Travelling on public transport.

Only use public transport if you have to. When travelling by public transport:

- Wear a face covering at all times.
- Avoid rush hours and busy times if you can.
- Cover your cough or sneeze with a tissue, then throw the tissue in the bin.
- Follow government advice on staying two metres apart from others where possible.
- Wash your hands often with soap and water for at least 20 seconds.
- If soap and water are not available, use an alcohol-based hand sanitiser.



Covid-19

Do not use public transport if:

- You have symptoms of Covid-19, a new, continuous cough or a high temperature.
- You or any of your household are self isolating or shielding.

Always use contactless payments, where possible.

If you have coronavirus symptoms:

Stay at home.

- **Do not** go to a GP surgery, pharmacy or hospital.
- You **do not** need to contact 111 to tell them you're staying at home.
- Get tested for corona virus as soon as possible.

If at any time you feel you cannot cope with your symptoms at home, or your condition gets worse, or your symptoms do not get better after 10 days, then use the NHS 111 online coronavirus service. If you do not have internet access, call NHS 111. For a medical emergency dial 999.

It is very important that individuals with symptoms that may be due to coronavirus and their household members stay at home. Staying at home will help control the spread of the virus to friends, the wider community, and particularly the most vulnerable. Where someone in the household has symptoms, other members of the household should stay at home for 14 days.

Those with symptoms and living alone should remain at home for 10 days after the onset of their symptoms. This will reduce the risk of you infecting others.

You could be fined if you do not stay at home and self isolate following a positive test result or an instruction from NHS test and trace.

Hydration and treatment when you have symptoms.

Drink water to keep yourself hydrated; you should drink enough during the day so your urine is a pale clear colour. You can use over-the-counter medications, such as paracetamol, to help with some of your symptoms. Use these according to the instructions on the packet or label and do not exceed the recommended dose.



Living in a household where a member has Covid-19 symptoms.

The person with symptoms should aim to keep 2 metres (3 steps) away from any vulnerable people they live with and be encouraged to stay in their room where possible. If they can, use a separate bathroom from the rest of the household, if not, it should be cleaned after use. Make sure they use separate towels from the other people in your house, both for drying themselves after bathing or showering and for hand-hygiene purposes. Meals should be taken in their room.

We understand that it will be difficult for some people to separate themselves from others at home. You should do your very best to follow this guidance and everyone in your household should regularly wash their hands, avoid touching their face, and clean frequently touched surfaces.

When cleaning you should use your usual household products, like detergents and bleach, as these will be very effective at getting rid of the virus on surfaces. Clean frequently touched surfaces such as door handles, handrails, remote controls and table tops. This is particularly important if you have an older or vulnerable person in the house.

Personal waste from those with symptoms, such as used tissues and disposable cleaning cloths can be stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste. This should be put aside for at least 72 hours before being put in your usual external household waste bin. Other household waste can be disposed of as normal.



Unit Two

Covid-19. For providers / managers.

In order to ensure that all those who need care services have continuous care, it is important for all care provisions to work together at this time. Local authorities are collating lists of both those who need care and those who have capacity to provide it, to ensure this happens.

Staff showing symptoms of Covid-19.

Where a member of staff is showing symptoms, they should stay at home for 10 days and follow the guidelines for household isolation. Those who follow advice to stay at home will be eligible for statutory sick pay (SSP) from the first day of their absence from work.

For details of this and other financial support during this pandemic, visit [Financial support for businesses during coronavirus Covid-19 at Gov.uk](#)

Providers should follow Social distancing measures for everyone, wherever possible, and the Shielding guidance for the extremely vulnerable group. Where staff who have serious underlying conditions are required to be shielded, their employer should enable it to happen.

Visitors to residential care.

Care providers should manage all visits to residents from friends and family. Check the guidance in your area and carry out risk assessment. Medical staff and delivery couriers can still visit where necessary, but you should leave a hand sanitiser by the entrance and ask them to wash their hands as soon as they enter the building.

Because of the need to limit people coming into the workplace it may be useful to adopt the use of Skype and other tools for secure virtual conference calls, to ensure advice from GPs, acute care staff, local Public Health England, health protection teams and community health staff can be accessed.

Enabling residents to maintain contact with families and friends whilst maintaining social distancing and shielding is important. This may involve the use of technology using apps like messenger, skype, facebook etc. enabling them to see their loved ones as well as hear them. Be aware of safeguarding issues.

Admitting residents from hospital.

Duties and powers under the Mental Capacity Act 2005 still apply during this period. If it is more likely than not that the person lacks the relevant mental capacity to make the decisions about their ongoing care and treatment, a capacity assessment should be carried out before a decision about their discharge is made. Negative tests are not always required prior to transfers / admissions into the care setting, unless determined by relevant risk assessments.



If a resident is showing symptoms of Covid-19.

Care homes are not expected to have dedicated isolation facilities for people living in the home but should implement isolation precautions when someone in the home displays symptoms of Covid-19 in the same way that they would operate if an individual had flu. If isolation is needed, a resident's own room can be used. Ideally the room should be a single bedroom with ensuite facilities.

Appropriate PPE.

Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing, then eye protection will minimise risk. It is recommended that all carers wear face masks even when a resident isn't showing symptoms. Check your local guidance and carry out risk assessments. Type I or II masks are usually sufficient where no symptoms exist.

What if their condition does not improve?

Where necessary assess the appropriateness of hospitalisation by:-

- Consulting the resident's GP/health professionals.
- Consulting the resident's Advance Care Plan/Treatment Escalation Plan.
- Discussing with the resident and/or their family member(s) / representative where applicable.
- Consulting lasting power of attorney where applicable.

The course of action must always be in the best interests of the client. Always follow local policy where applicable. Any change to how you monitor existing health conditions should be decided by the clinician managing the person's care. It's important you continue to manage people's health conditions in a way that keeps them safe.

Managing a Covid-19 outbreak in a residential site

Always follow your policies and procedures as well as those in place locally. More information can also be found on Gov.uk and NHS websites.

Daily monitoring of all residents should be carried out to pick up signs of Covid-19 quickly and efficiently.

Contacts.

Resident contacts are defined as residents that:

- Live in the same unit / floor as the infectious case (e.g. share the same communal areas).



or

- Have spent more than 15 minutes within 2 metres of an infectious case. They should be isolated for 14 days and monitored for signs.

Staff contacts.

Staff contacts are care home staff that have provided care within 2 metres to a possible or confirmed case of Covid-19 for more than 15 minutes.

Outbreak.

Two or more cases which meet the case definition of possible or confirmed case, within a 14-day period among either residents or staff in the care home. The local Health Protection Team (HPT) should be informed. They may do swab testing for 5 residents to determine an outbreak.

The outbreak can be declared over, once no new cases have occurred in the 14 days since the appearance of symptoms in the most recent case.

Working in people's homes.

If a carer is going into a home where a member of the household has symptoms, and where the worker can:

Remain at a safe distance from the symptomatic member of the household, because for instance the person with symptoms has their own room, is using separate bathroom facilities and is observing isolation procedures, staying 2 metres away from other family members, there is no need for extra precautions.

If this is not possible then procedures should be as if the person did have Covid-19 symptoms and contact should be limited with those in the household who have symptoms. Relevant risk assessments should be carried out and relevant PPE used.

Carers visiting people in their own homes with Covid-19.

Much of the care delivered in care organisations will require close personal contact. All staff must be trained in hand hygiene.

Where a resident is showing symptoms of Covid-19, steps should be taken to minimise the risk of transmission through safe working procedures. Staff should use personal protective equipment (PPE) for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids.

Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing, then eye protection will minimise risk.



New personal protective equipment must be used for each episode of care. It is essential that personal protective equipment is stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste. This should be put aside for at least 72 hours before being disposed of as normal. Personal waste such as tissues, disposable cloths should be disposed of in the same way.

CQC notifications.

You must notify CQC if:

- You cannot meet people's assessed needs safely, for example, due to staff absence or damage to premises.

or

- A utility, fire alarm, call systems or other safety equipment fails for more than 24 hours.

Using the portal or email:

You do not need to notify CQC about individual coronavirus cases in your service. You only need to notify them if coronavirus affects the day to day running of your business.

You should inform the local Health Protection Team (HPT) of two or more possible or confirmed cases within a care workplace.

The above are current policies and may be subject to change.

When to report coronavirus incidents under RIDDOR (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).

HSE says you must only make a report under RIDDOR, relating to coronavirus, when:

- An unintended incident at work has led to someone's possible or actual exposure to coronavirus. This must be reported as a dangerous occurrence.
- A worker has been diagnosed as having COVID-19 and there is reasonable evidence that it was caused by exposure at work. This must be reported as a case of disease.
- A worker dies as a result of occupational exposure to coronavirus.

Dangerous occurrences.

If something happens at work which results in (or could result in) the release or escape of coronavirus you must report this as a dangerous occurrence.



Cases of disease.

If there is reasonable evidence that someone diagnosed with COVID-19 was likely exposed because of their work you must report this as an exposure to a biological agent online using the case of disease report available on HSE website

Work related fatalities.

If a worker dies as a result of exposure to coronavirus from their work and this is confirmed as the likely cause of death by a registered medical practitioner, then you must report this as a death due to exposure to a biological agent using the 'case of disease' report form. You must report workplace fatalities to HSE by the quickest practicable means without delay and send a report of that fatality within 10 days of the incident.

See the [HSE website](#), Riddor reporting for further information.

Training during Covid-19.

Providers should make every effort to ensure that staff are competent, confident and skilled in providing safe care to the people using their service.

As a minimum staff should be competent, confident and skilled in the following areas:

- Moving and handling people.
- First aid / life support.
- Fire safety.
- Food Hygiene.
- Health and safety.
- Infection control.
- Safe handling of medicines.
- Safeguarding.

Face to face training may not be an option at this time unless it is carried out by in house staff or via video conferencing.

Safeguarding for those in social isolation.

There is evidence that social isolation can make people more open to abuse They may be more vulnerable to abuse and neglect as others seek to exploit disadvantages due to age, disability, mental or physical impairment or illness and are quick to act on this vulnerability.



Previous research by SCIE and the National Fraud Intelligence Bureau found that those most at risk to financial scams and fraud were older people who had mental capacity and did not yet need any care and support. This group was typically more isolated and social contact of any kind was often welcomed without sufficient caution.

Those living with an abusive partner or family member may now face an escalation in abuse due to the added tensions and frustration caused by the whole family having to stay indoors. The tensions can be further increased where families are living in cramped, temporary accommodation. The abuser may experience additional anxiety about, for example, supplies of food, alcohol, medication and illicit drugs. The consequences of this could be escalated abuse of those around them.

Ways you can support Clients, particularly those living alone.

- Talk to your residents or clients about the increased risk of abuse at this time.
- Be aware that any changes in behaviour or demeanour could indicate abuse.
- Encourage clients or residents not to answer the door to strangers and make them aware about fake ID.
- Try not to alarm people but ask them to be wary of offers to help, particularly from strangers.
- Encourage them to check with family or friends that offers of support, advice and help are legitimate.
- Encourage clients, residents not to respond to any text, email or phone call from an unidentified source.
- Explain that fraudsters will pretend to be official bodies such as the government or the NHS and will be very convincing.
- Advise clients, residents that they should never give their personal data, passwords or pin numbers to anyone. Banks and official bodies will never ask for them.

Mental Capacity Act.

Generally, the mental capacity act should be followed. Meetings to discuss decisions may need to be carried out using telephone or video link and when considering best interests, you may also need to consider choices available. For instance, a best interests decision that someone travels to see their family would be going against the government requirements on social distancing.



Testing.

There are two types of testing:

Swab testing is used to identify whether someone has Covid-19 currently. The most common uses of this type of testing are as follows:-

- To help to identify those admitted to hospital with Covid-19 and ensure they are provided with the correct nursing care and relevant treatment.
- To identify whether it is Covid-19 when there is an outbreak in a care setting or other essential service to ensure the right action is taken.
- To identify a suspected case in a household to prevent one or more workers from essential services from having to isolate for 14 days unnecessarily.

Blood testing or antibody testing is used to identify whether someone has had Covid-19 and therefore has some immunity. This type of testing is currently being developed and will eventually be used more widely to enable people to eventually get back to work and resume a normal life. It should also enable essential services to reduce risks both to staff and those using the devices.

Vaccine is an injection that encourages the body to develop the ability to fight off the infection caused by a specific virus, in this case Covid-19 if it encounters it in the future. Developing a vaccine is not a quick process therefore It is likely that it will be 12-18 months before it is available.

We hope we have given you some useful information to support you in the role you play in this Covid-19 pandemic.



Unit Three

Covid-19. Residential care staff.

Any member of staff who is suspected of having Covid-19, with a new continuous cough or high temperature, is advised not to go to work. You should inform your line manager as per your workplace procedures and stay at home for seven days.

Good hand hygiene.

As with any infection the key to prevention is good hand hygiene. Much of the care delivered in care organisations will require close personal contact. All staff must be trained in hand hygiene.

- Keep your hands clean at all times.
- Wash your hands lots of times during the day using soap and water.
- Use hand sanitiser(gel) if there is no soap and water when you are out.
- Do not touch your face unless your hands are clean.

When working in care maintain your usual habits of washing your hands but step it up and ensure that each hand washing is for at least 20 seconds.

Hand washing when providing care:

- Just before you provide care to a resident.
- As soon as you have finished providing care to a resident.
- Straight after you have been exposed to any body fluids.
- Straight after touching the person's surroundings (such as chair, door handle) if this may have contaminated your hands.
- As soon as you take off protective gloves.

To make it easier to wash your hands:

- Keep your arms bare below the elbow.
- Remove wrist and hand jewellery before starting work.
- Have short, clean fingernails without nail polish or false nails.
- Cover cuts or grazes with a waterproof dressing.

You should not use hand sanitiser gel:

- When your hands are clearly dirty or may be contaminated with body fluids.
- When you have been providing care to residents with vomiting or diarrhoea, even if you have been wearing gloves.

Clients with no symptoms of Covid-19.

If neither the care worker nor the individual receiving care and support is symptomatic, then provide usual care.

Personal Protective Equipment.

Where no symptoms are present it is recommended that face masks are used at all times in a care setting as well as normal PPE for relevant tasks and continue with good hygiene practices.

Clients showing symptoms of Covid-19.

People receiving care should be isolated in their rooms if they have Covid-19 symptoms. Care staff are advised to use protective equipment to minimise the risk of transmission.

Personal Protective Equipment.

Where symptoms exist, the following PPE is recommended. Aprons, gloves and fluid repellent surgical masks. If there is a risk of splashing, then eye protection will minimise risk.

Where a resident is showing symptoms of Covid-19, steps should be taken to minimise the risk of transmission through safe working procedures. Staff should use personal protective equipment (PPE) for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids.

New PPE must be used for each episode of care. It is essential that used PPE is stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal. Residential care organisations should have well-established processes for waste management.

Use of PPE.

- Wear each item only once.
- If gloves are needed, put them on just before providing care and take them off straight afterwards.
- Change gloves between different care tasks for one person. For example, personal care and care that involves non-intact skin.
- Dispose of all used items correctly.



Covid-19

Clean frequently touched surfaces. Personal waste (such as used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal.

Do not shake dirty laundry before washing. This minimises the possibility of dispersing virus through the air. Wash items as appropriate in accordance with the manufacturer's instructions. Dirty laundry that has been in contact with an ill person can be washed with other people's items. Items heavily soiled with body fluids, such as vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.

General interventions may include increased cleaning activity to reduce risk of retention of virus on hard surfaces, and keeping rooms properly ventilated by opening windows whenever safe and appropriate.

Clients who have had Covid-19.

If a client is no longer showing symptoms or has tested positive for COVID-19 but is not showing symptoms and has completed their isolation period, then care should be provided as normal.

Safeguarding.

There is evidence that social isolation can make people more open to abuse. They may be more vulnerable to abuse and neglect as others seek to exploit disadvantages due to age, disability, mental or physical impairment or illness and are quick to act on this vulnerability. We need to be aware of this in order to spot signs and inform our managers promptly.

- Be aware of the increased risk of abuse at this time.
- Be aware that any changes in behaviour or demeanour could indicate abuse.

The following may help to protect your clients but always discuss with your manager or relevant person the best way to support the client as it may be different for each client.

- Not answering the door to strangers and make them aware about fake ID.
- Checking with their family or friends that offers of support, advice and help are legitimate before accepting.
- Responding only to any texts, emails or phone calls from people they know.
- Never giving their personal data, passwords or pin numbers to anyone. Banks and official bodies will never ask for them.

It is important that we are extra vigilant and try to pick up any early signs that something isn't right.



Mental Capacity Act.

The mental capacity act should always be followed and when considering best interests, you may also need to consider choices available. For instance, a best interests decision that someone travels to see their family would be going against the government requirements on social distancing.

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Vaccine is an injection that encourages the body to develop the ability to fight off the infection caused by a specific virus, in this case Covid-19 if it encounters it in the future.

Developing a vaccine is not a quick process therefore It is likely that it will be 12-18 months before it is available.

We hope we have given you sufficient information to give you an understanding of the role you play in this Covid-19 pandemic. Each workplace will have their own policies and procedures, so these must always be followed.



Unit Four

Covid-19. Working in people's homes.

Carers should not go to work if they are displaying symptoms of Covid-19 or live in a household where someone has symptoms of Covid-19. Inform your manager and stay at home for 10 days if you have symptoms or 14 days if someone in your household has symptoms.

The key to preventing infection is good hygiene.

When you should wash your hands when providing care.

1. Just before you provide care to a resident.
2. As soon as you have finished providing care to a resident.
3. Straight after you have been exposed to any body fluids.
4. Straight after touching the person's surroundings (such as chair, door handle) if this may have contaminated your hands.
5. As soon as you take off protective gloves.

To make it easier to wash your hands:

6. Keep your arms bare below the elbow.
7. Remove wrist and hand jewellery before starting work.
8. Have short, clean fingernails without nail polish or false nails.
9. Cover cuts or grazes with a waterproof dressing.

You should not use hand rub:

- When your hands are clearly dirty or may be contaminated with body fluids.
- When you have been providing care to residents with vomiting or diarrhoea, even if you have been wearing gloves.

Clients with no symptoms of Covid-19.

If neither the care worker nor the individual receiving care and support is symptomatic, then provide usual care.

Personal Protective Equipment.

Where no symptoms are present it is recommended that face masks are used at all times in a care setting as well as normal PPE for relevant tasks and continue with good hygiene practices.



Clients showing symptoms of Covid-19.

People receiving care should be isolated in their rooms if they have Covid-19 symptoms. Care staff are advised to use protective equipment to minimise the risk of transmission.

Personal Protective Equipment.

Where symptoms exist, the following PPE is recommended. Aprons, gloves and fluid repellent surgical masks. If there is a risk of splashing, then eye protection will minimise risk.

Where a resident is showing symptoms of COVID-19, steps should be taken to minimise the risk of transmission through safe working procedures. Staff should use personal protective equipment (PPE) for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids.

New PPE must be used for each episode of care. It is essential that used PPE is stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal. Residential care organisations should have well-established processes for waste management.

Use of PPE.

- Wear each item only once.
- If gloves are needed, put them on just before providing care and take them off straight afterwards.
- Change gloves between different care tasks for one person. For example, personal care and care that involves broken skin.
- Dispose of all used items correctly.

Clean frequently touched surfaces. Personal waste (such as used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal.

Do not shake dirty laundry before washing. This minimises the possibility of dispersing virus through the air. Wash items as appropriate in accordance with the manufacturer's instructions. Dirty laundry that has been in contact with an ill person can be washed with other people's items. Items heavily soiled with body fluids, such as vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.



Covid-19

General interventions may include increased cleaning activity to reduce risk of retention of virus on hard surfaces, and keeping rooms properly ventilated by opening windows whenever safe and appropriate.

Clients who have had Covid-19.

If a client is no longer showing symptoms or has tested positive for Covid-19 but is not showing symptoms and has completed their isolation period, then care should be provided as normal.

Safeguarding.

There is evidence that social isolation can make people more open to abuse. They may be more vulnerable to abuse and neglect as others seek to exploit disadvantages due to age, disability, mental or physical impairment or illness and are quick to act on this vulnerability. We need to be aware of this in order to spot signs and inform our managers promptly.

Be aware of the increased risk of abuse at this time. Be aware that any changes in behaviour or demeanour could indicate abuse.

The following may help to protect your clients but always discuss with your manager or relevant person the best way to support the client as it may be different for each client.

- Not answering the door to strangers and make them aware about fake ID.
- Checking with their family or friends that offers of support, advice and help are legitimate before accepting.
- Responding only to any texts, emails or phone calls from people they know.
- Never giving their personal data, passwords or pin numbers to anyone. Banks and official bodies will never ask for them.

It is important that we are extra vigilant and try to pick up any early signs that something isn't right.

Mental Capacity Act.

The mental capacity act should always be followed and when considering best interests, you may also need to consider choices available. For instance, a best interests decision that someone travels to see their family would be going against the government requirements on social distancing.



Testing.

There are two types of testing:

Swab Testing is used to identify whether someone has Covid-19 currently.

The most common uses of this type of testing are as follows:

- To help to identify those admitted to hospital with Covid-19 and ensure they are provided with the correct nursing care and relevant treatment.
- To identify whether it is Covid-19 when there is an outbreak in a care setting or other essential service to ensure the right action is taken.
- To identify a suspected case in a household to prevent one or more workers from essential services from having to isolate for 14 days unnecessarily.

Blood testing or antibody testing is used to identify whether someone has had Covid-19 and therefore has some immunity. This type of testing is currently being developed and will eventually be used more widely to enable people to eventually get back to work and resume a normal life. It should also enable essential services to reduce risks both to staff and those using the devices.

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Covid-19

1. What are the 3 symptoms that identify Covid-19?
 - a.
 - b.
 - c.
2. What should you do if YOU have Covid-19 symptoms?
3. If you suspect a client has Covid-19, what are the procedures you should follow?
4. What are the infection control procedures in your workplace?
5. When should you wash your hands?

Candidate signature:

Date:

Mentor signature:

Date:

