

Guidance on the use of Family Based Short Break Carers during COVID-19

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during COVID-19

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Introduction

This guidance has been produced to assist Family Based Short Break Carers to work safely in the context of sustained Covid-19 transmission in the UK. It is based upon the current Government guidance <u>COVID -19: How to work safely in domiciliary care in England</u> and will be updated as advice from the Government changes.

Should you want further support or advice in relation to this activity, please contact your Supervising Social Worker: **Helen Tracey** (Tel: 01189746890 Email: helen.tracey@wokingham.gov.uk)

Alternatively, in her absence please contact the Short Breaks and Early Help Team for Disabled Children on ShortBreaksCo-ordinator@wokingham.gov.uk who will be happy to assist you.

Quick Reference Glossary

Carer - Family Based Short Break Carer

PPE - Personal Protective Equipment

Donning (PPE) - putting on

Doffing (PPE) - taking off

AGP - Aerosol Generating Procedure

Basic Principles

Family Based Short Break Carers are volunteers who are registered as Foster Carers to provide daytime and/or overnight short breaks, which usually take place within the Carer's home or the local community. There is a responsibility on all parties involved in the delivery and receipt of Family Based Short Break Care to ensure that Government advice is followed at all times.

All parties should follow Government advice on handwashing, respiratory hygiene (*Catch it, Bin it, Kill it*), face coverings and social distancing as a general rule. This is explored in more detail below (see the *Recommended Personal Protective Equipment* section of this guidance) including in relation to needing to break the current social distancing advice of 2 metres if carrying out face-to-face work with children.

The basic principle that **no work should be undertaken** when the child, family, carer or any members of their respective households are displaying any symptoms is paramount. In this situation the person displaying the symptoms along with their household should be isolating for the required amount of time. See here for the latest NHS guidance on how long to self-isolate for. This guidance can be summarised as follows:

If you've tested positive:

Self-isolate for at least 10 days

If you've tested positive and

- you have symptoms self-isolate for 10 days from when your symptoms started
- you have not had symptoms self-isolate for 10 days from when you had the test

If you get symptoms while you're self-isolating, the 10 days restarts from when your symptoms started.

Stop self-isolating after 10 days if you feel okay

You can stop self-isolating after 10 days if either:

- You do not have any symptoms.
- You just have a cough or changes to your sense of smell or taste these can last for weeks after the infection has gone.

Keep self-isolating if you feel unwell

Keep self-isolating if you have any of these symptoms after 10 days:

- A high temperature or feeling hot and shivery.
- A runny nose or sneezing.
- Feeling or being sick.
- Diarrhoea.

Only stop self-isolating when these symptoms have gone.

If you have diarrhoea or you're being sick, stay at home until 48 hours after they've stopped.

If you live with someone who has tested positive:

If someone you live with has tested positive and:

- they have symptoms self-isolate for 10 days from when their symptoms started
- they have not had symptoms self-isolate for 10 days from when they had their test

If they get symptoms while they're self-isolating, the 10 days restarts from when their symptoms started.

The 10 days does not restart if a different person you live with gets symptoms while you're self-isolating.

When to stop self-isolating

You can stop self-isolating after 10 days if you do not get any symptoms.

What to do if you get symptoms

Get a test to check if you have coronavirus on GOV.UK if you get symptoms while you're self-isolating.

If your test is negative, keep self-isolating for the rest of the 10 days.

If your test is positive, the 10 days restarts from when your symptoms started. This will mean you're self-isolating for more than 10 days overall.

If someone in your support bubble has tested positive:

Self-isolate immediately if someone in your support bubble has tested positive and either:

- you've been in close contact with them since their symptoms started or during the 48 hours before their symptoms started
- you've been in close contact with them since they had the test or during the 48 hours before their test (if they have not had symptoms)

You need to self-isolate for 10 days from when you were last in contact with the person.

When to stop self-isolating

You can stop self-isolating after 10 days if you do not get any symptoms.

What to do if you get symptoms:

Get a test to check if you have coronavirus on GOV.UK if you get symptoms while you're self-isolating.

If your test is negative, keep self-isolating for the rest of the 10 days.

If your test is positive, the 10 days restarts from when your symptoms started. This will mean you're self-isolating for more than 10 days overall.

If you've been told to self-isolate by NHS Test and Trace

Self-isolate immediately if either:

- you get a text, email or call from NHS Test and Trace telling you to self-isolate
- you get an alert from the NHS COVID-19 app telling you to self-isolate

You need to self-isolate for 10 days from when you were last in contact with the person who tested positive for coronavirus.

Recommended Personal Protective Equipment

As there is no specific Government guidance relating to Carers working with children, the main reference source for this guidance is the current <u>domiciliary care PPE guidance</u>, specifically the document's <u>chapter</u> on 'Recommendations for the use of personal protective equipment (PPE) for care workers delivering homecare (domiciliary care) in a client's home during sustained COVID-19 transmission in England'.

The use of PPE falls under two categories:

1) Working whilst maintaining a 2 metre distance.

If the Carer can work whilst maintaining a 2 metre distance from the child **at all times** and there is **no physical contact**, only a Fluid Resistant Surgical Mask is required.

Or

2) Work which involves being within 2 metres of the child, delivering personal care, requiring direct contact, or working with someone in the extremely vulnerable group.

If the care or support meets any of these criteria, the following advice outlined in the table below should be implemented.

This applies:

- Whether the child you are providing personal care to has symptoms or not.
- Whenever you are within 2 metres of someone (child or household member) who is coughing, even if you are not providing direct care to them.
- To all personal care, for example: assisting with getting in/out of bed, feeding, dressing, bathing, grooming, toileting, dressings etc. and/or when unintended contact with clients is likely (e.g. when caring for clients with challenging behaviour).

Recommended PPE for	Explanation Adapted from the Domiciliary Care guidance re Covid
Short Break Carers	
Disposable gloves	Single use to protect you from contact with client's body fluids and secretions.
Disposable plastic apron	Single use to protect you from contact with client's body fluids and secretions. Aprons offer an additional layer of protection that help to keep workers safe. It is recommended that these are worn in indoor settings at all times whilst providing support to a young person. In the community, Carers are advised to use their best judgement regarding the practicality of their use based on the activity being undertaken.
Fluid resistant surgical mask	Fluid Resistant Surgical Masks (FRSMs) can be used continuously while providing care, unless you need to remove the mask from your face (e.g. to drink, eat, take a break from duties).
	The advice from Public Health England is that it is recommend that the Carer gets a break at least every 4 hours. This means you should not be responsible for the care for the child during that period.
	We are therefore recommending that Family Based Short Breaks do not last more than four hours at the current time, as taking a break of this nature will in most cases not be practicable.
	You should not touch your face mask. The mask is worn to protect you. You should remove and dispose of the mask if it becomes damaged, visibly soiled, damp, or uncomfortable to use, causes skin irritation or is difficult to breathe through.
Eye protection	Eye protection (i.e. goggles or visor) is recommended for care of clients where there is risk of droplets or secretions from the client's mouth, nose, lungs or body fluids reaching the eyes (e.g. caring for someone who is repeatedly coughing). Goggles should also be worn where there is potential risk of splashing e.g. water play
	 Eye protection can be used continuously while providing care, unless you need to remove the eye protection from your face (e.g. to take a break from duties). If you are provided with goggles/a visor that is reusable, then you should be given instructions on how to clean and disinfect following the manufacturer's instructions and store them between visits. If eye protection is labelled as for single use then it should be disposed of after removal.
	 Each person should have their own set of goggles. They are reusable but only by the same person. Length of use should be determined on a case-by-case basis, following the general principles set out as follows:
	Eye protection should be discarded and replaced (or decontaminated if the item is re-usable) and NOT be subject to continued use in any of the following circumstances:
	if damaged.if soiled (e.g. with secretions, body fluids).if uncomfortable or causing skin irritation.

Note: PPE is only effective when combined with: hand hygiene (cleaning your hands regularly and appropriately); respiratory hygiene (*Catch it, Bin it, Kill it*); avoiding touching your face with your hands; and following standard infection prevention and control precautions e.g. keeping nails short and not wearing nail varnish/false nails.

Provision of PPE

PPE will be provided to Carers by Wokingham Borough Council. Initially the Supervising Social Worker will discuss the arrangements with the Carer and the parent and will establish and agree the frequency of the support. This will indicate the amount of PPE that is required and they will make arrangements to have the required amount delivered to the Carer's home address. Once sessions are happening regularly it is the responsibility of the Carer to ensure that they have sufficient PPE and to advise the Supervising Social Worker (with at least a week's notice) if more supplies are needed.

Training in the use of PPE

Guidance on putting on (donning) and removing (doffing) PPE can be found on WBC's <u>My Learning</u> resource, and must be completed by all Carers.

The direct link for this course is as follows:

https://wokingham.learningpool.com/course/view.php?id=1213

Once on the training page, choose the following video:

Donning and Doffing PPE Non AGPs in Health and Social Care settings

N.B it is essential that you tick the declaration box on the training page to indicate and record that you have watched and understood the training.

It is expected that Carers should:

- Know what PPE they should wear.
- Have access to the PPE that protects them.
- Know that gloves and aprons are subject to single use with disposal after each child contact.
- Know that Fluid Resistant Surgical Masks (FRSM) and eye protection can be used for a session of work (recommendation no more than 4 hours without a break).
- That hand hygiene should be practiced and extended to exposed forearms, after removing any element of PPE.
- Adhere to social distancing (2 metres) wherever possible.
- Given the recommendation that a face mask is worn for a maximum of 4 hours before the
 Carer has a break, we would expect visits to last no longer than this. If and when Carers do
 take a break, it is important that they are able to step away, meaning that for 15 30 minutes
 they are not responsible for the child's welfare. This will mean that the parent or another
 responsible adult will need to assume the care of the child for this time period. You may wish
 to negotiate more regular breaks but with shorter timescales.

Disposal of PPE

Disposal of PPE is covered in the *Donning and Doffing PPE Non AGPs in Health and Social Care settings* video (https://wokingham.learningpool.com/course/view.php?id=1213) included in the training in the use of PPE outlined above. Whilst most of this video is an accurate representation of the correct way to Don, Doff and dispose of PPE, it is recommended within the video to make use of clinical waste

bins. It should be noted that if there is no access to clinical waste facilities, then Public Health England advise that used PPE and waste from cleaning of areas used when providing care (including disposable cloths and used tissues) should be disposed of as follows:

- 1. Put in a plastic rubbish bag and tied when full.
- 2. The plastic bag should then be placed in a second bin bag and tied.
- 3. It should be put in a suitable and secure place and marked for storage for 72 hours.
- 4. After 72 hrs it can be placed in normal domestic refuse.

Waste should be stored safely and securely and kept away from children. You should not put your waste in communal areas until the waste has been stored for at least 72 hours. Storing for 72 hours saves unnecessary waste movement and minimises the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances.

If working in the community with the child you will need to ensure that the PPE waste is securely transported to your own home and disposed of in accordance with the procedure above.

Do NOT put any items of PPE (or face coverings of any kind) into the recycling bin.

Do NOT dispose of PPE waste in a community setting

Do Not mix PPE waste with other waste i.e. soiled pads etc. as the need to leave for 72 hrs may not be pleasant in terms of odours etc.

Advice regarding Carers laundering their clothes

Regardless of whether PPE is worn or not, Carers are advised to change their clothing when they get home and launder their clothes as follows:

- separately from other household linen if heavily soiled.
- •• wash in a load not more than half the machine capacity.
- •• at the maximum temperature the fabric can tolerate, then ironed or tumble dried.

This does not need to apply to underclothes unless contaminated by the client's body fluid (e.g. vomit, or fluids soaked through external items).

What do the above recommendations regarding PPE not cover?

Aerosol Generating Procedures (AGP's)

Aerosol Generating Procedures are:

- Intubation, Extubation and related procedures, for example, manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract);
- Tracheotomy or tracheostomy procedures (insertion or open suctioning or removal), bronchoscopy and upper ENT airway procedures that involve suctioning, upper gastrointestinal endoscopy where there is open suctioning of the upper respiratory tract, noninvasive ventilation (NIV);
- Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP); and High Frequency Oscillatory Ventilation (HFOV), induction of sputum, high flow nasal oxygen (HFNO).

Carers are not expected to perform these tasks, should a future need arise for suctioning for example this guidance will be reviewed and appropriate training offered.

Practical considerations

Duration of short break sessions

Public Health England recommend that the maximum amount of time that PPE should be worn without a break is 4 hours. A break is defined as the Carer being able to step away meaning that for 15 - 30 minutes they are not responsible for the child's welfare. This will mean that the parent or another responsible adult will need to assume the care of the child for this time period.

We therefore recommend that visits are organised for a maximum of 4 hour blocks to avoid the logistical issues longer visits might create. If a session is planned to last for more than 4 hours please contact the Supervising Social Worker to discuss the arrangements

Visits do not have to last 4 hours and Carer's may feel they can only manage a shorter time wearing PPE, or equally children may not manage this length of time in the community.

The duration of a visit should be negotiated and agreed between the Carer and the child's parent.

Location of short break sessions

Currently Short breaks can only take place within the community and are not to take place within a Carer's home.

When in the community you will need to consider where you are taking the child, the prevailing weather conditions, the likelihood of the destination being busy, access to toilets/changing facilities (a number of which remain shut) and the child's known behaviours/reactions, in order to help keep you all safe. For example, what is their understanding of social distancing? How easy will it be for you to support them with this? You will also need to ensure that they have sufficient PPE to take with you and access to other essential items i.e. hand sanitiser, phone refreshments etc. You should also consider the amount of time you will be at the venue with your child.

Transport - Where possible and practicable we would advise that parents provide transport to and from a short break when meeting a Carer out in the community or consider walking or cycling if appropriate. We do however recognise this might not always be possible and understand that there may be legitimate reasons for Carers to have access to a vehicle whilst working with young people.

If Carers do need to provide transport to children we would recommend the following, taken from the Government's <u>advice</u> on car sharing:

If you do have to travel with people outside your household or support bubble try to:

- Share the transport with the same people each time.
- Keep to small groups of people at any one time.
- Open windows for ventilation.
- Face away from each other.
- Consider seating arrangements to maximise distance between people in the vehicle.
- Clean your car between journeys using standard cleaning products make sure you clean door handles and other areas that people may touch.
- Ask the driver and passengers to <u>wear a face covering</u> (where practicable for children).

On your journey

Expect more pedestrians and cyclists, especially at peak times of day. Where possible, allow other road users to <u>maintain a 2 metre social distance</u>. For example, give cyclists space at traffic lights.

Limit the time you spend at garages, petrol stations and motorway services. Try to keep your distance from other people and if possible pay by contactless. Wash your hands for at least 20 seconds or sanitise your hands often, and always when exiting or re-entering your vehicle.

Completing your journey

When finishing your journey wash your hands for at least 20 seconds or sanitise your hands as soon as possible

Children on public transport

Where travel is necessary, consider whether children could walk or cycle, accompanied by a responsible adult or carer, where appropriate.

<u>Social distancing applies to children</u> as well as adults. Children should <u>keep a 2 metre distance from others</u> who are not in their household or <u>support bubble</u>, while on public transport. If this isn't possible children should:

- Avoid physical contact.
- Face away from others.
- Keep the time spent near others as short as possible.

Children under the age of 3 should not wear face coverings. Children aged from 4 to 11 can wear face coverings, but they are not required to.

If you are the responsible adult or carer travelling with children, please help them:

- Minimise the surfaces they touch.
- Maintain their distance from others.
- Wear their face covering.
- Wash their hands for at least 20 seconds or sanitise your hands as soon as possible after the end of your journey.

Completing your journey

When finishing your journey:

- Consider walking or cycling from the station or stop you arrived at.
- Wash your hands for at least 20 seconds or sanitise your hands as soon as possible do the same for children who have travelled with you.

Reintroducing Carers or new Carers and helping the child understand the new rules

It is important to remember before the child is left in your care that they may not have seen you for a number of months or (if new) at all. To have someone arrive and immediately put on PPE could be quite scary for some children. We would therefore recommend that introductory visits are undertaken in advance of short break sessions and that these take place outside with social distancing in place so that the child gets to see you without PPE before they put this on. Provided you are 2 metres away, it may be helpful for the child to see the worker put on the PPE prior to the session commencing.

It would then be advisable to organise some very short initial sessions where you are available, to enable you to re-establish or establish a relationship with the child and to see how they react to the new situation with regards to you wearing PPE. This will hopefully pay dividends in the longer term.

We will also advise parents that they should undertake preparation work with their child appropriate to their age and understanding around handwashing, respiratory hygiene i.e. cough into a tissue/elbow, social distancing and the use of PPE by the Carer.

Further Resources

The following resources are available: and the child's school, social worker or the Short Break and Early Help can assist with finding others.

- Hand Washing Song
- Wearing a Mask
- Social Story about Personal Protective Equipment