



**WOKINGHAM  
BOROUGH COUNCIL**

**Guidance on the use of Personal Assistants,  
Direct Payment Workers and Agencies  
during COVID-19**

UNCLASSIFIED

## Document Control Information

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Version 1.1	28.08.20	Basic Principles section updated to reflect latest guidance on self-isolation
Version 1.2	15.12.20	Guidance updated to reflect latest recommendations around self-isolation. Stylistic changes also made throughout to align with the wording of Short Break Carers Guidance.

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## Introduction

This guidance has been produced to assist parents and carers to employ Personal Assistants safely in the context of sustained Covid-19 transmission in the UK. It is based upon the current Government guidance [COVID -19: How to work safely in domiciliary care in England](#) 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 child's Social Worker or the Short Breaks and Early Help Team for disabled children, who will be happy to assist you Tel: 01189746890 Email: Children with Disabilities Team [DctDuty@wokingham.gov.uk](mailto:DctDuty@wokingham.gov.uk) or Short Break and Early Help Co-ordinator [ShortBreaksCo-ordinator@wokingham.gov.uk](mailto:ShortBreaksCo-ordinator@wokingham.gov.uk)

## Quick Reference Glossary

PA - Personal Assistant (Direct Payment Worker) employed directly by the family or via an agency.

PPE - Personal Protective Equipment

CCG - Clinical Commissioning Group (Health's equivalent of a Local Authority)

Donning (PPE) - putting on

Doffing (PPE) - taking off

AGP - Aerosol Generating Procedure

## Basic Principles

Personal Assistants are support workers who are employed directly by parents or carers (or via an agency) to support their child. There is a responsibility on all parties involved in the delivery and receipt of this type of work 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, worker 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.

## **Use of PAs through agencies**

Where this service is being delivered by an agency, the agency is expected to have their own guidelines in place for their staff, which align with the most up to date Government guidance. They will also be responsible for ensuring that their staff have adequate Personal Protective Equipment (PPE). It is expected that as the employer, each agency will ensure that their staff know how to correctly put on, take off and dispose of PPE safely and will undertake risk assessments as necessary to ensure safe delivery of care. Parents should confirm with the agencies that they plan to use that such arrangements are in place.

## **Parents/Carers directly employing PAs using Direct Payments**

When Parents/Carers are employing a PA to work with their child using Direct Payments, it is essential that it is understood that as the employer the parents/carers are responsible for the health and safety of the worker.

As employers, it is the responsibility of the parent/carer to provide any PPE required by the worker in the first instance. As such parents/carers must:

- Ensure that PAs have access to the required PPE that is needed for care in a time of sustained transmission of COVID-19 (as the UK is currently experiencing). If you cannot access PPE yourself or are having difficulty getting PPE, you should contact the commissioner of your direct payment (Local Authority or CCG if funding is provided for the PA by health) who can provide assistance. Please contact your child's Social Worker or the Short Break and Early Help team 01189746890 Email: Children with Disabilities Team [DctDuty@wokingham.gov.uk](mailto:DctDuty@wokingham.gov.uk) or Short Break and Early Help Co-ordinator [ShortBreaksCo-ordinator@wokingham.gov.uk](mailto:ShortBreaksCo-ordinator@wokingham.gov.uk) should you need assistance.

## Recommended Personal Protective Equipment

As there is no specific Government guidance relating to PAs working with children, the main reference source for this guidance is the current [domiciliary care PPE guidance](#), specifically the document's [chapter](#) 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 guidance recommends that those delivering personal care requiring direct contact, those delivering care that requires being within 2 metres of an individual or those visiting someone in the 'shielded' group, should wear certain items of PPE.

If the PA can work whilst maintaining a 2m distance from your child **at all times** and there is **no physical contact**, only a Fluid Resistant Surgical Mask is required. In all other scenarios, the following advice regarding PPE should be implemented.

When providing close personal care in direct contact with the client(s) (e.g. touching) OR within 2 metres of anyone in the household who is coughing, the following recommendations apply:

- whether the client you are providing personal care to has symptoms or not, and includes all clients, including those in the 'extremely vulnerable' group undergoing shielding and those diagnosed with COVID-19.
- whenever you are within 2 metres of someone (client 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).
- whatever your role in care (i.e. applies to all staff, care workers, cleaners etc.).

Recommended PPE for Personal Assistants	Explanation Adapted from the Domiciliary Care guidance re Covid
<b>Disposable gloves</b>	Single use to protect you from contact with client's body fluids and secretions.
<b>Disposable plastic apron</b>	<p>Single use to protect you from contact with client's body fluids and secretions.</p> <p><i>Aprons offer an additional layer of protection that helps 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 PA's are advised to use their best judgement regarding the practicality of their use based on the activity being undertaken.</i></p>
<b>Fluid resistant surgical mask</b>	<p>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).</p> <p><i>On advice from Public Health England we would recommend that the PA gets a break at least every 4 hours. This means they should not being responsible for the care for the child during that period.</i></p> <p>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.</p>

<b>Eye protection</b>	<p>Eye protection (<i>i.e. goggles or visor</i>) 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). <i>Goggles should also be worn where there is potential risk of splashing i.e. bath time.</i></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• <i>Each person should have their own set of goggles. They are reusable but only by the same person.</i></li> <li>• <i>Length of use should be determined on a case by case basis, following the general principles set out as follows:</i></li> </ul> <p><i>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:</i></p> <ul style="list-style-type: none"> <li>• <i>if damaged.</i></li> <li>• <i>if soiled (e.g. with secretions, body fluids).</i></li> <li>• <i>if uncomfortable or causing skin irritation.</i></li> </ul>
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*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.

## Training in the use of PPE

Guidance on putting on (donning) and removing (doffing) PPE can be found on WBC's [My Learning](#) 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 PAs 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.
- Take regular breaks and rest periods i.e. not being responsible for the child's care at least every 4 hrs.

## Disposal of PPE

Disposal of PPE is covered in the Donning and Doffing PPE Non AGPs in Health and Social Care settings video ([Guidance on the use of personal protective equipment \(PPE\) for non-aerosol generating procedures \(AGPs\)](#)) covered in the Training in the use of PPE outlined above. Whilst most of the video is an accurate representation of the correct way to Don, Doff and dispose of PPE it is noted that within the video the recommendation is to use clinical waste bins.

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 accordingly:

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 waste areas until the waste has been stored for at least 72 hours. Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances.

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

## Advice regarding PAs laundering their clothes

Regardless of whether PPE is worn or not, PAs 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)*

Should the PA be expected to deliver aerosol generating procedures please contact your child's Social Worker or the Short Break and Early Help team 0118 9746890 Email: Children with Disabilities Team [DctDuty@wokingham.gov.uk](mailto:DctDuty@wokingham.gov.uk) or Short Break and Early Help Co-ordinator [ShortBreaksCo-ordinator@wokingham.gov.uk](mailto:ShortBreaksCo-ordinator@wokingham.gov.uk) who will be happy to support you to identify the different PPE requirements these procedures need.



NB. 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 gastro-intestinal endoscopy where there is open suctioning of the upper respiratory tract, non-invasive 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).

## Practical considerations

**Duration of short break sessions** - Given the recommendation that a face mask is worn for a maximum of 4 hours before the PA has a break, we would advise planning sessions to last no longer than this. If and when they do take a break, it is important that the worker is able to step away, meaning that for 15 – 30 minutes they are not responsible for your child's welfare. This will mean that you or another responsible adult will need to assume the care of your child for this period of time. You may wish to negotiate more regular breaks with the PAs you employ or agree to shorter sessions.

**Location of short break sessions** - Short breaks can take place within the home or within the community. If taking place within the home, you will need to consider how to minimise the number of people that the PA has contact with and how to effectively socially distance. Exceptions to this rule include when the child(ren) they are caring for requires support with personal care or if the PA is supporting a parent with personal care tasks for the child that require two people.

If out in the community you will need to consider where you are asking the PA to take 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 your child's known behaviours / reactions, in order to help keep both your child and the worker safe i.e. what is their understanding of social distancing? How easy will it be for the PA to support them with this? You will also need to ensure that they have sufficient PPE to take with them and access to other essential items i.e. hand sanitiser, phone refreshments etc. You should also consider the amount of time you are asking the PA to be at the venue with your child. A good guide generally is to ask yourself whether it is something you would be prepared to do.

**Transport** - Where possible and practicable we would advise that parents provide transport to and from a short break when meeting a PA 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 PA's to have access to a vehicle whilst working with young people.

If PA's do need to provide transport to children we would recommend the following, taken from the Government's [advice](#) 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 [wear a face covering](#) (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 [maintain a 2 metre social distance](#). 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.

[Social distancing applies to children](#) as well as adults. Children should [keep a 2 metre distance from others](#) who are not in their household or [support bubble](#), 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 PAs or new PAs and helping your child understand the new rules

Before leaving your child in the care of PA it is important to remember that they may not have seen this person 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 the worker without PPE before they put this on.

Provided the worker is 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 the PA and your child to re-establish or establish their relationship and to see how your child reacts to the new situation with regards to the PA wearing PPE. This will hopefully pay dividends in the longer term.

We would also advise that you undertake preparation work with your 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 PA.

## Further Resources

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

- [Hand Washing Song](#)
- [Wearing a Mask](#)
- [Social Story about Personal Protective Equipment](#)