LUCY POLLARD
SPEECH & LANGUAGE THERAPIES

COVID-19 PANDEMIC

INFECTION PREVENTION AND CONTROL POLICY NOVEMBER 2020

1.0 Introduction

During the COVID-19 Pandemic new ways of working are essential in order to control and minimise the transmission of the virus and to keep clients and therapists safe. In addition, it is important that health services provide a safe and equitable service for therapists and clients.

This document describes the infection prevention and control (IPC) practices implemented by Lucy Pollard Therapies. This is based on guidance from NHS England published on 20th August 2020 entitled **"COVID-19: Guidance for the remobilisation of services within health and care settings** Infection prevention and control recommendations" available here, and the Royal College of Speech and Language Therapists (RCSLT) guidance entitled **"RCSLT Guidance on reducing the risk of transmission and the use of personal protective equipment (PPE) in the context of COVID-19"** dated 11th September 2020 available here.

It is also consistent with current recommendations from the Health and Care Professions Council (HCPC), and The British Dietetic Association (BDA).

Lucy Pollard Therapies recognises that the COVID-19 pandemic continues to be an evolving threat with much still to learn about the virus. As such, this guidance is subject to change as and when government or professional guidance changes and will be regularly reviewed and updated.

2.0 Governance

It is the responsibility of Lucy Pollard to:

- Monitor IPC practices
- Ensure that resources are in place to implement good IPC practice
- Complete risk assessment(s) to ensure patients/individuals at high risk/ extremely high risk of severe illness are protected from COVID-19
- Ensure workplaces are COVID-19 secure as far as practical
- Undertake an outbreak investigation when two or more positive cases are linked in time and place to comply with contact tracing.

3.0 Management of Clients

Where possible and clinically appropriate remote consultations rather than face-to face should be offered to clients/individuals.

Where this is not possible, the guidance advises managing clients through 3 distinct pathways as shown below.

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High-Risk COVID-19 Pathway Section 10: SICPs & TBPs	Medium Risk COVID-19 Pathway Section 9: SICPs & TBPs	Low Risk COVID-19 Pathway Section 7: SICPs
Any care facility where: **a)** untriaged individuals present for assessment or treatment (symptoms unknown) OR **b)** confirmed SARS-CoV-2 (COVID-19) positive individuals are cared for OR **c)** symptomatic or suspected COVID-19 individuals including those with a history of contact with a COVID-19 case, who have been triaged/clinically assessed and are waiting test results OR **d)** symptomatic individuals who decline testing	Any care facility where: **a)** triaged/clinically assessed individuals are asymptomatic and are waiting a SARS-CoV-2 (COVID-19) test result with no known recent COVID-19 contact OR **b)** testing is not required or feasible on asymptomatic individuals and infectious status is unknown OR **c)** asymptomatic individuals decline testing	Any care facility where: **a)** triaged/clinically assessed individuals with no symptoms or known recent COVID-19 contact who have isolated/shielded AND have a negative SARS-CoV-2 (COVID-19) test within 72 hours of treatment and, for planned admissions, have self-isolated from the test date OR **b)** Individuals who have recovered from COVID-19 and have had at least 3 consecutive days without fever or respiratory symptoms and a negative COVID-19 test OR **c)** patients or individuals are regularly tested (remain negative)

Due to the nature of the services offered by Lucy Pollard Therapies, all clients we come into contact with will be in the **Medium Risk** category and as such our PPE measures should reflect this. This means that in addition to Standard Infection Prevention and Control Precautions (SICPs), Transmission Based Precautions (TBPs) should also be implemented.

3.1 RISK ASSESSMENT

Before considering face to face intervention, thorough client risk assessment should be undertaken. These risk assessments are intended for decisions relating to home visit appointments.

3.1.1 Home-based appointments:

These risk assessments should be completed prior to face-to-face appointments being agreed with parents. The risk assessments should then be discussed with parents/carers and uploaded to the clients case notes along with the parental agreement.

The appointment risk assessment should be completed within 24 hours of the session start time, to confirm that neither the client, nor any members of the household, have developed any possible COVID-19 symptoms since last contact.

3.1. 2 Education settings:

If providing universal or targeted support in school, the client risk assessments are not necessary – these are only necessary for specialist assessment and intervention. Settings will have their own procedures which should replace the 'appointment risk assessment' and so is not necessary in these settings. Likewise, school consent forms have been adapted and so the 'parental agreement' forms are not necessary.

More details about the Staff risk assessments can be found in section 10.0 Occupational Health.

4.0 STANDARD INFECTION PREVENTION CONTROL PRECAUTIONS (SICPs)

These are basic IPC measures that should be in place in all settings to reduce the risk of transmission of COVID-19. These must be used by all staff, in all settings, at all times. This will help ensure the safety of clients, staff and visitors. Likewise as staff are required to move between schools / home visits all IPC measures must be maintained.

- Hand hygiene
- Social distancing
- Good ventilation
- Cough hygiene
- Cleaning and maintenance of environment
- Cleaning and maintenance of equipment
- Use of appropriate Personal Protective Equipment (PPE)

Each of these are described in more detail below.

4.1 Hand hygiene

Good hand hygiene is essential to limit the spread of the disease. There is no identified frequency for hand washing and instead is based on the activity that is being undertaken. For clarity, hands must be washed as per NHS guidance, for at least 20 seconds. Hand sanitiser can be used when hands are not visibly contaminated or dirty.

Examples of when to wash hands or use hand sanitiser are as follows:

- Before starting work and just before the end of the working day
- Whenever hands are visibly soiled (must be washed – sanitiser is not sufficient)
- Before and after each physical contact with a client
- Before and after putting on or taking off any PPE
- Before and after touching client equipment / resources
- Before eating, drinking or handling food
- After visiting the toilet
- After blowing nose and / or covering a sneeze or cough

Please note this is NOT an exhaustive list.

4.2 Social distancing

Physical distancing of 2 metres must be considered standard practice in all settings – in situations where this is not possible, appropriate PPE must be worn.

4.3 Ventilation

Good ventilation will help reduce the risk of transmission. Being aware of room size in proportion to the number of people, and having windows and doors open where possible will help reduce risk. If this is not possible, consider appropriate PPE.

4.4 Cough hygiene

See here for a cough hygiene poster. All staff should ensure consistent implementation of the "catch it, bin it, kill it" approach i.e:

- Cough or sneeze into a clean tissue. If this is not available, cough / sneeze into your upper sleeve.
- Dispose of tissue immediately into nearest bin
- Wash hands to kill any infectious particles using the above handwashing technique.

4.5 Cleaning and maintenance of environment and equipment

The guidance states that frequency of cleaning of both the environment and equipment in patient areas should be increased to at least twice daily, in particular, frequently touched sites/points. For Lucy Pollard Therapies staff this relates to the environments in which we work clinically.

Due to the nature of Lucy Pollard Therapies' services (as a visiting professional to schools, college or people's homes) staff will have limited control over how well or regularly the environment is cleaned. However, steps that can and should be taken are as follows:

In education settings:

- Disinfect any shared resources **before** and **after** use (e.g. desks / keyboards / computer mouse)
- Sterilise hands **before** and **after** touching any shared resources or door handles in clinical environments
- Only use resources / toys / equipment available in the classroom / bubble for therapy, ensuring hand hygiene protocols are followed **before** and **after** touching equipment.
- Any equipment owned, used and retained by staff should be decontaminated between each client / bubble.
- Staff should consider opportunities to leave resources on site, rather than carrying them between sites to reduce the risk of transmission.

In clients' homes:

- Sterilise hands **before** and **after** touching any shared resources or door handles in the clients home.
- Use client's own resources / toys / equipment for therapy, ensuring hand hygiene protocols are followed **before** and **after** touching equipment.
- Any equipment owned, used and retained by staff should be decontaminated between each client and staff should consider single-use equipment for this purpose.

4.6 Use of appropriate PPE

The term 'personal protective equipment' is used to describe products that are approved by the Health and Safety Executive (HSE) and the Medicines and Healthcare products Regulatory Agency (MHRA) as protective solutions in managing the COVID-19 pandemic.

Good practice storage and transportation of PPE must be followed at all times and include the following:

- PPE must be transported in a clean receptacle
- stored safely and in a clean, dry area to prevent contamination
- used within expiry date
- single use unless specified by the manufacturer or as agreed for extended/sessional use
- changed immediately after each patient and/or after completing a procedure or task
- disposed into the correct waste stream depending on setting, for example domestic waste/offensive (non-infectious) or infectious clinical waste
- discarded if damaged or contaminated
- safely doffed (removed) to avoid self-contamination.
- decontaminated after each use following manufacturer's guidance if reusable PPE is used, such as non-disposable goggles/face shields/visors

4.7 FACE MASKS

The updated guidance states “the use of facemasks (for staff) and face coverings (if tolerated by the individual) is recommended in England and Scotland, in addition to social distancing and hand hygiene for staff, patients/individuals and visitors in both clinical and non-clinical areas to further reduce the risk of transmission”.

For clarity, all Lucy Pollard Therapies staff should use face masks (PPE) and not face coverings (not PPE) when undertaking work tasks, unless this is contraindicated in a risk assessment. These should be Fluid Resistant Surgical Masks (FRSM Type IIR). At this time, clear face masks are not considered PPE, and are undergoing trials in both the NHS and independent sector.

Visors or face shields are not a suitable alternative to facemasks as droplets move around the visor and if in an elevated position can direct airflow down towards the client.

4.7.1 Education settings:

The use of face masks by education staff will vary depending on the policy of that educational setting. For clarity, despite government guidance relating to education stating PPE is not required in schools apart from in cases of personal hygiene practices, Lucy Pollard Therapies staff are health professionals and are deemed ‘visiting professionals’ by HCPC. As such face masks must be worn in corridors, classrooms and in any offices that are not deemed “COVID Secure”.

Face mask can be used for “extended” uses – for example one facemask can be used whilst working within a ‘bubble’ or cohort, so long as it is appropriately disposed of and a new mask is used when moving between cohorts/bubbles.

4.7.2 Home visits:

In a home setting, parents/carers should be asked to wear face masks during appointments, unless this causes undue distress to their children, or they are required to model specific communication techniques that require their face to be visible. At these times, therapists must ensure they maintain a minimum of a 2m distance.

4.7.3 Good practice wearing of face masks:

Please see here for clear donning and doffing procedures of use of face masks.

Face masks must:

- not be touched when being worn.
- be well-fitting and fit for purpose
- fully cover the mouth and nose (manufacturers' instructions must be followed to ensure effective fit and protection)
- not be allowed to dangle around the neck
- be replaced if damaged, visibly soiled, damp, uncomfortable or difficult to breathe through It.

5.0 TRANSMISSION BASED PRECAUTIONS

See the PPE Guidance Document for clear guidance on appropriate PPE for non-covid secure environments for medium-risk clients. This involves the additional use of aprons and gloves.

5.1 APRONS AND GLOVES

The guidance from 20th August, further clarifies changes to PPE guidance, and states:

> *"In some clinical outpatient settings, such as vaccination/injection clinics, where contact with individuals is minimal, the need for single use PPE items for each encounter, for example, gloves and aprons is not necessary. Gloves and aprons are recommended when there is (anticipated) exposure to blood/body fluids or non-intact skin. Staff administering vaccinations/injections must apply hand hygiene between patients and wear a sessional facemask."*

Therefore for Lucy Pollard Therapies, gloves and aprons are only necessary when undertaking 'direct patient care'. For clarity, this means that if working within 2m of a client but you can guarantee no direct contact with the client or shared resources, a fluid-resistant face mask is sufficient.

However if therapists identify that there is likely to be direct client/patient contact, or contact with shared equipment, they should use the appropriate PPE as identified in the PPE Guidance Document.

Aprons and gloves must be:

- worn to protect clothes when contamination is anticipated or likely
- worn when providing direct care within 2 metres of suspected/confirmed COVID-19 cases (medium or high risk clients)
- changed between patients and/or after completing a procedure or task

Gloves must never be decontaminated with Alcohol Based Hand Rub (ABHR) or soap between use.

Full body gowns or fluid repellent coveralls, foot / shoe coverings are not required as part of the services offered by Lucy Pollard Therapies at this time.

6.0 DISPOSAL OF PPE

6.1 *In educational settings:*

Agreement should be made, prior to providing input, of appropriate PPE disposal routes within the setting. PPE should be disposed of on site and in line with the education setting policy.

6.2 Home visits:

PPE should be doffed using the appropriate procedure and then double-bagged before being placed in the client's bin and disposed of with their waste.

7.0 PPE EXCEPTIONS

7.1 PPE Exceptions: COVID secure environments:

Face masks are not required if you are in a "COVID-secure" office environment (i.e. good ventilation, regular cleaning of shared spaces, and 2m distance consistently maintained).

7.2 PPE Exceptions: clients

PPE is likely to restrict communication with some individuals to an extent that it is counter-productive to the face-to-face intervention.

For some therapeutic interventions (e.g. in speech and language therapy) face masks are contraindicated – for example interventions focussing on speech sound production or particular social skills, or during assessments, where it is essential that clients can see the therapist's face / mouth.

In these circumstances the risk assessment will determine the risks associated with removing the face mask and whether this is justified for clinical need and other mitigating IPC measures that will be implemented. Consent must be received from parents / carers for this approach (and senior leadership teams if within an educational setting). This must also be discussed and agreed with the member of staff's Manager before being implemented. This should only be considered in cases of high clinical risk and should be clearly documented in the client's casenotes. ***In these circumstances a clear face shield should be worn.***

N.B. In no way should this be considered as necessary for all clients – with transmission rates fluctuating across the UK, this must only be considered on a case-specific and activity specific basis.

8.0 AEROSOL GENERATING PROCEDURES

Aerosol Generating Procedures (AGPs) are procedures that create a higher risk of respiratory infection transmission.

An updated list of what is considered an AGP can be found on page 19 of the Public Health England guidance and in addition, the RCSLT have highlighted dysphagia bedside assessments as AGPs due to the risk of forceful and prolonged coughing. Any healthcare professional who experiences "frequent and repeated contact with patients' respiratory secretions or sputum" should be considered at higher risk of transmission of COVID-19 and as such this should be reflected in any risk assessment undertaken.

9.0 ADDITIONAL MEASURES

1. Staff must ensure clear communication prior to appointments to provide advice on what to do if clients/individuals suspect they have come into contact with someone who has COVID-19 prior to their appointment

2. Staff should avoid working across different settings across the day where reasonably practicable.

3. If travelling across different schools during the day, a change of clothing should be made.

4. If travelling to different home visits across the day, this should be planned so that higher risk visits take place later in the day.

5. All clothing should be washed at the end of each day.

6. Headwear worn for religious reasons (for example, turban, kippot veil, headscarves) must also be washed and/or changed between each visit or at the end of the day.

10.0 OCCUPATIONAL HEALTH

One of the key factors in managing the pandemic and the transmission of the virus, in addition to the SICPs and the TBP above, is ensuring staff health and wellbeing. This should be supported as follows:

- All staff must keep up to date with any changes to the recognised symptoms of COVID-19 and stay alert to any symptoms for themselves and those in their household.
- Staff are encouraged, where appropriate, to have the winter flu vaccination to help reduce strain on the NHS during the winter.
- Staff should take responsibility for their own health, following government guidance in their personal as well as professional life.
- All staff who are considering face-to-face intervention should complete a risk assessment to identify any additional risks relating to their personal circumstances which should be mitigated where possible. This should then be discussed with their line manager.
- Staff should use their diaries on WriteUpp to log all face to face contacts to aid tracing if required.
- Staff who present with symptoms (see list on page 5 of the RCSLT document identified above) should self-isolate, inform their manager following standard sickness reporting protocols, and book a test through the NHS test and trace service.
- Staff should ensure they fully engage in any test and trace procedures.
- Lucy Pollard Therapies will provide regular opportunities for staff to meet and support each other – face to face (where safe and appropriate) or remotely. This will involve a combination of team meetings, peer support, ‘check-ins’, supervision etc to ensure they are adequately supported during this time and have the opportunity to raise questions, concerns and anxieties.
- Staff are also directed to the RCSLT resources on resilience and self-care during this time – these can be found here.

Lucy Pollard Therapies recognises that as lockdown restrictions change, further flexibility and adaptability will be required. This can lead to additional stress and anxiety and can negatively impact on wellbeing. Lucy Pollard Therapies will work with staff to minimise the impact on their health and wellbeing as much as is possible, and welcomes feedback from staff regarding the best ways to do this.

References

1. **COVID-19: Guidance for the remobilisation of services within health and care settings** Infection prevention and control recommendations printed 20th August 2020, Public Health England

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf

2. **RCSLT guidance on reducing the risk of transmission and use of personal protective equipment (PPE) in the context of COVID-19, updated 11th September 2020**

https://www.rcslt.org/-/media/docs/Covid/RCSLT-guidance-on-reducing-risk-of-transmission-use-of-personal-protect.pdf?la=en&hash=947507109788C4C81BB4A1993A91231F8B72DD79

3. **Aerosol generating procedures, dysphagia assessment and COVID-19, 22nd April 2020**

https://www.rcslt.org/-/media/docs/Covid/RCSLT-Dysphagia-and-AGP220420FINAL-1-(1).PDF

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