

Camden & Islington Public Health

Guidance on non-care related Home Visits during COVID-19

VERSION 5.2

26 May 2021

If you have questions relating to this guidance please contact Public Health: CIPHAdmin@islington.gov.uk

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1 About this guidance

This guidance is intended for use by Council staff and their providers who visit clients' homes during their work. This includes:

- Staff who need to see and speak to a resident in their home (e.g. social workers)
- Staff who need to visit a home but can carry out their work independently (e.g. repairs/adaptations staff, or housing assessors)

It is **not** intended for services providing domiciliary care, where national [guidance for homecare should be followed](#).

This guidance sets out the risk assessment that should be undertaken before all home visits to check whether it is safe to visit.

This guidance has been adapted from [Home care national guidance, Working Safely During Coronavirus: other people's homes](#) and national guidance on [Infection](#)

[prevention and control](#). We will keep this guidance under constant review in light of the evolving COVID-19 situation and changes to national guidance.

The latest guidance on Personal Protective Equipment for Covid-19 when undertaking home visits is available on the Council website. This should be read in conjunction with this guidance. Speak to your manager if you are not clear what PPE guidance you should follow.

2 Overview

With greater control measures for COVID-19, including Covid-secure guidelines, comprehensive risk assessments, and NHS Test and Trace, a wide range of home visits (including by staff who support residents, or carry out work in the home) can be undertaken. However it is important that a risk assessment is completed for any planned visits. This guidance has been developed to support this. Consideration should be given to the following:

- Home visits (including repairs and adaptations) can occur – however it is vital all visits take into account safe ways of working relating to COVID-19, these are summarised below. Teams should also review [national guidance on working safely during COVID-19](#).
- A risk assessment must be completed before any visit to check whether it is safe to visit. Only urgent visits should take place if someone in the household is symptomatic or self-isolating because they have been identified as a close contact of someone who has COVID-19 (see [Symptoms of COVID-19](#) and [Screening Questions](#) sections below). Visits to people who are extremely clinically vulnerable (formally 'shielding' group) should go ahead with appropriate mitigations in place.
- It is acknowledged that the mitigations required in delivering services safely during this time may reduce the number of home visits that can be delivered. Decisions on how available capacity is used and visits prioritised will vary from area to area and will need to be agreed at a service level.

3. Risk assessment before home visit

You should **always try to call ahead** to conduct an initial risk assessment by phone to find out if it is safe to visit. If it is not possible to telephone beforehand, ask the following questions before entering the premises, maintaining 2 metres social distancing. Questions to ask are listed in the [screening questions](#) section below.

Screening Questions

Questions you should ask before the visit by telephone or before entering:

1. Is anyone in the household clinically extremely vulnerable (formerly 'shielding')?
2. Does anyone in the household have symptoms of COVID-19 that started in the last 10 days (see [Symptoms of COVID-19](#))?
3. Does anyone in the household still have a temperature?
4. Is anyone in the household currently self-isolating due to a household member having COVID-19 symptoms? (see [Symptoms of COVID-19](#) & [Self-isolation because of COVID-19 symptoms](#))
5. Is anyone in the household self-isolating because they have been identified as a close contact of someone who has COVID-19 (via NHS Test and Trace?)

6. Is anyone in the household self-isolating because they have returned from abroad in the last 10 days?
7. Has anyone in the household been discharged from hospital for COVID-19 in the last 14 days?

If the answer to ANY of these questions is YES and the visit cannot be delayed, you may need to wear personal protective equipment (PPE) for this visit. See PPE guidance for Working in residents' homes, available on [Izzi](#) or the [Islington Council website](#), and [Camden Essentials](#).

If it is not possible to ask these questions before your visit AND it will be necessary to be within 2 metres of any member of the household, staff should have access to PPE in case it is needed.

Symptoms of COVID-19:

- A **high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature).
- A **new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual).
- A **loss of or change in your sense of smell or taste**

Self-isolation because of COVID-19 symptoms

The self-isolation period for households is the period of time during which individuals in a household are required to stay at home because a person in that household has developed symptoms of COVID-19.

This time starts when the first person develops symptoms. It includes the 10 days it could take for symptoms to appear in any other household member (during which time other household members may be infectious).

If another household member does develop symptoms, they should self-isolate for 10 days from when their symptoms started, even if it means self-isolating for longer than 10 days.

For more information see the national [guidance on self-isolation for households](#).

4. General principles for any visit

Do not go to work if you:

- Have symptoms of COVID-19 (see [Symptoms of COVID-19](#)) or have tested positive, with onset within the last 10 days.
- Are self-isolating because someone else in your house has had symptoms of COVID-19 or tested positive in the past 10 days.
- Have been identified as a close contact of someone who has COVID-19 via NHS Test & Trace.
- Returned from a country not on [the UK Travel corridors list](#) in previous 10 days.

Everyone should follow good hygiene practices

The most effective methods of reducing the risk of infection are regular effective handwashing and social distancing:

- **Wash hands before entering and after exiting** (for at least 20 seconds with soap and water, or use hand sanitiser with a minimum of 60% alcohol).
- **Avoid touching your face**, nose and eyes
- Staff should try to **maintain social distancing** of at least 2m from anyone in the household as far as is practical.
- Staff should wear a **face mask or face covering** inside a resident's home and in all communal areas (see PPE guidance for working in residents' homes, available on [Izzi](#) or the [Islington Council website](#), and [Camden Essentials](#)).

5. Ways of working safely during Covid-19

Social distancing

- You must maintain social distancing in the workplace wherever possible. This means keeping a minimum of 2 metres from other staff members, and any residents you come into contact with.
- If you can work in the home independently (i.e. the purpose of your visit relates to work in the property as opposed to a wider conversation with the resident), ask that the resident stays in another room for as much of the visit as possible.
- Ask that a 2 metre distance is kept from those working.
- Where it is not possible to maintain a 2 metre distance for any particular activity, consider whether that activity needs to continue. If the activity does have to happen, take all the mitigating actions possible to reduce the risk of transmission between staff:
 - Keep a minimum distance of 1 metre.
 - Keep the activity time involved as short as possible.
 - Use of face masks by staff.
 - Keep the space ventilated by opening windows/doors.
 - Have the minimum number of staff required to complete the task.
 - Using back-to-back or side-to-side working (rather than face-to-face) wherever possible.

Equipment

- Where possible, avoid sharing working equipment or papers. This also means items such as pens and paperwork.
- Where essential items do need to be passed from one person to another, place this on a surface and step back, before the next person picks this up.

Inside and around the property:

- If possible, have any meetings/conversations outdoors or in well-ventilated rooms.

- Ask that households leave all internal doors open to minimise contact with door handles.
- Minimise time spent in hallways and other busy or narrow areas.
- Bring your own food and drink and have breaks outside where possible.
- Arrange methods of safely disposing of waste with the householder.

6. Personal Protective Equipment (PPE)

You should ensure you:

- Are following the latest PPE guidance for working in residents' homes which is available on the council website. Speak with your manager if you are unsure.
- Are familiar with how to safely use PPE.
- Have sufficient PPE available to cover all visits on your shift.

For further information see PPE guidance on Working in residents homes, available on [Izzi](#) or the [Islington Council website](#), and [Camden Essentials](#).

7. Face coverings

A face covering can be very simple and is not PPE. It just needs to cover your mouth and nose. It is not the same as surgical masks or respirators used by health and care workers or for dust and spray in an industrial context.

The evidence suggests that wearing a face covering does not protect you, but it may protect others if you are infected but have not developed symptoms.

Face coverings for home visits

- If PPE is required for a home visit, a PPE face mask should always be worn rather than a face covering.
- For visits where PPE is not required, staff must wear a face covering while inside a resident's home.
- The Council supports staff to request that residents wear a face covering if social distancing at 2 metres is difficult, and staff may supply the resident with a face covering if the resident is not able to supply their own.
- Face coverings should generally be provided by staff members themselves. However, the Council will provide face coverings to staff whose role requires one. Requests for this can be made via the local BECC.

When wearing face coverings, it is vital to use them properly and wash your hands before putting them on and taking them off.

Further information on face coverings is available: [How to wear and make a cloth face covering](#).

8. Regular, asymptomatic testing

All staff who are in contact with residents are encouraged to access twice weekly rapid tests for people without symptoms. These tests help to detect infections in people who do not have symptoms and are infectious to others without knowing it.

- For staff working in Camden: [How to get a rapid test in Camden](#)
- For staff working in Islington: [How to get a rapid test in Islington](#)

9. Additional considerations for managers (including managing multiple visits in a day)

Staff may make visits to multiple homes in the same day, however it is important to think about the safest way of doing this for staff and for residents. Managers should consider adapting teams and planning the order of visits to minimise risk:

- Consider dividing workforce into cohorts to cover COVID-19 and non-COVID-19 households separately.
- Home visits should be structured to see the most vulnerable non-COVID-19 patients first to minimise the risk of cross contamination to those who either are confirmed or have symptoms of COVID-19, or are in households with confirmed/possible cases of COVID-19.
- Allocating the same worker to the same household each time there is a visit wherever possible.
- Reducing the number of people each person has contact with by using 'fixed teams or partnering' (so each person works with only a few others).

Working materials, such as tools or domestic appliances, should be assigned to an individual and not shared if possible. If they need to be shared, they should be shared by the fewest number of people possible.

Managers will need to establish how much PPE is required for each member of staff visiting homes. More time should be factored in for PPE/infection control between visits.

10. What to do if someone in the household is clinically extremely vulnerable

There are some medical conditions that place someone at greater risk of severe illness from COVID-19. When rates of COVID-19 are high, people with these medical conditions are advised to take additional precautions including 'shielding'. Even outside of the 'shielding' periods, people who are extremely clinically vulnerable need to continue to be careful to minimise their risk of exposure.

Extra care (including PPE) should be taken when undertaking home visits to household where anyone is extremely clinically extremely vulnerable (formerly 'shielding'). Managers should support staff to review a risk assessment to ensure that visits to these households proceed safely.

Check the [guidance on clinically extremely vulnerable people](#) for the latest position.

During your visit

- PPE should be worn **whenever you enter into the property. Even if you are able to stay more than 2 metres from the person who is shielding, you should still wear PPE.** Check the latest PPE guidance for Working in residents homes to ensure you have the correct items, available on [Izzi](#) or the [Islington Council website](#), and [Camden Essentials](#).
- Try to touch as few surfaces as possible.

- Ask the person who is clinically extremely vulnerable to wait in another room while you complete your work if possible.
- Take as little equipment in with you as possible as items could potentially be contaminated. Wipe the surfaces of any equipment you need to take inside.
- Wash hands before entering and regularly while inside the property, including after touching household surfaces, and after exiting.

11 What to do if someone in the household is self-isolating due to COVID-19?

No work should be carried out in a household where anyone is isolating because of COVID-19 symptoms or has been identified by NHS Test and Trace as a close contact unless it is to remedy a direct risk to the safety of the household. If any of the answers to questions 2, 3, 4, 5 from [Screening Questions](#) is YES, discuss with your line manager:

- **Does the visit need to be delivered face-to-face?** Consider phone, or online
- **Does the visit need to proceed?** Could it be delayed until the household has finished the period of self-isolation?

If the visit is essential, then it can still proceed but PPE may need to be worn. Check the latest PPE guidance for Working in residents homes to ensure you have the correct items, available on [Izzi](#) or the [Islington Council website](#), and [Camden Essentials](#).

On visiting an individual who has symptoms

Ask the individual if they are coping with their illness. If the resident with COVID-19 symptoms feels like they cannot cope with their symptoms at home, or their symptoms do not get better after 10 days, then they should contact the NHS 111 online coronavirus service. If they do not have internet access, they should call NHS 111. If you are worried that it is a medical emergency you should dial 999. Discuss with your manager if you are worried that a person you are visiting is not coping and needs support.

12 What to do if anyone in the household has been discharged from hospital

If the answer to question 7 in [Screening Questions](#) was YES, you will need to ask some more questions to find out how long this person needs to self-isolate after their discharge from hospital:

- **Did they require critical care in hospital (intensive care or a ventilator)?**
- **Are they severely immunocompromised?**

A person with COVID-19 who has been discharged from hospital to their home may be infectious for longer than usual if they had more severe

disease requiring critical care or are severely immunocompromised. For more information see the related national guidance [here](#).

- If they required critical care in hospital or they are immunocompromised, they should self-isolate for 14 days from their first positive COVID-19 test.
- Patients who did not require critical care and are not immunosuppressed only need to self-isolate for 10 days from their first positive COVID-19 test.

If the individual has no COVID-19 symptoms and has completed their **isolation period**, then the visit should be proceed as normal.

13 Useful resources

Related government guidance

1. [COVID-19: Stay at home guidance](#)
2. [COVID 19: Guidance on those who are extremely vulnerable from COVID-19](#)
3. [COVID-19: Guidance for households with possible coronavirus infection](#)

Posters & video

- Video: [Putting on PPE](#)
- [How to wash hands](#)