



**COVID-19 Infection Prevention and Control Guidance for Health and Social
Care Workers who visit homes to deliver healthcare
V2.0 23/04/2020**

Revisions updated with respect to Infection Prevention and Control based on broader queries and communication with various disciplines - Key Changes from Previous Version: 1.0

Updated layout of guidance document

Table of contents included

Edited flow of the document

PPE guidance updated

Hyperlinks added

Appendix added

- **Hand Hygiene posters**
- **Guidance on new born baby's blood spot collection where household members have suspected or confirmed COVID-19 infection updated.**

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Introduction

Community based Healthcare Workers (HCWs) including Community Nurses, Public Health Nurses, Allied Healthcare Professionals, Home Helps and Personal Assistants play a vital role in supporting people to live in their own home by providing healthcare and personal care to people in the community. This guidance has been developed to support community based HCWs to take the best possible Infection Prevention and Control (IPC) measures to protect both the vulnerable people they care for and themselves from acquiring COVID-19 respiratory illness.

Older people and people with underlying health conditions are at greater risk of developing severe disease with COVID-19 so it is very important to do everything possible to avoid bringing the virus into their home.

These are extraordinary and challenging times for community based healthcare workers. Concerns of HCWs for their personal welfare are increased by the number of healthcare workers who developed infection however, HCWs continue to deliver timely and appropriate care. The key to doing this with the lowest possible risk is by applying the fundamental principles of basic IPC.

A comprehensive range of guidance documents is available at www.hpsc.ie. Please check this website on a daily basis as guidance is regularly updated as the situation evolves. This document is to be read in conjunction with relevant guidance available on HPSC website

- Case definition
<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casedefinitions/>
- Personal protective equipment guidance
<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/>
- Video resources for donning and doffing PPE
<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/videoresourcesforipc/>

Purpose of document

As a healthcare worker, entering homes in the community to deliver care and provide support, there is a risk that you may be exposed to people with COVID-19 and a risk that you could spread COVID-19. The purpose of this guidance is to advise you on how to reduce that risk as much as possible as you continue to fulfil the critical role you play.

This guidance replaces the previously issued 'Guidance for Health and Social Care Workers who visit homes on COVID-19 V 1.0. The guidance has been updated to reflect the declaration of a pandemic event and the growing experience of this disease. Please note that this document is issued as preliminary guidance, the Expert Advisory Group may consider elements of this guidance further, and further updates may follow.

Scope

This document is intended for all those health and social care workers who visit homes and provide healthcare and personal care in the home of the client for example.

- Public Health Nurses
- Community RGN's
- Physiotherapy/Occupational Therapy/Speech and Language Therapy
- Homecare supports assistants (HCSA's)
- General Practitioners
- Mental Health Workers
- Community Psychiatric Nurses
- Palliative Care CNS
- Third party providers e.g. private providers

This guidance is also relevant to those who plan for and manage the delivery of these services.

Brief background information on COVID-19

The virus which causes COVID-19 spread mainly through respiratory droplets generated by coughing and sneezing, and through contact with surfaces that the droplets have fallen on to. The virus can survive on surfaces at least for some hours and for up to 2 to 3 days in some cases if not removed or destroyed by cleaning or disinfection.

People are most likely to spread infection around the time that they start to have symptoms. People with severe disease may be more infectious. Some people have become infected from people before those people had symptoms. People usually become sick about five to six days after they become infected but people may become sick as early as 1 day after infection or as late as 14 days after infection.

Most people with COVID-19 will have mild disease and will recover but some develop more serious illness. People at higher risk of developing more serious illness include older people, people who are immunocompromised and those with certain other medical conditions. Important symptoms of infection include fever, cough and shortness of breath. We now know that many frail older people may not have these symptoms when they first become ill. In some case they may just feel generally unwell, lose their appetite, become confused and have an unexplained change in their baseline condition.

Testing for COVID-19 is based on taking a swab from the throat and nose. Only one swab is used to collect both samples, with the throat site sampled first. Testing is agreed and arranged through the person's General Practitioner.

Planning for delivery of healthcare/personal care in the home (managers and co-ordinators)

- Review infection prevention and control training to ensure that all HCWs have had basic training in IPC relevant to COVID-19
- Training should include Standard Precautions, in particular hand hygiene, respiratory hygiene and cough etiquette and in Transmission Based

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Precautions (Contact, Droplet & Airborne) including the appropriate use of Personal Protective Equipment (PPE).

- The following are training materials that can be used to support staff education and training.

Videos

HSEland Hand Hygiene module or at least the 2 quick reminder videos on the COVID19 page www.hseland.ie

PPE donning and doffing videos training programme

<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/primaryareguidance/videoresources/>

<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/videoresources/https://www.hpsc.ie/a/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/videoresourcesforipc/>

Doffing ear looped surgical masks:

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/videoresources/>
<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/videoresourcesforipc/>

An information booklet for home helps and personal assistants, which is available online:

<https://www.hpsc.ie/az/microbiologyantimicrobialresistance/infectioncontrolandhandguidelines/File,13739,en.pdf>

- Ensure that HCWs have access to alcohol hand rub and to items of personal equipment required to deliver the care they provide in a manner that is safe for the client and for them
- All staff should be aware of the early signs and symptoms of COVID-19 and who to alert if they have a concern. Staff should be able to contact an appropriate escalation pathway. Please see the HPSC website for the most up to date case definition for COVID-19.

- Ensure that HCWs are aware of the changes in a client's condition that should make them consider COVID-19 (see above)
- Review the list of clients and ensure that it is up to date and that contact details are available for a family member or relevant other person.
- Review the care that is required by each client
- Healthcare workers should be told that if they are unwell and have symptoms of COVID-19 such as cough, temperature or shortness of breath or if they are a contact of someone with COVID-19 they must call their manager before going to work. If a staff member develops symptoms while at work they must report immediately to their line manager and not continue to see other clients.
- If a healthcare worker is concerned that they may have COVID-19 they should stay at home and self-isolate and contact their doctor or occupational health service by telephone.

Additional information is available at these links

- www.hpsc.ie
- <https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/casedefinitions/>
- [https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/selfisolationathome/Self-isolation%20\(2\).pdf](https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/selfisolationathome/Self-isolation%20(2).pdf)
- <https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/occupationalhealthguidance/>
- In so far as possible minimise the number of different staff caring for each client and minimise the number of different clients cared for by each staff member. This can help to limit the number of people infected.
- Ensure that staff have sufficient time allocated to adhere to any necessary IPC precautions, in particular to adhere to hand hygiene and safe donning, doffing and disposal of any personal protective equipment (PPE) required during their visit.
- If possible and where appropriate, encourage communication with the client remotely through use of a mobile telephone or other similar device before a visit to check that they have no new symptoms on that day.

- Clients and any of their families/friends who enter their home should be advised to let the service provider know as soon as possible if the client has a new cough, temperature or shortness of breath, are awaiting testing and that they should be advised to contact their doctor right away.
- Healthcare staff should be told how to deal with the situation if they arrive at a client's home and find that the client's condition has deteriorated or other symptoms that suggest COVID-19 as advised above.

IPC Practice for Healthcare workers

Health and social care workers play a vital role in ensuring the safety of their clients and of themselves by working with their managers to participate in training and to make appropriate use of the training and of alcohol hand rub and PPE provided for their use.

Health and social care workers should

- Participate in education and training provided and seek to apply it consistently
- Identify challenges with implementing IPC practice in particular settings or with particular clients and inform relevant managers/

Preparing for a visit

- Assess your case load
- If you are caring for clients who have COVID-19 you will require sufficient time to follow all relevant aspects of IPC practice and you may require someone to support you
- Check that you have all the items you are likely to require for your session of work in your vehicle
- You will need to perform hand hygiene first and last after each visit to a client's home therefore ensure that you have an adequate supply of alcohol hand rub for all visits.
- PPE (gloves, aprons, and other items) are not appropriate as a routine for all tasks but should be available for certain tasks (for example as per HSE information booklet for home helps and personal assistants)

- Surgical masks should be worn by healthcare workers when providing care to patients within 2m of a patient, regardless of the COVID-19 status of the patient.
- Surgical masks should be worn by all healthcare workers for all encounters, of 15 minutes or more, with other healthcare workers in the workplace where a distance of 2m cannot be maintained.
- If possible contact households in advance to confirm household members do not have symptoms of COVID-19 or awaiting testing.
- Ask for clients and other members of the household to maintain physical distancing when it is practical to do so.
- In situations where you need to wear PPE explain that you may need to do this in all cases particularly if the care relates to children or persons with intellectual disability.

On arrival at a client's home

- Bring a limited number of the items you expect to use with you into each client's home
- Bring as little as possible of your personal items into the client's home. Where it is necessary to bring personal items with you try to avoid using them in the client's home and minimise any contact between the client and your personal items. If you bring a mobile phone into the client's home try to avoid using the phone during the visit.
- Confirm that no member of the household has symptoms of COVID-19
- If a client or a member of the household has symptoms that suggest COVID-19 the staff member should leave the room if possible. If this is not possible they should maintain a distance of at least 1 to 2 m (3 to 6 feet).
- The HCW should call the service manager.
- If the client is not distressed but is on his or her own, the staff member should call a family member or other contact person. If the person is distressed, the staff member may need to call emergency services.
- If it is necessary to remain with the person or to approach within 1 to 2 m (3 to 6 feet) to attend to a person in distress the risk to the staff member can be

reduced by applying following good IPC practice including use of appropriate PPE.

During the visit to the client's home

- On entering the client's home avoid unnecessary direct touching gestures including handshaking
- Do not eat or drink in the client's home.
- Maintain social distancing when it is practical to do so
- When it is not practical to maintain distance follow Standard Precautions for all clients and additional Transmission Based Precautions where required by the clients condition
- The most critical element of Standard Precautions are as follows

Hand Hygiene

Hand hygiene is vital to reduce the transmission of infection in health and other social care settings. (See hand hygiene technique posters Appendix 1)

This can be achieved by

- Being bare below the elbow and cleaning your hands with soap and water or with alcohol based hand rub (ABHR) when you arrive at each house and after you leave each house.
- caring for the client hand hygiene must be performed as per the 5 moments of hand Hygiene also before and after use of gloves, equipment decontamination and after handling of waste and laundry.

This means applying the 5 moments for hand hygiene during and after your visit to the person's home as

- Before a clean/aseptic procedure such as assisting a client to brush their teeth, and before preparing/ handling food or assistance with feeding or taking oral medicines.
- After contact with body fluids such as bathing a person who is incontinent, handling soiled personal clothing and bed linen and clearing up spills of urine, faeces, vomit and handling waste.
- After touching the person you are caring for, such as after any personal care activities including washing and dressing or assisting with mobility

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- Immediately after removing gloves
- After leaving the home when care is finished

Respiratory hygiene and cough etiquette

All staff and clients should be encouraged to adhere to respiratory hygiene/cough etiquette at all times. A supply of tissues, as well as access to alcohol based hand rub (ABHR) is required for all Healthcare workers

Key messages include:

- Cover your mouth and nose with a disposable tissue when coughing and sneezing to contain respiratory secretions.
- Discard used tissues into a waste bin immediately after use and clean your hands
- If you don't have a tissue, cough into your forearm or the crook of your elbow
- Perform hand hygiene
- Avoid touching your face (eyes, nose or mouth) with your hands
- Maintain a distance of 1 m (3 feet) or more from clients other than when you are providing direct personal care.

Personal Protective Equipment (PPE)

All staff must be trained in the proper use of all PPE that they may be required to wear. In a pandemic situation, where stock shortages may be anticipated, new or different PPE items may need to be procured. The unnecessary use of PPE will deplete stocks and increases the risk that essential PPE will not be available to staff when really needed. See guidelines in relation to PPE use on the HPSC website at link

https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/Interim%20Guidance%20for%20use%20of%20PPE%20%20COVID%2019%20v1.0%2017_03_20.pdf

and also

<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/useofsurgicalmasksinhealthcaresetting/>

- Surgical masks should be worn by healthcare workers when providing care to patients within 2m of a patient, regardless of the COVID-19 status of the patient.
- Surgical masks should be worn by all healthcare workers for all encounters, of 15 minutes or more, with other healthcare workers in the workplace where a distance of 2m cannot be maintained
- Disposable gloves and a plastic apron are recommended for certain tasks including contact with body fluids such as bathing a person who is incontinent, handling soiled personal clothing and bed linen and clearing up spills of urine, faeces, vomit and handling waste
- Used items of PPE should be disposed of by placing in a bin in the client's home.
- Hand hygiene should be performed immediately before and after putting gloves on and gloves should be removed immediately after the tasks are completed.
- Hand hygiene must be performed immediately after removing gloves.
- Shoe covers are not recommended.

On completion of the visit to the client's home

- Perform hand hygiene after leaving the client's home and before returning to your vehicle
- There is no indication that use of a vehicle is a contributor to the overall risk of infection to staff and no specific cleaning or decontamination of vehicles used for home visits is recommended.

Uniforms/ personal clothing of healthcare workers

Many health and social care workers wear uniforms, which they launder at home. Likewise, community nurses and PHNs wear personal clothes. Some staff have concerns regarding the need to launder uniforms at home however there is no indication that this is associated with a significant IPC risk. Normal household laundry practices can be expected to inactivate the COVID-19 virus and most other common pathogens. Key principles are -

- A ten-minute wash at 60C is sufficient to remove most micro-organisms.

- Using detergents means that many organisms can be removed from fabrics at lower temperatures however, it is recommended that clothes are washed at the hottest temperature suitable for the fabric.
- Uniforms should be laundered separately from other household linen in a load not more than half the machine capacity at the maximum temperature the fabric can tolerate.
- The risk of virus transmission from footwear is likely to be extremely low.

Household hygiene

Eating and drinking utensils should be cleaned in a dishwasher or with hot water and washing up liquid after use. These can be dried and reused. Regular household cleaning products should be used for cleaning.

Laundry

If you assist with laundry, avoid shaking any clothing. Machine wash clothes 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.

If the individual does not have a washing machine, wait a further 72 hours after the 14-day isolation period has ended; the laundry can then be taken to a public laundry service.

Items heavily soiled with body fluids, for example, vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.

Equipment

There is a requirement to take medical equipment into and out of client's homes, small pieces of equipment for example. A blood pressure monitor should be cleaned and disinfected by using a combined detergent and disinfectant wipe prior to leaving the house and placed in your car and before entering another house. Also refer to manufacturer's cleaning instructions.

If performing a planned home visit to a patient with suspect or confirmed COVID-19

Care in the home of clients with COVID-19 is only likely to be practical and safe if the person requires minimal assistance from a visiting health and social care

worker. If a home visit is planned for a client with suspected or confirmed COVID-19 this requires careful planning and it may be necessary to have a second person to support. In addition to measures outlined above consider the following.

If a home visit is planned to a household where there is a person with COVID-19 but the person affected is not the person who requires care and they can remain in a separate room from the staff member for the duration of the visit. This is the most effective way to manage the risk and may avoid the requirement for use of complex PPE that may prolong the visit.

Equipment should be organised before entering the home

PPE requirements

- Plastic apron
- Surgical mask
- Eye protection (required if there is a risk of splash)
- Disposable gloves
- Disposable waste bag
- Detergent wipes Alcohol based hand rub
- A small plastic sheet work surface

Additional supplies may be required depending on the type of care needed for example a dressing pack and gloves for nurses providing wound care.

For guidance on new born baby's blood spot collection where household members have suspected or confirmed COVID-19 infection (see Appendix 3)

To remain in the car – spare black bags, plastic bag, ABHR

Guideline

BEFORE ARRIVING at the Residence

Ask questions to form an update on the nature of the client's current condition. You may be familiar with the client and where possible how contact should be limited.

Establish if there is a porch, hall or corridor just inside the entrance door. Request that a small table or chair be placed in the hall or in a room just off the hall to

provide the healthcare worker with a work area to don PPE and prepare to attend to the client.

Establish if there are other people in the residence and if so that they are asked not to greet the staff member and if possible to remain in a room or rooms separate from the client you are attending to and to avoid contact with the staff member. Make it clear in particular that handshaking should be avoided.

Establish if there are companion animals and if so that they are safely contained so that they do not interrupt or distract the staff member.

BEFORE ENTERING the Residence

If possible telephone the client or accompanying person to request that the entrance door is left ajar or that the key is the lock to allow the Healthcare worker to enter without engaging with people who live in the residence if it is safe to do so taking into consideration the client receiving care and their agreement

Confirm that companion animals are contained securely.

Confirm that other residents, particularly children are in a place away from the entrance and the room occupied by the client.

ON ENTERING the Residence

Perform hand hygiene. Don PPE appropriate to the task and the person you are delivering care to and explain to the client the on limit contact

On completion of healthcare visit

Remove PPE in accordance with the correct sequence shown in www.hpsc.ie videos

Remove gloves and perform hand hygiene with ABHR

Remove apron or gown and dispose in a domestic waste bag

Remove mask and discard into the waste bag

Tie the bag and place in black bag and advise family to dispose in normal waste after 72 hours

After Leaving the Residence

Perform hand hygiene

Appendix 1

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the entire procedure: 40-60 seconds



0 Wet hands with water;



1 Apply enough soap to cover all hand surfaces;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



4 Palm to palm with fingers interlaced;



5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.



World Health Organization

Patient Safety
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Clean Your Hands

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Appendix 2

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

🕒 Duration of the entire procedure: 20-30 seconds



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Appendix 3

Guidance on completion of National New born Bloodspot Screening in a client's residence where household members have suspected or confirmed COVID-19 infection

PPE Requirements

- Alcohol based hand rub (ABHR)
- Long sleeved disposable gown
- Surgical mask
- Eye protection (goggles only required in exceptional circumstances if there is a risk of splash)
- Two pairs of disposable nitrile gloves
- One healthcare risk waste bag
- One black bin bag to place the bag for removal after 72 hours into household waste bin
- Sharps container placed in clear area. Only bring required equipment to residence.

ABHR for use in the home

Procedure

BEFORE Arriving at the Residence

Ask questions to form an understanding of the nature of the person's condition and the nature/location of residence. Where possible contact should be limited to the parent/guardian who is asymptomatic or with the mildest symptoms. If this is not the parent / guardian with the legal capacity to consent, then clear written authorisation of the parent / guardian with the ability to consent (usually mum) needs to be provided to the Public Health Nurse (PHN).

Complete as much of newborn bloodspot screening sample (NBBSS) card as possible prior to arriving at the house. Mark card as biohazard.

Establish if there is a porch, hall or corridor just inside the entrance door and how many rooms are available. Request that a small table or chair be placed in the hall or in a room just off the hall to provide the tester with a work area.

Establish if there is room directly off the entrance hall and if so arrange that if possible the parent/guardian will meet the PHN with the infant there.

Establish if there are children or others in the residence and if so that they are asked not to greet the PHN and if possible to remain in a room or rooms separate from the patient and to avoid contact with the PHN and make it clear in particular that handshaking should be avoided.

Establish if there are companion animals and if so that they are safely contained so that they do not interrupt or distract the tester.

BEFORE ENTERING the Residence

- Telephone the parent/guardian to request that the entrance door is left ajar or that the key is in the lock to allow the tester to enter without engaging with people who live in the residence
- Confirm that companion animals are contained securely
- Confirm that other residents, particularly children are in a place away from the entrance and the room
- Ask that the parent/guardian has a pen to sign the consent form. If the infants mother is unavailable to sign the consent form i.e. through illness or hospital transfer, the unmarried father cannot sign the consent. In these cases, the sample taker should make every effort to contact the mother to get verbal consent and to document this in the relevant clinical notes/child health record. This may include liaising with the mother's medical team to obtain developments on her condition and position to provide consent for the NBBSS to be taken. If the mother is not contactable, for example due to severe inpatient medical illness, then the HSE must act in the best interest of the infant which would be to take the newborn bloodspot screening sample and inform the mother as soon as possible as to the decision taken and to record that in the child health record. If appropriate, this should ideally be in discussion with the father or primary care giver of the baby to ensure that they are aware of the need and benefit of newborn bloodspot screening. If the infant has been discharged home to the care of the father and the mother is too unwell to be discharged, the father should be instructed to bring the infant back into the hospital to obtain consent from the mother and then proceed to take the newborn bloodspot

screening sample. This is similar to bringing infants back into hospital in areas where there is no weekend public health nursing service. Registered Public Health Nurses (RPHNs) arranging a house call to perform the newborn bloodspot screening must insist on the mother being present. Grandmothers or other relatives/friends cannot provide written consent.

The sample taker is responsible for ensuring that appropriate consent is obtained and for informing the parent(s)/legal guardian(s) that by signing the newborn bloodspot screening card the parent/legal guardian is:

- confirming that they have read the parent information leaflet
- verifying that the details on the newborn bloodspot screening card are correct
- consenting to the screening blood sample being taken
- agreeing to the storage of the newborn bloodspot screening card as per current Department of Health recommendations

ON ENTERING the Residence

- Perform hand hygiene by washing hands or using an alcohol hand rub using appropriate technique
- Request adult who is holding the infant to wear a mask
- Open PPE and Place the plastic sheet on a table top or chair in the entrance area to provide a clean work area
- Leave the drying box and sharps container for the specimen open on the clean work area provided by the sheet
- Don PPE in the usual manner and enter the room where the parent and infant are waiting

Having performed the test

- Continue wearing the PPE and return to your clean workspace carrying the sample in your gloved hand.

- Insert the card into the drying box, **being careful not to touch the outside of the box.**
- Remove gloves and perform hand hygiene with ABHR
- Remove PPE and dispose in the household waste bag. Tie the waste bag and place in a black bin bag and advise family to dispose in normal domestic waste bin after 72 hours
- Perform hand hygiene with ABHR
- Put on a fresh pair of gloves
- Close the drying box
- Remove gloves and discard into the waste bag
- Perform hand hygiene with ABHR
- Safely dispose of the lancet in a sharps bin/Need to address what to do with contaminated sharps?
- Ask parent to perform hand hygiene before signing consent form
- Take the drying box from the clean work area as you leave the residence

After Leaving the Residence

- Perform hand hygiene using ABHR
- Once sample is fully dried, the sample must also be labelled 'Biohazard' as per current practice for samples with known or suspected infectious disease risk. The nature of the biohazard does not need to be recorded on the screening card. The screening card must be fully dry before transporting. The sample is placed in a biohazard bag and then placed in an envelope for transporting samples. The sender of samples by registered post or by courier is responsible for ensuring that the packaging and transportation of the sample complies with current transport regulations regarding Health and Safety as laid down in the European Directive (ADR 2015) Packaging Regulations P650. Dried bloodspots must be packaged

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appropriately. NNBSL recommends that once the blood has dried, the sample should be inserted into a water resistant, tear proof Tyvek® envelope or equivalent.

Reference: A Practical Guide to Newborn Bloodspot Screening in Ireland National Newborn Bloodspot Screening Laboratory Temple Street Children's University Hospital Temple Street, Dublin D01 YC67 7th Edition – December 2018