

The health of our nurses is our absolute priority

The health of our nurses and carers is our absolute priority. If you work for Saroia Staffing Services, please take note of the following information:

It is absolutely essential you stay up to date with Government COVID-19 advice

It is more important than ever that you stay updated with the [latest Government advice](#) on the signs and symptoms of COVID-19 and self-isolation guidance to prohibit the further spread of this virus. We recommend you [sign up to the daily email alerts](#) to ensure you don't miss out.

Sadly, lots of 'fake news' is working its way around social media sites so it is important that you keep up to date on the Government advice and encourage your loved ones to do the same. As nurses and carers, you are at the forefront of disseminating accurate information.

Financial and emotional support

We know that some of our nurses and carers have permanent posts as well as working for us and that some nurses will also have insurance cover for periods when you may not be able to work. We are also acutely aware that not everyone does. We know that our nurses and carers are worried about having to self-isolate or becoming ill as a result of COVID-19, or even being out of work to care for loved ones who have contracted COVID-19 and the financial impact this will have.

We want to assure our nurses and carers that if you do not have access to any financial support or insurance and you are unable to work due to COVID-19, there are a number of options available to you, in addition to support measures the government may put in place. Saroia Staffing Services will stand by you at this time. If you are suffering financial hardship as a direct result of COVID-19, please [click here](#) to find out what support is available to you.

Emotional support

You can access counselling and information services through our Employee Assistance Programme. This service is provided by Care First and facilitated by Aviva. It's a free service, designed to provide you with professional, independent and impartial, information, support and counselling. The programme is a confidential service available 24-hours a day, 365 days a year. You can reach them on **0121 454 4554** which is a freephone number.

Factsheets and clinical guidance

We have put together a suite of factsheets and clinical guidance for our agency workers. Please take time to familiarise yourself with this information. If you have any COVID-19 related clinical questions, please refer to these factsheets in the first instance. Read more [here](#).

Follow our blog

Stay up to date with our latest COVID-19 support and advice through our blog. We've got plenty of information to support you and your loved ones. Everything from looking after your mental health, keep the kids entertained, as well as travel and accommodation guidance if you're planning on working away. Stay tuned [here](#).

Contacting us

We will continue to operate 24 hours a day, seven days a week. You can contact us on our [regular telephone lines](#), but we do expect to be busier than usual. In the event you cannot reach us straight away, please send an email to admin@saroia.co.uk. Whilst we work remotely, we may call from numbers that look different. Please do not call us back on these numbers – continue to call us on our usual lines.

Giving availability is more important than ever

We expect to be super busy over the coming weeks. Please make sure your availability is up to date with the admin team.

Can you work in the community?

Public health bodies are encouraging increased community-based health support during the COVID-19 outbreak. We expect our community work to increase over the coming weeks. If you're willing and able to work community shifts, please email admin@saroia.co.uk, and we'll be in touch.

Finally, please take care 

The coming weeks and months are likely to push us all to our limits. We need to support one another as much as possible to get through this. Please look after yourself and your fellow nurses. ***We are all in this together.***

Factsheets and clinical guidance for our agency workers

We have put together a suite of factsheets and clinical guidance for our agency workers. Please take time to familiarise yourself with this information. If you have any clinical questions, please refer to the below factsheets in the first instance:

01 Self Isolation

Self-Isolation helps stop coronavirus spreading

Do not leave your home if you have symptoms of coronavirus or live with someone who does

Symptoms of Coronavirus

- A high temperature
- A new, continuous cough
- Shortness of breath
- Anosmia – loss or change to your sense of smell or taste

Guidance:

- Do not leave your home for any reason – if you need food or medicine order them by phone or online or ask someone to drop them to your home
- Do not have any visitors to your home
- You can use your garden if you have one
- If you have symptoms you need to self-isolate for 7 days.

After 7 days

- If you do not have a high temperature you do not need to self-isolate
- If you still have a high temperature, keep self-isolating until your temperature returns to normal.
- You do not need to self-isolate if you just have a cough after 7 days. A cough can last for several weeks after the infection has gone

If you live with someone who has symptoms:

- You need to self-isolate from 14 days from the day their symptoms started
- If you do not get symptoms, you can stop self-isolating after 14 days

Stay up to date with the latest NHS advice [here](#).

02 Living with vulnerable people

A vulnerable person is deemed to be one of the following:

- Someone who is **over 70 years old**
- Someone who has a **long-term health condition**
- Someone who is **pregnant**
- Someone who has a **weakened immune system**

If you have symptoms of COVID-19, and are living with someone who has been categorised as a vulnerable person under the government's COVID-19 advice, please take note of the following guidance:

If possible, try and arrange for them to stay with family/friends for 14 days – although it is appreciated that this might not always be possible. If you must stay at home together then follow the advice below:

Do:

- Try to keep 2 metres away from each other
- Avoid using shared spaces, such as kitchens or bathrooms at the same time as each other
- Open windows in shared spaces
- Clean a shared bathroom each time you use it, for example by wiping the surfaces you have touched
- Use a dishwasher if you have one – if you do not have one, use washing-up liquid and warm water and dry everything thoroughly

Don't:

- Share a bed, if possible
- Share towels, including hand towels and tea towels

Further guidance on shielding and protecting vulnerable people can be found [here](#).

Remember, stay up to date with the latest NHS advice [here](#).

[Living with vulnerable people NHS guidance.](#)

[Stay at home guidance diagram.](#)

03 Reducing the spread of infection at home

Just because you are staying in your own home does not mean that you will be free from the potential spread of infection.

When at home you should:

- Wash your hands with soap and water often and for at least 20 seconds
- Use hand sanitiser gel if soap and water is not available
- Cover your mouth and nose with a tissue or your sleeve (not your hand) when you cough or sneeze
- Immediately throw used tissues in the bin and always wash your hands afterwards
- Clean objects and surfaces you touch often (like door handles, kettles and phones) using your regular cleaning products
- Clean a shared bathroom each time you use it, for example by wiping the surfaces you have touched.

You should not:

- share towels, including hand towels and tea towels

Cleaning and washing:

- Use your usual household products, such as detergents and bleach when you clean your home
- Put used tissues and disposable cleaning clothes in rubbish bags, place the bag in a second bag and tie it securely – wait for 3 days before putting it in your outside bin – dispose of other household waste as normal
- Wash your laundry in the washing machine in the usual way. Laundry that has been in contact with an ill person can be washed with other people's items. Do not shake dirty laundry as this may spread the virus in the air
- If you do not have a washing machine – wait for 3 days after your self-isolation has ended before taking your laundry to a launderette

Remember, stay up to date with the latest NHS advice [here](#).

04 Infection control in community settings

With the increasing prevalence of COVID-19, it is more important than ever to ensure that we maintain effective infection control. COVID-19 is not thought to be completely airborne but can be transmitted through droplets, direct contact people's secretions, and touching surfaces that have been infected through human transmission.

Key facts (**World Health Organisation**)

- A single cough can produce up to 3000 droplets
- These droplets can land on other people, clothing, surfaces around them
- People catch COVID-19 by touching these objects or surfaces then touching their eyes, nose or mouth
- People can catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets
- There is emerging evidence that the virus is also shed for longer in faecal matter – although the research suggests that this transmission is low, if you do not wash your hands after visiting the toilet you could contaminate anything you touch
- The risk of catching COVID-19 from someone with no symptoms at all is very low

Safe ways of working for all health and care workers

- Staff should know what PPE they should wear for each setting – please review [this chart](#) devised by NHS England for further specific guidance
- Staff should have access to the PPE that protects them for the appropriate setting and context – we know this can be a problem and we urge you to discuss it with each individual setting or call us
- Gloves and aprons are subject to single use with disposal after each patient contact
- Hand hygiene should be practised and extended to exposed forearms after removing any element of PPE

Use of PPE

It is always vital to wear PPE when completing any care interventions in the community environment, however as we try to fight the spread of COVID-19, it is essential that PPE is worn. The level of PPE will be determined depending on the environment. For non-symptom displaying service users gloves and aprons are required for any patient care. Ensure that you wash your hands for at least 20 seconds, in warm water and with soap, before and after applying PPE.

PPE should be put in the hallway or reception area of the home.

If neither the individual nor the care worker have symptoms of COVID-19 then no personal protective equipment is required above and beyond normal good hygiene practices. Unless the patient is shielding (conditions that require shielding can be found [here](#)) then gloves, surgical mask and apron must be worn at all times for their protection.

The recommended PPE required to be worn where a possible or confirmed case has been identified is: disposable gloves, disposable apron and fluid resistant surgical face mask and potentially eye protection. Where a service user is coughing and there is a risk of splashing the use of a visor should be considered and risk assessed.

Aerosol Generating Procedures

The current AGPs in the community setting are:

- Tracheostomy procedures – insertion, removal or open suction
- Non-invasive ventilation (BiPAP or CPAP)
- Ventilation via a tracheostomy
- Cough Assist

Further information on the PPE requirements can be found [here](#).

Hand washing

Hand hygiene is essential before and after all contact with the service user being cared for, following removal of protective clothing and cleaning of equipment and the environment. Wash hands with soap and water using the technique shown in the diagram below. Washing effectively with soap and water is sufficient, if possible, use a disposable paper towel to dry hands and place in waste. Paper towels are not always available in the community setting, and therefore it is essential that a hand towel is made available for workers only and this is changed on a daily basis and washed in a washing machine under an appropriate temperature. Recommendations do continue to state that an alcohol-based hand rub can be used if hands are not visibly dirty or soiled, but hand washing is the top recommendation.

05 Infection control in acute settings

With the increasing prevalence of COVID-19, it is more important than ever to ensure that we maintain effective infection control. COVID-19 is not thought to be completely airborne but can be transmitted through droplets, direct contact people's secretions, and touching surfaces that have been infected through human transmission.

It is important that you follow local guidelines but below is some general guidance released by the UK government.

Standard Infection Control Precautions (SICPs)

- Acts as the basic infection prevention & control measure necessary to reduce risk of transmission of infectious agents
- Interrupts the transmission of COVID-19 by stopping the route of transmission via contact & droplets

Hand Hygiene

- Essential in the reduction of transmission
- Follow the protocol below when washing hands

The use of alcohol hand rub/gel

- Should not be used in replacement of hand washing
- Is used during donning and doffing
- Assess the likelihood of exposure & adequateness of PPE for risks associated with the procedure that is to be undertaken.
- Stay in line with the local policy and procedures of the hospital.

You can read more [here](#).

Sessional use

The use of masks for one worker to use in one work area. This is currently recommended in the UK Infection Prevention and Control Guidance:

- It should be disposed of if it becomes moist, damaged, visibly soiled
- The duration of sessional use is dependent on local and individual factors (e.g. heat, activity length, shift length). In practice, this may vary from 2-6hrs
- If masks are touched or adjusted, hand hygiene should be performed immediately

- If the mask is removed for any reason (e.g. upon exiting the ward area, taking a break, or completing a shift), they are disposed of as clinical waste, unless they can be safely reused

Reuse

Important requirements are:

- The mask should be removed and discarded if soiled, damaged, or hard to breathe through
- Masks with elastic ear hooks should be re-used (tie-on face masks are less suitable because they are more difficult to remove)
- Hand hygiene should be performed before removing the face mask
- Face masks should be carefully folded, so the outer surface is held inward and against itself to reduce likely contact with the outer surface during storage
- The folded mask should be stored between uses in a clean sealable bag/box which is marked with the person's name and is then properly stored in a well-defined place
- Hand hygiene should be performed after removing the face mask
- Some models of PPE cannot be physically reused as they deform once being donned and do not go back to original condition (meaning it would be difficult to redon and achieve fit check – fit checks should be performed each time a respirator is donned if it is reused.)

Gowns and coveralls

Fluid repellent hospital gowns or coveralls are indicated for use for the care of patients in high-risk areas, where AGPs are performed. There are 3 main options that can be considered as alternatives if gowns are not available:

- Reserve disposable, fluid repellent gown or coveralls for AGPs and surgical procedures
- Disposable, non-fluid repellent gowns or coveralls with a disposable plastic apron for high-risk settings and AGPs with forearm washing once gown or coverall is removed
- Reusable (washable) surgical gowns or coveralls or similar suitable clothing with a disposable plastic apron for AGPs and high-risk settings with forearm washing once gown or coverall is removed. These would need to be washed in a hospital laundry

Sessional use

If the gown or coverall becomes visibly soiled, it must be disposed of as infectious waste, followed by hand hygiene, donning of a new gown and appropriate donning of new gloves.

Reuse

Consider shifting disposable gowns or coveralls to reusable options, retaining disposable gowns only for high-risk AGPs. If there are no available disposable gowns or coveralls, consider the use of gown alternatives including:

- Reusable gowns
- Reusable (washable) lab coats
- Reusable (washable) long-sleeved patient gowns
- Reusable coveralls

Eye and face protection

Eye and face protection provides protection against contamination to their eyes from respiratory droplets, aerosols arising from AGPs and from splashing of secretions, blood, body fluids or excretions.

Eye and face protection can be achieved by the use of any one of the following:

- Surgical mask with integrated visor
- Full face shield or visor
- Polycarbonate safety spectacles or equivalent.

Visors

Visors provide barrier protection to the facial area and related mucous membranes (eyes nose lips) and are considered an alternative to goggles. Visors should be used if AGPs are performed. They should cover the forehead and extend below the chin and wrap around the side of the face. Visors are available both disposable and reusable options.

Sessional use

Visors should be removed upon exiting the ward area as per standard practice.

Reuse

This is currently recommended in the UK guidance, where the eye protection is not relabelled as single use only. If in extremely short supply, single-use only items can be re-used in a similar way as re-usable items. The standard method of cleaning is to use a detergent product, they should be rinsed thoroughly to remove any residual detergent and left to dry. Products will degrade over time with repeated cleaning, particularly the anti-fog component.

Gloves and aprons

These remain single-use, DO NOT use double gloves for the care of suspected or confirmed COVID-19

Use of clothing at work

- Do not travel to work in your uniform that you will be wearing during your shift
- If possible, change into your uniform on commencement of shift
- Use different footwear when at work – this prevents the spreading of the virus outside of the working environment
- Prior to leaving the shift, change back into travelling clothes, place your uniform and footwear into a plastic bag
- Once you have returned home, wash your uniform immediately at 90°C (Avoid shaking them out prior to putting them into the washing machine)

Stay up to date with the latest COVID-19 guidance here:

[COVID-19 personal protective equipment \(PPE\)](#)

[COVID-19: infection prevention and control guidance](#)

[Reducing the risk of transmission of COVID-19 in the hospital setting](#)

[Recommended PPE for healthcare workers by secondary care inpatient clinical setting, NHS and independent sector](#)

06 Infection control in residential care settings

Standard Infection Control Precautions (SICPs)

- Acts as the basic infection prevention & control measure necessary to reduce the risk of transmission of infectious agents
- Interrupts the transmission of COVID-19 by stopping the route of transmission via contact & droplets

Safe ways of working for all health and care workers

- Staff should know what PPE they should wear for each setting and context. More information can be found [here](#).
- Staff should have access to the PPE that protects them for the appropriate setting and context – we know this can be a problem and we urge you to discuss it with each individual setting, or discuss with us.
- Gloves and aprons are subject to single-use with disposal after each patient contact.
- Fluid repellent surgical mask and eye protection can be used for a session of work rather than a single patient contact (if appropriate)
- Hand hygiene should be practised and extended to exposed forearms after removing any element of PPE

Use of PPE

- It is always vital to wear PPE when completing any care interventions in the community environment, however, in these times it is essential that PPE is worn. The level of PPE will be determined depending on the environment. For non-symptom displaying service users gloves and aprons are required for any patient care. Ensure that you wash your hands for at least 20 seconds in warm water with soap before and after applying PPE.
- PPE should be put in the hallway or reception area of the home.
- If neither the individual nor the care worker have symptoms of COVID-10 then no personal protective equipment is required above and beyond normal good hygiene practices. Unless the patient is shielding (conditions that require shielding can be found [here](#)) then gloves, surgical mask and apron must be worn at all times for their protection.
- The recommended PPE required to be worn where a possible or confirmed case has been identified as disposable gloves, disposable apron and fluid resistant surgical face mask and potentially eye protection. Where a service user is coughing and there is a risk of splashing the use of a visor should be considered and risk assessed.

Aerosol Generating Procedures

The current AGPs in the nursing/residential care setting are:

- Tracheostomy procedures – insertion, removal or open suction
- Non-invasive ventilation (BiPAP or CPAP)
- Ventilation via a tracheostomy
- Cough Assist

Further information on the PPE requirements can be found [here](#).

Procedure for a suspected case of COVID-19 within the care facility:

- Isolation within a care home for a known/suspected case of COVID-19 can be achieved in the resident's own bedroom
- Residents should remain in their own rooms with the door closed
- Only essential staff should enter the room wearing the appropriate PPE

Hand Washing

- Essential in reduction of transmission

Safe Management of Linen

- All laundry should be laundered in line with local policy for infectious linen
- It should be placed in an alginate bag then a clear bag before being removed and placed into the laundry bag
- All linen used by the individual should be treated as infectious

Use of clothing at work

- Do not travel to work in the clothes that you will be wearing during your shift
- If possible, change into your 'work clothes' on commencement of shift
- Use different footwear when at work – this will prevent you potentially spreading the virus outside of the work environment
- Prior to leaving the shift, change back into travelling clothes, place work clothes and footwear into a plastic bag
- When home, wash your clothes immediately at 90 degrees
- Avoid shaking your clothes out prior to putting them into the washing machine

Stay up to date with the latest NHS COVID-19 guidance [here](#).

07 Working after self-isolation

How long to stay at home?

- If you have symptoms of COVID-19, you will need to stay at home for 7 days
- If you live with someone who has symptoms, you will need to stay at home for 14 days – if more than 1 person at home has symptoms, stay at home for 14 days, from the day this person started displaying symptoms. If you develop symptoms, then stay at home for 7 days from when the symptoms start (even if this means you are at home for longer than 14 days). If you do not develop symptoms, you can stop staying home after 14 days.

After 7 days:

- If you do not have a high temperature and your temperature has been normal for at least 24 hours, you do not need to stay at home
- If you still have a high temperature, stay at home until it has returned to normal and remained at this normal temperature for at least 24 hours
- You do not need to stay at home if you continue to have a cough after 7 days. This cough can last for several weeks after the infection has gone

Vulnerable people: After 7 days

If you have been identified as a vulnerable person and have long-term health conditions, you will need to make the decision if you should self-isolate for a longer period. This is very much your decision and we will support the decision you make. You can find more guidance on vulnerable groups [here](#). Remember, stay up to date with the latest NHS advice [here](#).

08 Displaying Symptoms

Stay at home if you have COVID-19 symptoms such as:

- A high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature) or have a high temperature using a thermometer
- A new continuous cough – this means coughing a lot for more than 1 hour or 3 or more coughing episodes in 24hrs (if you have a cough, it may be worse than usual so lookout for an increased cough).
- Shortness of breath
- Anosmia – loss or change to your sense of smell or taste

DO NOT go to the GP surgery, pharmacy, or hospital.

Use the 111 online coronavirus service to find out what to do: <https://111.nhs.uk/covid-19/>

Stay up to date with the latest NHS advice [here](#) and [here](#).

09 Incident reporting

As always, it is important to report any incidents that occur. There are two types of incidents that you may be reporting during this time:

- COVID-19 incidents
- Non-COVID-19 incidents

COVID-19 incidents

Any incident that involves COVID-19, for example:

- incidents with a COVID-19 patient
- breach in PPE
- you are symptomatic and self-isolating
- community clients who are symptomatic and self-isolating

must be reported to us. You can report COVID-19 related incidents to the Administration team.

Non-COVID-19 incidents

Follow normal incident reporting procedures and contact your local office.

10 Foreign Travel

UK

The Foreign and Commonwealth Office advises against all non-essential foreign travel, for an indefinite period

When you return to the UK from another country you should:

- Go straight home from the airport avoiding public transport if possible
- Stay at home and only go out for food health reasons daily exercise or work if you cannot work from home
- If you go out always stay 2 metres away from other people. Do not touch your face and wash your hands regularly, including as soon as you get home
- If you start to have symptoms self-isolate for 7 days

You can follow the latest GOV.UK advice [here](#).

Stay up to date with the latest NHS advice [here](#).

11 Managing anxiety

We are all in a very difficult position and we understand that this may leave some of you feeling anxious. We have put together some top tips on how to manage your anxiety during these unprecedented times.

Structure and daily routines

- Maintain everyday routines as much as possible
- Create structure for children within the home
- Balance activity with rest
- Regular mealtimes
- Look for other ideas/activities to complete around the house
- Protect yourself and your family
- Exercise as much as possible

Personal wellbeing

- Talk about your fears – engage with family, friends and work colleagues
- Manage what you can control, not what you can't
- Use techniques such as: deep breathing exercises, mindfulness, taking regular breaks from work and seeking professional help if you need it

Stay up to date with the latest NHS COVID-19 guidance [here](#).

12 Financial support and benefits

There are two main benefits that you may be entitled to receive:

1. **Statutory Sick Pay (SSP)**

- Available from day 1 of illness (not the usual day 4)
- Payable if staying at home on government advice (not just if you are affected by COVID-19)
- The benefit pays £94.25 per week for up to 28 weeks

You can read more about SSP [here](#).

2. **Employment and Support Allowance (ESA)**

- You can apply for this if you are not eligible for SSP
 - You can apply for up to 3 months before the end of your SSP benefit (if applicable)
 - It is possible to have this alongside universal credit
 - You are not eligible for this support if you have savings/investments over £16,000
 - ESA is paid every 2 weeks
 - You can apply for a budgeting loan if you are on ESA for at least 6 months
 - If able you can work for up to 16hrs / earning £131.50 per week and still claim ESA

You can read more about ESA [here](#).

Stay up to date with the latest NHS COVID-19 guidance [here](#).

13 Guidance for pregnant workers

We are unable to give you direct guidance on whether you will be safe to work or not, however we can share with you the latest guidance from the Royal College of Obstetrics and Gynaecology for healthcare workers:

Protection of all pregnant healthcare workers: In light of the limited evidence, pregnant women of any gestation should be offered the choice of whether they work in direct patient-facing roles during the COVID-19 pandemic.

Guidance for healthcare workers prior to 28 weeks gestation:

- It may not be possible to completely avoid caring for all patients with COVID-19, as for all healthcare workers use of PPE and risk assessments according to current guidance will provide pregnant workers with protection from infection.

- The arrival of rapid COVID-19 testing will significantly assist in organising care provision, and this guidance will up be updated appropriately when such tests are commonly available
- Some working environments (e.g. operating theatres, respiratory wards, ITU/HDU) carry a higher risk for pregnant women of exposure to the virus through the greater number of AGP's performed. Where possible, pregnant workers are advised to avoid working in these areas with suspected or COVID-19 patients.

Guidance for healthcare workers over 28 weeks gestation or with underlying health conditions:

- For pregnant women after 28 weeks gestation or with underlying health conditions such as heart or lung disease, a more precautionary approach is advised. Women in this category should work from home where possible and avoid contact with anyone with symptoms of COVID-19 and significantly reduce unnecessary social contact.
- For healthcare workers, this may present opportunities to work flexibly in a different capacity for example by undertaking telephone or video conference consultation or taking on administrative duties – we would probably not be able to facilitate this.

Stay up to date with the latest guidance from the RCOG [here](#).

[RCOG Pregnancy Guidance](#)

[RCOG Occupational Health Guidance](#)

Stay up to date with the latest NHS COVID-19 guidance [here](#).

14 Resuscitation in community settings

A statement from the UK Resus Council

Whenever CPR is carried out, particularly on an unknown victim, there is some risk of cross infection, associated particularly with giving rescue breaths. Normally the risk is very small and is set against the inevitability that a person in cardiac arrest will die if no assistance is given. The first things to do are:

- Shout for help
- Dial 999 – stating 'Cardiac Arrest COVID-19
- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing.
- Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth
- If you are in doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives

- If there is a perceived risk of infection, rescuers should place a cloth/towel over the patient's mouth and nose and attempt compression only CPR and early defibrillation. Put hands together in the middle of the chest and push hard and fast
- Early use of a defibrillator significantly increases the person's chance of survival and does not increase risk of infection
- If the rescuer has access to PPE, these should be worn
- After performing compression only CPR, all rescuers should wash their hands thoroughly with soap and water, alcohol-based hand gel is a convenient alternative.
- The rescuer should seek advice from the NHS 111 coronavirus service or medical adviser

Resuscitating a child

A paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of survival. The importance of calling an ambulance and taking immediate action cannot be stressed highly enough.

If a child is not breathing normally and no actions are taken, their heart will stop, and full cardiac arrest will occur. Therefore, if there is any doubt what to do, [this statement](#) should be used.

It is likely that the child/infant having an out of hospital cardiac arrest will be known to you. We accept that doing rescue breathes will increase the risk of transmitting COVID-19 virus, either to the rescuer or the child/infant.

However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.

Stay up to date with the latest NHS COVID-19 guidance [here](#).

15 Resuscitation in hospital settings

The UK Resus council have provided the following guidance on CPR in patients with a COVID-19 like illness or a confirmed case of COVID-19 in healthcare settings:

- Patients with a COVID-19 like illness, who are at risk of acute deterioration or cardiac arrest should be identified early. Appropriate steps to prevent cardiac arrest and avoid unprotected CPR should be taken
- Use of physiological track and trigger systems (i.e. NEWS2) will enable early detection of acutely ill patients. Patients for whom a 'do not attempt CPR and/or other similarly decision is appropriate should be identified early.

- The locally/nationally agreed minimum level of PPE must be used to assess a patient, start chest compressions and establish monitoring of the cardiac arrest rhythm
- The need to don PPE may delay CPR in patients with COVID-19 – staff safety is paramount. In a cardiac arrest of presumed hypoxic aetiology (including paediatric events) early ventilation with oxygen is usually advised. Any airway intervention performed without then correct PPE protection will subject the rescuer to a significant risk of infection. Consequently, the UK Resus Council recommend even in presumed hypoxic arrest starting with chest compressions.
- Recognise cardiac arrest – Look for the absence of signs of life and normal breathing. Feel for a carotid pulse if trained to do so. DO NOT listen or feel for breathing by placing your ear and cheek close to the patient's mouth. When calling 2222, state the risk of COVID-19
- If a defibrillator is readily available defibrillate shockable rhythms rapidly prior to starting chest compressions. The early restoration of circulation may prevent the need for further resuscitation measures.
- Full Aerosol Generating Procedure (AGP) Personal Protective Equipment must be worn by all members of the resuscitation/emergency team before entering the room. Sets of AGP PPE must be readily available where resuscitation equipment is being locally stored. Only suitable clothed start compression only CPR and monitor the patients cardiac arrest rhythm as soon as possible.
- DO NOT do mouth-to-mouth ventilation or use a pocket mask. If the patient is already receiving supplemental oxygen therapy using a face mask, leave the face mask on the patients face during chest compressions as this may limit aerosol spread. If not insitu but one is readily available put a simple oxygen mask on the patients face.
- Restrict the number of staff in the room
- Airway interventions (such as intubation) must be carried out by experienced individuals.
- Identify and treat any reversible causes before considering stopping CPR
- Dispose of or clean all equipment used following manufacturers recommendations/local guidelines
- Remove PPE Safely to avoid self-contamination and dispose of clinical waste bags as per local guidelines. Hand hygiene has an important role in decreasing transmission, thoroughly wash hands with soap and water.

Stay up to date with the latest NHS COVID-19 guidance [here](#).

16 Donning and doffing PPE

Pre-donning requirements:

- This is undertaken outside the patient's room
- Ensure you are hydrated and have emptied your bladder
- Tie hair back
- Remove jewellery
- Check PPE in the correct size is available
- Perform hand hygiene before putting on PPE – hand gel or rub
- Should be supervised by a buddy – 2 metres distance if possible

Donning PPE

The following guide is from Public Health England. You can find a copy of the guide [here](#).

17 Verification of death

The government has released new guidance about the verifying the death of patients outside of hospital settings. They have put measures in place to enable Registered Nurses to complete verification of death (VOD).

VOD can be performed by Registered Nurses who have been trained to do so, or by Registered Nurses who are not trained but utilise the relevant remote clinical support.

Remote clinical support:

- During core practice hours, call the patient's registered general practice
- Outside core practice hours call NHS111 where a clinician will provide remote support to work through the verification process.

The verification processes

Equipment that you will need to assist in VOD:

- Pen torch or mobile phone torch
- Stethoscope (optional)
- Watch or digital watch timer
- Appropriate PPE

Process of verification during COVID-19

1. Check the identity of the person

2. Record the full name, DOB, address, NHS number and ideally next of kin details
3. The time of death is recorded as the time at which verification criteria are fulfilled.

Confirming death

please follow the points below when verifying a patient has died:

Neurological system

- Check pupils are dilated and fixed (unresponsive to light directed into both eyes using a torch)
- Check there is no response to painful stimuli. If you squeeze the trapezius muscle (between the neck and the shoulder) do they respond?

Respiratory system

- Check that there is no movement of the chest wall for 3 minutes by observing the chest

Circulatory system

- Advise verifier to find the site of the carotid pulse and check for 1 minute that the pulse is absent

Re-assessment

- Wait for 10 minutes and repeat all the actions above

Recording that verification has been completed

It is important to see if there are any local policies available where you are working. If not, please ensure that you document the following:

- Full name, date of birth, address, and NHS number (if available) of the patient whose death is being verified
- Name of the person verifying
- Role of the person verifying
- Who is present
- Circumstances of death (location, who first noted it, anyone present at the time of death)
- The outcome of verification, including the time of death
- Any discussions with staff or relatives
- Any concerns from staff or relatives

Unexpected deaths

Any unexpected death (adult or child) must be notified to the coroner. Any time death is reported to the coroner, there **MUST NOT** be any removal of

lines/devices/tracheostomy tubes etc without the expressed permission of the coroner.

Care of the deceased patient

Please ensure that you follow this guidance when caring for deceased patients, including wearing appropriate PPE:

Care of deceased patients with a suspected or confirmed case of COVID-19

Verifying death in times of emergency

Stay up to date with the latest NHS COVID-19 guidance [here](#).

18 Avoiding heatstrokes during COVID-19

Many people who are at risk of harm from heat can also be a risk of severe illness due to COVID-19. These people will often be 'shielding' or self-isolating from others and will spend more time at home. Public Health England state: *"It is especially important that you know what actions to take to keep yourself and others safe from high temperatures...we still have much to learn about how COVID-19 affects the body but both heat and COVID-19 infections put a strain on the heart, lungs and the kidneys, and are linked with inflammation in the body"*

Staying cool at home

- Shade or cover windows exposed to direct sunlight
- Open windows when the air feels cooler outside than inside – this will help to get the air flowing through your home
- Turn off the central heating, lights and any electrical equipment that are not in use
- Use electric fans (if you have one) – always remember not to aim the fan directly at yourself (only use electric fans when you or your household members do not have any symptoms of COVID-19 as this will limit the transmission).
- Check that fridges and freezers are working properly

Stay cool, keep well

- Drink plenty of fluids and avoid excess alcohol
- Increase fluid intake as more fluid is required when the weather is hot as it replaces the fluids lost through sweating
- It is essential to keep hydrated if you are suffering from symptoms of COVID-19
- Look out for signs of dehydration

Slow down when it is hot

Lots of activity can make anyone prone to heat-related illnesses, no matter how fit and healthy you are. You should avoid extreme physical exertion – particularly during the hottest part of the day.

Cooler safer places

Ensure you go indoors or outdoors whichever is the coolest. It is important that you give your body a break from the heat. Don't always assume you will be cooler in the house; it might be cooler outside in the shade.

Heat-related illnesses

The main causes of illness and death during a heatwave are respiratory and cardiovascular diseases. The list below highlights specific heat-related illnesses:

- **Heat Cramps** – Caused by dehydration and loss of electrolytes, often following exercise
- **Heat Rash** – Small, red, itchy papules
- **Heat Oedema** – Mainly in the ankles, due to vasodilation and retention of fluid
- **Heat Syncope** – Dizziness and fainting, due to dehydration, vasodilation, cardiovascular disease and certain medications
- **Heat Exhaustion** – The most common illness. It occurs as a result of water or sodium depletion, with non-specific features of malaise, vomiting and circulatory collapse, and is present when the core temperature is between 37-40 degrees – left untreated, heat exhaustion may evolve into heatstroke.
- **Heatstroke** – Can become a point of no return whereby the body's thermoregulation mechanism fails. This leads to a medical emergency, with symptoms of confusion, disorientation, convulsions, unconsciousness, hot dry skin, and core body temperature exceeding 40 degrees for between 45 minutes and eight hours. It can result in cell death, organ failure, brain damage or death. Heatstroke can be either classical or exertional.

Resources:

- Heatwave Plan for England: Supporting vulnerable people before and during a heatwave. NHS England (2015) www.gov.uk/phe
- Heatwave plan for Wales: A framework of preparedness and response. Welsh Government (2012) www.cymru.gov.uk
- [Heatwave leaflet](#)

19 Avoiding heatstrokes in nursing homes, during COVID-19

Many people who are at risk of harm from heat can also be a risk of severe illness due to COVID-19. These people will often be 'shielding' or self-isolating from others and will spend more time at home.

“Severe heat is dangerous to everyone. During a heatwave, when temperatures remain abnormally high over more than a couple of days, it can prove fatal” (Public Health England 2015)

Increasing temperatures in excess of 23 degrees are associated with excess summer deaths. It is estimated that for each degree Celsius rise above 21.5 degrees, mortality increases by 3.34% (www.cymru.gov.uk)

Public Health England state: *“It is especially important that you know what actions to take to keep yourself and others safe from high temperatures...we still have much to learn about how COVID-19 affects the body but both heat and COVID-19 infections put a strain on the heart, lungs and the kidneys, and are linked with inflammation in the body.”*

It is well known that people in residential/nursing homes are at high risk of illness and death during heatwaves.

How the body normally cools itself

The body normally cools itself using the below four mechanisms:

1. Radiation – The transfer of heat via infrared rays which emanate from a hot body and are absorbed by something cooler
2. Convection – The transfer of heat of the air surrounding the skin via water or air crossing the skin
3. Conduction – The transfer of heat by two objects that are in direct contact with each other. By a cooler object being in contact with the skin
4. Evaporation – The transfer of heat by the evaporation of water through sweat.

Heat-related illnesses

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Residents at highest risk

It is important that you identify which residents at the highest risk of developing heat-related illnesses. These residents are also at risk of severe illness if infected with COVID-19. Ensure that you:

- Identify those at highest risk and ensure all staff are aware of these residents
- Ensure you know what the residential/nursing homes policy is on heatwaves
- Monitor temperatures in all rooms frequently as per the residential/nursing homes policy

Keep residents cool

It is so important that residents are kept as cool as possible in hot weather, ensure that you:

- Recognise heat-related illness (as documented above)
- Monitor hydration and fluid intake – encourage increased fluid intake as possible
- Fans: fans are only to be used in single rooms with COVID-19 free residents to reduce transmission of illnesses.

Keep the building cool

It is important the building is kept as cool as possible to ensure that the residents remain as comfortable as possible, you can do this by:

- Opening windows (if safe to do so) at night to allow for cooling
- Use blinds to reduce heat gain and create cross-ventilation if possible

- Turn heating systems off
- Unplug any electrical equipment that is not being used

You can use the checklist [here](#) for further guidance.

Resources:

- Heatwave Plan for England: Supporting vulnerable people before and during a heatwave. NHS England (2015) www.gov.uk/phe
- Heatwave plan for Wales: A framework of preparedness and response. Welsh Government (2012) www.cymru.gov.uk
- [Heatwave leaflet](#)

20 Avoiding heatstrokes in community settings, during COVID-19

Many people who are at risk of harm from heat can also be a risk of severe illness due to COVID-19. These people will often be 'shielding' or self-isolating from others and will spend more time at home.

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Increasing temperatures in excess of 23 degrees are associated with excess summer deaths. It is estimated that for each degree Celsius rise above 21.5 degrees, mortality increases by 3.34% (www.cymru.gov.uk)

Public Health England state: *"It is especially important that you know what actions to take to keep yourself and others safe from high temperatures...we still have much to learn about how COVID-19 affects the body but both heat and COVID-19 infections put a strain on the heart, lungs and the kidneys, and are linked with inflammation in the body."*

Who is at risk?

Patients who:

- are over the age of 75
- live on their own
- are socially isolated
- live in a care home environment.

Patients with a chronic condition or severe illness are more at risk of heat exposure. Conditions/illnesses such as:

- Heart conditions
- Diabetes
- Respiratory

- Renal
- Parkinson's and other dementia's
- Conditions affect

Patients with an inability to adapt behaviour to keep cool:

- Having a disability
- Parkinson's and other dementia's
- Being bed-bound
- Babies and the very young

Environmental factors and overexposure

- Living in a top floor flat
- Homeless
- Activities that include a high level of physical exertion

How the body normally cools itself

The body normally cools itself using the below four mechanisms:

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Heat-related illnesses

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How to help your service user during a heatwave

How to keep them out of the heat:

- Keep curtains on windows exposed to the sun closed while the temperature outside is higher than it is inside
- Once the temperature outside has dropped lower than it is inside, open the windows – this may require late-night visiting and such advice needs to be balanced by any possible security concerns
- Water external and internal plants and spray the ground outside windows with water (avoid creating slip hazards) to help cool the air
- Advise the service user to stay out of the sun, especially between the hours of 11 am and 3 pm
- Advise the service user to stay in the shade and to wear hats, sunscreen, thin scarves and light clothing if going outside.

How to keep their body temperature down:

- Ensure that the person reduces their levels of physical exertion
- Suggest they take regular cool showers or baths, or at least an overall body wash
- Advise them to wear light, loose clothes to absorb sweat and prevent skin irritation
- Suggest that they sprinkle their clothes with water regularly, and splash cool water on their face and back of the neck
- Recommend cold food, particularly salads and fruit with a high-water content
- Advise them to drink regularly (if appropriate), preferably water or fruit juice, but avoid alcohol and caffeine
- Monitor their daily fluid intake, particularly if the service user is unable to drink unaided.

Be alert! As well as the specific symptoms of heat exhaustion and heatstroke, look out for other signs such as:

- Difficulty sleeping, drowsiness, faintness and changes in behaviour
- Increased body temperature
- Difficulty breathing and increased heart rate

- Dehydration, nausea or vomiting
- Worsening health problems, especially of the heart or respiratory system

If you suspect your service user has heatstroke – call 999 and:

- Take the service user's temperature
- If possible, move them somewhere cooler
- Cool them down – sprinkle them with water or use a fan to create an air current
- Encourage them to drink fluids (if appropriate)
- Do not give aspirin or paracetamol

Resources:

- Heatwave Plan for England: Supporting vulnerable people before and during a heatwave. NHS England (2015) www.gov.uk/phe
- Heatwave plan for Wales: A framework of preparedness and response. Welsh Government (2012) www.cymru.gov.uk
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