

# CORONAVIRUS AWARENESS

GUIDANCE CORRECT AS OF 24TH MARCH 2020



Name

Job title/role

Employer

Please:

- Read this booklet before attempting the knowledge test at the end
- Answer ALL questions in FULL
- Once you have completed the test, sign and date the statement on the next page
- Submit this booklet to your manager for marking

### CQC Fundamental Standards

This course improves knowledge in areas of Regulation 12: Safe care and treatment

#### 12(2g) the proper and safe management of medicines;

- ✓ Staff must follow policies and procedures about managing medicines, including those related to infection control.

#### 12(2h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;

- ✓ The Department of Health has issued a Code of Practice about the prevention and control of healthcare associated infections Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance. The law says that CQC must take the Code into account when making decisions about registration and by any court during legal proceedings about registration. By following the Code, providers will be able to show how they meet this regulation but they do not have to comply with the Code by law. A provider may be able to demonstrate that they meet this regulation in a different way (equivalent or better) from that described in the Code.
- ✓ When assessing risk, providers should consider the link between infection prevention and control, antimicrobial stewardship, how medicines are managed and cleanliness.

#### I confirm that the answers in this booklet are all my own work

Date completed

Signed

#### To be completed by Manager

Assessor Name

Signed

Date

Pass

Fail

# Coronavirus: Awareness

## Welcome

Your employer has a duty to develop your skills, to make sure you are fulfilled in your role and that you understand essential quality standards in care.

The resources in this booklet have been developed by CQM's expert trainers, drawing on many years of experience in the health and social care industry, current best practice and recent legal rulings.

By completing this course you will be able to:

- Identify relevant legislation within the workplace
- Explore employer and employee responsibilities around infection control
- Explain the 6 stages of the chain of infection
- Describe effective hand washing techniques
- List good personal hygiene standards
- State how spillages and sharps should be dealt with
- Describe the key symptoms of coronavirus

Read through all of the material in this booklet, making notes and comments to help you learn and to highlight sections you may wish to revisit. You'll be asked to complete questions and activities at the end.

Allow yourself enough time to read this booklet carefully, to ensure you gain a good understanding of Coronavirus and to help you to complete the knowledge test.

**Good luck, now let's get started!**

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## Introduction

The steps taken to protect service users and staff from infection is a crucial element in the quality of care, particularly as some infections have the capacity to spread within environments where service users more vulnerable to infection share eating and living accommodation. It is also important to be aware of the possibility of infection, and for care workers to identify these promptly.

Infections acquired in your workplace may be serious and, in some cases, life threatening. Infections can also worsen underlying medical conditions and adversely affect recovery.

This workbook will explore signs and symptoms of infections and the steps that should be taken to reduce their spread. In the light of the ongoing pandemic, it has been updated to incorporate relevant current health guidance on coronavirus/COVID19.

## Infection control and the law

### Health and Safety at Work Act 1974 (HASWA 1974)

The purpose of the Health and Safety at Work Act 1974 is to provide the legislative framework to promote high standards of occupational health and safety within the workplace. The Act covers anyone who uses the workplace such as residents, employees, visitors and contractors.

### Responsibilities of Employers

Employers will safeguard, as far as is reasonably practicable, the health, safety and welfare of the people who work for them (including visitors, and customers to their premises, paying or otherwise).

This includes reducing the risk of infection outbreaks. Risk assessment and risk

reduction measures will play a big part in keeping people safe on site. An example of an effective risk reduction measure would be ensuring that clean and dirty linen are segregated to prevent cross contamination.

Employers should ensure that they have assessed the risks to service users relating to infection prevention and control. Identified risks should be recorded and steps taken to reduce or control those risks. The effectiveness of actions to reduce the risk of infection should be monitored.

### **Responsibilities of Employees**

The Act states that it shall be the duty of every employee while at work, to:

- Take reasonable care to avoid injury to themselves or to others (including visitors and customers) by their work activities, obey all regulations such as the Personnel Protective Equipment at Work Regulations 1992
- If any form of safety equipment is issued, the employee must comply with any specific rules or instructions regarding its use. Refusal to do so could lead to a breach of duty, which in turn may lead to criminal prosecution
- In addition, employees must not recklessly interfere with, or misuse, any item of equipment supplied in the interest of health, safety or welfare

Employees also have a duty to cooperate with their employer on infection control matters; attend training specific to their job role; and to report any health and safety concerns as soon as possible.

### **Enforcing the law**

The following professionals can enforce HASWA 1974 and inspect premises:

- Health & Safety Executive Inspectors (HSE)
- Environmental Health Practitioners (EHP)

## **Control of Substances Hazardous to Health Regulations 2002(COSHH)**

Many employees encounter hazardous substances in the workplace. Bodily fluids such as vomit, urine, blood and faeces are all considered substances hazardous to health and are covered by these regulations. Personal Protective Equipment (PPE), spillage kits and colour code cleaning equipment can all help to reduce the risk of infection outbreaks.

If there is the potential to come into contact with hazardous substances as part of your job role you should be given sufficient training and protective equipment to keep yourself and others safe during their use. All chemicals that fall under COSHH legislation will have a COSHH safety label. The company that supplies chemicals to your employer should also be able to supply COSHH data sheets for any chemicals they supply, as should any contractors using COSHH materials on your premises.

Employers have the following duties under COSHH:

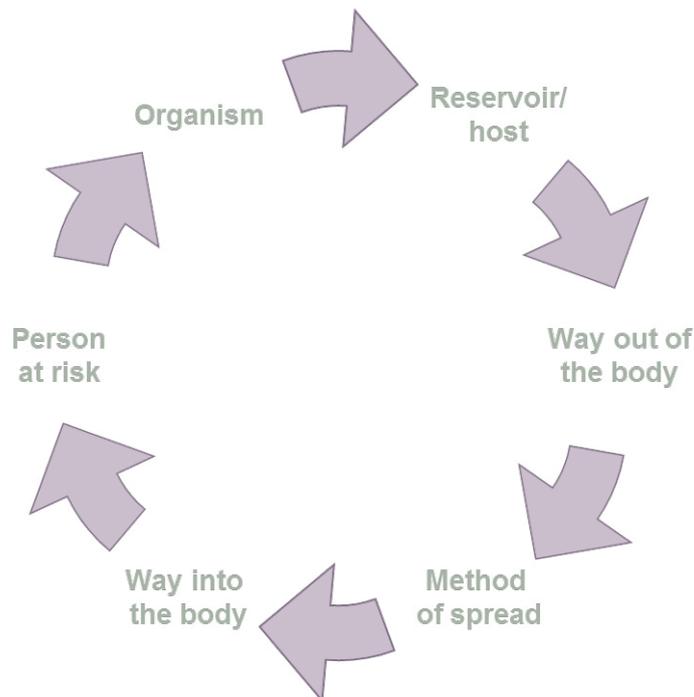
- Carry out and review risk assessments
- Prevent and/or control exposure to substances hazardous to health
- Provide PPE
- Provide information and training
- Ensure that controls and equipment are correctly maintained

## Health Protection (Notification) Regulations 2010

Any member of staff working in a care home environment has a duty to notify their line manager if they suspect an infection. Certain cases of infectious disease, whether confirmed or suspected, must be notified, by the relevant GP, to the Proper Officer of the Local Authority (who may be part of the local Health Protection Unit team) under the Health Protection (Notification) Regulations 2010.

## The Chain of Infection

Development of an infection is dependent on a six stage process – we call this the chain of infection.



The chain of infection can be broken by ensuring infection control measures are put in place by employers and employees. An example of each link in the chain of infection is given below:

| Link in the chain of infection | Example  |
|--------------------------------|--|
| Organism                       | Viruses (chicken pox, influenza), bacteria (staphylococcus aureus, meningitis) and funguses (thrush, nail and some eye infections) |
| Reservoir/host                 | Humans, animals, surfaces, equipment, food, water  |
| Way out of the body            | Faeces, urine, wound drainage, blood, vomit, sneezing  |
| Method of spreading            | Contact: hands, or equipment, droplets or airborne   |
| Way into the body              | Break in skin or needle-stick injury, mucous membranes (mouth, eyes, nose), inhalation   |
| Person at risk                 | Babies/young children, older people, immuno-compromised  |

One of the easiest 'links' in the chain of infection to remove is the method of spreading. Through effective hand-washing and barrier techniques, such as ensuring gloves and aprons are used, the spread of infection can be greatly reduced.

### Effective hand-washing

We should all wash our hands several times a day:

- Before touching a service user
- Before clean/aseptic procedures
- After body fluid exposure/risk
- After touching a service user
- After touching a service user's surroundings

As well as making sure hands are washed frequently it is also crucial to ensure that the correct technique is used too. The areas most commonly missed are the tips of the fingers (the most sensitive part of the hand) and the thumb area. We use the tips of our fingers to type, enter pin numbers on cash points and operate smart phones yet some people will neglect to clean this area when they wash their hands.



## The 11 stages of effective hand washing

Effective hand washing should take between 20 and 40 seconds. Please see the guidance issued by the NHS National Patient Safety Agency later in this booklet; this was adapted from the World Health Organisation's Guidelines on Hand Hygiene in Health Care.

There is also an interesting video available online:

<https://www.bbc.co.uk/news/av/health-51637561/coronavirus-watch-how-germs-spread>

## Personal hygiene

Your employer is likely to have their own policy on personal hygiene and you should make sure you are complying with their standards at all times. General guidance around personal hygiene is listed below:

- No false nails should be worn
- All finger nails should be kept short and clean, without nail varnish
- Jewellery should be kept to a minimum (in some cases a plain wedding band style ring can be worn), as jewellery can harbour bacteria
- Any cuts or boils should be covered until healed
- Long hair should be tied back
- Work-wear is to be regularly cleaned

## Spillages and infection control

All work places, including care homes, should have processes and equipment in place to deal with spillages. Taking ownership, by reporting or cleaning up a spillage, if safe to do so, will help to reduce the risk of infection.

When cleaning up spillages the risk of spread of infection can be reduced by ensuring all required PPE such as gloves, aprons and masks are worn and that the correct colour coded cleaning equipment is used.

In 2007 the National Patient Safety Agency issued a standard colour code for cleaning materials which can be used by care homes to reduce the risk of cross-contamination:

**RED**  
 Bathrooms, washrooms, shower rooms, toilets, basins and bathroom floor

**BLUE**  
 General areas including lounges and offices

**GREEN**  
 Catering department, kitchen areas

**YELLOW**  
 Isolation areas

## Decontamination techniques

Decontamination covers 3 key areas; cleaning, disinfecting and sterilisation:

| Key area      | Definition   |
|---------------|--|
| Cleaning      | This is a process to remove conditions that are suitable for the growth of bacteria          |
| Disinfecting  | This is a process that eliminates many or all pathogenic microorganisms on inanimate objects |
| Sterilisation | This is a process where all living organisms and spores are destroyed                        |

## Decontamination and use of chemicals

Using chemicals can be an effective way to clean and disinfect work areas. As well as adhering to COSHH regulations some general safety advice should be observed when using chemicals:

- Chemicals should never be mixed (unless specified otherwise on the label)
- PPE such as gloves should always be worn
- Ensure there is sufficient ventilation when using chemicals
- Ensure notices such as wet floor signs are used before, during and after cleaning
- Chemicals should always be kept in a container that has safety features such as a child proof cap and/or braille and contains the advisory label associated with the chemical
- Chemicals should be kept locked in a cupboard before and after use

## Sharps within the workplace

Sharps within the workplace can take many forms (from needles, glass thermometers and test tubes to more common place items such as razors, scissors or broken glass) When dealing with sharps common practice can ensure safety:

- Never re-sheath used needles
- Always take the sharps disposal box to the needle (rather than the needle to the sharps box) as this can prevent potential needle-stick injuries
- Never fill a sharps disposal box above the 'full line'
- Sharps must not be passed hand to hand

If ever there is an injury that has been caused by a used needle the injured person should do the following:

- Squeeze the affected area to encourage bleeding, wash it and report it
- Use a waterproof dressing
- Complete an incident form
- Go to Accident and Emergency to get checked over

## Safe disposal/correct storage methods

Used needles, such as those used by insulin dependent diabetics should always be disposed of in an appropriate sharps bin. Other items such as soiled clothing should be stored in a dissolvable red sluice bag if one is available. Clinical waste should be disposed of in a yellow clinical waste bag; or follow local procedures (as agreed with the Local Authority).

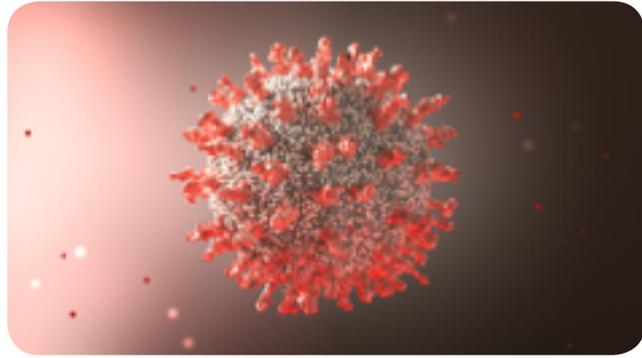
## Best practice

Whilst at work the following best practice advice should be followed when undertaking certain activities:

| <b>Workplace activity/<br/>equipment</b> | <b>Things to consider</b>  |
|--|--|
| Used laundry                             | Should always be kept in laundry bags or baskets and not loose on the floor                      |
| Handling used laundry                    | Always wear gloves and aprons and carry out hand hygiene principles                              |
| Clean linen storage                      | Should be stored in a dry area, away from floor level, not with used linen                       |
| Trolleys                                 | Separate trolleys should be used for clean, used and soiled laundry to avoid cross-contamination |
| Washed items                             | Washed items only to be washed in dedicated laundry using the correct process                    |

## Coronavirus

COVID-19 is a new illness that can affect the lungs and airways. It's caused by a virus called coronavirus.



Because it's a new illness, medical professionals do not know exactly how coronavirus spreads from person to person. Similar viruses are spread in cough droplets, so the most likely way to catch it is to be physically close to an infected person. There is growing evidence that people carrying the disease with few or no symptoms ("asymptomatic") play an important role in transmitting the disease. It's very unlikely it can be spread through things like packages or food but it may remain active on some surfaces for an unknown time.

According to the World Health Organisation, the incubation period between infection and symptoms appearing can range from two to 14 days; about five days is most common.

If the virus stays in the upper respiratory tract (above the windpipe) then symptoms are likely to be limited to a fever, sore throat, nasal congestion or a dry cough. However, if the infection spreads into the windpipe and the lungs, then the impact is likely to be far more severe although most people will still recover within a few days.

It is thought that about 1 in 5 people with coronavirus go on to develop pneumonia as their lungs become inflamed; they may need a respirator to help them breathe. Pneumonia is when the alveoli in the lungs (which are responsible for gas exchange: oxygen in and carbon dioxide out) become inflamed and get filled up with fluid and pus. This can happen in one or both of your lungs. Common symptoms of pneumonia include shortness of breath, chest pain or tightness, a deeper cough and other breathing difficulties.

As the damage to their lungs continues, a person may develop acute respiratory distress syndrome (ARDS), which is when their lungs have suffered so much widespread damage that they start running out of functioning alveoli to work effectively. If the damage gets to the point that the person's lungs can no longer effectively exchange enough oxygen and carbon dioxide, they go into respiratory failure and will need a ventilator to breathe.

The person's immune system may begin to send chemicals and cells to not only their lungs but all over their body. The destruction then extends beyond their respiratory tract and the person may quickly develop sepsis: an extreme response to an infection. Sepsis is a life-threatening medical emergency. The person's blood pressure starts to drop and their organs start to fail. The person may die.

According to latest WHO research, approximately 80% of those with laboratory-confirmed COVID-19 end up having mild-to-moderate disease, lasting about two weeks.

## **Government latest stay at home guidance**

These can be accessed online at:

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

The Government guidance includes:

Stay at home if you have either:

- 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)

Do not go to a GP surgery, pharmacy or hospital. Use the 111 online coronavirus service to find out what to do.

- If you have symptoms of coronavirus, you'll need to stay at home for 7 days
- If you live with someone who has symptoms, you'll need to stay at home for 14 days from the day the first person in the home started having symptoms

See also:

<https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-advice/>  
for the latest advice on self-isolation.

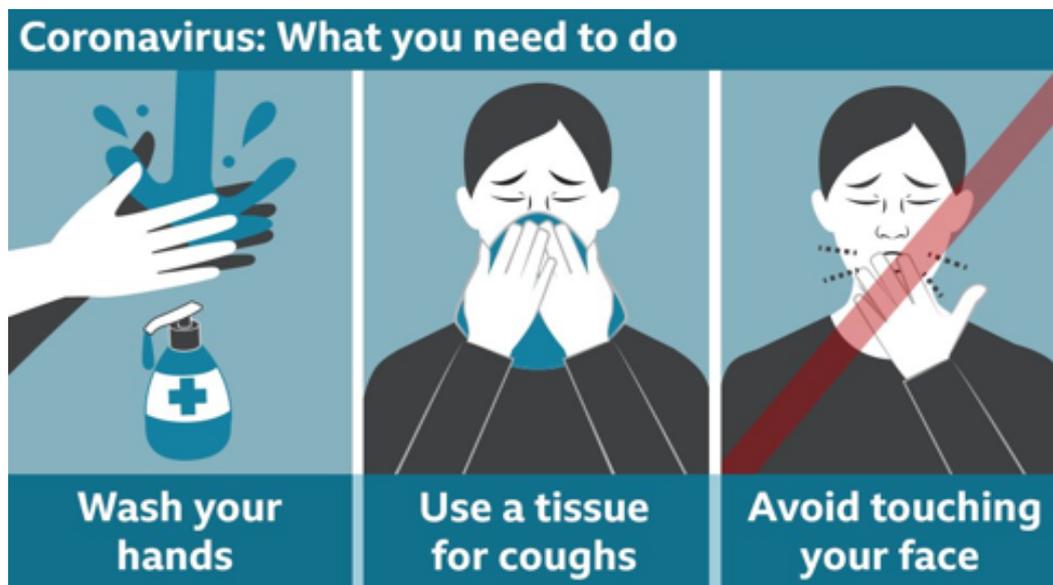
## **How to avoid catching and spreading coronavirus (social distancing)**

### **Do**

- Wash your hands with soap and water often – do this for at least 20 seconds
- Always wash your hands when you get home or into work
- Use hand sanitiser gel if soap and water are not available
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze
- Put used tissues in the bin immediately and wash your hands afterwards
- Avoid close contact with people who have symptoms of coronavirus
- Only travel on public transport if you need to
- Work from home, if you can
- Keep two metres away from people in public
- Follow current government guidance at all times
- Use phone, online services, or apps to contact your GP surgery or other NHS services

**Do not**

- Touch your eyes, nose or mouth if your hands are not clean
- Have visitors to your home, including friends and family



**If someone is at high risk**

The NHS will contact people from Monday 23rd March 2020 if they are at particularly high risk of getting seriously ill with coronavirus. They will be asked to self-isolate for a minimum of 12 weeks. The Government announced a series of additional support available for people identified as high risk on 22nd March 2020.

**Public Health England Guidance for Social Care Providers**

Public Health England has issued guidance for providers of care homes, care and support to people in supported living accommodation and home care.

Some of the guidance applies to all settings; some to particular settings. Public Health England has undertaken to regularly update this guidance. This summary is based on an update published on 19th March 2020.

**Steps for providers**

Home care and supported living providers are advised to:

1. Review their list of clients, and ensure that it is up to date, including levels of informal support available to individuals
2. Map all care and support plans commissioned by the local authority, to inform planning during an outbreak

3. Work with local authorities to establish plans for mutual aid, taking account of their business continuity plans, and consider arrangements to support sharing of the workforce between providers and with local primary and community services providers
4. Note the arrangements that local authorities, CCGs, and NHS 111 are putting in place to refer vulnerable people self-isolating at home to volunteers who can offer practical and emotional support
5. In care homes, increase the use of Skype and other tools for secure virtual conference calls, to ensure advice from GPs, acute care staff, local Public Health England health protection teams and community health staff can be given
6. In care homes, consider ways to report capacity for bed vacancies

There will be a free issue of PPE to support adult social care providers (residential care and domiciliary care) to comply with the updated advice on use of PPE to support management of symptomatic patients presenting in these settings. This will be issued from the pandemic influenza stockpile. Arrangements will be put in place for adult social care providers to access further PPE as necessary.

### **If a care worker is concerned they have COVID-19**

- If a member of staff is concerned they have COVID-19 they should follow NHS advice
- If they are advised to self-isolate at home they should follow the stay at home guidance
- If advised to self-isolate at home, they should not visit and care for individuals until safe to do so

### **If the individual being cared for in their home has symptoms of COVID-19**

If the individual receiving care and support has symptoms of COVID-19, then the risk of transmission should be minimised through safe working procedures.

### **If someone in supported living has symptoms of COVID-19**

If the individual receiving care and support has symptoms of COVID-19, risk to their health and wellbeing must be assessed and appropriate action taken.

### **How care homes can minimise the risks of transmission**

To minimise the risk of transmission, care home providers are advised to review their visiting policy, by asking no one to visit who has suspected COVID-19 or is generally unwell, and by emphasising good hand hygiene for visitors. Contractors on site should be kept to a minimum. The review should also consider the wellbeing of residents, and the positive impact of seeing friends and family.

## If a resident has symptoms of COVID-19

Care homes are not expected to have dedicated isolation facilities for people living in the home but should implement isolation precautions when someone in the home displays symptoms of COVID-19 in the same way that they would operate if an individual had influenza. If isolation is needed, a resident's own room can be used. Ideally the room should be a single bedroom with en suite facilities.

## Personal protective equipment

Care workers should use personal protective equipment (PPE) for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids.

Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing, then eye protection will minimise risk.

New personal protective equipment must be used for each episode of care. It is essential that personal protective equipment is stored securely within disposable rubbish bags.

These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being put in the usual household waste bin.

## Cleaning

If care workers undertake cleaning duties, then they should use usual products, such as detergents and bleach as these will be very effective at getting rid of the virus on surfaces. Frequently touched surfaces should be cleaned regularly.

Personal waste and disposable cleaning cloths can be stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the service users' room. This should be put aside for at least 72 hours before being put in the usual waste bin for disposal as normal.

## Laundry

If care workers support the individual with laundry, then they should not shake dirty laundry before washing. This minimises the possibility of dispersing virus through the air.

Wash items as appropriate, 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 7-day isolation period has ended; the laundry can then be taken to a public laundromat. Items heavily soiled with body fluids or items that cannot be washed, should be disposed of, with the owner's consent.

### **Individual being cared for does not have symptoms but is part of a household that is isolating**

If the individual being cared for and their worker can remain at a safe protected distance from the symptomatic member of the household, then care can be provided without additional precaution. This would apply, for example, where the symptomatic family member can remain in their own room, is using separate bathroom facilities and is observing robust isolation procedures, staying 2 metres away from other family members.

Where this is not possible the same procedures should be adopted as if the person being cared for did have symptoms of COVID-19. Care should continue to be taken to limit contact with any household member that has symptoms.

### **Applying 'household isolation' principles in supported living**

Guidance has been published recommending action for all members of a household if one person is showing symptoms. In some cases this may be relevant for supported living provision. Providers and residents will need to make judgements on a case-by-case basis. It is important to consider the unique nature of individual supported living services, which range from individual self-contained properties that can be treated as separate households, through to shared environments with communal areas where the principles of household isolation may apply.

This guidance can be accessed online at:

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

## **Vulnerable groups**

Providers also need to consider the underlying health conditions of residents and their vulnerability to COVID19. Further guidance on vulnerable groups and isolation has been published. The needs of all individuals should be considered when taking forward isolation.

This group includes those who are:

- Aged 70 or older (regardless of medical conditions)
- Under 70 with an underlying health condition listed below (ie anyone instructed to get a flu jab as an adult each year on medical grounds):

- chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
- chronic heart disease, such as heart failure
- chronic kidney disease
- chronic liver disease, such as hepatitis
- chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- diabetes
- problems with your spleen – for example, sickle cell disease or if you have had your spleen removed
- a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
- being seriously overweight (a body mass index (BMI) of 40 or above)
- Those who are pregnant

This guidance is available online at:

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

### **If neither the individual nor the care worker have symptoms of COVID-19**

If neither the care worker nor the individual receiving care and support is symptomatic, then no personal protective equipment is required above and beyond normal good hygiene practices.

General interventions may include increased cleaning activity and keeping property properly ventilated by opening windows whenever safe and appropriate.

### **NHS support for home care provision**

Clinical commissioning groups, NHS providers and local community services and primary care, will be working with and supporting local authorities and home care providers in the provision of care.

Community service providers are already, or will be taking steps to:

- Ensure their list of individuals in receipt of care at home support is up to date, establish levels of informal support available to individuals, and share lists with local authorities and home care providers to ensure join-up
- Explore options for alternative care models, including telecare and 'hub and spoke' models to provide advice and guidance to patients and potentially their families

## Steps for local authorities to support home care provision

Local authorities, working with their Local Resilience Forums and drawing on their pre-existing plans for pandemic influenza, should:

- Ensure their list of individuals in receipt of local authority-commissioned home care is up-to-date and record levels of informal support available to individuals
- Work with providers to identify people who fund their own care and help them to establish the levels of informal support available
- Map all care and support plans commissioned by the local authority, to inform planning during an outbreak. Support providers similarly to map those packages that are self-funded
- Contact all home care providers in the local authority area and facilitate plans for mutual aid across the area
- Contact all supported living providers in the local authority area (even where there are no host authority placements or contracts) and facilitate plans for mutual aid across the area. It is vital that this includes providers of supported living to people who use direct payments or who fund their support themselves and is not confined solely to local authority-funded individuals

This Public Health England guidance can be accessed online at the following addresses. It is important to regularly check this guidance as it may be updated as the pandemic develops.

<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-residential-care-provision>

<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-for-supported-living-provision>

<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-home-care-provision>

There is also general guidance on infection control in care homes published by NICE and the SCIE:

<https://www.scie.org.uk/publications/ataglance/helping-to-prevent-infection.pdf>



## **Coronavirus Awareness in My Organisation**

**Complete the boxes below to ensure you know who to contact and how to report any concerns in your organisation.**

**My organisation's Infection Control policy can be found:**

**My organisation's Health and Safety policy can be found:**

**My organisation's reporting systems can be found:**

**If I have a concern regarding Coronavirus, I should discuss it with:**

## Coronavirus Knowledge Test

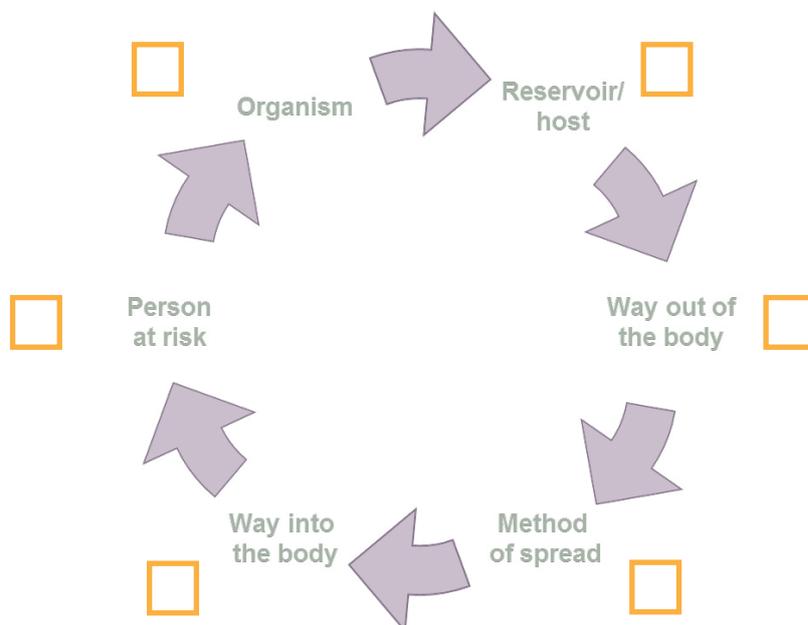
1. As an employee you have a duty to inform your employer if you are suffering with diarrhoea and/or vomiting. Under what other circumstances would you need to contact your employer? (please tick all correct answers below):

- When a restaurant you have been to recently has just received a poor food hygiene rating
- When someone you live with experiences diarrhoea and/or vomiting
- When you've heard about a local grocery supplier who has had an infection outbreak within their store
- When a resident complains about the standard of food on offer at lunch time

2. The chain of infection has 6 stages. Please tick the correct list of stages below:

- Organism, host, way out of the body, method of spreading, way into the body, person at risk
- Time, moisture, warmth, food, binary fission, temperature
- Hibernation, acceleration, sneezing, coughing, vomiting, high temperature

3. Which 'link' in the chain of infection is easiest to remove? Please tick the correct answer:



4. Which legislation requires employers to provide suitable personal protective equipment to help reduce the risk of an infection outbreak?

|                 | <br>yes | <br>no |
|-----------------|--|---|
| Gloves          | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Aprons          | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Reading glasses | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Sandals         | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Acrylic nails   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Handbag         | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Mask            | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Hard hat        | <input type="checkbox"/>   | <input type="checkbox"/>  |
| High-vis vest   | <input type="checkbox"/>   | <input type="checkbox"/>  |

6. How long should effective handwashing take?

- 5 minutes
- 10 seconds
- 40 – 60 seconds

7. Write the correct letter in each box to match up which area is least to most commonly missed when hand washing using the diagram key:

Least frequently missed

Frequently missed

Most frequently missed

**A**      **B**      **C**

8. How many stages are there to effective hand washing?

- 3
- 11
- 5

9. When drying your hands which of the following drying methods is most hygienic:

- Letting your hands 'drip dry'
- Using a tea towel
- Using paper/single use towels
- Using a hand dryer

10. Please list five examples of when you would wash your hands:

|   |  |
|---|--|
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

11. Please select the correct personal hygiene rules that should be followed to reduce the risk of an infection outbreak:



|  | yes                      | no                       |
|--|--------------------------|--------------------------|
| Short finger nails                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Nail polish                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Cuts covered with plasters               | <input type="checkbox"/> | <input type="checkbox"/> |
| Long hair tied back                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Acrylic nails                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Workwear to be regularly cleaned         | <input type="checkbox"/> | <input type="checkbox"/> |
| Correct handwashing technique to be used | <input type="checkbox"/> | <input type="checkbox"/> |
| Communal nail brush                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Dry hands with tea towel                 | <input type="checkbox"/> | <input type="checkbox"/> |

12. You notice a spillage on the floor at work, which three corrective measures could you take. Tick the three correct answers:

- Report the spillage immediately
- Report the spillage at the end of your shift
- Assume that someone else has already reported it
- Clean up the spillage if safe to do so
- Put a wet floor sign next to the spillage
- Walk around the spillage and continue your work

13. What risks are associated with sharps (e.g. needles)

14. What actions would you take if you had a needle stick injury?

15. Using the table provided please add the relevant details that should be considered:

| Workplace activity/<br>equipment | Things to consider |
|----------------------------------|--------------------|
| Used laundry                     |                    |
| Handling used laundry            |                    |
| Clean linen storage              |                    |
| Trolleys                         |                    |
| Washed items                     |                    |

16. Please write the correct letter in each box to match the objects below to the correct disposal/storage method.

A: NEEDLES



B: SOILED CLOTHING



C: CLINICAL WASTE

17. 'Decontamination' covers three key areas; cleaning, disinfecting and sterilisation. Match the correct definition to each key area below:

A: This is a process to remove conditions that are suitable for the growth of bacteria

STERILISATION

B: This is a process where all living organisms and spores are destroyed

DISINFECTION

C: This is a process that eliminates many or all pathogenic microorganisms on inanimate objects

CLEANING

18. What are the two warning symptoms of coronavirus? Please tick correct answers.

A high temperature

A runny nose

A new, continuous cough

A rash

19. Please select the correct advice that should be followed to reduce the risk of catching or spreading coronavirus:



yes



no

Touch your eyes, nose or mouth if your hands are not clean



Wash your hands with soap and water often – do this for at least 20 seconds



Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze



Put used tissues in the bin immediately and wash your hands afterwards



Have visitors to your home, including friends and family

**20. List five groups of people who medical professionals consider are at increased risk of severe illness from coronavirus.**

1

2

3

4

5





**Health and Wellbeing**

- Activities Provision
- Autism Awareness
- COPD
- Diabetes Awareness
- Dignity in Care
- Dysphagia
- End of Life Care
- Epilepsy Awareness
- Huntington's Disease
- Medication Management
- Multiple Sclerosis Awareness
- Oral Health
- Oral Health for People with a Learning Disability
- Parkinsons Awareness
- Pressure Sores Awareness
- Sepsis Awareness
- Stroke Awareness
- Safeguarding**
- Financial Abuse
- Lone Working
- Safeguarding Adults (Residential Homes, Domiciliary Care or Health pathways)
- Safeguarding Children in an Adult Setting
- Self-Neglect
- Behaviour**
- Behaviour that Challenges
- Learning Disability Awareness and Behaviour that Challenges
- Conflict Management

**Health and Safety**

- COSHH
- Falls Awareness
- Fire Safety
- Food Safety
- HACCP for Catering
- Health and Safety
- Infection Control
- Legionella Awareness

**Administration and Inclusion**

- Bullying and Harassment
- Data Protection and Record Keeping
- Equality, Diversity and Inclusion
- Effective Communication and Record Keeping
- GDPR
- Person Centred Care Planning
- Confidentiality in Care
- Professional Boundaries
- Supervision

**Mental Health**

- Addiction
- Assessing Capacity
- Dementia Awareness
- DoLS
- DoLS in the Community
- DoLS in the Community C&YP
- MCA
- Mental Health
- Mental Health Act 2005
- Stress

- ✓ Satisfy CQC standards
- ✓ Fill knowledge gaps
- ✓ Speak to your manager if you need any of these

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