Public Health England

Protecting and improving the nation's health

Frequently Asked Questions for Care Settings

V0.04 28/04/2020

PHE West Midlands Health Protection Team

0344 225 3560 op0 op2

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Document Change History			
Date	Version	Author	Details of Change
07/04/2020	V0.01	WM HPT	Update following change to PPE guidance
08/04/2020	V0.02	WM HPT	Minor alterations
20/04/2020	V0.03	WM HPT	Update following new guidance – How to work safely in care homes. New links to guidance and update to waste management
28/04/2020	V0.04	WM HPT	Update following updated How to work safely in care homes guidance Minor alterations and additions to checklist

The national guidance is being updated extremely frequently, sometimes more than once a week, so printing out copies of documents can lead to suing out of date information. **This document is not intended to replace national guidance**. If in doubt, follow the national guidance.

Contents

1) What are the symptoms of COVID-19?

The main symptoms of COVID-19 (coronavirus) are:

- 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)

If a resident presents with any of these symptoms, ensure they are isolated in their own room as soon as possible and seek medical advice if they deteriorate.

However, care home residents may present with Influenza Like Illness, respiratory illness, new onset confusion, reduced alertness, reduced mobility or diarrhoea.

Residents with dementia and cognitive impairment may be less able to report symptoms and therefore staff should be alert to the presence of signs as well as symptoms of the virus.

If a staff member becomes unwell, they must stay at home and self-isolate for 7 days and their household contacts for 14 days. Further advice on this can be obtained on the PHE website:

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

2) What is considered as an outbreak in a care setting?

An outbreak is defined as 2 or more suspected cases in the same setting (within a 14-day period). If there is already a confirmed COVID-19 case associated with the care setting then it is unlikely that further testing will be required (Q7) and cases should be managed as suspected COVID-19. If you have 2 or more symptomatic individuals in the setting the health protection team should be informed by completing the online reporting tool available here https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2I or by telephone to 0344 225 3560 (option 0, option 2)

Early recognition of an outbreak is key. If the care setting suspects there may be an outbreak in the setting, then the following actions should be implemented immediately:

- Isolate symptomatic clients (or cohort as appropriate) and exclude symptomatic staff (for full 7 days) (Q4)
- Implement
  - social distancing (Q3) for all care home residents
  - isolating residents who are contacts of symptomatic individuals (if possible)
  - shielding for extremely vulnerable resident (Q3)
- Ensure correct PPE is used
- Enhance cleaning and ensure good waste management
- Minimise visitors, especially children
- Communicate with staff and families
- Communicate with the local authority, CCG, local acute trust and HPT

Further advice on all these actions are included in the following FAQ's.

3) What does social distancing and shielding mean in a care setting?

Social distancing should be implemented in a care home for the following groups who are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (i.e. 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

Practical measures a care setting can take to implement social distancing include:

- Avoid communal gatherings and seat residents at least 2 metres apart
- Ensure strict hand hygiene and use of PPE between residents is in place
- Promote good respiratory hygiene (Catch it, Bin it, Kill it) in staff and residents and ensure tissues and bins are appropriately situated for quick disposal of contaminated items
- Increase cleaning of the environment, especially frequently touched surfaces to prevent cross contamination

Some residents will fall into extremely vulnerable groups and may need more stringent measures. Residents in this group include:

- Solid organ transplant recipients.
- People with specific cancers:
    - people with cancer who are undergoing active chemotherapy
    - people with lung cancer who are undergoing radical radiotherapy
    - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
    - people having immunotherapy or other continuing antibody treatments for cancer
    - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
    - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
- People on immunosuppression therapies sufficient to significantly increase risk of infection.
- Women who are pregnant with significant heart disease, congenital or acquired

In a care setting more stringent measures for shielding may include:

- Minimise time that residents spend in communal areas as much as possible and keep shared spaces well ventilated and aim to keep 2 metres (3 steps) away from others

- Ensure vulnerable residents are in separate bedrooms preferably with ensuite facilities
- Ensure the environment is cleaned frequently including frequently touched surfaces
- Ensure strict hand hygiene and use of PPE between residents is in place

  Further guidance on social distancing and shielding can be found here:

  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

  https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

4) What does self-isolation of a resident involve?

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.

Any resident presenting with symptoms of COVID-19 should be promptly separated in a single room with a separate bathroom, where possible for 14 days*. Contact the NHS 111 COVID-19 service for advice on assessment and testing. If further clinical assessment is advised, contact their GP. If symptoms worsen during isolation or are no better after 7 days, contact their GP for further advice around escalation and to ensure person-centred decision making is followed. For a medical emergency dial 999.

The 7 days isolation period usually applies but care home residents are a particularly vulnerable group and their immune response may differ from younger normally healthier individuals. Therefore, a 14-day period of isolation is recommended for residents in care homes

In practical terms self-isolation should include:

- Room door(s) should be kept closed where possible and safe to do so. Where this is not possible ensure the bed is moved to the furthest safe point in the room to try and achieve a 2 metres distance to the open door as part of a risk assessment
- All necessary procedures and care should be carried out within the resident's room. Only essential staff (wearing PPE) should enter the resident's room
- Entry and exit from the room should be minimised during care, specifically when these care procedures produce aerosols or respiratory droplets
- Ensure adequate appropriate supplies of PPE and cleaning materials are available for all staff in the care home
- All staff, including domestic cleaners, must be trained and understand how to use PPE appropriate to their role to limit the spread of COVID-19
- Dedicate specific medical equipment (e.g. thermometers, blood pressure cuff, pulse oximeter, etc.) for the use of care home staff for residents with possible or confirmed COVID-19. Clean and disinfect equipment before re-use with another patient
- Restrict sharing of personal devices (mobility devices, books, electronic gadgets) with other residents

Care settings should remember to follow their usual pathways for assessing, reporting and documenting challenging decisions, seeking advice from your local authority DoLS lead or adult safeguarding team as appropriate.

https://www.gov.uk/government/publications/deprivation-of-liberty-safeguards-forms-and-guidance

5) What does cohorting of symptomatic residents mean?

If isolation of a symptomatic resident is not possible cohort symptomatic residents together in multi-occupancy rooms. Residents with suspected COVID-19 should be cohorted only with other residents with suspected COVID-19. Residents with suspected COVID-19 should not be cohorted with residents with confirmed COVID-19

- Do not cohort suspected or confirmed patients next to immunocompromised residents

- When transferring symptomatic residents between rooms, the resident should wear a surgical face mask

- Clearly sign the rooms by placing IPC signs, indicating droplet and contact precautions, at the entrance of the room

- Staff caring for symptomatic patients should also be cohorted away from other care home residents and other staff, where possible/practical. If possible, staff should only work with either symptomatic or asymptomatic residents. Where possible, staff who have had confirmed COVID-19 and recovered should care for COVID-19 patients. Such staff must continue to follow the infection control precautions, including PPE as outlined in this document.

Further in-depth guidance on this can be found in this document in Annex C:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877797/covid-19-care-homes-guidance.pdf

6) What do we do with staff and resident contacts of a confirmed or suspected case?

Careful risk assessment of the duration and nature of contact should be carried out, to put in place measures such as isolation and cohorting of exposed and unexposed residents. Contacts may be classified in the following ways:

Resident contacts are defined as residents that:

- Live in the same unit / floor as the infectious case (e.g. share the same communal areas) OR
- Have spent more than 15 minutes within 2 metres of an infectious case.

Resident contacts should ideally be isolated in single rooms for 14 days after last exposure to a possible or confirmed case. This is the preferred option where possible.

These contacts should be carefully monitored for any symptoms of COVID-19 during the 14-day period as described earlier.

- Cohorting of contacts within one unit rather than individually: Consider this option if isolation in single rooms is not possible due to shortage of single rooms when large numbers of exposed contacts are involved.
- Protective cohorting of unexposed residents: Residents who have not had any exposure to the symptomatic case can be cohorted separately in another unit within the home away from the cases and exposed contacts.
- Extremely clinically vulnerable residents should be in a single room and not share bathrooms with

other residents.

Staff contacts are care home staff that have provided care within 2 metres to a possible or confirmed case of COVID-19 for more than 15 minutes. Staff can continue to work after contact with a possible or confirmed case but need to be vigilant for any signs and symptoms of COVID-19 and isolate immediately if they become unwell (Q18).

7) Do we need to swab symptomatic residents?

Swabbing can be undertaken for care settings in the following circumstances and on agreement of the local health protection team who can be contacted on 0344 225 3560 op0 op2:

- Single symptomatic resident: If this is the first symptomatic resident in a care setting then contact the health protection team to discuss swabbing.
- More than one symptomatic resident: The local health protection team will advise on swabbing for symptomatic residents at the time of notification of a possible outbreak.

PHE Health Protection currently only routinely coordinates testing to symptomatic residents at the time of notification of a possible outbreak. Additional testing is being coordinated through DHSC Pillar 2. There is a helpline number for care homes which 0300 303 2713 (op 5) and information is also available online through the portal https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested

Continue all strict control measures including isolation, cohorting and infection control measures until results for all residents who were tested are obtained or until the period of isolation has been completed.

8) What infection control precautions should be used when caring for a symptomatic resident?

Much of the care delivered in care homes will require close personal contact. Where a resident is showing symptoms of COVID-19, steps should be taken to minimise the risk of transmission through safe working procedures. This will include the use of hand hygiene (Q9), the use of personal protective equipment (Q10, 11 & 12), safe disposal of waste (Q13) and safe handling of laundry (Q14). Additionally, rooms should be cleaned effectively (Q15).

General interventions may include increased cleaning activity to reduce risk of retention of virus on hard surfaces, and keeping property properly ventilated by opening windows whenever safe and appropriate.

9) When should staff and visitors wash their hands?

Staff and visitors should wash their hands for at least 20 seconds:

- On arrival at the workplace
- When hands are soiled. Alcohol-based hand rub (ABHR) can be used if hands are not visibly dirty or soiled
- Before and after touching a resident and their belongings
- Before and after touching any equipment
- Before handling food and drink
- Before and after smoking/vaping
- Before leaving the care setting
- Before entering or leaving a clinical area
- For staff only: before and after every episode of care

https://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/

10) What personal protective equipment (PPE) should be used when caring for any resident?

There is now sustained community transmission of COVID-19.

Staff should use personal protective equipment (PPE) including aprons, gloves and fluid-resistant surgical masks for activities that bring them into close personal contact (within 2 meters), such as washing and bathing, personal hygiene and contact with bodily fluids. If there is a risk of splashing, then eye protection should be used.

Staff should use surgical masks when performing tasks which requires them to be within 2 metres of residents but no direct contact for example performing meal rounds or medication rounds.

When staff are working in communal areas with residents, where there is no direct contact though potentially within 2 metres of residents, surgical mask should be worn.

New gloves and aprons must be used for each episode of care provided to an individual resident. Masks and protective eye wear may be worn for longer periods of time if required e.g. moving between multiple COVID-19 patients to provide care, as long as they remain visibly unsoiled and not damaged.

It is essential that used PPE is disposed of safely and stored securely within disposable rubbish bags.

Guidance on recommended PPE for care home staff can be found here:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/880094/PHE_11651_COVID-19_How_to_work_safely_in_care_homes.pdf

An infographic for putting on PPE (for non-aerosol generating procedures) can be found here:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881004/Putting_on_PPE_Care_Homes.pdf

An infographic for removing PPE (for non-aerosol generating procedures) can be found here:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881005/Taking_off_PPE_Care_Homes.pdf

A video demonstrating putting on and taking off PPE can be accessed here:

https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes/covid-19-putting-on-and-removing-ppe-a-guide-for-care-homes-video

If aerosol generated procedures (AGPs) are undertaken for any residents, then a higher degree of protection may be required. A full list of AGPs and the PPE required is included in the link below:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874411/When_to_use_face_mask_or_FFP3.pdf

Further guidance for putting on PPE (for aerosol generating procedures) can be found here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874328/PHE_COVID-19_Donning_quick_guide.pdf

Further guidance on the removal of PPE (for aerosol generating procedures) can be found here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874326/PHE_COVID-19_Doffing_quick_guide.pdf

11) What is sessional use of PPE?

A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. looking after a cohort of residents.

Sessional use applies only to masks and eye protection (when required). New gloves and aprons must be used for each episode of care provided to an individual resident.

12) We have a problem accessing PPE, who do we contact?

If issues with supply, please contact your local CCG or the National Supply Disruption Team on:
0800 915 9964 or email nationalsupplydisruption@nhsbsa.nhs.uk

Further guidance on accessing PPE can be located here in Annex F:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877797/covid-19-care-homes-guidance.pdf

13) How do I dispose of waste generated when a resident is in isolation?

Waste bags containing PPE, personal waste (such as used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths should be placed into another bag and tied securely. Care homes should have well-established processes for waste management.

14) How do I handle laundry when a resident is in isolation?

Linen must be handled, transported and processed in a manner that prevents exposure to the skin and mucous membranes of staff, contamination of their clothing and the environment. Disposable gloves and an apron should be worn when handling infectious linen.

All linen should be handled inside the patient room/cohort area. A laundry receptacle should be available as close as possible to the point of use for immediate linen deposit. Do 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. Items heavily soiled with body fluids, such as vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.

15) How do I clean a room where a resident is self-isolating?

Clean frequently touched surfaces. Personal waste (such as used tissues, continence pads and other items soiled with bodily fluids) 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 room. This should be put aside for at least 72 hours before being disposed of as normal.

Decontamination of equipment and the care environment must be performed using either:

- A combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine (av.cl.) or a general-purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1,000ppm av.cl.
- Only cleaning (detergent) and disinfectant products supplied by employers are to be used

- Products must be prepared and used according to the manufacturers' instructions and recommended product "contact times" must be followed. If alternative cleaning agents/disinfectants are to be used, they should only be on the advice of the IPCT (or equivalent) and conform to EN standard 14476 for viricidal activity

It is good practice to also remove any items in the wide home environment that is currently not being used. These include magazines, books, fans, etc. Dispose of any open food such as fruit bowls and biscuit tins.

Further guidance on this can be found in Annex G in the following link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877797/covid-19-care-homes-guidance.pdf

16) What other measures can the care setting implement?

Other measures the care home may consider during an outbreak are:

- Care homes should implement daily monitoring of COVID-19 symptoms amongst residents and care home staff, as residents with COVID-19 may present with a new continuous cough and/or high temperature. Assess each resident twice daily for the development of a fever (≥37.8°C), cough or shortness of breath.
- Give meals to well residents at increased risk of infection before others
- Order of cleaning – clean symptomatic client rooms last
- Consider bundling of activities to minimise the number of times a room is entered (within safe limits) to conserve PPE stocks
- Consider whether visiting should be stopped or limited during the outbreak. Visitors policies could be agreed including provision for visiting end of life/palliative residents (see Q25)
- Staff exclusion –as per national guidance - ensure good liaison with care manager to support return to work
- Maintain routine immunisation programmes for residents and staff

17) What infection control measures are required if a case dies in the care setting?

The infection control precautions described in this document continue to apply whilst an individual who has died remains in the care home. This is due to the ongoing risk of infectious transmission via contact, although the risk is usually lower than for those living.

Further guidance can be found here:

https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19

18) What other advice can be given to staff during a COVID-19 outbreak?

Care home staff who come into contact with a COVID-19 patient while not wearing PPE can remain at work. This is because in most instances this will be a short-lived exposure, unlike exposure in a household setting that is ongoing. These are guiding principles and there should be an individual risk assessment based on staff circumstances, for example staff who are vulnerable should be carefully assessed when assigning duties, and where a possible or confirmed COVID-19 case is present in a care home, efforts should be made to cohort staff caring for that person (Q6)

For staff who have COVID-19 symptoms, they should:

- Not attend work if they develop symptoms

- Notify their line manager immediately
- Self-isolate for 7 days, following the guidance for household isolation which can be located here:

https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection

19) How should staff handle their uniforms?

The appropriate use of personal protective equipment (PPE) will protect staff uniform from contamination in most circumstances. Staff should change into uniforms/dedicated work clothing, at work and not wear them when travelling. Uniforms should be transported home in a disposable plastic bag. After emptying contents, dispose of the bag into the household black bag waste stream.
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, then ironed, line dried or tumbled-dried.

NB. This does not apply to community health workers who are required to travel between patients in the same uniform.

20) What does good respiratory hygiene mean?

Excellent respiratory hygiene is important to prevent the spread of possible infection. In practice this means:

- Do not let visitors or staff into the care setting if they have symptoms of a cough or other respiratory illness
- Single use, disposable tissues should be readily available and once used should be disposed of promptly in the nearest bin
- Hand hygiene facilities should be readily available with foot-operated waste bins
- Hands should be cleaned (using soap and water if possible or if not possible, alcohol-based hand rub (ABHR)) after sneezing, coughing, using tissues or after any contact with respiratory secretions and contaminated objects
- Encourage residents and staff to keep hands away from eyes, mouth and nose
- Assist any resident with the disposal of items, e.g. tissues contaminated with respiratory secretions and then wash hands. Where possible place waste bins or other receptacles near residents so they can dispose of items themselves
- In common areas or during transportation, symptomatic residents may wear a fluid resistant surgical face mask (FRSM), if tolerated, to minimise further spread of infection

21) Where can I find more detailed advice on infection control procedures?

More detailed infection control advice can be obtained from the following link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/876577/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf

22) A staff member has an underlying medical condition – should they be at work?

Certain individuals may be at increased risk of severe illness from coronavirus (COVID-19) and information on who this includes is detailed in the guidance in the link below. There are some clinical conditions which put people at even higher risk of severe illness from COVID-19 (as outlined in Q3) and if a staff member is in this category then the NHS in England will contact that person directly with advice about the more stringent measures they should take in order to keep themselves and others safe. More advice can be found 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

23) We have a resident who was admitted to hospital and has tested positive – what do we do now?

If a care setting resident has been admitted to hospital and subsequently tested positive (admission within the last 7 days), then the care setting should remain vigilant for reports of staff or residents who present with symptoms compatible with coronavirus (COVID-19). The advice contained in this document as well as the associated links should assist care settings in managing possible cases and outbreaks. If specific issues are identified in the care settings, then advice may be sought from the local health protection team at PHE on 0344 225 3560 op0 op2.

Issues may include (but are not be limited to) spread of coronavirus in the care home with a high number of residents or staff affected, a lack of PPE, or media interest which you would like support with.

24) The hospital would like to discharge someone to the care home who has tested positive or had contact with a positive Coronavirus (COVID-19) case – can they return/be admitted to the care home?

Hospitals around the country need as many beds as possible to support and treat an increasing number of COVID-19 cases. This means the NHS will seek to discharge more patients into care homes for the recovery period (see Table 1 below).

During the COVID-19 response it will not be possible for care homes to visit a potential resident in hospital to assess their care needs. A Discharge to Assess (D2A) model is in place to streamline the discharge process and the assessment of care needs will be undertaken by hospital discharge teams, in collaboration with Trusted Assessors.

Upon discharge, care homes should follow the guidance below.

<u>If a resident has no symptoms of COVID-19</u>:

- The care home should provide care as normal
- If the resident develops symptoms of COVID-19 within 14 days of discharge from hospital, provide care in isolation.
  - Resident does not leave room (including for meals) for 14 days after onset of symptoms or positive test.
  - Staff wear protective equipment & place in clinical waste after use.
  - Consult resident's GP to consider if re-hospitalisation is required.

<u>If the resident has tested positive for COVID-19, is no longer showing symptoms and has completed an isolation period</u>:

- The care home should provide care as normal

If the resident has tested positive for COVID-19, is no longer showing symptoms but has not yet completed isolation

- Provide care in isolation.
    - Resident does not leave room (including for meals) for 14 days after onset of symptoms or positive test
    - Staff wear protective equipment & place in clinical waste after use.

The 7 days isolation period usually applies but care home residents are a particularly vulnerable group and their immune response may differ from younger normally healthier individuals. Therefore, a 14-day period of isolation is recommended for residents in care homes.

Table 1: Care needs of residents being discharged from hospital (see plain text below)

Upon discharge, patient/resident has...	What care is required upon discharge?	What care is required upon first sign of symptoms?
No symptoms of COVID-19	Provide care as normal	Provide care in isolation if symptoms occur within 14 days of discharge from hospital • Resident does not leave room (including for meals) **for 14 days** after onset of symptoms or positive test • Staff wear protective equipment & place in clinical waste after use Consult resident's GP to consider if re-hospitalisation is required
Tested positive for COVID-19 ✓ No longer showing symptoms ✓ Completed isolation period	Provide care as normal	N/A
Tested positive for COVID-19 ✓ No longer showing symptoms ⚠ Not yet completed isolation	Provide care in isolation • Resident does not leave room (including for meals) **for 14 days** after onset of symptoms or positive test • Staff wear protective equipment & place in clinical waste after use	N/A

25) Where can we find the most up to date advice on COVID-19?

The most up to date information on coronavirus (COVID-19) can be found through the following link:

https://www.gov.uk/coronavirus

26) Should we isolate all the residents when we have symptomatic residents?

If a resident develops symptoms of coronavirus (COVID-19) then they should be isolated as soon as possible. In addition, contacts of this individual should also be isolated if possible. Measures of social distancing should remain in place for all other residents.

If it is not possible to isolate a resident, e.g., due to dementia, then consideration should be given to cohorting of residents and staff to prevent further possible spread. If issues are identified with this process, then further advice can be sought from the local health protection team at PHE on 0344 225 3560 op0 op2.

27) Should the care settings be closed to admissions/discharges during a COVID-19 outbreak?

Care settings do not necessarily need to close when there is a case of coronavirus (COVID-19) within the setting if the care home can safely isolate symptomatic residents. A full assessment of the care setting should be undertaken to consider other possible ways of managing the outbreak based on the type of residents, current staffing levels and layout of the setting.

If symptomatic residents cannot be effectively isolated, then consideration should be given to whether residents can be safely cohorted in small areas/units to minimise wider spread in the setting. This should involve allocating specific staff to work in the affected area. This can include domestic staff to only clean the cohorted area. Procedures for safe movement of laundry, waste and food/drink should be considered so they are not transported through the non-cohorted areas.

Only after a full risk assessment has been completed and the decision made that it is not possible to isolate or cohort residents safely, then consideration should be given to a full closure of the home to admissions or discharges until 14 days after the last symptomatic resident.

28) How do we know when an outbreak can be declared over?

Even when there are no more symptomatic residents within the setting it is still important to maintain a high level of infection control and vigilance whilst coronavirus is still circulating in the wider community. The outbreak may be considered over 14 days after the last person presented with symptoms.

29) Should the home close to visitors whilst coronavirus is circulating?

Many homes have closed to visitors whilst coronavirus is circulating in the wider community. During an outbreak it is advised that homes are closed to visitors with a sign on the door to this effect. Access to other healthcare workers, such as district nurses and GPs will be required, and appropriate PPE supplied. Exceptions should be considered for end of life/palliative residents (see Q30)

30) What do we do if we have a resident on end of life/palliative care?

The following is suggested:

- Family members who visit clients with COVID-19 should be shown how to use PPE (gloves, apron and surgical mask) and supervised with hand washing as they leave the room
- The same precautions should be taken when family members visit post mortem
- Care homes should continue to communicate with mortuaries in the usual way and inform them when a death is suspected to be due to, or with, COVID-19 infection
- Mortuaries and funeral homes have clear guidance on managing deaths following infection
- Any queries from the family relating to funeral arrangements may be directed to the local authority as restrictions e.g. size, currently vary at borough/regional and national levels

31) How long do symptomatic staff need to self-isolate for?

Staff who have to self-isolate due to becoming symptomatic or a member of their family becoming symptomatic should follow the guidance in the link below:

https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection

This guidance is also available in a simple, illustrated format:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874011/Stay_at_home_guidance_diagram.pdf

32) We have agency staff working in the home – what advice to we give them?

If agency staff are working within the care setting and are exposed to possible or confirmed cases of coronavirus (COVID-19) it may be worth considering if they can remain working for the setting during the outbreak. If this is not possible agency staff should be advised to be vigilant for symptoms of coronavirus and stop working immediately if they become symptomatic and follow home self-isolation guidance.

33) What happens if I need to report a repair in a property?

Under the current COVID-19 restrictions landlord repair obligations haven't changed, however it is recommended that access to properties should only take place for serious and urgent issues and a common-sense approach taken to carrying out non-urgent repairs.

34) What would be considered urgent repair works and how do I ensure individuals remain safe whilst contractors carry out repairs?

This would include urgent health and safety repairs and includes (but is not limited to) the following:

- If there is a problem with the building, for example the roof is leaking
- If the boiler is broken, leaving residents without heating or hot water
- If there is a plumbing issue, for example a leak or no washing and toilet facilities
- If white goods such as a fridge are broken, leaving you unable to store food safely
- If there is a security-critical problem, such as a broken window or external door
- If equipment that a disabled person relies on requires installation or repair

Sensible precautions should be followed to keep yourself safe when contractors or others are visiting a property. This is outlined in public health guidance www.gov.uk/coronavirus

It is recommended that measures are put in place to keep individuals safe for example by keeping residents in separate rooms, away from the contractor for the duration of the visit. It is recommended that Government advice on hygiene and cleanliness is followed before, during and after visits.

35) Where can further resources be located to support the management of coronavirus (COVID-19) in care settings?

Further in-depth guidance may be located through the following links:

Admission and care of residents during COVID-19 incident in a care home:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877797/covid-19-care-homes-guidance.pdf

How to work safely in care homes:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/880094/PHE_11651_COVID-19_How_to_work_safely_in_care_homes.pdf

Infection prevention and control: COVID-19:
https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

Personal Protective Equipment guidance:
https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe

Collection of current guidelines for COVID-19:
https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance

NHS Choices website for information on COVID-19:
https://www.nhs.uk/conditions/coronavirus-covid-19/

Care homes: infection prevention and control
Information resource for care home workers about preventing and controlling infection in care homes:
https://www.gov.uk/government/publications/infection-prevention-and-control-in-care-homes-information-resource-published

COVID-19: Managing the COVID-19 pandemic in care homes | British Geriatrics Society
https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes#_edn8

RCNi Infection Prevention and Control:
https://rcni.com/hosted-content/rcn/first-steps/infection-prevention-and-control