



Public Health
England

Protecting and improving the nation's health

COVID-19 Toolkit

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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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COVID-19 Toolkit for Care Homes

This toolkit has been developed as a resource for care homes to help deal with outbreaks of COVID-19.

COVID-19 (Coronavirus)

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

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)

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 also be less able to report symptoms and therefore staff should be alert to the presences of signs of the virus.

Where there are 2 or more residents or staff with symptoms within a 14-day period please report this outbreak to your local Health Protection Team (HPT) at Public Health England using the following link where there will be links and information on how to manage the outbreak. The HPT will review all submissions via this link and will then contact the home if they require further information

<https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2l>

The HPT are currently managing a large volume of calls and notifications regarding COVID-19 so please only contact the office directly if you require URGENT advice or guidance that cannot be located in the information sent following online notification. The contact details for the HPT are: 0344 225 3560 Option 0, Option 2.

Who is most at risk from the complications of COVID-19?

Certain groups of people are at a higher risk of more severe illness from COVID-19.

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

- 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

Further guidance on social distancing measures 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>

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 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

The shielding guidance should be followed for anyone who falls under the category of extremely vulnerable. Guidance can be found here:

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

How is COVID-19 spread?

The coronavirus is a respiratory virus which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose. It appears highly contagious and transmission can also occur by touching a surface contaminated with respiratory secretions and then putting the fingers in the mouth or nose or near the eyes.

COVID-19 has also been detected in blood, faeces, urine and tears of cases. All secretions (except sweat) and excretions, including diarrhoeal stools from patients with known or suspected COVID-19 should be regarded as potentially infectious.

Infection prevention and control measures

Hand hygiene and protective clothing

- Ensure that liquid soap and disposable paper towels are available at all sinks
- Wash hands thoroughly using liquid soap and water before and after any contact with residents. Best practice for handwashing can be found here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877530/Best_Practice_hand_wash.pdf
- Provide 70% alcohol hand rub for supplementary use by staff

Personal Protective Equipment (PPE)

- Staff should use aprons, gloves and fluid-resistant surgical mask for activities that bring them into close personal contact with any resident, such as washing and bathing, personal hygiene and contact with bodily fluids. If there is a risk of splashing, then eye protection should be worn.
- Staff should use surgical masks when performing tasks requiring them to be within 2 metres of residents but with no direct contact. Such tasks include performing meal rounds, medication rounds and cleaning close to residents.
- When staff are working in communal areas with residents, where there is no direct contact though potentially within 2 metres of residents, surgical masks should be worn.
- New apron and gloves must be used for each episode of care. Masks and eye protection can be used 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
- 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
- Infographic for the removal of PPE (for non-aerosol generating procedures) can be found here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881004/Removing_PPE_Care_Homes.pdf

[achment_data/file/881005/Taking_off_PPE_Care_Homes.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/881005/Taking_off_PPE_Care_Homes.pdf)

- A video demonstrating how to put on and remove PPE can be found 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

Cleaning and waste disposal

- 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 and tied securely. Care homes should have well-established processes for waste management.
- 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 on the advice of the Infection Prevention and Control Teams (IPCTs or equivalent) and conform to EN standard 14476 for viricidal activity.
- Sprays should not be used as this is likely to create aerosols-if sprays are used they should be sprayed directly into the disposable cloth prior to cleaning the surface.

- It is good practice to also remove any items in the wider 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.

More detailed Infection Prevention and Control Guidance can be accessed here:
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Reducing Exposure

Symptomatic residents

Any resident presenting with symptoms of COVID-19 should be promptly isolated and separated in a single room with a separate bathroom and door closed (where possible) for 14 days as long as this does not compromise their safety. Care home residents are a particularly vulnerable group therefore a 14 day period of isolation is recommended for residents in care homes.

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.

Further information can be found in Annex C of this document:

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

Special consideration may be needed for clients with dementia and advice can be sought from your local health protection team at PHE on 0344 225 3560 op0 op2 if there are particularly concerns.

Other residents in the home

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 and carefully monitored for any symptoms of COVID-19. This is the preferred option where possible.

Consider cohorting of contacts within one unit rather than individually if isolation in single rooms is not possible due to shortage of single rooms when large numbers of exposed contacts are involved.

Unexposed residents (protective cohorting)

Residents who have not had any exposure to the symptomatic case can be cohorted separately 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 (shielding).

Residents being discharged from hospital

Upon discharge, care homes should follow the guidance below.

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	<p>Provide care in isolation if symptoms occur within 14 days of discharge from hospital</p> <ul style="list-style-type: none"> 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 <p>Consult resident's GP to consider if re-hospitalisation is required</p>
<p>Tested positive for COVID-19</p> <p>✓ No longer showing symptoms</p> <p>✓ Completed isolation period</p>	Provide care as normal	N/A
<p>Tested positive for COVID-19</p> <p>✓ No longer showing symptoms</p> <p>⚠ Not yet completed isolation</p>	<p>Provide care in isolation</p> <ul style="list-style-type: none"> 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

For a full text version see Annex D in the guidance found here:

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

COVID-19 Outbreak Checklist

Before completing the online notification of an outbreak to PHE the following information may be useful to be collate:

Care Home COVID-19 Check List	
Care Setting Name:	
Care Setting Address:	
Telephone number:	
Email address:	
Date of notification:	
Details of 1st case: – include date of onset, symptoms and possible/confirmed	
Details of subsequent cases, (including co-morbidities, EOL etc):	
Any cases hospitalised? Record details:	
Details of any deaths:	
No. of residents affected (include which unit/floor):	
Total no. of residents in the setting:	
No. of staff affected (include numbers symptomatic, shielding and self-isolating separately where possible):	
Total no. of staff in the setting:	
Layout/floors/units affected:	
Home closed to visitors: YES/NO	
Symptoms: Fever >37.8 degrees Cough Other e.g. general deterioration, diarrhoea, etc.	
Service User description ie dementia /elderly care etc, age profile, at risk individuals/ groups: Is Day care provided?	
Number of GP practices that serve the home?	
GP contact details:	

HOME MANAGEMENT / Residents	
Are there any planned admissions/discharges? Homes can accept admissions if symptomatic residents can be adequately isolated/cohorted.	
Are there advanced care plans in place?	
Agree how a relative can visit if resident is EOL/or resident becoming increasingly distressed as has mental health issues/dementia	
Alert visitors. Visitor handwashing. Offer advice sheets for visitors/relatives	
Can symptomatic residents be isolated for 14 days?	
Can contacts of symptomatic residents be isolated for 14 days after contact with symptomatic individual?	
Monitor all other residents twice daily for raised temperatures & respiratory symptoms	
Are there appropriate facilities for handwashing – liquid soap & paper towels/tissues &adequate disposal? “Catch it, Bin it, Kill it”	
If isolation of symptomatic residents is not possible can cohort nursing be considered?	
Has the home informed GP of issue & update of new cases / those requiring clinical review.	
STAFF	
Have staff been excluded as per national guidance for self-isolation/shielding	
Does the home use agency staff? Are they still working in other areas?	
Stress handwashing to staff – liquid soap & paper towels/tissues & disposal “Catch it, Bin it, Kill it”	
Does the home have adequate supplies of PPE (gloves, aprons, masks)	
Have staff been trained in the donning/doffing of PPE (video available) and what PPE is required?	
Uniforms- have staff been advised not to go home in them	
Identify pregnant or immunocompromised staff and advise according to government advice	
ENVIRONMENT	
Increase cleaning regime. e.g. Hard surfaces/clothes/furnishings/rooms/bathrooms/hoists ✓	
Home free from clutter and fans are not in use during an outbreak	
EQUIPMENT	

Equipment is allocated on a single resident's basis, is single use or decontaminated appropriately prior to reuse	
Medicine pots – use dishwasher or single use	
Discard contents of fruit bowls, biscuit tins etc	
LINEN	
Linen/laundry from symptomatic residents is not shaken and is placed immediately in a laundry receptacle and washed as per manufacturer's instructions	
PPE is worn at all time when handling used linen	
WASTE	
All waste from symptomatic residents is double bagged, securely tied and stored in a secure location in line with contaminated waste policy	
COMMUNICATIONS	
Have local IPC teams being informed?	
Have relatives been informed?	
Have GPs/DNs etc been informed?	

Individual COVID-19 Case Record

Information to be kept in the care home in the care home in resident's record.

Patient Details

Patient Surname:		Patient Forename:	
DOB			
Resident/Staff			
Onset Date		Age at Onset	

Fever $\geq 37.8^{\circ}\text{C}$	Yes/No	Sudden Decline	Yes/No
Shortness of Breath	Yes/No	Wheezing	Yes/No
Chest Pain	Yes/No	Cough	Yes/No
Sore Throat	Yes/No	Hoarseness	Yes/No
Nasal Discharge/Congestion	Yes/No	Sneezing	Yes/No
Other Symptoms			

Investigation and Results

Chest X ray	Yes/No	Date Done:		Date Result Received:		Result:	
Nasal Swab (virology)	Yes/No	Date Done:		Date Result Received:		Result:	
Sputum Culture	Yes/No	Date Done:		Date Result Received:		Result:	
Other Investigations							

Hospital admission	Yes/No	Died:	Yes/No
Vaccination Status Influenza:	Immunised/Unimmunised/Unknown		
Vaccination Status Pneumococcal:	Immunised/Unimmunised/Unknown		
Previous Contact of Case in Care Home?	Yes/No		
Comments			

Care Home Posters

CATCH IT

Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.



BIN IT

Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.



KILL IT

Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.



NHS

Coronavirus

Wash your hands with soap and water more often for 20 seconds



Palm to palm



The backs of hands



In between the fingers



The back of the fingers



The thumbs



The tips of the fingers

Use a tissue to turn off the tap.
Dry hands thoroughly.

CORONAVIRUS
PROTECT YOURSELF & OTHERS

Resources

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/HE_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>