

20 May 2020

To: All Midlands Health and Social Care Leaders

Re: THE MIDLANDS CARE HOME CELL; Resources to support treatment of individuals becoming acutely unwell with COVID19 related symptoms in a Care Home Setting

Further to our letter last week relating to resources supporting individuals discharged from an acute setting to a care home setting, I am writing to share with you a pathway to support appropriate care of individuals in care home settings who become acutely unwell with COVID19 related symptoms

Please do note that residents who become unwell with symptoms unrelated to COVID19, will need to be considered as part of your usual pathways for managing those instances. Clearly, given that our knowledge of COVID19 continues to evolve, it is important that those pathways are sensitive to new knowledge.

The attached pathway is a collation of recently published guidance and lays out in a straightforward flowchart format the steps that need to be taken to ensure each resident receives the most appropriate care in the most appropriate setting for their clinical need; that staff are protected, and that the resident's wishes and expectations, including consideration of MCA responsibilities where appropriate, influence decision making around their care.

As per the discharge pathways, please do note that the content of this document only applies within the current pandemic and are not applicable to BAU, and it is equally important to note the converse that BAU approaches do need to be modified to ensure local frontline services are able to operate as a system in order to mitigate the impact of SARS-CoV-2 virus on local communities.

Again: this document is **not intended to replace** the detailed work you will be doing involving all the key partners within your local systems. The document merely sets out the steps and guidance you will need to consider in developing your own plans in the context of the **specific needs of your local communities and the care home sector** within your area.

Best wishes



Jacqueline Barnes MSc RN
SRO Care Homes Incident Cell, Midlands
Director of Nursing and NHS England and NHS Improvement

Cc:

Giri Rajaratnam
SRO Care Homes Incident Cell, Midlands
Deputy Regional Director, Public Health England

Jenny Wood (West Midlands)
SRO Care Homes Incident Cell, Midlands
Director of Adult Social Services, Solihull

Jon Wilson (East Midlands)
SRO Care Homes Incident Cell, Midlands
Director of Adult Social Services, Leicestershire

Pathway: Individual living in Care Home becomes unwell - suspected COVID19

Covid 19 has had a significant impact on both health and social care settings, and it is important that we have a consistent approach to managing the spread of infection, supporting staff, respecting residents' individual needs and wishes, and ensuring people are in the setting most appropriate for their level of clinical need.

The attached pathway is a collation of published guidance (below). It is intended to be complementary to that guidance and is subject to change as guidance changes.

It should be emphasised that all reference to ACP in the pathway assumes that best practice has been followed – **these are individual, considered conversations, that should not be rushed**, and where decisions are made on an individual basis.

It is also important to note that a number of residents may present with atypical symptoms – Covid-19 should be actively considered as a possible cause of any health deterioration.

Clinical leads for care homes need to work with staff so that **residents experiencing distressing symptoms (Covid or not) are escalated and managed with dignity and compassion**.

The flow chart is intended to be used for support at system level and at an individual resident level.

For systems:

It highlights key clinical and Infection Prevention and Control considerations (drawn from guidance) that would reasonably be expected to be included in any individual system pathway. It is understood that system capacity and ways of working will influence the most appropriate path to be taken through the flowchart; having a regional description of key components helps ensure a consistent approach is taken.

For use with individual patients:

It lays out in a straightforward flowchart format the steps that need to be taken to ensure each resident receives the most appropriate care in the most appropriate setting for their clinical need; that staff are protected, and that the resident's wishes and expectations, including consideration of MCA responsibilities where appropriate, influence decision making around their care.

<https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes> (BGS, 2020)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878099/Admission_and_Care_of_Residents_during_COVID-19_Incident_in_a_Care_Home.pdf

<https://www.nice.org.uk/guidance/ng163>

<https://content.govdelivery.com/accounts/UKCQC/bulletins/283e565>

<https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan/covid-19-our-action-plan-for-adult-social-car>

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

Care Homes:

Ensure that the details of the individual's GP practice(s) are readily available

Ensure up to date ACP¹ is available for individuals (including DNAR²/RESPECT) as applicable

Multi-Disciplinary Team (MDT) support is available to this Care Home from _____
(complete as applicable)

Ensure that you know how and when to contact the Health Protection Team/Infection Prevention and Control Team*



Does the individual have a Fever (>37.8C) /Cough / Shortness of Breath? ³

Yes

No

Implement enhanced IPC/PPE immediately * Care Home should meet the IPC / isolation / cohorting requirements. If not possible, contact the LA⁴ to discuss further advice on options

Provide care as normal and seek advice from NHS 111/GP as needed

Is the individual for escalation according to ACP¹?
(If no ACP¹ in place follow YES)

If individual does not have ACP¹ please ensure this is in place ASAP working with patient, family and MDT as needed

Yes

No

If able take observations: temperature, heart rate, blood pressure, oxygen level, respiratory rate and contact NHS 111 for advice

Provide care as normal ensuring IPC guidance is followed*
Seek advice from GP/MDT as needed

Follow NHS 111 advice

Monitor individual using NEWS2⁵ /RESTORE2⁶ to identify early signs of deterioration/symptoms of distress and escalate accordingly.

If unable to monitor, care in this setting may not be appropriate.

After 7 days from onset of symptoms, is individual fully recovered?

No

Yes

Follow ACP and contact GP/MDT regarding next steps as needed

Provide Care in isolation until 14-day period is complete from onset of symptoms*

Notes:

¹ - ACP – Advanced Care Plan

² - DNAR – Do not attempt resuscitation

³ - Care Home staff need to be alert to the fact that COVID-19 in care home residents may also present with non-respiratory tract symptoms, such as new onset/worsening confusion or diarrhoea. Given this variation, care home staff are advised to have a low threshold for suspicion, especially in the context of other Covid-19 cases in the home (BGS, 2020).

⁴ - LA - Local Authority

⁵ - NEWS2 – National Early Warning Score

⁶ - RESTORE2 – Recognise Early Soft sign, Take Observation, Respond, Escalate

* - Please see Appendix 1 for IPC consideration.

Appendix 1

INFECTION PREVENTION CONTROL (IPC) REMINDER:

- When transporting the individual, you should wear a surgical face mask.
- All staff and carers to wear disposable gloves (single use), plastic apron (single use) and fluid resistant surgical mask (sessional use) for any care encounter or entering room. Eye protection should also be used if the individual is coughing or there is a risk of body fluids reaching the eyes.
- Transport to single occupancy ensuite / private facility room away from any shielding or immunocompromised individual.
- Clearly sign the room by placing IPC signs, indicating droplet and contact precautions, at the entrance of the room
- 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.
- Individual does not leave room (including for meals) for 14 days.
- Staff caring for symptomatic people should also be cohorted away (please see below) from other care home residents and other staff, where possible/practical.
- Home to ensure it conducts individual risk assessment based on staff circumstances, as to who the best staff are to care for those individual. For example, staff who are – at increased risk from severe illness from COVID -19 should be carefully assessed when assigning duties.

Cohorting



Confirmed case of
COVID-19



Symptoms of
COVID-19



Close contact of
symptomatic resident



No contact with
symptomatic residents

Residents in the four groups above should be kept in separate cohorts where individual isolation is not possible, as much as practically possible. Staff should also be cohorted in this way.

Residents in the shielding group should be in a single room and should not share bathrooms or common areas with other residents.

Health Protection Team / Infection Prevention and Control Team

If this is the first resident suspected of having COVID-19, after discussion with NHS 111/GP, the home needs to contact the local HPT or IPCT immediately. You will need to supply information on whether any other residents and/or staff are affected, for the team to be able to assess the response needed. Appropriate arrangements will be made to ensure testing of residents and staff in line with the national policy.