

COVID in Care Homes: Coventry and Warwickshire guidance

Adapted from interim guidance developed by PHE North East on management of care homes – below are summarised the key elements for local management in the health and social care system. These should be read in conjunction with national and additional local guidance later in this document.

Case definition: anyone with a high temperature and / or new continuous cough

Anyone with these symptoms should be managed as COVID regardless of whether they have been tested or not

Testing being arranged by the health protection team is for surveillance **not to inform clinical management**

Scenario 1: A possible or confirmed case(s) in a residential / care home

Management of the possible or confirmed cases

- Isolation of case
 - Cases should be isolated, as best as possible, in their own room in the home for at least 7 days from the onset of symptoms (isolation can end after 7 days if clinically improved and not had a temperature for 2 days – recognising a cough may remain)
- Discharging cases from care home to own home
 - If a case is ready to be discharged to their own home before they have completed 7 days isolation, they should finish the isolation period in their own home. The case should wear a mask during transport, which can be in a private car (including taxi).
 - Household contacts in case's own home will need to isolate for 14 days from when the case returns home
- Notify the health protection team of suspected cases on 0344 225 3560 Option 0 Option 2

Other residents in the care home

- For a single case, other residents do not need to be isolated if the case can remain safely well-isolated for 7 days
- If the home has concerns about the amount of contact a case has had with other residents before they were diagnosed (including before being admitted to hospital), they should contact the health protection team to undertake risk assessment about isolating other people (Tel: 0344 225 3560 Option 0 Option 2)

Wider actions

- For a single possible or confirmed case, **we would not routinely recommend closure** of the home
- The home will be advised to have heightened awareness of symptoms in other residents and to report further cases to the health protection team urgently
- The existing measures applicable to all homes such as social distancing, reducing visitors, cancelling non-urgent visitors etc. continue to apply.

Scenario 2: Outbreaks (2+ possible or confirmed cases in a 7 day period)

- Management of cases as above
- Notify the health protection team as above.
- Residents who have been in contact with a case should be isolated, as best as possible, for 14 days since the contact with the case
 - If it is not possible to isolate residents in their own room, then consider restricting movement to within the floor / unit (cohorting contacts)
 - If there are vulnerable, unexposed contacts, consider isolating in own room
- If a contact who is isolating is ready to be discharged to their own home
 - They should complete the 14 day isolation period when they get home
 - There is no need for their household contacts to be isolated (in relation to the care home contact – may be other reasons e.g. elderly, medical conditions)
 - Transport home can be in a private car (or taxi) – single journey of asymptomatic person is acceptable
- More likely to need to cohort contacts
- Admissions to the home should be '**restricted**' - see below re admissions and transfers from hospital

Staffing issues

- Any symptomatic staff should be off work and follow guidance on isolation – see [here](#) and [here](#)
- Homes should consider limiting the movement of staff to different areas of the home – i.e. dedicated staff for different floors / units;
- Staff may have provided care to someone who unexpectedly turns out to have COVID; they do not need to be isolated / off work, but should be vigilant for any symptoms and follow guidance on symptoms below
- **Staff should not move between care homes** (either within the same chain / provider group or as bank staff in other settings) while there are cases of COVID in the home

Infection control in care homes

Where a resident is showing symptoms of COVID-19, steps should be taken to minimise the risk of transmission through safe working procedures.

- Staff 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 must be used in these situations. If there is a risk of splashing, then eye protection (goggles, face shield, visor) will minimise risk.
- If a fluid repellent surgical mask is not available then FFP2 masks should be used in accordance with the manufacturer's instructions. It must adhere to BS/EN standards and have a CE mark. Non-fluid repellent masks should not be used.
- PPE must be put on and taken off correctly, see guidance [here](#).
- Hand washing before and after putting on PPE, before and after contact with client, and before and after each task.
- 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 (gloves and apron)
- PPE helpline (for supplies): 0800 915 9964 – please also see local guidance later in document for further details regarding PPE

Transfers in and out of the home

Admission of a resident to hospital (for COVID or non-COVID reasons) when there is a COVID case (possible or confirmed / outbreak) in the home

It is the responsibility of the care home to inform the Trust / ambulance service of COVID issues in the home when residents are being admitted to hospital

1. Clinical assessment – as per guidance for primary care
2. Trust (and ambulance service) must be informed of case/ outbreak in home
3. Follow usual procedures as per Influenza-like-Illness guidance

Discharges to the home

It is the responsibility of the Trust to inform the care home of any COVID related issues for patients being discharged to care homes. This includes patients being admitted to the care home for the first time rather than returning to a home they came from.

It is not necessary to have a negative test result for patients being discharged to care homes: if a patient has been managed as suspected COVID or in contact with confirmed or suspected cases in a healthcare setting, the following actions should be followed:

1. A confirmed or possible COVID case from hospital
 - a. If no other cases in home
 - i. Case to complete the 7 day isolation period following onset of symptoms in the care home if not completed in the hospital setting*
 - ii. If unable to isolate the case completely, residents who have contact with the case within the home should complete 14 days isolation (cohort approach)
 - b. If other case(s) in home
 - i. Case to complete the 7 day isolation period following onset of symptoms in the care home if not completed in the hospital setting*
 - ii. Contacts who are already in isolation (as part of management of cases in home) do not need to extend their isolation period
2. Exposed persons who have been in bay with a COVID cases in hospital
 - a. Isolate on return to care home (for remainder of 14-day period)
 - b. Take daily temperatures and monitor symptoms
 - c. If the person becomes symptomatic contact the health protection team for risk assessment
3. Non-COVID resident being discharged from hospital to a home with COVID cases
 - a. If they were admitted to hospital **after** the start of COVID outbreak, and were in 14 day isolation in the home as a contact of a case, complete the remainder of the isolation period on return to the care home.
 - b. If they were admitted **before** the start of COVID outbreak in home, isolate on return to the care home for 14 days

* isolation can end after 7 days if clinically improved and not had a temperature for 2 days – recognising a cough may remain.

National Situation and Guidance

Key information about the national and local picture with links to key guidance and resources can be found [here](#) (this is updated regularly and sets out the national approach being taken).

Information for the public (and staff)

- <https://www.nhs.uk/conditions/coronavirus-covid-19/>
- <https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others>

National Guidance

There are a range of national guidance documents that can be found here to support you in managing staff and supporting customers:

- <https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>

Of importance to care providers are the following, which should be read in the first instance (and are frequently updated):

- [COVID-19: residential care, supported living and home care guidance](#)
- [COVID-19: decontamination in non-healthcare settings](#)
- [COVID-19: infection prevention and control](#)
- [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#)
- [COVID-19: guidance for healthcare providers who have diagnosed a case within their facility](#)
- [COVID-19 Hospital Discharge Service Requirements](#)

Additional Local Guidance

In addition to the above local protocol (adapted from PHE document) and national guidance, we have produced the above additional local guidance to clarify some areas in the national guidance **Please note that these recommendations relate to care that is essential, and can't be delayed to another time, or cannot be done remotely.**

PPE

- We would ask that providers seek to source their own PPE as above to protect their own staff. Coventry City Council and Warwickshire County Council are also planning to purchase some fluid repellent surgical masks/visors as contingency for social care staff.
- There is a national stockpile of fluid-repellent surgical masks currently in the process of being distributed directly to CQC registered care home and home care providers from the national PHE pandemic flu stockpile. If you have immediate concerns over the supply of PPE, there is now a dedicated telephone line (see below) for the health and social care sector. If you are unable to get PPE from your normal supplier, please report this to the National Supply Disruption Response (NSDR) team who can advise on alternative suppliers.
The National Supply Disruption line
Telephone: 0800 915 9964
- If you urgently need PPE please email: CV19SupplierFAQ@warwickshire.gov.uk

Staff risk assessment (as outlined in infection control guidance)

- A risk assessment is required for health and social care staff at high risk of complications from COVID-19, including pregnant staff and staff with long term conditions (see guidance for high risk groups above). Employers should discuss with employees who are at risk or are pregnant the need to be deployed away from areas used for the care of those who have, or are clinically suspected of having, COVID-19

Caring for individuals who have been medically defined as extremely vulnerable

- Certain groups of individuals, who have been written to individually, have been medically defined as extremely vulnerable.
- A list of these groups and guidance can be found [here](#)
- These groups are being asked to self-isolate for 12 weeks and avoid any face to face contact
- National guidance recognises that some of these individuals require care to continue for them, and it is important that providers support these individuals to follow the self-isolation guidance.
- Handwashing precautions become even more important to protect these individuals from COVID-19, on arrival in the home/prior to giving care
- Staff caring for this vulnerable group should themselves stringently follow the national social distancing guidance, found [here](#)

Self-isolation advice for people receiving care

- In cases of supported living whole household isolation may be appropriate and judgement on this will need to be made on a case-by-case basis depending on the service. For instance individual self-contained properties could be treated as separate households while shared environments with communal households may require whole household isolation.

Waste

- Follow waste guidance in national guidance [here](#). In care home settings, use clinical waste and double bag (leaving it aside for 72 hours before disposal)

Uniforms/Clothes

- Uniforms/clothes should also be washed on the hottest wash possible on a daily basis (washed separately to other items). This is good practice. It is recognised that some care homes wash uniforms on site.

Cleaning

- Clean with a detergent followed by disinfectant with chlorine (1000ppm) – example of disinfectants include Milton, Chlorclean or Tritan. A combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine can also be used. Apron and gloves should be used for cleaning. The virus can survive on surfaces, but will have substantially reduced by 72 hours.

Accepting new customers

- It is essential that care providers identify vacancies and maintain capacity to continue to receive and accept referrals, unless otherwise advised by PHE. Hospitals or other referring agencies should be advising care providers if there is any concern regarding COVID (e.g. an individual who has been potentially exposed to COVID, or has COVID symptoms (or a confirmed diagnosis). There is no need to change your current operating procedures for accepting new customers, but should follow national and local guidance (presented here) with regard to infection control processes.
- Please also see national guidance for expediting discharge from hospital [here](#)

Business Continuity

- It is vital to ensure your own business continuity plans are up to date, in preparation for staff and customers who may need to be self-isolating, or who become unwell. Your continuity plan should be activated as soon as you deem this necessary.
- Local authorities have robust business continuity plans in place to ensure they can continue to deliver critical services in line with our duties under the Civil Contingencies Act 2004. We are actively reviewing and monitoring the current situation and will activate plans on a service by service basis as required. We will communicate with stakeholders as necessary in relation to the initiation of these plans.

Visitors/staff in care settings (consistent with national guidance)

- For all care staff and visitors (in care home/other residential settings), a check should be done to assess whether they:
 - are self-isolating or have been advised to
 - have COVID symptoms (i.e. new continuous cough or a high temperature)
 - are a household member of someone with COVID symptoms and should be self-isolating
 - are a confirmed case of COVID-19
- If the answer to any of the above questions is “yes”, then the staff member/visitor should not enter the home/provide care.
- It is recommended that homes/residential settings restrict visitors given the national guidance to stop all non-essential social contact. It remains critical that health, care and social work professionals, DOLs assessors, etc. (assuming they have been screened as above) are allowed to visit the care home residents, to ensure they have access to services to support their health and wellbeing appropriately. Visitors should also be allowed for compassionate reasons.

We have established an email address for any queries from providers that are not clarified as part of PHE advice or this update. We will endeavour to deal with queries as efficiently as possible and will be devising some FAQs to support some of the queries. Please send enquiries to:

CV19SupplierFAQ@warwickshire.gov.uk