



Public Health
England

Protecting and improving the nation's health

Care Home COVID-19 Pack

- South East England

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Public Health
England

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Dear Care Home Manager

Re: Possible COVID-19 outbreak at your care/nursing home

Thank you for letting us know about the outbreak of respiratory illness in your care home.

We will be working with you to provide public health advice and guidance on how to manage the outbreak. Below are a list of key actions that we recommend you initiate as soon as possible. This COVID-19 outbreak pack also contains a checklist (on pages 5-6) to aid your planning and implementation and a number of posters, leaflets and advice sheets.

1. Infection control

There are a number of important measures which should be put in place to minimise the risk of the illness spreading further, such as handwashing, environmental cleaning, cohorting infected residents, designating staff and good respiratory hygiene including tissue use and disposal.

Please see the factsheet on pages 7-8 for further information. There are also information leaflets for staff (pages 9-10); residents and visitors (page 11).

2. Closure / Managing the flow of patients

Where the outbreak can be isolated to a unit then any need for closure to admissions/transfers could be restricted to this unit. However, if the cases are spread throughout the home, you may wish to consider wider closure, to reduce the risk of ongoing transmission and to contain the outbreak. It is recommended in this case that, where possible, the home is closed to new admissions and should avoid discharges to other care facilities (unless there is a clinical need) until the outbreak is declared over. This would usually be until twenty-eight days after the last case developed symptoms. This allows for two full incubation periods to elapse provided there are no new cases. Please note that the clock is reset each time there is a new symptomatic case.

As we may be experiencing heightened bed pressures across the health and care sector it may not be possible to fully close. You may be requested to take a new admission following a risk assessment. The decision to admit new patients is between the hospital and the home, and a risk assessment should be carried out to consider patient safety and risk of infection. You can contact your relevant Health Protection Team on the number provided above if you need help with this risk assessment. If your care home provides intermediate or transitional care beds it is important to keep these open where possible.

If a resident needs hospital admission, the ambulance service and receiving hospital should be informed of the COVID-19 outbreak. Current residents of the home may be transferred back to the home during this period following an appropriate assessment.

Visitors should be informed of the outbreak and limited to essential only, particularly for those vulnerable to infection and children. Visitors should not visit the home if they are unwell.

3. Isolation

All symptomatic residents should be isolated and cared for within their own room until symptom free and at least seven days from the onset of symptoms (whichever is the longer).

All symptomatic staff should remain off work for 7 days after symptom onset. They can return to work if their only remaining symptom, after 7 days, is cough.

Staff who are a household contact of a possible COVID-19 must self-isolate for 14 days as per national guidance.

4. Swab tests

Swabbing may be required to confirm COVID-19 in the care home. The HPT will advise if this is needed for your outbreak. However, please note that we do not wait for laboratory confirmation before initiating all the other actions set out in this document.

If recommended, then a throat and nasal swab from the five most recently symptomatic residents should be obtained. Arrangements will be made by the HPT for swabbing.

5. *Personal protective equipment (PPE)*

If a resident has symptoms of COVID-19, 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 including faeces. 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.

If a care home urgently requires PPE you should continue to utilise their usual local stock management ordering systems and distribution systems (i.e. through local wholesalers / distributors / other supply chain routes / local procurement team and networks).

Processes for delivery of PPE to care homes is currently awaited.



Public Health England **COVID-19 outbreak: Checklist for care homes**

We hope the checklist below will assist you as you and your staff work your way through the tasks involved to bring the COVID-19 outbreak in your care home under control. If you are unsure of any aspect, please contact the Health Protection team (HPT) for further advice and support on 0344 225 3861.

BASIC INFORMATION
<input type="checkbox"/> Complete risk assessment.
ADMISSIONS, DISCHARGES, TRANSFERS
<input type="checkbox"/> Ascertain if the home can cohort/isolate or if closure of the home to all new admissions and discharges is required. <input type="checkbox"/> No transfer of any residents to another healthcare facility until the outbreak has stopped unless there is a clinical need; even if that resident was not symptomatic. If transferred, the management at the intended destination advised of the outbreak situation. <input type="checkbox"/> The hospital(s) informed that there is an outbreak at the home if any resident has been or is to be admitted (Inform the ambulance crew of the outbreak if applicable). <input type="checkbox"/> Have intermediate/transitional care beds commissioned by the NHS been kept open where possible. Any decision to admit new patients to these beds is a decision between the acute NHS Trust and the Care Home. <input type="checkbox"/> Current residents of the home may be transferred back to the home from other care establishments during the outbreak period following an appropriate assessment. <input type="checkbox"/> If closed, the date the home can re-open (twenty-eight days after the last case developed symptoms) Note: Clock restarts each time there is a new symptomatic case.
INFECTION CONTROL
<input type="checkbox"/> Handwashing/hand hygiene with liquid soap and warm water reinforced for all residents, staff and visitors. <input type="checkbox"/> Alcohol-based hand rub placed in common areas and waiting rooms. <input type="checkbox"/> Tissue supplies and disposal bins placed in common areas and waiting rooms. <input type="checkbox"/> Arrangements in place for fluid repellent surgical masks, gloves and aprons, and removal of COVID-19 clinical waste/waste from rooms of positive patients. <input type="checkbox"/> There is evidence that this virus can be shed in faeces, the role of this in transmission is uncertain but it is recommended that PPE is worn when toileting COVID-19 patients and dealing with their soil pads and faeces.
RESIDENTS
<input type="checkbox"/> Medical advice has been sought for residents if any concerns. <input type="checkbox"/> Symptomatic residents isolated in their own rooms until symptom free and at least seven days from the onset of symptoms. If this is not possible, symptomatic residents should be cohorted. <input type="checkbox"/> Tissues and disposal receptacles, with advice on correct use and disposal provided to symptomatic cases. <input type="checkbox"/> Handwashing advice provided to all residents. <input type="checkbox"/> Information leaflet for residents and visitors provided to all residents/visitors. <input type="checkbox"/> All patients and relatives being kept up to date on the outbreak.
SWABBING
<input type="checkbox"/> HPT contacted to arrange swabbing of symptomatic residents. <input type="checkbox"/> Results of the swabs obtained from the HPT.

STAFF

- ☐ Information for staff handed out
- ☐ Staff allocated to care for either symptomatic or asymptomatic residents for the duration of the outbreak
- ☐ Movement of all staff between affected areas and non-affected areas restricted
- ☐ Staff advised about appropriate use of PPE
- ☐ Any staff that become unwell whilst working are sent home
- ☐ Affected staff are kept away from work for 7 days from their symptom onset
- ☐ Staff who remain symptom free have been advised not to work at other care or healthcare premises until the outbreak is over.

VISITORS

- ☐ Visitors informed of the outbreak and limited to essential visitors only
- ☐ Visitors should not visit if unwell
- ☐ Notice placed on the front door indicating that there is a COVID-19 outbreak
- ☐ Information leaflet for residents and visitors provided to all visitors

CLEANING

- ☐ Hard surfaces should be cleaned using a conventional detergent and water. Focus particularly on frequent cleaning of contact points such as door handles, taps and handrails. You can use domestic bleach diluted according to the manufacturer's instructions.
- ☐ Use disposable cloths and clinical waste bags

INFECTION CONTROL MEASURES FOR CARE HOME COVID-19 OUTBREAKS

In the event of an outbreak, the standard infection control principles that should be in place in all health and care settings should be maintained.

Standard infection control precautions:

- Staff should wash their hands thoroughly using soap and water or use a 70% alcohol hand rub **before and after any contact with residents**. Placing hand rub dispensers at the residents' bedsides for use by visitors and staff should be considered. It is advisable to recommend carrying out a risk assessment before introducing alcohol gels into the workplace.

Respiratory Hygiene/Cough Etiquette

- Where possible, respiratory hygiene/cough etiquette should be implemented whenever residents or visitors have symptoms of respiratory infection to prevent the transmission of all respiratory tract infections in long-term care facilities. **When an outbreak of COVID-19 is being considered, respiratory hygiene/cough etiquette is essential and must be implemented.**

Respiratory hygiene and cough etiquette include the following:

- Posting visual alerts at the entrance to the home instructing residents and visitors to inform staff if they have symptoms of respiratory infection, discouraging those who are ill from visiting the home, and encouraging them to practice respiratory hygiene/cough etiquette.
- Providing tissues to residents and visitors who are coughing or sneezing so that they can cover their mouth and nose.
- Providing tissues and alcohol-based hand rubs in common areas and waiting rooms.
- Providing no-touch receptacles for used tissue disposal.
- Providing conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e. soap, disposable towels) are consistently available.
- Residents with symptoms of respiratory infection should be discouraged from using common areas where feasible. Residents should have an adequate supply of tissues and covered sputum pots, as well as convenient and hygienic methods of disposing of these.

Droplet precautions:

- If possible, symptomatic residents should be cared for in single rooms until fully recovered and at least seven days after the onset of symptoms. If this is not possible then cohort suspected COVID-19 residents with other residents suspected of having COVID-19; cohort confirmed COVID-19 residents with other residents confirmed to have COVID-19. At the very least, symptomatic residents should be cared for in areas well away from asymptomatic residents. If the design of the care home and the numbers of symptomatic residents allows, the separation of symptomatic and asymptomatic residents in separate floors or wings of the home is preferable.
- If possible, staff should work with either symptomatic or asymptomatic residents (but not both), and this arrangement should be continued for the duration of the outbreak.
- Staff should use single-use plastic aprons when dealing with patients, and gloves as appropriate. Hand hygiene practices should still be carried out even if staff have been wearing gloves.

- Surgical masks should be worn by care staff attending to affected residents during cough-inducing procedures, including nebuliser administration. Masks should be removed on leaving the resident's room and disposed of as clinical waste. If risk of splashing, then eye protection will minimize risk. Homes should obtain masks from their usual PPE suppliers.
- If resident movement or transport is necessary, the affected resident should wear a surgical mask, if possible.
- All staff should perform hand hygiene immediately after de-masking, as per standard infection control precautions.

Restrictions to residents, visitors and healthcare staff:

- When the cases can be isolated to a unit then any need for closure could be restricted to this unit. However, if the cases are spread throughout the home Care Home managers may wish to consider closure to reduce the risk of ongoing transmission. It is recommended in this case that where possible the home is closed to new admissions and should avoid discharges to other care facilities (unless there is a clinical need) until the outbreak is declared over.
- Residents should not be transferred to other homes or attend external day centres, social events or similar activities until the outbreak is declared over.
- If your care home provides intermediate or transitional care beds it is important to keep these open where possible. The decision to admit new patients is between the acute NHS Trust and the care home manager.
- Residents should avoid non-urgent outpatient clinic visits. More urgent out-patient or similar visits (e.g. for investigations) should be subject to a risk assessment by the clinicians involved in collaboration with infection control staff in the concerned hospital, who should be made aware of the ongoing outbreak.
- Agency and temporary staff who are exposed during the outbreak should be advised not to work elsewhere (e.g. in a local acute care hospital) until the outbreak is over.
- Symptomatic staff and visitors should be excluded from the home until fully recovered and at least seven days after the onset of symptoms.
- Visitors should be informed of the outbreak and limited to essential only, particularly for those vulnerable to infection and children.
- Visitors should not visit the home if they are unwell.
- Visitor access to symptomatic residents should also be kept to a minimum, consistent with patient welfare.
- Current residents of the home may be transferred back to the home from other care establishments such as the acute trust during the outbreak period following an appropriate assessment.

Other measures:

- Surgical masks, gloves and aprons, and contaminated tissues must be disposed of as clinical waste
- It is essential that PPE 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 disposed of as normal.
- Residents' clothes, linen and soft furnishings should be thoroughly washed on a regular basis, and all rooms kept clean, including TV remote controls, handles and light switches. More frequent cleaning of surfaces such as lockers, tables & chairs, televisions and floors is required, especially those located within 2 metres of a symptomatic patient. Hoists, lifting aids, baths and showers should also be thoroughly cleaned between patients.
- Uniforms and other work clothing should be laundered at work if there are facilities for this. If laundered at home the general advice on washing work clothes separately would apply. Uniforms should not be worn between home and the place of work.



INFORMATION FOR CARE HOME STAFF AND MANAGERS

1. What is an outbreak of COVID-19?

- The definition of a COVID-19 outbreak in a care home is when two or more cases of possible COVID-19 illness in residents or staff, who are in close proximity to each other, occur within 14 days. Inform your local Health Protection Team when you have cases of COVID-19-like illness in the home.



2. How can you reduce the risk of transmission in care homes?

- Follow standard infection control precautions set out in your policy.
- Wash hands frequently with soap and water and dry thoroughly.
- Ensure frequent cleaning of surfaces.
- Cover your mouth and nose with a tissue when coughing or sneezing. Dispose of used tissues after single use.



3. What precautions should you take now there is an outbreak of COVID-19 in the care home?

3.1 Advice from the local PHE Health Protection Team (see over for contact details)

The local PHE Health Protection Team staff (consultant/specialist nurses) have:

- Verified there is an outbreak and collected further information.
- Offered advice on whether further tests or treatment is required.
- Liaised with other health care professionals who may be involved with the care of residents.
- Ensured that detailed information on infection control precautions is made available
- Are monitoring the progress of the outbreak and offering support for any other control measures that may be required.



3.2 Care of patients

- If possible, affected patients should be isolated in single rooms, or cohorted in the same area of the care home, to reduce the risk to other residents who are not affected.
- Ensure that standard infection control and droplet precautions are in place.
- Contact the local PHE Health Protection Team as soon as possible if you need further advice and support in managing the outbreak.



3.3 Reinforce Infection Control Measures

- In the event of an outbreak, the standard infection control measures that should be in place in all health and care settings should be maintained, and environmental cleaning measures should be enhanced.



3.4 Additional key measures recommended during outbreaks are outlined below.

These cover three main areas:-

- Restrictions to visitors and staff
- Respiratory hygiene and
- Droplet precautions

Further advice on these matters can be obtained from your local Infection Control Nurse or local PHE Health Protection Team.



➤ **Restrictions to residents, visitors and staff**

- Restrict *visitor* access to symptomatic patients to the minimum that is required for patient welfare.
- Visitors should be informed of the outbreak and limited to essential only, particularly for those vulnerable to infection and children.
- Visitors should not visit the home if they are unwell.
- Exclude *symptomatic staff and visitors* until fully recovered and at least seven days after the onset of symptoms.
- *Agency and temporary staff* who are exposed during the outbreak should be advised not to work in other health or care settings until the outbreak is over.



➤ **Respiratory hygiene**

Respiratory hygiene and cough etiquette is essential when an outbreak of COVID-19 is being considered. Recommended measures include:-

- Putting up signs at entrance or common areas instructing residents and visitors to inform staff if they have respiratory symptoms and discouraging visitors with symptoms.
- Providing tissues to residents and visitors who are coughing or sneezing so that they can cover their mouth and nose.
- Residents with symptoms of respiratory infection should be discouraged from using common areas where feasible.
- Residents should have an adequate supply of tissues and covered sputum pots, as well as convenient and hygienic methods of disposing of these.
- Ensuring that supplies for hand washing are available where sinks are located and providing dispensers of alcohol-based hand rubs in other locations.
- Encouraging coughing persons to sit at least two metres (7 feet) away from others, if possible.



➤ **Droplet precautions**

- If possible, symptomatic residents should be cared for in **single rooms** until fully recovered and at least seven days after the onset of symptoms. If this is not possible then **group together** suspected COVID-19 residents with other residents suspected of having COVID-19.
- If possible, staff should work with either symptomatic or asymptomatic residents (but not both), and this arrangement should be continued for the duration of the outbreak.
- Staff should use appropriate infection control precautions while dealing with affected patients e.g. gloves, single use apron etc.
- Fluid resistant surgical masks are advised and if there is a risk of splashing, then eye protection will minimize risk





INFORMATION FOR RESIDENTS AND VISITORS

COVID-19 is a new infection. This leaflet is to inform you about how to prevent getting COVID-19, how to prevent transmitting it to others, and what your responsibilities are if there is an outbreak of COVID-19 in the care home.

Two or more cases of possible COVID-19 cases in residents or staff from the same care home may indicate an outbreak. Respiratory illnesses can spread easily in care homes. If staff in the care home suspect an outbreak, they will ensure that measures are in place to reduce the risk of spread to other residents. They may also restrict visitor and resident movements.



The local Public Health England (PHE) Health Protection Team will support care homes by advising that

- adequate control measures are taken to prevent the spread of infection;
- affected residents or staff receive appropriate treatment; and
- residents, staff and carers receive appropriate and timely information on the measures being taken.

What you can do to reduce the spread

Residents

- Wash hands frequently with liquid soap and water and dry thoroughly with disposable hand towels.
- **'Catch it, Bin it, Kill it'**. Dispose of used tissues in the bin after single use. Do not use handkerchiefs. Then wash hands.
- If you have COVID-19 symptoms (new cough and/or fever), do not mix with other residents and avoid communal areas if possible. You should stay in your room while you have symptoms as you could infect others.
- Discourage visitors as much as possible during the outbreak, especially children and vulnerable adults.
- Support the home by adhering to any other necessary restrictions



Visitors Carers, family and friends should not visit the home if they have a new cough and/or fever. Support any restrictions the care home may put in place.





COVID-19:

LIST OF THOSE CLASSIFIED AS BEING 'AT RISK'

Currently, people at-risk are defined as those who fall into one or more of the following clinical risk groups:

- 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

People falling into this group are those who may be at particular risk due to complex health problems such as:

- people who have received an organ transplant and remain on ongoing immunosuppression medication
- people with cancer who are undergoing active chemotherapy or radiotherapy
- people with cancers of the blood or bone marrow such as leukaemia who are at any stage of treatment
- people with severe chest conditions such as cystic fibrosis or severe asthma (requiring hospital admissions or courses of steroid tablets)
- people with severe diseases of body systems, such as severe kidney disease (dialysis)