



Public Health  
England

Protecting and improving the nation's health

# **PHE NW COVID-19 Resource Pack for Care Homes**

## **Version 3**

**This resource pack has updated following the updates to national guidance on 2<sup>nd</sup> April 2020 and updates following NW Care home webinars on 6<sup>th</sup> and 7<sup>th</sup> April 2020**

**8<sup>th</sup> April 2020**

Developed by Public Health England North West Health Protection Team (Greater Manchester, Cheshire & Merseyside and Cumbria & Lancashire) and colleagues.

## 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 Key messages

## **The main symptoms of COVID-19 are:**

- new continuous cough and/or
- fever (temperature of 37.8°C or higher)

Other symptoms that may indicate COVID-19 in care home residents include:

- new onset of influenza like illness
- worsening shortness of breath.
- delirium, particularly in those with dementia

- **If a resident becomes ill with symptoms of COVID-19:**
  - They are considered to be a possible case of COVID 19 and should be isolated for 14 days from the first day of their symptoms
  - All residents who are contacts of a possible or confirmed case of COVID-19, should be isolated for 14 days from the last date of contact with the ill resident.
- **'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 meters of an infectious case
- **Staff who are ill with symptoms of COVID-19 should stay off work for 7 days**
- **Good infection prevention and control practice is essential to limit the spread of COVID-19**
- **Those who are at increased risk of severe illness from COVID-19 are:**
  - aged 70 or older (regardless of medical conditions)
  - under 70 with an underlying health condition (ie anyone instructed to get a flu jab as an adult each year on medical grounds)

- Care home providers should follow **social distancing**<sup>1</sup> measures for everyone in the care home, wherever possible, and the **shielding guidance**<sup>2</sup> for the extremely vulnerable group.
- **Report a suspected outbreak of COVID-19 by telephone to:**
  - **Monday to Friday 9am – 5pm: Community Infection Prevention and Control Team**
  - **After 5pm/weekends/bank holidays: Public Health England, Health Protection Team**

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<sup>1</sup> [https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people?utm\\_source=8562e793-dc9f-4fc8-9e14-027f2978b3ca&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people?utm_source=8562e793-dc9f-4fc8-9e14-027f2978b3ca&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

<sup>2</sup> <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

Key Contact Details	
Community Infection Prevention and Control Teams	
Cheshire & Merseyside	
Cheshire East	01889 571837
Cheshire West	01244 397700
Knowsley	01925 664851
Liverpool & Sefton	0151 295 3036
Warrington, Halton & St Helens	01744 457314
Wirral	0151 604 7750
Cumbria & Lancashire	
Currently care homes in Cumbria and Lancashire should contact PHE in and out of hours	
Greater Manchester	
Bolton	01204 390982
Bury	0161 253 6900
Manchester	0161 234 1724
Oldham	0161 770 1276 / 0161 770 1467
Rochdale	01706 517900
Salford	0161 793 3599
Stockport	0161 474 2440
Tameside	0161 922 6194
Trafford	0161 912 5176
Wigan	01942 404240

## Public Health England North West, Health Protection Team

Monday – Friday (0900 – 1700)

0344 225 0562 – Option 0  
Then option 1 for Cheshire  
and Merseyside; 2 for  
Cumbria and Lancashire  
and 3 from Greater  
Manchester

Out of Hours Contact:

Public Health England first on call Via the Contact People

0151 434 4819

## Section 1: Preparation for COVID-19

**To be completed as soon as possible and updated as required**

It is important that care homes ensure they are fully prepared for the COVID-19 and all necessary actions have been taken in order to protect residents. Homes are advised to complete and work through this section now.

### Action Card 1 – Checklist of actions to prepare for COVID-19 before sustained transmission in the home

(Adapted from PHE London - North East and North Central London Health Protection Team. Acknowledgement: Vivien Cleary)

Date completed	Completed by	
<b>Actions to <u>prepare</u> for cases of COVID-19</b>	✓	x
Nominate a staff member to act as a COVID-19 coordinator for your home <b>Care home COVID-19 coordinator is:</b>		
<b>Respiratory hygiene and infection control precautions</b>		
1. Ensure infection prevention and control policies are up to date, read and followed by all staff		
2. Care home providers should follow <u>social distancing</u> measures for everyone in the care home, wherever possible, and <u>shielding</u> guidance for the extremely vulnerable group		
3. 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 ( $\geq 37.8^{\circ}\text{C}$ ), cough or shortness of breath. Immediately report residents with fever or respiratory symptoms to NHS 111/GP		
4. Reinforce education of staff about hand and respiratory hygiene. See attached respiratory hand hygiene poster – <b>Catch it, Bin it, Kill it</b> (Appendix 3)		
5. Ensure that adequate supplies of tissues, liquid soap and disposable paper towels are available in every resident's room and in bathrooms, toilets, laundry, kitchens, sluice, cleaners' rooms and utility areas. Ensure stock levels are adequately maintained		
6. Ensure that personal protective equipment (PPE) is available, ie disposable gloves, aprons, fluid-repellent face masks and eye protection if body fluid spills / splashes expected ( <b>Action Card 8</b> )		
7. Ensure appropriate linen management systems are in place as well as clinical waste disposal systems including foot operated bins		
8. Undertake a risk assessment and, if safe to do so, provide alcohol based handrubs for staff / visitor use, eg personal gels, point of care dispensers, dispensers in areas where there are no hand washing facilities. Maintain supplies		
9. Maintain adequate levels of colour coded cleaning materials in anticipation of increased cleaning (eg disposable cloths, detergent, disposable mop heads)		
10. Ensure that care home has appropriate isolation facilities: ▪ Within residents own bedrooms with allocated en-suite toilet or commode ▪ Well ventilated cohort room with designated toilet facilities for circumstance when individuals are unable to be isolated in their own room (eg EMI)		
11. Refer to <b>Action Card 8</b> for further guidance on infection prevention and control		
12. Monitor capacity through capacity tracker (Annex I; <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877797/covid-19-care-homes-guidance.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877797/covid-19-care-homes-guidance.pdf</a> )		
13. Review visitor arrangements: ▪ Close care homes to all visitors, unless essential, e.g. if someone is at the end of life ▪ Limit visits by health and social care staff to only essential care/work/activity ▪ No one (visitors or staff) with symptoms of suspected COVID-19 enters the care home		



## **Section 2 – Case and outbreaks of COVID-19**

**Action Card 3 – When to suspect COVID-19 illness**

**Action Card 4 – Action to take if a single case of COVID-19 is suspected**

**Action Card 5 – Action to take when a COVID-19 outbreak is suspected**

**Action Card 6 – Action to respond to a suspected or confirmed outbreak of COVID-19**

**Action Card 7 – Action to take for transfers in and out of care home when COVID-19 is suspected or confirmed**

**Action Card 8 – List of residents with suspected / confirmed COVID-19 infection (daily log)**

**Action Card 9 – Summary of Infection Prevention and Control Guidance**

## **Action Card 2 – When to suspect COVID-19 illness**

- Oral (mouth) or tympanic (ear) temperature of 37.8° or more

**OR**

- New continuous cough

### **NOTE:**

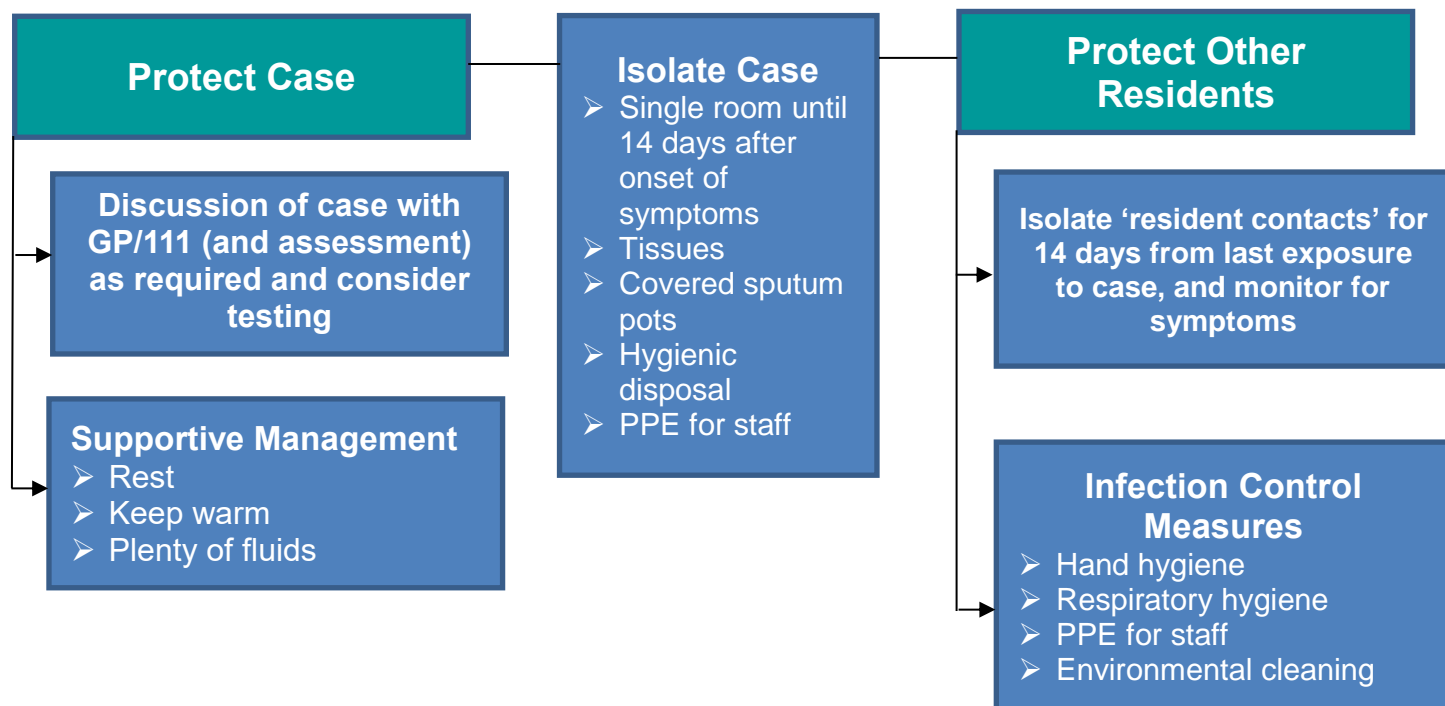
- A laboratory detection of COVID-19 would fulfil the definition of a case of COVID-19
- Other symptoms that may indicate COVID-19 in care home residents include:
  - new onset of influenza like illness
  - worsening shortness of breath.
  - delirium, particularly in those with dementia

## **When to suspect a COVID-19 outbreak?**

**Two or more cases which meet the clinical case definition above, arising within the same 14-day period in people who live or work in the care home**

## Action Card 3 – Action to take if a single case of COVID-19 is suspected

### Resident displaying signs and symptoms of COVID-19



**'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 meters of an infectious case

An infectious case is defined as a case displaying signs and symptoms of COVID-19 or a person who has tested positive for COVID-19

Suspected case in member of staff:

- Symptomatic staff should be excluded from the home for 7 days from when symptoms started
- Staff who have a symptomatic household member must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the house became ill. If the staff member develops symptoms during this period, they can return to work 7 days after their symptoms started  
Further info: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>
- All care homes should have a business continuity policy in place

## Action Card 4 – Action to take when a COVID-19 outbreak<sup>1</sup> is suspected

### Contact GP/111

- GP/111 to assess residents and advise on immediate treatment

### Report

- **During office hours** - Report the suspected COVID-19 outbreak to the Community Infection Prevention and Control Nurse by telephone (In some areas in Cumbria and Lancashire, contact PHE Health Protection Team)
- **Outside office hours** - Report the suspected COVID-19 outbreak to PHE Health Protection Team by telephone

### Advice

- The Community Infection Prevention and Control Nurse / Health Protection Team will give advice on infection prevention and control measures and testing
- An outbreak control team may be set up

### Document

- Care home to complete List of Residents with Suspected / Confirmed COVID-19 Infection Document **Action Card 7**
- Staff to review and update document regularly / as needed

### Implement

- Care home to ensure advice from GP / CIPCN / HPT is implemented / completed
- The care home may be advised to close the care home to new admissions

<sup>1</sup> Two or more cases which meet the clinical case definition in Action Card 2, arising within the same 14-day period in people who live or work in the care home

## Action Card 5 – Action to respond to a suspected or confirmed outbreak of COVID-19

1. Symptomatic residents should be discussed with (and assessed by where required) a GP/111
2. Inform your local Community Infection Prevention Control Team (**in hours**) and PHE Health Protection Team (**out of hours**) of the situation immediately. In some areas in Cumbria and Lancashire, contact PHE Health Protection Team in hours who will advise on infection control measures and local testing procedures
3. All infection prevention and control measures must be adhered to as outlined in Action card 8.  
Key aspects include:
  - Respiratory hygiene for residents, staff and visitors (Appendix 3)
  - Isolate symptomatic residents for 14 days after the onset of symptoms in single occupancy rooms
  - If not practical to isolate in single occupancy rooms, cohort symptomatic cases together in multi-occupancy rooms and minimise number of staff caring for them
  - Do not cohort suspected or confirmed patients next to immunocompromised residents
  - Extremely clinically vulnerable residents should be in a single room and not share bathrooms with other residents.
  - Clearly sign the rooms by placing IPC signs, indicating droplet and contact precautions, at the entrance of the room
  - Symptomatic residents should wear a surgical face mask while being transferred to another room within the care home
  - Isolate 'residents contacts' for 14 days after last exposure
  - Exclude symptomatic staff for 7 days
  - 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.
  - If possible, staff should only work with either confirmed, symptomatic or asymptomatic patients
  - Avoid transfers to other care homes. For transfers to medical facilities see [Action Card 6](#)
  - Adequate personal protective equipment (PPE) for staff – plan where possible how to best utilise the PPE resources available
  - Enhanced cleaning
  - Close care homes to all visitors, unless essential, e.g. if someone is at the end of life
  - Limit visits by health and social care staff to only essential care/work/activity
  - No one (visitors or staff) with symptoms of suspected COVID-19 enters the care home
  - Signs displayed to inform of outbreak and infection control measures (Appendix 5)
  - Provide warn and inform letters to residents, visitors and staff (Appendix 6)
  - Agency staff who are working at the time of the outbreak should not take employment (inc single shifts) in any health / social care settings until 14 days after their last shift within the affected home. They can continue to work in the affected home and once the outbreak is declared over in the home they can accept other agency work
4. Care home providers should follow social distancing measures for everyone in the care home, wherever possible, and the shielding guidance for the extremely vulnerable group
5. 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 ( $\geq 37.8^{\circ}\text{C}$ ), cough or shortness of breath. Immediately report residents with fever or respiratory symptoms to NHS 111.
6. Identify a member of staff on each shift who will act as COVID-19 coordinator
7. The COVID-19 outbreak coordinator to ensure daily logs are completed and liaise with other partners to ensure effective management of COVID-19 outbreak [Action Card 7](#)

8. Good record keeping is essential for outbreak investigation. Monitor residents daily to identify new cases (symptomatic residents) and keep a daily log of cases <b>Action Card 7</b>	
9. Provide information as required to the local Community Infection Prevention and Control Team or the local PHE health protection team. Accurate information is essential for outbreak investigation	
10. Discuss the need for partial or whole closure to new admissions with the local Community Infection Prevention and Control Team or the local PHE Health Protection Team	
11. Advice will be offered by your local Community Infection Prevention and Control Team/Health Protection Team around swabbing of affected individuals if available	
12. The outbreak is usually declared over once no new cases have occurred in the 28 days since the appearance of symptoms in the most recent case. Discuss with your local Community Infection Prevention and Control Team or the PHE Health Protection Team	
<b>These actions should be completed throughout the course of the outbreak</b>	Completed by

## **Action Card 6 – Action to take for transfers in and out of care home when COVID-19 is suspected or confirmed**

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.

### **Transfers from hospital to 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.

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.

#### **A patient without COVID-19 symptoms being transferred to a care home without a COVID-19 outbreak (suspected or confirmed)**

- No specific measures recommended for transfer. If resident subsequently develops symptoms:
  - 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.

#### **A patient who previously tested positive for COVID-19, no longer showing symptoms and completed a 14 day isolation period being transferred to a care home without a COVID-19 outbreak (suspected or confirmed)**

- The care home should provide care as normal.

#### **A patient who previously tested positive for COVID-19, no longer showing symptoms but not yet completed a 14 day isolation period being transferred to a care home without a COVID-19 outbreak (suspected or confirmed)**

- Provide care in isolation (including meals) until 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.

**A patient without COVID-19 symptoms being transferred from hospital to a care home with a COVID-19 outbreak (suspected or confirmed outbreak)**

Where possible, transfers of patients into a care home affected by a suspected or confirmed COVID-19 outbreak should be avoided.

- If this is not possible, ensure that infection control precautions are strictly in place and isolate/cohort resident with other asymptomatic residents
- Any exposed persons who have been in bay with a COVID-19 case in hospital should isolate on return to care home for remainder of 14-day period

**A patient with possible or confirmed COVID-19 being transferred from hospital to a care home**

- Where possible, transfers of patients with possible or confirmed COVID-19 into a care home should be avoided. This is particularly important to consider where there is no ongoing outbreak in a care home.
- If this is not possible,
  - Provide care in isolation (ideally in single room, or cohorted with other symptomatic residents)
  - 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
  - Contacts who are already in isolation (as part of management of cases in home) do not need to extend their isolation period

Regardless of whether there is a COVID-19 outbreak in the care home or not, the following criteria must be met prior to transfer:

- The patient is medically fit for discharge (they may still have COVID-19 symptoms)
- Appropriate infection prevention and control measures must be implemented until a minimum of 14 days after the onset of symptoms: including strict isolation and barrier nursing of the patient



## **Transfers from care home to hospital**

**A resident with confirmed or suspected COVID-19 being transferred from a care home (with or without a COVID-19 outbreak) to hospital**

- Inform the hospital and ambulance prior to transfer of suspected / confirmed COVID-19
- Postpone non-urgent hospital appointments / transfers

**A resident without COVID-19 being transferred from a care home with a COVID-19 outbreak (suspected or confirmed) to hospital**

- Inform the hospital and ambulance prior to transfer of the outbreak  
Postpone non-urgent hospital appointments / transfers

## **Transfers from care home to own home**

- If a resident with confirmed or suspected COVID-19 is ready to be discharged to their own home before they have completed 14 days isolation, they should finish the isolation period in their own home. The case should wear a mask during transport, which should be in a private car
- Household contacts in case's own home will need to isolate for 14 days from when the case returns home

**Action Card 7 – List of residents with suspected / confirmed COVID-19 infection (daily log)**

In the event of a COVID-19 outbreak, the table will ensure that important information is recorded in one place and is easily accessible

Room number	Name	NHS number	Date of onset of symptoms	Symptoms *	Date GP informed	Date swabbed (if swabbed)	Date CIPCN informed

**Symptoms** \* T = Temp ( $\geq 37.8$  C), C = Cough, NC = Nasal Congestion, ST = Sore Throat, W = Wheezing, S = Sneezing, H = Hoarseness, SOB = Shortness of Breath, CP = Chest Pain, AD = Acute Deterioration in physical or mental ability (without other known source)

## Action Card 8 – Summary of Infection Prevention and Control Guidance

### Hand and forearm hygiene

#### Soap and water

- Use liquid soap, warm water and paper towels
- Ensure hand washing facilities are available in each resident's room
- Ensure hand washing facilities are available in key areas eg kitchen, sluice, laundry, utility rooms, toilets, bathrooms and cleaners' room
  - Washing hands and forearms with soap and water for at least 20 seconds is essential at the following times:
  - Between residents and between tasks for same resident
  - When caring for residents with diarrhoea and / or vomiting
  - When hands are visibly dirty
  - When a build-up of alcohol based hand rub can be felt on hands
  - Beginning and end of shift
  - Before and after eating, drinking or smoking
  - After using the toilet
  - After handling waste or dirty laundry
  - Before and after cleaning duties

#### Alcohol based hand rub

- Always undertake a risk assessment to ensure it is safe to use, store or carry these in your care setting
- Use on hands that are visibly clean
- Do not use when caring for residents with diarrhoea and / or vomiting
- Use 60% or above alcohol based hand rubs
- Alcohol based hand rubs are effective against enveloped viruses such as the virus that causes COVID-19

#### Residents and visitors

Residents need to clean their hands regularly too. Assist residents or provide suitable wipes / rubs for residents (as per risk assessment)

Any visitors should wash their hands on arrival into the home, often during their stay, and upon leaving

### General infection control principles

- Your forearms should not be covered by long sleeves, and should also be free of jewellery ('bare below the elbow') – though one plain metal ring is permitted. Your nails should be short and free of false nails
- 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
- 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

<b>Personal Protective Equipment (PPE)</b>			
Where there are no possible or confirmed cases i.e. no sustained transmission in the setting, no additional PPE will be required specific to COVID-19 (i.e. just gloves and aprons for person care)			
<b>No symptomatic residents (cough or fever) i.e. no sustained transmission</b>			
<b>Example scenario</b>	<i>Working in communal care home settings (not personal care)</i>	<i>Providing direct care (&lt;2m) for residents without COVID-19 symptoms</i>	<i>Direct care to any individuals in the extremely vulnerable group undergoing shielding<sup>1</sup></i>
<b>Disposable Gloves</b>	NO	YES (single use)	YES (single use)
<b>Disposable Apron</b>	NO	YES (single use)	YES (single use)
<b>Surgical mask</b>	NO	NO	YES (single use)
<b>Fluid Repellent Surgical Mask</b>	NO	NO	NO
<b>Eye Protection</b>	NO	NO	NO
<b>Disposable Fluid Repellent Coverall</b>	NO	NO	NO
<b>Filtering Face Piece Respirator</b>	NO	NO	NO

<sup>1</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/877599/T2\\_Recommended\\_PPE\\_for\\_primary\\_outpatient\\_and\\_community\\_care\\_by\\_setting\\_poster.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877599/T2_Recommended_PPE_for_primary_outpatient_and_community_care_by_setting_poster.pdf)

**For AGPs in asymptomatic residents, use local policy for AGPs (no additional PPE required for COVID-19)**

<b>One or more symptomatic residents (cough or fever) or confirmed cases i.e. sustained transmission</b>				
	Working in communal care home settings (not providing personal care)	Providing direct care (<2m) for residents <b>without</b> COVID-19 symptoms <sup>1</sup>	Providing direct care (<2m) for residents <b>with</b> COVID-19 symptoms <sup>2</sup>	Performing aerosol-generating procedures on any resident (with or without symptoms) <sup>2</sup>
<b>Example scenario</b>	<i>Working in dining rooms, lounges</i>	<i>Administering medications, assisting with personal care, feeding/delivering meals in bedrooms or in communal spaces</i>		<i>Tracheostomy care, suctioning, chest physiotherapy, BiPAP, CPAP</i>
<b>Disposable Gloves</b>	NO	YES (single use)	YES (single use)	YES (single use)
<b>Disposable Apron</b>	NO	YES (single use)	YES (single use)	NO
<b>Fluid Repellent Surgical Mask</b>	NO	YES (sessional use)	YES (sessional use)	NO
<b>Eye Protection</b>	NO	NO	YES (sessional use; but only if risk of respiratory droplets or splash [with blood or body fluids])	YES (single use)
<b>Disposable Fluid Repellent Coverall</b>	NO	NO	NO	YES (single use)
<b>Filtering Face Piece Respirator</b>	NO	NO	NO	YES (single use; must be Fit Test trained)

<sup>1</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/877603/T4\\_Additional\\_considerations\\_of\\_COVID-19\\_poster.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877603/T4_Additional_considerations_of_COVID-19_poster.pdf)

<sup>2</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/877599/T2\\_Recommended\\_PPE\\_for\\_primary\\_outpatient\\_and\\_community\\_care\\_by\\_setting\\_poster.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877599/T2_Recommended_PPE_for_primary_outpatient_and_community_care_by_setting_poster.pdf)

**SINGLE USE** - Dispose of single-use PPE after each patient, and/or following completion of a procedure or task (such as cleaning the environment)

**SESSIONAL USE** - Dispose of sessional-use PPE after you have finished undertaking duties in a specific care setting/exposure environment e.g. once you are leaving the area (single room or cohorted area) you have been providing care in. **Sessional use should be limited to use with confirmed or suspected or asymptomatic residents. Masks should not be worn between these areas.**

Dispose of PPE straight away if damaged, soiled, or uncomfortable

If using reusable eye/face protection, decontaminate at the point at which you would normally dispose of a single-use PPE and follow decontamination guidance [here](#)

A full list of AGPs can be found <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

For collection of nasopharyngeal swabs - PPE requirements:

- o Disposable Gloves (single use)
- o Disposable Plastic Apron (single or sessional use)
- o Fluid-resistant (Type IIR) surgical mask (single or sessional use)
- o Eye/face protection (single or sessional use)

One or more symptomatic residents (cough or fever) or confirmed cases i.e. sustained transmission				
	Cleaning in the same room as a resident with COVID-19 symptoms, who is not coughing	Cleaning in the same room as a resident with COVID-19 symptoms, who is actively coughing	Cleaning a contaminated environment	Environmental/ equipment cleaning in a non-contaminated environment
<b>Example scenario</b>	<i>Cleaning equipment within/the bedroom of a COVID-19 resident</i>	<i>Cleaning equipment within/the bedroom of a coughing resident</i>	<i>Cleaning the shared bathroom used by cohorted COVID-19 residents</i>	<i>Cleaning bedrooms or communal areas not used by COVID-19 residents</i>
<b>Disposable Gloves</b>	YES (single use)	YES (single use)	YES (single use)	YES (single use)
<b>Disposable Apron</b>	YES (single use)	YES (single use)	YES (single use)	YES (single use)
<b>Fluid Repellent Surgical Mask</b>	YES (sessional use)	YES (sessional use)	YES (sessional use)	YES (sessional use)
<b>Eye Protection</b>	NO	YES (sessional use)	YES (sessional use; but only if risk of splash [e.g. blood or body fluids] whilst cleaning)	NO

**Social care PPE distributors:**

Careshop - [coronavirus@careshop.co.uk](mailto:coronavirus@careshop.co.uk)

Blueleaf Care Tel: 03300 552288 [emergencystock@blueleafcare.com](mailto:emergencystock@blueleafcare.com)

Delivernet Tel: 01756 70 60 50 [kevin.newhouse@delivernet.co.uk](mailto:kevin.newhouse@delivernet.co.uk)

Countrywide Healthcare Tel: 01226 719090 [enquiries@countrywidehealthcare.co.uk](mailto:enquiries@countrywidehealthcare.co.uk)

If care providers have immediate concerns over their supply of PPE, please contact: **The National Supply**

**Disruption line** Tel: 0800 915 9964 Email: [supplydisruptionservice@nhsbsa.nhs.uk](mailto:supplydisruptionservice@nhsbsa.nhs.uk)

## Environmental cleaning

Domestic staff should be advised to clean the isolation room(s) after all other unaffected areas of the facility have been cleaned. Ideally, isolation room cleaning should be undertaken by staff who are also providing care in the isolation room

The person responsible for undertaking the cleaning with detergent and disinfectant should be familiar with these processes and procedures:

### In preparation

- Collect any cleaning equipment and waste bags required before entering the room.
- Any cloths and mop heads used must be disposed of as single use items.
- Before entering the room, perform hand hygiene then put on a FRSM, disposable plastic apron and gloves.

### On entering the room

- Keep the door closed with windows open to improve airflow and ventilation whilst using detergent and disinfection products.
- Bag any disposable items that have been used for the care of the patient as clinical waste.

### Cleaning process

- Use disposable cloths/paper roll/disposable mop heads, to clean and disinfect all hard surfaces/floor/chairs/door handles/reusable non-invasive care equipment/sanitary fittings in the room, following one of the 2 options below:
- Use either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) or
- A neutral purpose detergent followed by disinfection (1000 ppm av.cl.).
- Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants.
- Any cloths and mop heads used must be disposed of as single use items.

### Cleaning and disinfection of reusable equipment

- Clean and disinfect any reusable non-invasive care equipment, such as blood pressure monitors, digital thermometers, glucometers, that are in the room prior to their removal.
- Clean all reusable equipment systematically from the top or furthest away point.

### Carpeted flooring and soft furnishings

- For carpeted floors/items that cannot withstand chlorine-releasing agents, consult the manufacturer's instructions for a suitable alternative to use following, or combined with, detergent cleaning.

### On leaving the room

- Discard detergent/disinfectant solutions safely at disposal point.
- Dispose of all waste as clinical waste.
- Clean, dry and store re-usable parts of cleaning equipment, such as mop handles.
- Remove and discard PPE as clinical waste as per local policy.
- Perform hand hygiene

## Waste disposal

Care homes that provide nursing or medical care are considered to produce healthcare waste and should comply with Health Technical Memorandum. 07-01: Safe management of healthcare waste.

All consumable waste items that have been in contact with the individual, including used tissues, should be put in a plastic rubbish bag, double bagged and tied. This should be put in a secure location awaiting uplift in line with local policies for contaminated waste.

Waste such as urine or faeces from individuals with possible or confirmed COVID-19 does not require special treatment and can be discharged into the sewage system. If able, the individual can use their en-suite WC.

Communal facilities should not be used. Care homes should have well-established processes for waste management.

## Laundry

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/527545/Social\\_care.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/527545/Social_care.pdf)

- Any towels or other laundry used by the individual should be treated as infectious and placed in an alginate bag then a secondary clear bag. This should then be removed from the isolation room and placed directly into the laundry hamper/bag. Take the laundry hamper as close to the point of use as possible, but do not take it inside the isolation room.
- When handling linen do not:
  - Rinse shake or sort linen on removal from beds
  - Place unused infectious linen on the floor or any other surface
  - Rehandle used/infectious linen when bagged
  - Overfill laundry receptacles
  - Place inappropriate items in laundry receptacle
- Laundry must be tagged with the care area and date, and stored in a designated, safe lockable area whilst awaiting uplift or laundering.
- This should be laundered in line with local policy for infectious linen.

## Staff uniforms

- Uniforms should be transported home in a disposable plastic bag.
- 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 or tumble dried.

## Action Card 9 – Support for care home staff

- Review sick leave policies and occupational health support for care home staff and support staff unwell or self-isolating staff to stay at home as per PHE guidance <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>. Support for employers is available here.
- Staff who have a symptomatic household member must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the house became ill. If the staff member develops symptoms during this period, they can return to work 7 days after their symptoms started and they are no longer symptomatic. <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>
- Vulnerable staff should be redeployed and not provide direct care to symptomatic residents. A list of conditions can be found <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>. Staff who feel that they fall into one of these groups should discuss with their line manager.
- Ensure staff are provided with adequate training and support to continue providing care to all residents.
- All care homes should have a business continuity policy in place including a plan for surge capacity for staffing, including volunteers.
- Looking after staff mental health and wellbeing: Having a workforce with good mental health and wellbeing is important not only your staff but also the people they are caring for. Public Health England's Every Mind Matters website <https://www.nhs.uk/oneyou/every-mind-matters/> provides expert advice and practical tips to help us look after our mental health and wellbeing.



## **Section 3 – Appendices Resources and Posters**

This section includes:

**Appendix 1 – 5 Moments for Hand Hygiene**

**Appendix 2 – How to Handrub / How to Handwash**

**Appendix 3 – Catch it, Bin it, Kill it poster**

**Appendix 4 – Sequence for putting on and removing PPE**

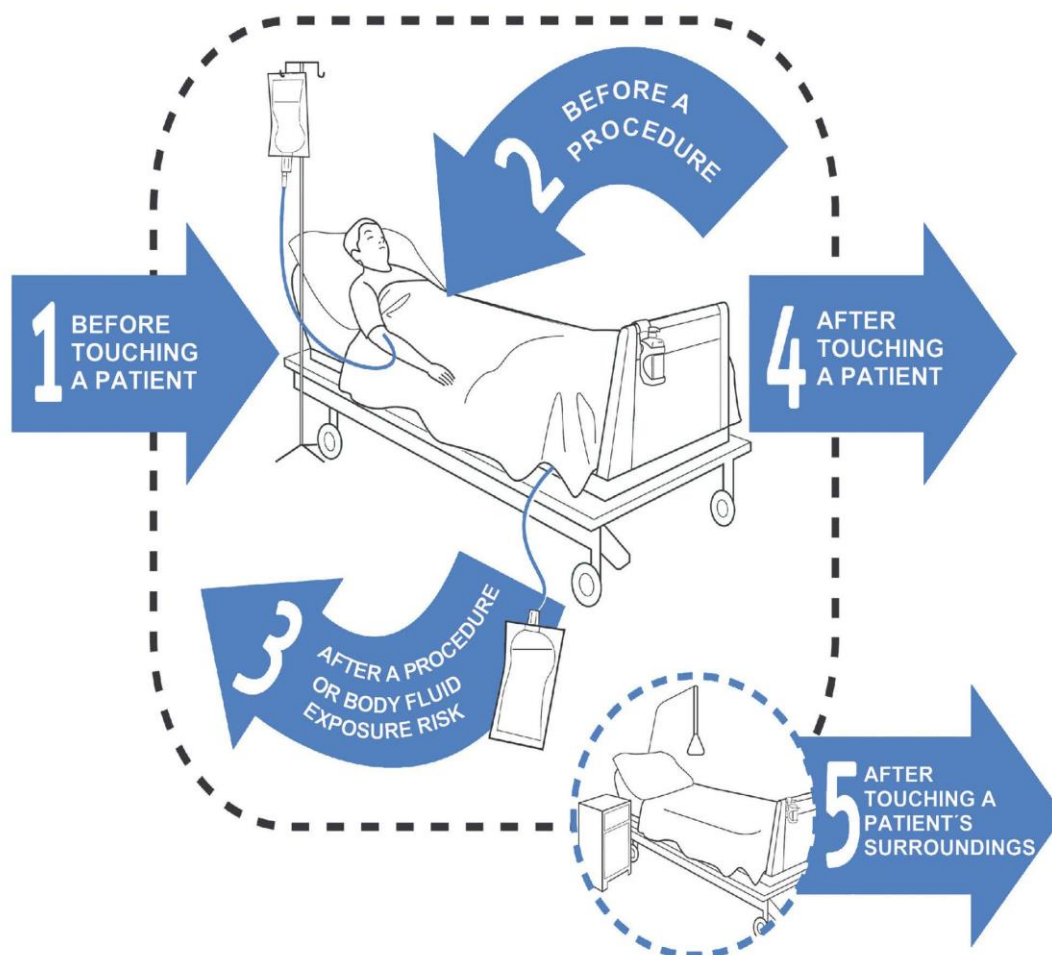
**Appendix 5 – Advice to visitors when an outbreak of COVID-19 is suspected / confirmed**

**Appendix 6 – Warn and inform letters for staff and visitors**

**Appendix 7 – frequently asked questions**

## Appendix 1 – 5 Moments for Hand Hygiene

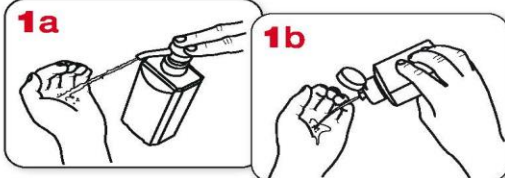
# 5 Moments for HAND HYGIENE



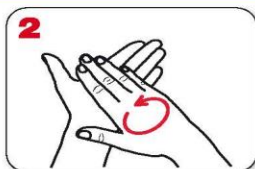
<b>1 BEFORE TOUCHING A PATIENT</b>	<p><b>When:</b> Clean your hands before touching a patient and their immediate surroundings.</p> <p><b>Why:</b> To protect the patient against acquiring harmful germs from the hands of the HCW.</p>
<b>2 BEFORE A PROCEDURE</b>	<p><b>When:</b> Clean your hands immediately before a procedure.</p> <p><b>Why:</b> To protect the patient from harmful germs (including their own) from entering their body during a procedure.</p>
<b>3 AFTER A PROCEDURE OR BODY FLUID EXPOSURE RISK</b>	<p><b>When:</b> Clean your hands immediately after a procedure or body fluid exposure risk.</p> <p><b>Why:</b> To protect the HCW and the healthcare surroundings from harmful patient germs.</p>
<b>4 AFTER TOUCHING A PATIENT</b>	<p><b>When:</b> Clean your hands after touching a patient and their immediate surroundings.</p> <p><b>Why:</b> To protect the HCW and the healthcare surroundings from harmful patient germs.</p>
<b>5 AFTER TOUCHING A PATIENT'S SURROUNDINGS</b>	<p><b>When:</b> Clean your hands after touching any objects in a patient's surroundings when the patient has not been touched.</p> <p><b>Why:</b> To protect the HCW and the healthcare surroundings from harmful patient germs.</p>

## Appendix 2 – How to Handrub / How to Handwash

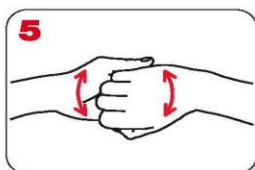
### How to handrub? WITH ALCOHOL-BASED FORMULATION



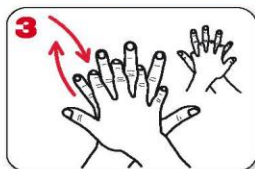
Apply a palmful of the product in a cupped hand and cover all surfaces.



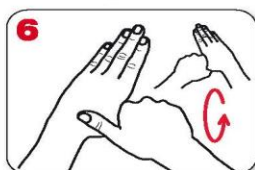
Rub hands palm to palm



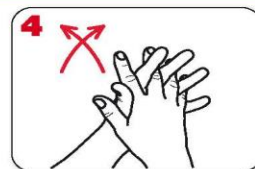
backs of fingers to opposing palms with fingers interlocked



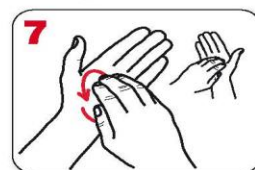
right palm over left dorsum with interlaced fingers and vice versa



rotational rubbing of left thumb clasped in right palm and vice versa



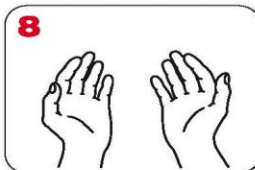
palm to palm with fingers interlaced



rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

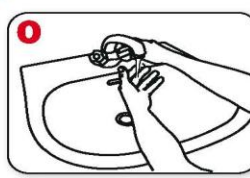


20-30 sec

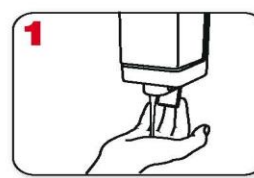


...once dry, your hands are safe.

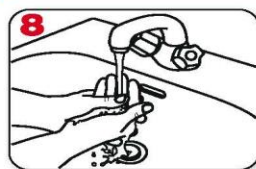
### How to handwash? WITH SOAP AND WATER



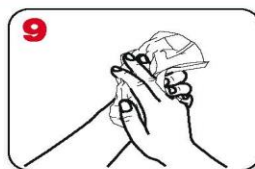
Wet hands with water



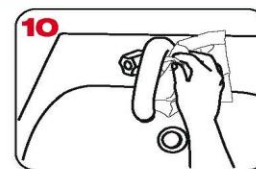
apply enough soap to cover all hand surfaces.



rinse hands with water



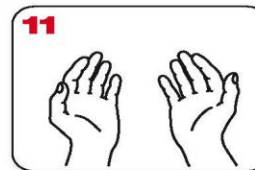
dry thoroughly with a single use towel



use towel to turn off faucet



40-60 sec



...and your hands are safe.



WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.



October 2006, version 1.

## Appendix 3 – Catch It, Bin It, Kill It

# 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.



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## Appendix 4 – Sequence for putting on and removing PPE

Disposable Facemask(1) for Coronavirus should:

- Be well fitted covering both the nose and mouth
- Not be allowed to dangle around the neck of the wearer
- Not be touched once put on
- Be changed when they become moist or damaged
- Be worn once and then discarded as healthcare (clinical) waste
- Hand hygiene MUST always be performed after disposal

Disposable Eye Protection(2) for Coronavirus should:

- Cover the eyes completely
- Not be allowed to dangle around the neck of the wearer
- Not be touched once put on
- Be worn once and then discarded as healthcare (clinical) waste
- Hand hygiene MUST always be performed after disposal

In the event that disposable eye protection is unavailable, reusable plastic goggles can be worn. These MUST:

- Cover the eyes completely and seal to the face
- Not be touched once put on
- Be cleaned in between each use, using detergent wipes and then disinfectant wipes (minimum of 70% alcohol content)
- Disposable gloves and aprons MUST be worn whilst cleaning the goggles
- Hand hygiene MUST be performed once the goggles have been cleaned

### **Procedure for putting on Personal Protective Equipment**

Please watch this video for full instructions: [https://www.youtube.com/watch?v=-GncQ\\_ed-9w](https://www.youtube.com/watch?v=-GncQ_ed-9w)

General advice:

- Ensure health/social care worker hydrated
- Ensure hair tied back
- No jewellery (one plain band only)
- No long or fake nails
- Check PPE in the correct size
- Keep hands away from face
- Change gloves if heavily contaminated
- Limit surfaces touched in the resident / individual environment
- Always clean hands after removing PPE

Action steps:

- 1) Perform hand hygiene before putting on PPE
- 2) Put on disposable apron, tie apron at the back
- 3) Apply disposable facemask, ensuring it is well fitted covering both the nose and mouth (bend the metal piece in the nose to fit)
- 4) Apply disposable eye protection / reusable goggles ensuring the straps are secure around the head
- 5) Apply disposable gloves





## Guide to donning and doffing standard Personal Protective Equipment (PPE)

### for health and social care settings

#### Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.

- 1** Put on your plastic apron, making sure it is tied securely at the back.  

- 2** Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin.  








- 3** Put on your eye protection if there is a risk of splashing.  

- 4** Put on non-sterile nitrile gloves.  

- 5** You are now ready to enter the patient area.  


#### Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

- 1** Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove.  

- 2** Perform hand hygiene using alcohol hand gel or rub, or soap and water.  

- 3** Snap or unfasten apron ties the neck and allow to fall forward.  

- 4** Once outside the patient room. Remove eye protection.  

- 5** Perform hand hygiene using alcohol hand gel or rub, or soap and water.  

- 6** Remove surgical mask.  

- 7** Now wash your hands with soap and water.  


Please refer to the **PHE standard PPE video** in the **COVID-19 guidance collection**:

[www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures](http://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures)

If you require the **PPE for aerosol generating procedures (AGPs)** please visit:

[www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures](http://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures)



Public Health  
England



# Putting on personal protective equipment (PPE)

for non-aerosol generating procedures (AGPs)\*

Please see donning and doffing video to support this guidance: <https://youtu.be/eANIs-Jdi2s>

## Pre-donning instructions:

- Ensure healthcare worker hydrated
- Remove jewellery
- Tie hair back
- Check PPE in the correct size is available

- 1** Perform hand hygiene before putting on PPE.



- 2** Put on apron and tie at waist.



- 3** Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



- 4** With both hands, mould the metal strap over the bridge of your nose.



- 5** Don eye protection if required.



- 6** Put on gloves.



\*For the PPE guide for AGPs please see: [www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)



Public Health  
England



# Taking off personal protective equipment (PPE)

for non-aerosol generating procedures (AGPs)\*

Please see donning and doffing video to support this guidance: <https://youtu.be/eANIs-Jdi2s>

• PPE should be removed in an order that minimises the risk of self-contamination

• Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

**1** Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off.  
Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.



**2** Clean hands.



**3** Apron.

Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated.** Discard.



**4** Remove eye protection if worn.

Use both hands to handle the straps by pulling away from face and discard.



**5** Clean hands.



**6** Remove facemask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.

**7** Clean hands with soap and water.



\*For the doffing guide to PPE for AGPs see: [www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control](http://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)

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## **Appendix 5: Advice to visitors when an outbreak of COVID-19 is suspected / confirmed**

**Posters can be found here**

**<https://campaignresources.phe.gov.uk/resources/campaigns/101-coronavirus-/resources>**

# **Outbreak of COVID-19**

We are presently experiencing an outbreak of coronavirus (COVID-19) within the care home.

As per guidance, we are not open to visitors currently, unless absolutely necessary.

Pregnant women and people with underlying medical conditions should not visit. Children will also not be able to visit at this time.

If you would like further information regarding this issue, please contact the home by telephone.

Visiting will return to normal as soon as safe and possible to do so.

Management and staff appreciate your help in this matter.

## Appendix 6 – Warn and inform letters for staff and visitors

# COVID-19 Information for staff and visitors

You have been given this factsheet as you have may have close contact with someone who has tested positive for COVID-19.

As you are well now, you do not need any specific treatment or change what you are doing. However, like anybody else during this current situation, you are being asked to monitor your own health, looking out for any symptoms such as cough or fever.

### What symptoms should I be concerned about?

You should look for any of the following symptoms:

- new continuous cough
- fever (a temperature of 37.8°C or higher)

### If you develop these symptoms, however mild, at any point

Stay at home for 7 days from when your symptoms have started and refer to the guidance at

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-people-with-confirmed-or-possible-coronavirus-covid-19-infection>

### If you need to seek medical advice

Seek prompt medical attention if your illness is worsening.

- For non-urgent medical queries, contact **NHS 111 online**
- If you have no internet access, you should call NHS 111
- If it is an emergency and you need to call an ambulance, dial 999 and inform the call handler or operator that you have been in close contact with a confirmed case of coronavirus (COVID-19)

## Appendix 7 – Frequently asked questions

### Do I need to wear PPE for the direct care of every resident?

- Once there is one or more symptomatic resident (Cough or fever) or confirmed case in the care home, you should be wearing **disposable gloves**, a **disposable plastic apron** and a **fluid repellent surgical mask** for the direct care of every resident
- You only need to wear eye protection if the resident you are caring is **actively coughing**, or if they present a **splash risk** – accidental spraying of body fluids into the eyes (body fluids such as urine, blood, etc)

### When should I be wearing a mask?

- Once there is one or more symptomatic resident (Cough or fever) or confirmed case in the care home, the new PPE guidance indicates that care home staff should *always* be wearing a mask whilst in the care setting – for the most part this involves the **sessional use of a Fluid Repellent Surgical Mask**.
- Only where you are performing an aerosol generating procedure (AGP) should you wear a different type of mask (a Filtering Face Piece Respirator).
- You should not be wearing a Filtering Face Piece Respirator unless you have been Fit Test trained – **only those who have been Fit Test trained should be performing AGPs**.

### What is sessional use of PPE?

- If a worker is caring for the symptomatic or COVID-19 positive residents in the same area (**cohorted multi-occupancy room** or an **area containing multiple single rooms of symptomatic or COVID-19 positive residents**), they should wear sessional PPE (fluid repellent surgical mask, plus eye protection if appropriate) for that care session/period
- Once the carer has finished a series of COVID-19 tasks in that area, they should then doff/dispose of the sessional PPE, or if it becomes damaged, soiled, uncomfortable, before and after eating/drinking/smoking, after toilet breaks etc
- New sessional PPE should be put on/donned when the carer returns to that care area
- Remember that plastic gloves and aprons are for single use only
- You should also wear sessional PPE for the care of asymptomatic residents. This should be different PPE to that used for symptomatic residents and confirmed cases
- Where possible, one group of staff should care for confirmed cases only; one for symptomatic residents only (care for the possible cases first, then care for the lab confirmed cases last); another group of staff should care for asymptomatic residents only

### Why do I have to wash my forearms?

- Hand hygiene is one of the most important infection prevention and control measures for COVID-19
- You should also wash your wrists and forearms, as it is possible that these may have become contaminated by SARS-CoV-2 whilst performing patient care
- Your forearms should not be covered by long sleeves, and should also be free of jewellery ('bare below the elbow') – though one plain metal ring is permitted. Your nails should be short and free of false nails

### How do I order more PPE?

- Contact one of the four distributors
- If you have immediate concerns over your PPE supply, contact the 24/7 National Supply Disruption line on 0800 915 9964
- Consider bundling of activities to minimise the number of times a room is entered (within safe limits) to conserve your stocks of PPE
- Make sure you are practicing forward planning for your PPE supplies, and escalating supply issues in a timely manner

### How can we manage the expectations of relatives and visitors who want to visit the care home? (**Dementia UK, British Geriatrics Society**)

- Explain the current situation by phone using phrases that are easy for others to understand e.g. *“there is a COVID-19 outbreak and for the safety of people in the home it has been decided to stop visitors temporarily”*
- Place a note at eye height on the inside of the symptomatic person’s bedroom stating the same message: *“Visitors are being advised to stay at home because there is a respiratory outbreak”*
- Schedule regular phone calls or FaceTime sessions for the affected residents
- Encourage the relatives to consider sending some personal items in the post, to stimulate their memories and to help them feel connected – e.g. a photo album, or a letter
- Reassure the relatives that the isolation measures are to prevent the spread of coronavirus from outside the home to within the home, and also between care home residents

### How do we manage end of life care?

Further guidance is awaited on this. In the meantime we suggest:

- Family members who visit clients with COVID-19 should be shown how to use PPE (gloves, apron and surgical mask, plus eye protection if indicated by risk assessment) and supervised when hand washing as they leave the room
- The same precautions should be taken when family visit post mortem
- Care homes should continue to communicate with mortuaries in the usual way; mortuaries should be informed 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

### What is cohorting?

- Cohorting is where a group of residents, all with COVID-19 symptoms, are housed in the same room or unit; it is an effective infection prevention and control strategy for the care of large numbers of unwell people (and where there is a shortage of single 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**
  - Suspected or confirmed residents should not be cohorted next to **immunocompromised residents**

- Any exposed contacts – i.e. residents who have had contact with the symptomatic case – could also be cohorted together, if isolation in single rooms is not possible
- This approach can also be used to keep residents who have not had any contact with a symptomatic case separate – i.e. all asymptomatic residents could be housed separately in another unit within the home away from the cases and exposed contacts, if possible
- Extremely vulnerable residents should stay in a single room and should not share bathrooms with other residents

#### **How can we isolate ‘wandering’ residents? (British Geriatrics Society)**

- In some situations, we can’t isolate – it is these scenarios where cohorting can be very beneficial, where it is possible:
  - A designated ‘symptomatic unit/area’ – where symptomatic wandering residents can walk around
  - A closed off/separate ‘asymptomatic unit/area’ for those unaffected
- Where possible, care homes should seek advice from/work with local community mental health and dementia teams on behavioural modifying approaches for ‘wandering’ residents

#### **For a wandering resident in a care setting where there is a possible or confirmed case, do I need to wear PPE?**

- Try to maintain 2m distance from resident and walk back to room
- If not possible, PPE would need to be worn. This should be gloves, apron and sessional use of fluid resistant surgical mask
- This applies if the resident is symptomatic or asymptomatic

# Sources of information

- Stay at home: guidance for households with possible coronavirus (COVID-19) infection  
<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection#ending-isolation>
- Guidance on social distancing for everyone in the UK  
<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>
- COVID-19: guidance on social distancing and for vulnerable people  
[https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people?utm\\_source=8562e793-dc9f-4fc8-9e14-027f2978b3ca&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people?utm_source=8562e793-dc9f-4fc8-9e14-027f2978b3ca&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)
- COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>
- Environment and sustainability Health Technical Memorandum 07-01: Safe management of healthcare waste  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/167976/HTM\\_07-01\\_Final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf)
- Health Technical Memorandum 01-04: Decontamination of linen for health and social care  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/527545/Social\\_care.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/527545/Social_care.pdf)
- COVID-19: cleaning in non-healthcare settings  
<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>
- 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](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877797/covid-19-care-homes-guidance.pdf)
- COVID-19: infection prevention and control (IPC)  
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>