**Infection Prevention and Control Checklist for the management of COVID-19 in Care Homes**

**Refer to:** [**COVID-19: infection prevention and control (IPC) - GOV.UK**](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control) **and** [**PHE: How to work Safely in Care Homes**](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881329/COVID-19_How_to_work_safely_in_care_homes.pdf) **and** [**Coronavirus (COVID-19): support for care homes**](https://www.gov.uk/government/publications/coronavirus-covid-19-support-for-care-homes)

|  |  |  |  |
| --- | --- | --- | --- |
| **This tool is designed to be an “aide memoire” that COVID-19 Guidance is being implemented appropriately within the healthcare setting** | | | |
| [**Standard Infection Control Precautions**](https://improvement.nhs.uk/documents/4957/National_policy_on_hand_hygiene_and_PPE_2.pdf)  Apply to all staff, **in all care settings, to reduce transmission of infection from recognised/unrecognised sources of infection**  **Residents, staff and any essential visitors are encouraged to minimise COVID-19 transmission through.**   * **Good hand hygiene and respiratory hygiene; and** * **Social distancing of 2 metres for everyone in the care home** | | | |
| **Admission of Residents Comments/Notes** | | | |
| **No symptoms of COVID:** Provide care as normal  **Tested Positive for COVID-19, no longer showing symptoms and isolation complete:** Provide care as normal  **Tested Positive for COVID-19, no longer showing symptoms but isolation not yet completed:** Provide care in Isolation for 14 days  **Tested Negative for COVID-19 on discharge** from hospital; provide care in isolation for 14 days  On admission from community consider providing care in isolation for 14 days | | |  |
| **Symptomatic Residents** | | | |
| Symptomatic residents are promptly isolated in a single room with an in-suite bathroom or a separate dedicated bathroom. Local Health Protection Team (HPT) is contacted for advice on testing.  GP is contacted if advised for further clinical assessment  GP/NHS 111 is contacted If symptoms worsen during isolation or resident is not better after 7 days  Staff aware to contact 999 for medical emergency  [Transmission based](http://www.nipcm.scot.nhs.uk/chapter-2-transmission-based-precautions-tbps/) Infection control measures are put in place immediately | | |  |
| **Isolation of a Possible or Confirmed Residents**  Resident isolated in own room with en suite facilities or with allocated bathroom for sole use  Resident does not leave room (including for meals) for 14 days from onset of symptoms or first positive test (where tested in the home)  Staff wear appropriate PPE (see below)  IPC signs are clearly visible indicating droplet and contact precautions, at the entrance of the room.  Room door(s) are 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 to achieve a 2 metres distance to the open door as part of a risk assessment.  All necessary procedures and care are carried out within the resident’s room.  Only essential staff (wearing PPE) enter the resident’s room  Dedicated 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, is in use where available | | |  |
| **More than one case confirmed COVID-19.** **INFORM LOCAL HPT**  Symptomatic residents are isolated in single occupancy rooms.  If not, consider the possibility of symptomatic residents **cohorted** together in multi-occupancy rooms. Need to risk assess prior to moving EMI or ‘wandering’ patients.  Only residents with confirmed COVID-19 are cohorted together  Residents with possible COVID-19 should are not cohorted with residents with confirmed COVID-19.  Cohorted possible or confirmed residents are not placed next to immunocompromised residents.  (Unless they have been cared for in a shared room) | | |  |
| **Protective cohorting of unexposed residents:**  Residents who have not had any exposure to a symptomatic case can be cohorted separately in another unit within the home away from the cases and exposed contacts.  Extremely clinically vulnerable residents are cared for in a single room and do not share bathrooms with other residents**.** | | |  |
| **Staff Cohorting**:  Dedicated teams of staff are assigned to care for residents in isolation/cohort rooms/areas | | |  |
| **Daily Monitoring** | | | |
| **Implement monitoring of residents for symptoms of COVID-19**  **Immediately report residents with fever or new respiratory symptoms to local HPT and segregated as above** | | |  |
| **Personal Protective Equipment (PPE)** | | | |
| **Staff are wearing PPE appropriately.**  When providing close personal care in direct contact with the resident(s) (e.g. touching) OR within 2 metres of any resident who is coughing  or  When obtaining Covid-19 Nose and throat swabs  or  When within 2 metres of a resident but not delivering personal care or needing to touch them, and there is no one within 2 metres who has a cough | Gloves (single use), Apron (single use), Fluid resistant surgical facemask (FRSM) (sessional use), Eye protection (risk assess, sessional use)  Surgical facemask | |  |
| **Staff carrying out AGP’s wear appropriate PPE**  An FFP respirator and gown/coveralls are worn when carrying out AGP’s  Where an AGP is a single procedure, PPE is single use  Staff who carry out AGP’s and need to wear an FFP3 mask must be have been fit tested and carry out a fit check when putting on the mask | | |  |
| **PPE is:**   * available at point of use and stored in a clean dry area   **Staff:**   * are trained on putting on and removing PPE. * know what PPE they should wear for each setting and context * have access to the PPE that protects them for the appropriate setting and context   **Single use and Sessional use**  Gloves and aprons are single use as per [SICP's](http://www.nipcm.hps.scot.nhs.uk/chapter-1-standard-infection-control-precautions-sicps/) with disposal after each resident contact, task or procedure  FRSM and eye protection may be used for a session of work | | |  |
| **Safe Management of Care Equipment** | | | |
| Single-use items are in use where possible  Dedicated, reusable, non-invasive care equipment is in use and decontaminated between each use and prior to use on another resident.  Fans that re-circulate the air are not in use | | |  |
| **Decontamination of the Care Environment** | | | |
| Domestic teams are assigned to COVID-19 cohort areas  All areas are free from non-essential items and equipment | | |  |
| **Resident rooms/Isolation room/Cohort area**  Cleaning of isolation areas is undertaken separately to the cleaning of other clinical areas. | | |  |
| There is at least, **twice** **daily** cleaning/decontamination of theresident’s isolation room/cohort area using either a combined detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.) or alternatively a bleach solution mixed to dilution as per packaging) and all soft furnishing washed at hottest wash / suction cleaned.  If an alternative disinfectant is used; have the local infection prevention and control team (IPCT) been consulted, to ensure that this is effective against enveloped viruses.  There is an increased frequency(**at least twice daily**) of environmental decontamination schedules for ‘frequently touched’ surfaces in the residents environment such as door/toilet handles, locker tops, over bed tables, bed rails and also desktops and electronic equipment e.g. mobile phones, desk phones and other communication devices , tablets, keyboards particularly where these are used by used by many people. | | |  |
| **Hand Hygiene** | | | |
| Staff undertake hand hygiene as per WHO moments for hand hygiene, using either Alcohol Based Hand Rub (ABHR) or soap and water  Staff are aware of the importance of skin care | | |  |
| **Waste** | | | |
| All waste related to possible/confirmed cases is classified as Category B infectious waste and is disposed of and stored securely prior to transport.  Superabsorbent polymer gel granules for containment of bodily waste if used are used in line with national guidance | | |  |
| **Linen** | | | |
| All linen used by possible or confirmed COVID-19 residents is managed as ‘infectious’ linen  Disposable gloves and apron are worn when handling infectious linen  All linen is handled inside the resident’s room/cohort area.  A laundry receptacle is available as close as possible to the point of use for immediate linen deposit  All linen bags/receptacles are tagged with care area and date  All used/infectious linen is stored in a designated area whilst awaiting collection | | |  |
| **Respiratory Hygiene** | | | |
| Residents are supported with hand hygiene and provided with disposable tissues and a waste bag  During transfers in the home or transportation elsewhere, symptomatic residents are offered a surgical face mask if tolerated  A surgical face mask should not be worn by residents if there is potential for their clinical care to be compromised | | |  |
| **Testing of Residents** | | | |
| Single symptomatic resident: Inform local Health protection Team  Continue all strict control measures including isolation, cohorting and infection control measures until results for all residents who were tested are obtained or until the period of isolation has been completed | |  | |
| **Visitors** | | | |
| Residents and their family / visitors communicated to regarding the situation | |  | |
| **Care of the deceased** | | | |
| Infection control precautions continue to apply whilst an individual who has died remains in the care home. | |  | |