



## Admission and Care of Residents in a Care Home During COVID-19 Guidance Updated 19.6.20

Thankfully this time PHE has included an overview of where changes have been made to the guidance pages 3-4. Key changes include:

- Overall update in line with recent policy announcements such as the Care Home Support Package and latest symptoms advice
- 14-day isolation for residents in care homes has been strengthened to align with other documents
- The period for recovery from an outbreak is now 28 days. (see section 3).
- PPE, testing, and track and trace sections have been updated to align with recent announcements. The PPE section includes updated advice on PPE distribution and utilisation and additional information on support available to the care sector, hand hygiene and respiratory and cough hygiene.
- Information on visits has been removed. A separate piece of guidance will be published. (NCF will be publishing a number of resources alongside this)

### Things to note:

#### Section 1: Admission, isolation and testing of residents

The 14-day isolation on discharge from hospital or admission from another setting has been emphasised in this section. The guidance also now states that test results should be in the discharge documentation.

Please note the following on testing and discharge:

*'A small number of people may be discharged from hospital within the 14-day period from the onset of COVID-19 symptoms needing ongoing social care, but no longer needing in-patient care. They will have been COVID-19 tested and have confirmed COVID-positive status. Test results should be included in discharge documentation. They will also need to be isolated until they complete their 14-day recommended isolation period. Some care providers will be able to accommodate these individuals through effective isolation strategies or cohorting policies. If appropriate isolation/cohorted care is not available with a local care provider, the individual's local authority will be asked to secure alternative appropriate accommodation and care for the remainder of the required isolation period.'*

&

*'Where a test result is still awaited, the patient will be discharged and pending the result, isolated in the same way as every admission or transfer to a care home.'*



Page 9 outlines the different routes to accessing testing.

## **Section 2: Caring for residents, depending on their COVID-19 status and particular needs**

Section 2 contains advice on:

- Keeping asymptomatic residents safe and monitoring symptom development
- Symptomatic residents
- Supporting existing residents who may require hospital care
- Management and isolation of residents exposed to a possible or confirmed COVID-19 case
- Primary care and community health services for residents
- Residents without relevant mental capacity

## **Section 3: Reporting of COVID-19 cases and outbreak management**

Note the new definition of when an outbreak is considered over:

*'The outbreak can be declared over once no new cases have occurred in the **28 days** since the onset of symptoms in the most recent case, which is twice the incubation period.'*

This new definition is reflected in the recent update to the Capacity Tracker questions.

## **Section 5: Advice to Staff **\*\*Very Important\*\*****

This section begins by outlining PPE requirements and links to the relevant guidance. Note that 'PHE strongly recommends that care homes do all they can to restrict staff movement wherever feasible'. It also contains instructions of when to undertake a risk assessment and what is unlikely to be considered a breach of PPE. For example:

*'Examples that are unlikely to be considered breaches include if a health or social care worker was not wearing gloves for a short period of time or their gloves tore, and they washed their hands immediately, or if their apron tore while caring for a resident, and this was replaced promptly.'*

Understanding what constitutes a breach of PPE is crucial for understanding the next bit of guidance around test and trace.

Section 5 details how the test and trace system works for staff. **It is critical you read pages 19-22 in conjunction with Annex B.** These are more detailed than what we previously circulated. Both sections give advice about asymptomatic staff who test positive or negative. Annex B gives specific examples of what constitutes a contact that requires self-isolation. For staff the crucial bit to take into account is:



*'Staff contacts: Any staff member that has had the following contact while not wearing appropriate PPE or who has had a breach in their PPE....'*

A number of you have been asking for guidance for the scenario when an asymptomatic staff member tests positive, isolates but then test positive again – section 5 would suggest that they can come back to work on day 8 after the initial positive test as long as symptoms do not develop:

*'Staff who test positive for SARS-CoV-2 and who were asymptomatic at the time of the test must self-isolate for 7 days from the date of the test. If they remain well, they can return to work on day 8.'*

**Annex A** - updates the information on symptoms of COVID-19. It also updates the lists of persons identified as being at a higher risk of COVID-19 in a care home setting.

**Annex B** - See my analysis on section 5 above. This also contains information about resident contacts.

**Annex C** - Isolation procedures have been updated in line with emerging evidence. A 14-day isolation has been stressed for all symptomatic residents or those testing positive *'until their fever has resolved for 48 hours consecutively without medication to reduce their fever'*. For groups of residents, the guidance talks about cohorting all symptomatic residents where they can't be isolated in single occupancy rooms. In line with test and trace, residents who are in close contact with positive cases will also have to isolate.

**Annex D** - Contains further details about infection prevention and control measures.

**Annex E** - This is a brand-new section and stresses the need to restrict staff movement. It contains a checklist of actions that providers should consider.

**Annex F** – Repeats what we already knew about PPE and hygiene

**Annex G** – Contains information about decontamination and cleaning processes for care homes with possible or confirmed cases.

**Annex H** – States responsibility of communication lies with care home for the safety of its staff and residents

**Annex I** – Contains details about the capacity tracker

**Annex J** – Contains adapted waste management practices to support the suitable management of COVID-19 waste

