



COVID-19: Support for North East Care Homes

Frequently Asked Questions

UPDATED 3 APRIL 2020 FOLLOWING PUBLICATION OF NEW GUIDANCE ON CARE HOMES AND PPE

We appreciate that the national situation with COVID-19 is very difficult and care home residents, their families and care home staff are feeling anxious about it. We have prepared some answers to some of the most frequently asked questions from care homes in the North East.

This document should be used alongside the most up to date information and guidance from the NHS and Public Health England ([found here](#)) and any local guidance. The British Geriatrics Society have also produced a good practice guide, which can be accessed [here](#). If this document does not answer your questions, please seek further advice.

We realise that talking to residents and their families about COVID is difficult and may cause anxiety, but it is important that information is shared with them so they can take any necessary precautions.

It is also important that information about any residents with suspected or confirmed COVID is shared with all staff in the home so that they can take necessary actions to protect themselves, the residents and their families / household.

**Produced by PHE North East Health Protection Team
On behalf of North East & North Cumbria ICS**

3 April 2020

Caring for residents

We have a single resident who has symptoms of COVID-19, what should we do?

Care home residents are a **particularly vulnerable** group and their immune response may differ from younger healthy individuals, therefore anyone with symptoms of COVID-19 (new persistent cough and/or temperature of 37.8 or above) should be **isolated for 14 days** from the start of their symptoms where possible.

This will mean looking after them in their own room and putting in place infection control measures when you look after them. These measures will protect staff and other residents.

Not all patients with confirmed/suspected COVID-19 may be admitted to hospital, and care homes should be guided by medical professionals on managing individual residents. If unwell residents do remain in the home, then you should have a low threshold for seeking medical advice if their symptoms change. You should also have a heightened awareness of symptoms in other residents.

Care homes should be aware that escalation decisions to hospital will be taken in discussion with paramedics, general practitioners and other healthcare support staff. They should be aware that transfer to hospital may not be offered if it is not likely to benefit the resident and if palliative or conservative care within the home is deemed more appropriate. Care Homes should work with healthcare providers to support families and residents through this.

Cleaning should be increased in communal areas in the home, paying particular attention to hard surfaces that are frequently touched by residents and staff, such as hand rails and door handles.

If you are concerned about a resident who is unwell but does not have typical COVID-19 symptoms you should seek advice from a GP or other health professional.

We have several residents with symptoms of COVID-19, what should we do?

Please contact the North East Health Protection Team at Public Health England on 0300 303 8596, option 1 to discuss this further. A more detailed risk assessment will then be carried out and a plan put in place to support you to keep all residents and staff safe.

Cleaning should be increased in communal areas in the home, paying particular attention to hard surfaces frequently touched by residents and staff, such as hand rails and door handles.

All residents who are unwell should be cared for in their own rooms for **14 days** from the onset of their symptoms with appropriate infection control measures where possible. Other residents may also be told to restrict their movement around the home and keep a 2-metre distance from each other. Details about this will be given when you speak to the Health Protection Team.

You should also try to limit where staff work, where possible staff should either work in areas with symptomatic or in areas with asymptomatic residents. If your home is part of a larger group of homes, it is important not to move staff between sites within the group.

If any of your residents need to be admitted to hospital during this time (either due to COVID-19 or other reasons), please let the hospital know about the situation in the home. Any resident being transferred to hospital should wear a fluid resistant surgical mask during transfer.

Please let any visiting health professionals know about the situation in advance of their visit.

Our residents have dementia and wander a lot. How can we isolate them if they are unwell?

We appreciate that it is not always possible to keep EMI residents in their room, however steps should be taken to isolate them from other residents wherever possible. Physical restraint should not be used, and you should follow your standard procedures for managing these types of residents.

Any DoLS arrangements should remain in place.

Cleaning should be increased in communal areas in the home, paying particular attention to hard surfaces that are frequently touched by residents and staff, such as hand rails and door handles. Staff caring for these residents should ensure that they wash their hands frequently.

Testing for COVID

Can we test residents who become unwell?

We are not currently routinely testing individual residents in care homes.

The Health Protection Team may ask you to collect a small number of swabs for surveillance (to determine levels of infection in the community). This will be discussed further with you when you contact the Health Protection Team.

If someone has symptoms suggestive of COVID-19 **they should be managed as if they have the infection** and all precautions followed.

We sent a resident up to the Emergency Department, but they weren't swabbed for COVID-19, why not?

Current national guidance is that only patients being **admitted** to hospital should be swabbed for COVID-19. This is due to testing being a scarce resource and may change as testing capacity increases and the time to get the result changes.

If someone has symptoms suggestive of COVID, they should be treated as if they do have the infection and all precautions followed.

Can we test staff who become unwell or when we have unwell residents?

We are not routinely testing well staff working in care homes (this may change based on national advice as more testing facilities become available).

If a member of staff is unwell themselves then a decision about testing will be made by the doctor managing their care, either their GP or hospital doctor. Any staff who are unwell should follow the national advice regarding self-isolation for them and the people in their household.

Personal Protective Equipment (PPE)

The most up-to-date Government guidance on PPE should be followed and accessed [here](#) and the North East summary document.

Should we be wearing PPE (e.g. masks and aprons) all day?

If your facility has possible or confirmed cases of COVID-19 then staff providing direct resident care or working within 2m of residents should wear disposable gloves, a disposable plastic apron and a fluid resistant surgical mask. Staff should also wear eye protection if there is a risk of contamination of face/eyes with bodily fluids or droplets (normal spectacles **do not** provide enough protection for this purpose).

Gloves and aprons should be **changed** between care for each resident (i.e. single use). Fluid resistant surgical masks can be used for a '**session**' i.e. do not need to be changed between residents and can be used when undertaking several duties in a specific setting (unless they become damaged or soiled, and then they should be changed).

Additional guidance should be followed where care home staff carry out **aerosol generating procedures** e.g. tracheotomy procedures, suctioning airways and Continuous Positive Airway Pressure ventilation (CPAP) etc. (a full list of these procedures can be found in the national guidance).

You should wash your hands, remove jewellery and tie back long hair before putting on PPE and follow the guidance in terms of the correct way and order to put on and take off PPE. It is particularly important that you follow guidance for removing PPE and a video to explain this further can be found [here](#).

Remember to follow good hand hygiene practices (regular handwashing with soap and water or use of hand sanitiser gel) to your work at all times.

You do not need to wear PPE if not providing care, e.g. working in office.

How do we dispose of PPE?

Once PPE has been used it should be disposed of safely as clinical waste.

Who should we contact if we don't have enough PPE?

PPE is being distributed nationally and further guidance can be found [here](#). Please call 0800 915 9964 if there are issues with the supply of PPE.

Visitors to the home

Should we be allowing visitors into the home?

The Government have released national guidance about the need for everyone to stay at home and the need to 'shield' vulnerable people. Therefore, many care homes have put restrictions on non-essential visitors, however we appreciate that this is a difficult time for residents and their families and there may be times where a visit is necessary and care home managers should use their discretion. Visitors with symptoms of COVID-19 should not be allowed to enter the home and PPE must be used for visits to any symptomatic residents.

Please use the 'Catch it, Bin it, Kill it' posters from the PHE Care Home Resource Pack for respiratory outbreaks and place a sign on the front door to alert visitors to any outbreaks.

What about other people who visit the home (other healthcare staff, maintenance workers etc.)?

Healthcare services should review whether visits to the home are essential. Any healthcare workers coming to the home should follow social distancing and PPE advice as above.

Contractors on site should be kept to a minimum. If it is essential for someone to come into the home, ensure that the workers, staff and residents follow social distancing advice.

Admissions and re-admissions to the care home

Important note: It is not necessary for a resident to have a negative COVID-19 test result before being discharged from hospital.

We have someone in the home with possible COVID-19 symptoms who is isolating in their rooms, can we take a new admission or one of our residents back from hospital?

YES. Care homes are **not closed** during 'outbreaks' of COVID-19, however admissions, transfers and discharges are **restricted**, and a discussion should take place between the care home and whoever is arranging an admission to ensure that this can be done safely. This should be based on whether you can safely isolate symptomatic residents and whether the new admission will come into contact with them, and where the safest place for this person will be.

Can we take an admission (either one of our residents or a new admission) from hospital if they have been in a bay with someone with possible/confirmed COVID-19 but do not have COVID-19 symptoms themselves?

YES. If the new admission or your own resident is well enough to be discharged from hospital then there is no restriction on them being admitted/returning to a care home, but they should be isolated from other residents for 14 days from the day that they were first exposed to the unwell patient in hospital.

If this resident becomes symptomatic then they should be managed in the same way as any resident with symptoms.

Can we take an admission from hospital if they have been managed as a confirmed or suspected COVID-19 case?

YES. If the admission is well enough to be discharged from hospital then there is no restriction on them being admitted to a care home, but they should be isolated from other residents until 14 days after their symptoms started (or longer if they still have a temperature on day 15) and infection control measures such as PPE should be put in place.

If you think it will be difficult to isolate the resident, please contact to the Health Protection Team for advice.

If the resident deteriorates then medical advice should be sought as soon as possible.

Can we send someone back to their own home if they have COVID and have been isolating in the care home?

YES, if the person is able to complete the 14 day isolation period in their own home they can return home.

It is important to know about other people in the household – if anyone in the household is classed as vulnerable, it may be better for the resident to complete their isolation in the care home.

Questions about staff and staffing

What should we do if a member of staff reports that they are unwell?

Staff members should follow the advice issued to all members of the public about symptoms of COVID-19 and must isolate at home for 7 days from the day that the symptoms started. They must not be at work in that time but can return after 7 days if they no longer have a temperature. Staff members who still have a cough on day 8 may return to work, providing their temperature is normal.

There is Government guidance regarding Statutory Sick Pay. Employees can get an 'isolation note' online rather than attending their GP if this is required.

There is no need to isolate other members of staff who have worked with any member of staff who becomes unwell.

If you are concerned that you have high numbers of staff who are unable come into work then you should follow your normal procedures to escalate these concerns. All providers should have their own contingency plans.

Do staff need to be sent home if they have been in contact with a resident who has become unwell?

Once a resident becomes unwell then they should be isolated, and staff should use appropriate PPE. People who have been in contact with them before their symptoms started do not need to isolate or take any additional precautions if they are well themselves.

Should we use agency staff?

All staff members are expected to follow guidance on isolation when they or a member of their household becomes unwell and use PPE at work.

Ideally staff should not move between symptomatic and well residents in a home during a shift, and they should not move between care homes, so you should check where agency staff have worked recently.

Should staff be at work if their family are unwell?

Staff members should follow the advice issued to all members of the public and isolate at home for 14 days if a member of their household develops symptoms of COVID-19. They should not come into work in that time.

Should staff be at work if they have a relative who is on list of 'vulnerable people'?

The Government have released additional guidance for people who have certain medical conditions about staying at home for 12 weeks. These are the people who we think may become unwell if they have COVID-19 and therefore steps need to be taken to reduce the risk of the infection. Anyone who this applies to should have received a letter by 29 March 2020 and further advice.

Their household members are not required adopt shielding measures like staying at home for 12 weeks, but they should strictly follow the advice on social distancing outside their home (e.g. maintaining a 2-metre distance from other people where possible and only leaving the home to go to work and purchase food). Like all staff members, these employees should be given PPE to use as appropriate.

What should we do if a member of staff recently returned from an affected country or area?

We are no longer categorising people according to where they have travelled to and from recently. As long as the staff member is well and has no health concerns then they are fine to be at work.

Is there any extra support that we can provide to our staff during this time?

We appreciate that this is a difficult time and health and social care may be feeling anxious about their work and keeping their own family members safe. Please ensure that staff have access to support such as Every Mind Matters, which includes expert advice and top tips on how to look after your mental wellbeing if you need to stay at home. It also includes guidance if you're feeling worried or anxious about the outbreak and can be accessed here.

Staff should be encouraged to access information on COVID-19 from the NHS website, rather than information circulating on social media etc. and be supported to access more formal support if required.

