



Care Homes and  
Domiciliary Care



Vale of York  
Clinical Commissioning Group





## How can care homes minimise the risk of transmission?

To minimise the risk of transmission, care home providers should stop all visits to residents from friends and family. Medical staff and delivery couriers can still visit but you should leave a hand sanitiser by the entrance and ask them to wash their hands as soon as they enter the building





## PPE USE

Providers may have experienced in obtaining PPE supplies over recent weeks. An increase in demand for both PPE and non-PPE products has put the supply chain to deliver such products under significant pressure. It is therefore important that usage of PPE equipment across the independent sector is in line with national guidance which is available at:



<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>.

# Recommended PPE for primary, outpatient and community care by setting, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection <sup>1</sup>
Any setting	Performing an aerosol generating procedure <sup>2</sup> on a possible or confirmed case <sup>3</sup>	✓ single use <sup>4</sup>	✗	✓ single use <sup>4</sup>	✗	✗	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>
Primary care, ambulatory care, and other non emergency outpatient and other clinical settings e.g. optometry, dental, maternity, mental health	Direct patient care – possible or confirmed case(s) <sup>3</sup> (within 2 metres)	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>	✗	✗	✓ single or sessional use <sup>4,5</sup>	✗	✓ single or sessional use <sup>4,5</sup>
	Working in reception/communal area with possible or confirmed case(s) <sup>3</sup> and unable to maintain 2 metres social distance <sup>6</sup>	✗	✗	✗	✗	✓ sessional use <sup>5</sup>	✗	✗
Individuals own home (current place of residence)	Direct care to any member of the household where any member of the household is a possible or confirmed case <sup>3,7</sup>	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>	✗	✗	✓ single or sessional use <sup>4,5</sup>	✗	✓ risk assess single or sessional use <sup>4,5,8</sup>
	Direct care or visit to any individuals in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding <sup>9</sup>	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>	✗	✓ single use <sup>4</sup>	✗	✗	✗
Community-care home, mental health inpatients and other overnight care facilities e.g. learning disability, hospices, prison healthcare	Home birth where any member of the household is a possible or confirmed case <sup>3,7</sup>	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>	✗	✓ single or sessional use <sup>4,5</sup>	✗	✓ single or sessional use <sup>4,5</sup>
	Facility with possible or confirmed case(s) <sup>3</sup> – and direct resident care (within 2 metres)	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>	✗	✗	✓ sessional use <sup>5</sup>	✗	risk assess sessional use <sup>4,5</sup>
Any setting	Collection of nasopharyngeal swab(s)	✓ single use <sup>4</sup>	✓ single or sessional use <sup>4,5</sup>	✗	✗	✓ single or sessional use <sup>4,5</sup>	✗	✓ single or sessional use <sup>4,5</sup>

Table 2

1. This may be single or reusable face/eye protection/full face visor or goggles.
2. The full list of aerosol generating procedures (AGPs) is within the IPC guidance (note AGPs are undergoing a further review at present).
3. A case is any individual meeting case definition for a possible or confirmed case: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wu-cov-infection>
4. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
5. A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round; providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and considered where there are high rates of hospital cases. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
6. Non clinical staff should maintain 2m social distancing, through marking out a controlled distance; sessional use should always be risk assessed and considered where there are high rates of community cases.
7. Initial risk assessment should take place by phone prior to entering the premises or at 2 metres social distance on entering; where the health or social care worker assesses that an individual is symptomatic with suspected/confirmed cases appropriate PPE should be put on prior to providing care.
8. Risk assessed use refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets or blood or body fluids.
9. For explanation of shielding and definition of extremely vulnerable groups see guidance: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>





- The NHS Supply Chain and the Army are working together to develop a Parallel Supply Chain (PSC) to support the normal supply chain. This is a dedicated PPE channel,
- To improve speed and reliability of delivery for these items, whilst relieving pressure on the established supply chain to deliver business as usual products.
- Until this new solution is fully operational, they are doing two things.
- First, working to provide stock of PPE equipment to wholesalers and distributors for pharmacies, GPs, dentists, adult social care providers (such as care homes), and the third sector (such as hospices). This should allow more providers to order PPE through their BAU supply chains.
- Second, we have mobilised the **National Supply Disruption Response (NSDR)**. Providers who have an urgent requirement for PPE, which they are unable to secure through their business as usual channels, should contact the **NSDR** via the 24/7 helpline: 0800 915 9964



**I contacted NSDR and the call handler said there is no PPE stock/ I need to order my own PPE stock through distributors**

As the role of NSDR has flexed to respond to the rapidly evolving supply chain, the advice issued to call handlers has changed. At the time of the Government 'push' deliveries, the handling advice was that providers needed to order their own stock through BAU. Given that Government intervention is still required to support the supply chain during this time of peak demand, the latest lines call handlers should be using have been updated.

If you do receive advice to order stock through business as usual, which you have followed and have been unsuccessful with, please ask your call handler to check your case details and complete an NSDR PPE Supply Disruption form for you. The call handler will then process this information and generate a case in our internal system



The care sector looks after many of the most vulnerable people in our society. In this pandemic, we appreciate that care home providers are first and foremost looking after the people in their care, and doing so while some of their staff are absent due to sickness or isolation requirements. **As part of the national effort, the care sector also plays a vital role in accepting patients as they are discharged from hospital –** both because recuperation is better in non-acute settings, and because hospitals need to have enough beds to treat acutely sick patients. Residents may also be admitted to a care home from a home setting. Some of these patients may have COVID-19, whether symptomatic or asymptomatic. **All of these patients can be safely cared for in a care home if this guidance is followed.**





If an individual has no COVID-19 symptoms or has tested positive for COVID-19 but is no longer showing symptoms and has completed their isolation period, then care should be provided as normal.

The Hospital Discharge Service and staff will clarify with care homes the COVID-19 status of an individual and any COVID-19 symptoms, during the process of transfer from a hospital to the care home. Tests will primarily be given to:

- all patients in critical care for pneumonia, acute respiratory distress syndrome (ARDS) or flu like illness
- all other patients requiring admission to hospital for pneumonia, ARDS or flu like illness
- where an outbreak has occurred in a residential or care setting, for example long-term care facility or prisons.<sup>1</sup>

**Negative tests are not required prior to transfers / admissions into the care home.**





## Care Homes and Domiciliary Care



## Vale of York Clinical Commissioning Group

Upon discharge, patient/resident has...	What care is required upon discharge?	What care is required upon first sign of symptoms?
No symptoms of COVID-19	Provide care as normal	<p>Provide care in isolation if symptoms occur within 14 days of discharge from hospital</p> <ul style="list-style-type: none"> <li>Resident does not leave room (including for meals) <b>for 14 days</b> after onset of symptoms or positive test</li> <li>Staff wear protective equipment &amp; place in clinical waste after use</li> </ul> <p>Consult resident's GP to consider if re-hospitalisation is required</p>
<p>Tested positive for COVID-19</p> <p>✓ No longer showing symptoms</p> <p>✓ Completed isolation period</p>	Provide care as normal	N/A
<p>Tested positive for COVID-19</p> <p>✓ No longer showing symptoms</p> <p>⚠ <b>Not yet completed isolation</b></p>	<p>Provide care in isolation</p> <ul style="list-style-type: none"> <li>Resident does not leave room (including for meals) <b>for 14 days</b> after onset of symptoms or positive test</li> <li>Staff wear protective equipment &amp; place in clinical waste after use</li> </ul>	N/A

## **Annex E: Infection Prevention and Control (IPC) Measures**

Care homes are not expected to have dedicated isolation facilities for people living in the home but should implement isolation precautions when someone in the home displays symptoms of COVID-19 in the same way that they would operate if an individual had influenza or diarrhoea and vomiting, following the following precautions:

- If isolation is needed, a resident's own room can be used. Ideally the room should be a single bedroom with en-suite facilities. Where this is not available, a dedicated bathroom near to the person's bedroom should be identified for their use only.
- Protective Personal Equipment (PPE) should be used when within 2 metres of a resident with possible or confirmed COVID-19. Guidance on PPE can be accessed on [gov.uk](https://www.gov.uk). Display signage to prevent unnecessary entry into the isolation room. Confidentiality must be maintained.
- 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 (see Annex F).
- Entry and exit from the room should be minimised during care, specifically when these care procedures produce aerosols or respiratory droplets (this is further explained in Annex F).
- Ensure adequate appropriate supplies of PPE and cleaning materials are available for all staff in the care home.
- 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.