Public Health England

Protecting and improving the nation's health

ST HELENS BOROUGH COUNCIL

PHE NW COVID-19 Resource Pack for Care Homes

Version 8 Updated Locally August 2020

St Helens Care Home Outbreak Plan Local Arrangements

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.

Contents

Please note that, as COVID-19 is a rapidly evolving situation, guidance may change with little notice. Therefore we advise that, in addition to familiarising yourself with the content of this document, you refer to the relevant national guidance (links provided in Section 11).

Section 1: Local Area Key Contacts

Public Health England North West Health Protection Team	
Monday – Friday (0900 – 1700)	0344 225 0562 icc.northwest@phe.gov.uk
Out of Hours PHE Contact:	
Public Health England first on call via:	0151 434 4819
Community Infection Prevention and Control Teams	
Community Infection Control team for Halton, St Helens and Warrington	01744 457 314

Section 2: COVID-19 Key messages

Prevention is the most effective method of stopping transmission and outbreaks of COVID-19. Stringent infection prevention and control measures should be in place in all care homes during the COVID-19 pandemic.

The main symptoms of COVID-19 are:

- new continuous cough and/or
- fever (temperature of 37.8°C or higher)
- a loss or change to your sense of smell or taste

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. Any resident presenting with symptoms of COVID-19 should be promptly isolated (if not already) and tested. This should be in a single room with a separate bathroom, where possible.

Report a suspected case of COVID-19 by telephone to:

- Public Health England, NW Health Protection Team on **0344 225 0562**
  Monday to Friday 8am – 5pm:
- After 5pm/weekends/bank holidays: Public Health England, NW Health Protection Team on 0151 434 4819 (ask to speak to the dedicated on-call for COVID-19)

Community Infection Prevention and Control Team is available on **01744 457 314**
9am -5pm Monday to Friday
(hours of operation may change to reflect demand)

All resident 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 or floor as a confirmed case (for example, shares the same communal areas)
- have had face-to-face contact (within one metre) of a confirmed case, including being coughed on, having a face-to-face conversation, or having skin-to-skin physical contact

- have had any contact within one metre for one minute or longer with a confirmed case, without face-to-face contact
- have spent more than 15 minutes within 2 metres of a confirmed case

Staff who are ill with symptoms of COVID-19 should stay off work for 10 days and be fever free (temp <37.8c) for 2 days before returning to work.

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 (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds)

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.

Section 3: Preventing COVID-19 in Care Home Settings

If your care home does not have any suspected or confirmed cases of COVID-19 it is important that infection control measures are still followed in line with the most up to date guidance in order to best protect residents and staff.

This advice is designed to help prevent the introduction of COVID-19 into the care home and prevent the spread of COVID-19 within the facility from any person in the early stage of illness.

General advice

- Usual infection prevention and control measures are of extra importance while COVID-19 is circulating in the community
- The guidance for working safely in care homes should be followed.
- This guide should be made available to all staff working in the care home. Embedded text in red is a hyperlink that will take you to the most up-to-date national guidance on this topic. We advise that, where possible, this document is read electronically for ease of access to these links. Where this is not possible a paper copy should be held in an accessible place within the care home.

Advice for management and staff

- Any staff with symptoms of COVID-19 should stay off work for 10 days from the first day they developed symptoms. Local testing pathways should be followed (see Section 5 below).
- Staff with a symptomatic household member should isolate for 14 days from the first day the household member developed symptoms. Local testing pathways should be followed.
- The key symptoms of COVID-19 are a new, continuous cough, OR a high temperature, or the loss or change to your sense of taste or smell but if a member of staff begins to feel non-specifically unwell consider whether they are needed to work that day or not.
- If a member of staff develops symptoms during a shift, they should go home as soon as possible, and be advised to contact NHS 111 if unwell.
- Shift managers may consider proactively asking staff if they are symptomatic at the beginning of a shift.
- While at work staff should follow the most up to date guidance on social distancing measures to the best of their ability, including in staff spaces such as break rooms.
- Where care homes are part of a group, try to limit staff movement between facilities.
- If possible, consider limiting staff movements within facilities, e.g. individual care staff to only work on one floor of a facility.
- Increase the frequency and intensity of cleaning for all areas, focusing on shared spaces.

Infection prevention and control guidance for residents

- Admissions from hospital should be tested for COVID-19 prior to admission (see Section 8). Appropriate isolation of positive cases should take place immediately on arrival.
- Residents should follow the most up to date guidance on social distancing measures. This might include limiting movement of residents between floors, or restricting the number of residents in communal areas at any one time.
- Tissues and handwashing facilities should be available throughout your facility to enable residents to wash their hands regularly and to use tissues for any coughs or sneezes. Management should assess each resident twice daily for the development of a fever (≥37.8°C), cough, loss or change to smell or taste or shortness of breath.

Section 4: Management of Suspected Cases and Outbreaks in Care Home

When to suspect COVID-19 illness

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

  AND/OR

- **New continuous cough**

  AND/OR

- **Loss or change to sense of taste or smell**

NOTE:

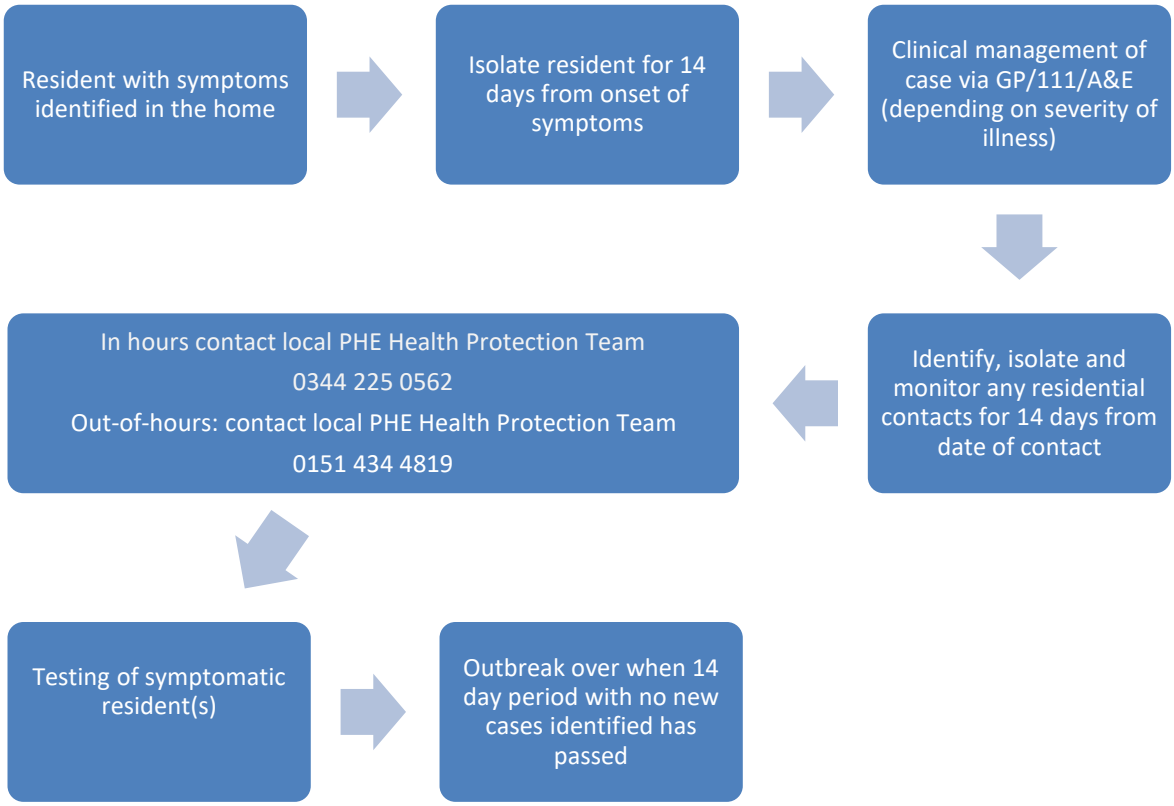
- A laboratory detection of COVID-19 would fulfil the definition of a case of COVID-19
- Other symptoms that may indicate COVID-19 in care home residents include:
  - new onset of influenza like illness
  - worsening shortness of breath
  - **delirium, particularly in those with dementia**

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

- If a complex setting has two or more confirmed cases, or there is a high reported absence which is suspected to be COVID-19 related the setting should promptly report to the local PHE NW team

Suspected case management:



Protecting symptomatic cases:

- Ensure that anyone displaying symptoms receives appropriate clinical assessment via GP/111/A&E (depending on the severity of symptoms).
- Isolate cases from rest of care home population – symptomatic/confirmed can be cohorted together if it is not possible to care for them in single-occupancy rooms. Symptomatic and confirmed cases should not be cohorted together.
- Arrange COVID-19 testing (see Section 5 below).
- Provide appropriate supportive management including rest, keeping the case warm, and providing plenty of fluids.
- If the design and capacity of the care home and the number of residents involved is manageable, it's preferable to isolate residents into separate floors or wings of the home.
- Residents in isolation should not attend communal areas, including shared lavatories and bathrooms. Symptom management measures should be taken to keep the resident as comfortable as possible. This may include medicines which will need to be prescribed and monitored by the resident's GP.
- If symptoms worsen during isolation or are no better after 10 days, contact NHS 111 or the named clinician for the care home to receive further advice around escalation and to ensure appropriate clinical care and person-centred decision making is followed. For a medical emergency dial 999.
- Staff should immediately instigate full infection control measures to care for the resident with symptoms (if not already in place), which will avoid the virus

spreading to other residents in the care home and stop staff members or other residents becoming infected.

Protecting resident contacts:

'Resident contacts' are defined as residents that:

- live in the same unit or floor as a confirmed case (for example, shares the same communal areas)
- have had face-to-face contact (within one metre) of a confirmed case, including being coughed on, having a face-to-face conversation, or having skin-to-skin physical contact
- have had any contact within one metre for one minute or longer with a confirmed case, without face-to-face contact
- have spent more than 15 minutes within 2 metres of a confirmed case

It is important that these resident contacts are isolated from the rest of the care home population (including each other if possible but they can be cohorted together if required) for 14 days from the date of last contact with the symptomatic case.

Cohorting residents

- Cohorting is where a group of residents, all confirmed cases or with COVID-19 symptoms or contacts of the same confirmed case, 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 it is not possible or safe to use single room isolation).
    - 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 resident contacts 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. if possible all asymptomatic residents who are not contacts could be housed separately in another unit within the home away from the cases and resident contacts
- Extremely vulnerable residents should stay in a single room and should not share bathrooms with other residents.
- Separate staff should be allocated to cohort areas to prevent wider infection spread across the home. IPC and PPE guidance should be followed at all times.

“Wandering” residents and isolation

- In some situations it is very difficult to properly isolate residents – in these scenarios cohorting can be very beneficial, where it is possible:
  - A designated ‘symptomatic unit/area’ – where symptomatic wandering residents can walk around (whilst keeping symptomatic residents separate from confirmed cases).
  - A closed off/separate ‘asymptomatic unit/area’ for those unaffected
- Where possible, care homes should seek advice and support from local community mental health and dementia teams on behavioural modifying approaches for ‘wandering’ residents
- Guidance is available from NIHR to assist with the management of wandering residents during COVID-19

Protecting staff and residents

Staff should ensure that they wear the appropriate PPE at all times. Good hand and respiratory hygeine should be practiced as standard.

What local support can care homes expect?

The Community Infection Control Nurses will monitor and support the care home during any suspected or confirmed outbreaks of COVID-19.
The nurses will contact you on a daily basis to review your outbreak and offer any advice.

The Infection Control Nurses will be able to arrange swabbing for your residents via locally agreed testing arrangements.

The Infection Control Nurses are informed of swab test results and will contact you as soon as results are available.

Your local teams will liaise directly with PHE NW to provide us with information about what is happening in your home. In some instances, PHE NW may contact you directly.

Key Actions for Care Home Management During COVID-19 Outbreak:

1. Ensure there is a named COVID-19 coordinator on every shift
2. Maintain adequate PPE supplies
3. Maintain accurate records of residents with COVID-19 symptoms and supply these to Community Infection Control Team / as requested. The minimum recommended data to be recorded is available in Appendix 1.
4. **Halton and Warrington care homes** - daily update of Appendix 1 should be sent to hccg.carehomes.covid10@nhs.net
5. **St Helens care homes** – daily update of Appendix 1 should be sent to sthccg.carehomescovid19@nhs.net

6. Instigate minimum of twice daily symptom checks including temperature checking for all residents and staff (NB – additional observations may be required as directed by local teams)
7. Appropriate signage to be displayed across the home. As a minimum, this should include:
8. Notice of outbreak at all entrances including exclusion information for anyone (staff or visitors) displaying symptoms
9. Infection control notices outside rooms of symptomatic residents
10. Enhance cleaning across all affected units of the home
11. Limit visitors by health and care staff to essential care/work only (see Section 7 for further details about visitors).

Agency staff working in the home when a case is identified should not take employment in any other health or care setting until 14 days after their last shift in the affected home. They can continue to work in the affected home and, when the outbreak is over in the care home, they can work elsewhere as normal.

Section 5: COVID-19 Testing

Residents:

In England, all registered adult care homes can apply for coronavirus tests.

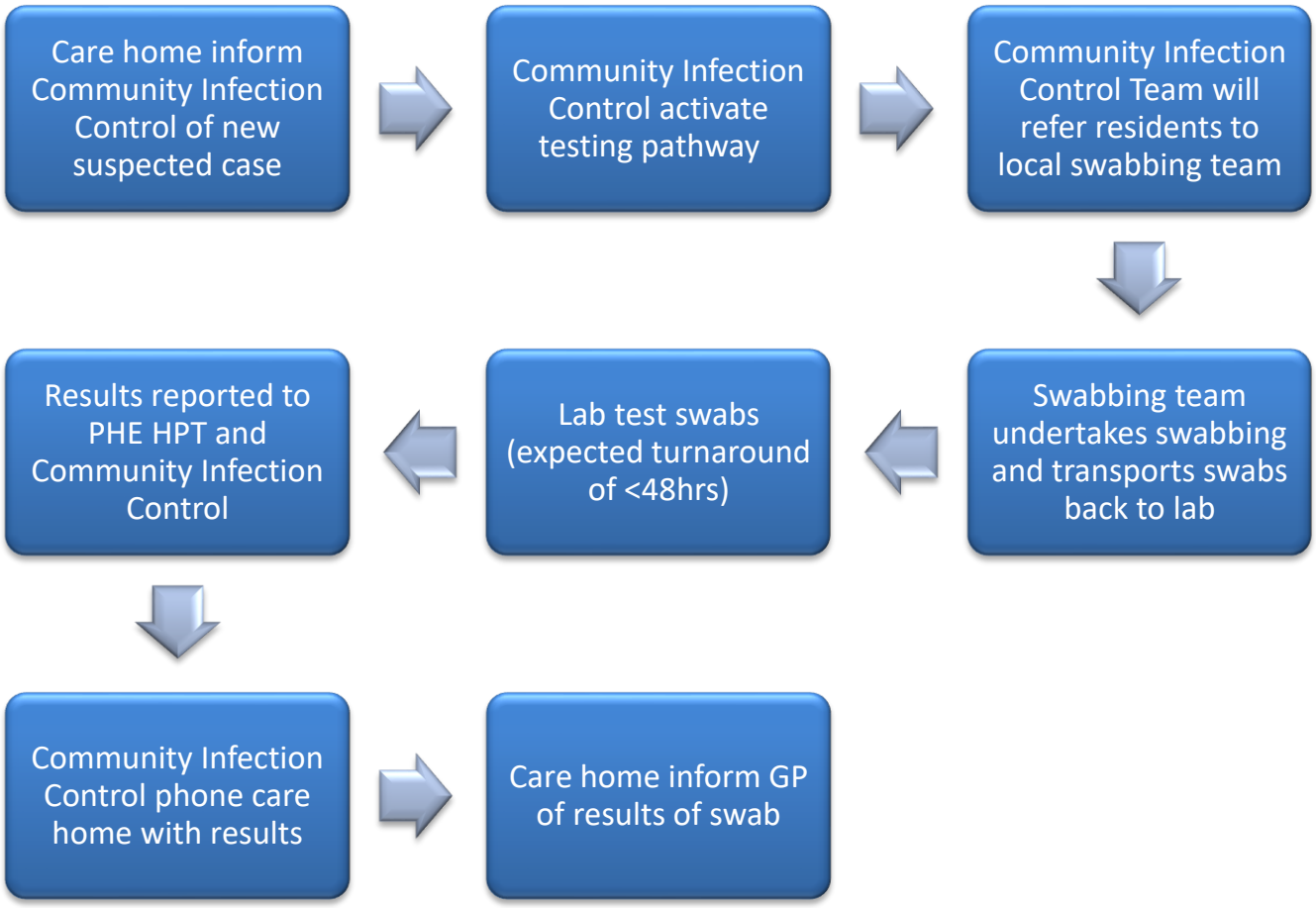
You should contact Public Health England or your Local Infection Control Team if:

- you suspect your care home has a new coronavirus outbreak
- it has been 28 days or longer since your last case and you have new cases

If you have not yet registered your home for the Whole Care Home testing you are eligible to access testing for all staff and residents who are not displaying symptoms. Testing arrangements

Negative results are reassuring, but isolation and IPC measures must be maintained for symptomatic individuals to prevent the spread of any infectious disease that may cause respiratory illness.

The flowchart below details the current testing process in your area for new suspected cases:



Please do NOT contact the PHE Lab or Health Protection Team directly for results – Community Infection Control will report results to you when they are available.

Staff:

Symptomatic staff should follow the Stay at Home Guidance, self-isolate and arrange to be tested for COVID-19. If they test positive they should remain in self-isolation for 10 days from onset of symptoms and have a temperature of less than 37.8ºC for 2 days prior to returning to work. If the staff member tests negative, they can return to work provided they are well enough to do so and are not displaying symptoms of other infectious conditions. If they, or a member of their household, displays new symptoms at a later date, they MUST self-isolate again and follow process as above.

If a staff member is contacted via the NHS Test and Trace service because they are a contact of a confirmed case, they need to isolate for 14 days, and follow the advice given by the Contact Tracer. A test at this stage may not pick up COVID-19 in a contact who is not symptomatic, therefore if a **contact** of a confirmed case tests negative they still need to isolate for 14 days. If they develop symptoms within that 14 day period, they should arrange to be tested. If they have a positive test result they need to isolate for 10 days from onset of symptoms.

Testing

The NHS Track and Trace system is the main route to access testing.
Order a test immediately at www.nhs.uk/coronavirus or call 119 if you have no internet access.

Any staff who develop symptoms can apply for key worker testing. This is available via an online link https://www.gov.uk/apply-coronavirus-test-essential-workers.

Staff can also attend Haydock Park Regional Testing Centre (RTC) without a pre-booked appointment provided they bring appropriate credentials (e.g. NHS ID), open 9am to 5pm.

North West Boroughs will also offer testing to vulnerable people (aged 5 and above) who are unable to attend a regional testing site, such as care home symptomatic patients, those waiting for care home admission or transfer, people living at home with a care package, carers and potential outbreaks in complex settings such as schools or hostels etc. The referral route is via Contact Cares on 01744 676767.

Section 6: PPE & Cleaning Requirements

Personal Protective Equipment (PPE)

- All staff should be trained on donning and doffing PPE. Posters and video guidance are available.
- Staff should know what PPE they should wear for each activity.
- Gloves and aprons are single use items and should be disposed after each resident contact.
- Fluid repellent surgical masks and eye protection can be used continuously while providing care until you take a break from duties unless taking care of a suspected or confirmed case (see guidance below).
- Any PPE should be discarded and replaced if damaged, soiled or uncomfortable.
- After removing any piece of PPE, hand hygiene should be practiced and extended to exposed forearms. All staff must be bare below the elbows, apart from single 'wedding' band.

Aerosol generating procedures

These are not typically performed in care homes – if you are unsure, please see this link. Separate guidance for PPE for aerosol generating procedures can be found here.

Social care PPE distributors

If you are experiencing PPE supply issues from your usual routes, PPE can be sourced from the following:

Careshop	coronavirus@careshop.co.uk Tel: 01756 70 60 50
Blueleaf Care	Tel: 03300 552288 emergencystock@blueleafcare.com
Delivernet	kevin.newhouse@delivernet.co.uk
Countrywide Healthcare	Tel: 01226 719090 enquiries@countrywidehealthcare.co.uk
The National Supply Disruption line (If you have immediate concerns over your supply of PPE)	Tel: 0800 915 9964 Email: supplydisruptionservice@nhsbsa.nhs.uk
PPE Supplies	Halton – 0303 3334300 - contracts@halton.gov.uk St Helens – via pperequestsCOVID19@sthelens.gov.uk Warrington – via daily update or Res&Nursing-Covid19@warrington.gov.uk

Detailed advice on PPE is available here. National guidance specifically on working safely in care homes is available here.

Summary PPE Guidance for Care Homes			
	ALL Care Home staff in communal settings (such as dining rooms, lounges, corridors etc.)	When performing a task requiring you to be within 2 metres of resident(s) but no direct contact with resident(s) (i.e. no touching)[1]	Providing personal care which requires you to be in direct contact with any resident or within 2 metres of a resident who is coughing
Disposable Gloves (single use)	NO	NO	YES
Disposable Apron (single use)	NO	NO	YES
Surgical Mask[2]	YES[1]	YES[1]	Fluid-resistant surgical mask
Eye Protection[3]	NO	Risk Assess[3]	Risk Assess[3]

Environmental Cleaning When There Are Suspected Or Confirmed Cases

This lays out general principles for cleaning in care homes during the COVID-19 outbreak. Guidance for cleaning in non-healthcare settings can be found here.

General Principles:

- Cleaning of all areas should take place at increased frequency (at least twice per day)
- Cleaning locations where symptomatic residents are, or have been, should be carried out wearing a fluid-resistant surgical mask, plastic apron and gloves with a risk assessment for facial protection[3]

[1] Please check usual PPE requirements for the task that you are undertaking (i.e, food handling, cleaning etc.)

[2] A fluid-resistant surgical mask may be needed where there is high risk from respiratory droplets (e.g. when undertaking prolonged tasks close to residents who are repeatedly coughing). Use of fluid-repellent masks should be considered in line with national guidance and be informed by a risk assessment in your care home.

[3] Risk Assessment: Eye protection may be needed for certain tasks where there is risk of contamination to the eyes from respiratory droplets or from splashing of secretions (e.g. when undertaking prolonged tasks near residents who are repeatedly coughing or may be vomiting). Use of eye protection should be discussed with your manager and be informed by a risk assessment in your care home. Eye protection can be used continuously while providing care until you take a break from duties.

Communal areas (symptomatic residents)

- Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.
- All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected.

Symptomatic residents' rooms or cohort areas

- Domestic staff should be advised to clean the isolation room(s) or cohort areas after all other unaffected areas of the facility have been cleaned. Ideally, isolation room/area cleaning should be undertaken by staff who are also providing care in the isolation room.
- Any disposable items that have been used for the care of the patient should be bagged as clinical waste.
- Disposable cleaning items should be used where possible (e.g. mop heads, cloths)
- Use a detergent product to clean. Then disinfect using a disinfectant containing 1000 parts per million (ppm) of available chlorine. Alternativley a combined detergent / chlorine releasing product can be used (chlorine must still be at 1000 ppm). Clean any re-usable non-invasive care equipment, such as thermometers or glucometers prior to their removal from the room.
- When items cannot be cleaned using detergents/chlorine or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used. For items that can't be steam cleaned, use an alternative product for that item as per the manufacturer's instruction.
- Non disposable cleaning items such as mop handles should be cleaned and disinfected (with chlorine 1000ppm) after use. Cleaning trolleys should not be brought into affected areas.
- Your Community Infection Prevention and Control Team can provide further guidance on any aspect of cleaning.

Waste Disposal

Where care homes provide nursing or medical care guidance on safe management of healthcare waste must be followed.

All waste from possible cases, or from cleaning areas where possible cases have been:

- Should be put in a plastic rubbish bag, double bagged and tied
- Should be labelled and stored securely for 72 hours, before disposing along with normal waste
- If from a suspected case, and the case subsequently tests negative, waste can immediately be disposed of along with normal waste
- If storage for 72 hours is not appropriate arrange for collection as Category B infectious waste
- Waste such as urine and faeces can be disposed of normally

Laundry for confirmed or suspected cases

Guidance on decontamination of linen must be followed. Basic principles are described below:

- Any towels or other laundry used by a confirmed or suspected case should be treated as infectious.
- PPE should be worn for handling dirty or contaminated laundry.
- Laundry should be handled with care to avoid spread of the virus.
- Laundry should be placed in a red-water soluble bag and then placed in an impermeable nylon or polyester bag for transport to the laundry, which must be labelled as "infectious linen". Place the unopened red-water soluble bag in the washing machine and launder on

an appropriate cycle as per the above guidance. Dispose of the polythene bag as waste, launder the nylon bag on an appropriate disinfection cycle.

Staff uniforms

- Uniforms should be transported home in a disposable plastic bag.
- Uniforms should then 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 and dried completely.
    - Clean uniform should be worn at each new shift

Section 7: Visitors and End of Life Care

The home should be closed to visitors during the current national COVID-19 incident. However, there may be situations, particularly relating to end of life, where family and friends request a visit. Where this occurs, it is advised that the following principles apply:

- An individual risk assessment by the care home manager should be undertaken in the event of a request for a visit, e.g. end of life visits.
- Visitors should be instructed in the correct donning and doffing procedures for relevant PPE on their arrival. Visitors should use the same PPE as per staff requirements outlined above.
- The visit should be limited to two visitors at any one time.
- The manager should clearly specify the length of time for the visit taking into consideration individual circumstances.
- Arrangements should be made for visitors to enter the home through the nearest door to the resident's room (this might include using fire doors).
- All visitors entering the care home should wash their hands immediately for 20 seconds with warm water and soap; wear masks, i.e., in addition to observing 2 metres distance (if possible and practical) and exercise stringent respiratory hygiene.
- The visit should be supervised by a member of staff at all times to ensure infection prevention measures are adhered to.
- Safe exit from the care home should also be supervised.

These principles should also apply for visitors to see relatives post-mortem.

Section 8: Transfers In and Out of the Home During an Outbreak

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.

Guidance on transfers is available here. The local CICNs and PHE can provide specific advice if you require it.

Following the publication of the social care action plan, the government has moved to institute a policy of testing all residents prior to admission to care homes (paragraph 1.30). This will begin with all those being discharged from hospital and the NHS will have a responsibility for testing these specific patients, in advance of timely discharge. Where a test result is still awaited, the patient will be discharged and pending the result, isolated in the same way as a COVID-19 positive patient.

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.

No care home will be forced to admit an existing or new resident to the care home if they are unable to cope with the impact of the person's COVID-19 illness for the duration of the isolation period.

Section 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. Support for employers

- Vulnerable staff (those who are shielding or clinically extremely vulnerable) should be redeployed and not provide direct care to symptomatic residents. 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 that includes a plan for surge capacity for staffing, including volunteers.

- Consider staff mental health and wellbeing. Having a workforce with good mental health and wellbeing is beneficial both for your staff and the people they are caring for. The Every Mind Matters website provides expert advice and practical tips.

Section 10: Declaring the End of an Outbreak

An outbreak will be declared over when there have been no new cases of confirmed or suspected COVID-19 within a continuous 14-day period.

It is important that there is continued vigilance for new potential cases as well as adherence to infection prevention and control principles once the outbreak is over to reduce the chance of a further outbreak in the home.

The Community Infection Control Team will monitor the outbreak until the outbreak is declared over by the team.

Section 11: National Guidance Documents

This local guidance document has been based on national PHE, NHS and government guidance. Links to key national guidance are displayed here for reference (click on the link to be taken to the relevant guidance/information online).

Social distancing for different groups

- Stay at home: guidance for households with possible coronavirus (COVID-19) infection
- Social distancing guidance: English language version
- Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19: English language version
- COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable: non-English language and easy-read versions

Infection prevention and control

- COVID-19: infection prevention and control (IPC) (Includes detailed tables on PPE in health and care settings and guidance on routine decontamination of reusable equipment)
- 5 moments for hand hygiene: with how to hand rub and how to handwash posters
- Catch it. Bin it. Kill it. poster
- COVID-19: putting on and removing PPE – a guide for care homes (video)
- COVID-19: management of exposed healthcare workers and patients in hospital settings

Care home specific guidance and policy

- Admission and care of residents during COVID-19 incident in a care home
- COVID-19: our action plan for adult social care
- How to work safely in care homes
- Information from CQC

Cleaning and waste management

- Safe management of healthcare waste
- Decontamination of linen for health and social care
- COVID-19: cleaning in non-healthcare settings

Coronavirus Resource Centre posters

APPENDIX 1 – Daily Log Template (list of residents with suspected / confirmed COVID-19 infection)

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 (>=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)