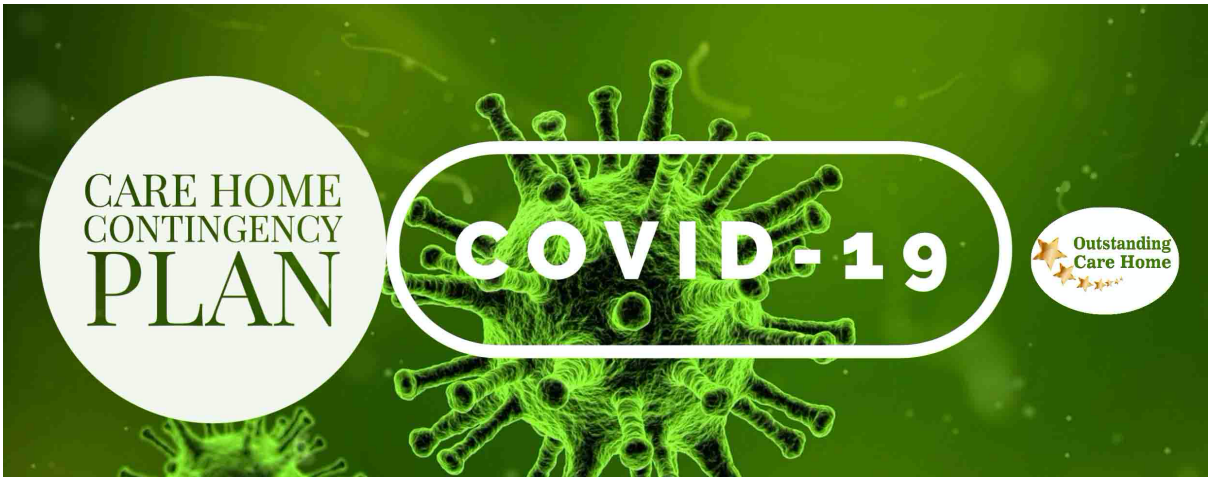

COVID-19 Contingency Plan for Care homes

Issac Theophilos

Website: Outstandingcarehomes.co.uk
Email: issac@outstandingcarehomes.co.uk
Telephone: 0333 577 899

Disclaimer:

This guidance is not professional legal advice, please seek advice from legal experts wherever required.

The guidance is only for your reference, and it is your business decision to follow full or part of this guidance. The author will not be taking any liability in relation to any business consequences following the implementation of the plan.

Contents

1. Background

On 31 December 2019 Chinese authorities identified a cluster of similar cases of pneumonia in the city of Wuhan in China. Wuhan is a city with 11 million inhabitants and capital of the Hubei Province. These cases were soon determined to be caused by a novel coronavirus that was later named SARS-CoV-2.

The infection spread to multiple countries rapidly. On 30 January 2020, the outbreak was declared by the World Health Organization (WHO) as a Public Health Emergency of International concern. On 11 February 2020, WHO announced a name for the new coronavirus disease: COVID-19.

Coronaviruses are a group of viruses that are common in humans and are responsible for up to 30% of common colds. Coronaviruses also caused two outbreaks of new diseases in recent history – SARS in 2003 that resulted in around 1000 deaths and MERS in 2012 that resulted in 862 deaths.

2. What are the symptoms of COVID-19?

Uncomplicated illness (Can be managed in a care home)	• Upper respiratory tract infection • Nasal congestion • Malaise • Headache • Muscle pain • No signs of dehydration • No sepsis • No shortness of breath
Mild pneumonia (Require medical support and monitoring)	• Pneumonia symptoms develop rapidly in 24-48 hours. • Cough – which may be dry, or produce thick yellow, green, brown or blood-stained mucus (phlegm) • Difficulty breathing – your breathing may be rapid and shallow, and you may feel breathless, even when resting • Rapid heartbeat • High temperature • Feeling generally unwell • Sweating and shivering • Loss of appetite • Chest pain – which gets worse when breathing or coughing
Severe pneumonia (Require medical support and monitoring)	• Above symptoms • Respiratory rate >30/minute. • Severe respiratory distress. • SpO2<90% in room air.

Acute Respiratory Distress Syndrome (Require medical support and monitoring)	• New or worsening respiratory symptoms. • Lung collapse • Possible oedema • Breathing difficulty on room air. • Requires external support for breathing.
Sepsis (Require medical support and monitoring)	• Multiorgan dysfunction • Altered mental status • Difficulty in breathing • Low oxygen saturation • Reduced urine output • Fast heart rate • Weak pulse • Cold extremities or low blood pressure • Skin mottling
Septic shock (Require medical support and monitoring)	• Persistent hypotension despite volume resuscitation

3. How is COVID-19 spread?

There are two routes people could become infected:

1. Secretions can be directly transferred into the mouths or noses of people who are nearby (within 2m) or possibly could be inhaled into the lungs.
2. It is also possible that someone may become infected by touching a surface or object that has been contaminated with respiratory secretions and then touching their mouth, nose, or eyes (such as touching a doorknob or shaking hands then touching own face).

4. Who is suspected of having COVID -19?

People with symptoms of cough, fever or shortness of breath (difficulty breathing in children), and who have been in specified countries and areas in the previous 14 days, could have potential COVID-19.

Category 1	Category 2
Wuhan city and Hubei Province (China)	Cambodia
Daegu or Cheongdo (Korea) Italy**	China
Italy**	Hongkong
	Japan

	Laos
	Macau
	Malaysia Myanmar
	Republic of Korea*
	Singapore
	Taiwan
	Thailand
	Vietnam

NB: The above list is subjected to change as the disease progresses.

5. How long is the incubation period of COVID-19?

The WHO writes “people with COVID-19 generally develop signs and symptoms, including mild respiratory symptoms and fever, on an average of 5-6 days after infection.”

While the mean incubation period is 5 to 6 days, the WHO adds that the incubation period can vary in a wide range of between 1 to 14 days.

6. How long does COVID-19 last?

On average, the disease lasts two weeks. The WHO reports that "the median time from onset to clinical recovery for mild cases is approximately two weeks." This is based on the 55,924 confirmed cases in China. For severe and critical cases, it is 3 to 6 weeks according to the same study.

7. UK Government strategy

The pressure on the NHS and its resources will be beyond prediction if COVID-19 makes rapid progress. A large number of cases will require ITU support in such case. Hence the government is focusing on early countermeasures to prevent or prolong the spread of COVID-19 to reduce the demand on the health system. The total number of people who are affected will remain the same in the long run but can avoid a large number of people being affected at the same time.

8. Why should care homes take proactive measures?

Reason 1:

As of 10 March 2019, WHO stats

- Globally - 113 702 confirmed (4125 new) 4012 deaths (203 new)
- China - 80 924 confirmed (20 new) 3140 deaths (17 new)
- Cases reported from 108 country.

In the city of Hubei/Wuhan province in China – where it is all started – there are 67000+ cases and 3000 plus deaths.

According to the Chinese National Health Commission, more than 3300 health care workers are affected by the virus. Thirteen health care workers died of the virus.

Reason 2:

According to the data from China, the fatality rate is more for elderly people with multiple disease conditions, such as

- Cardiovascular disease
- Respiratory diseases
- Diabetes
- Chronic kidney disease
- Hypertension
- Cancer
- Immunocompromised

Reason 3 – Case study

LifeCare Centre in Washington is an acute nursing facility. The facility was affected by Coronavirus.

As of 10 March 2020

- Number of residents transferred to hospital – 63
- Total number of deaths – 26
- Patients who died in hospital – 15
- Patients died in the facility – 11
- A total number of staff affected by COVID symptoms – 64/180.

Reason 4:

Despite the government strategy to delay the spread or prolong the epidemic, there will be still huge pressure on the health care system. (NHS & PHE). A risk-based approached possibly will be followed by the health system, which may result in care homes to be considered self-sufficient due to the presence of skilled staffing. Hence care homes need to have strong contingency plans to support itself when the help is delayed.

Summary

In summary, it would be catastrophic for care homes to have a Coronavirus attack. An aggressive approach to prevention is the best way forward. Please read and action the contingency plan as a matter of priority.

COVID-19 Contingency Plan for Care homes

9. Considerations before the event

9.1. CQC Regulations:

- You can expect to have delayed inspection and response from the regulators due to internal workforce pressure affected by Coronavirus. They might have their contingency plan in place to mitigate it.
- CQC notification – Notification of other incidents - Regulation 18 (g) - any event which prevents, or appears to the service provider to be likely to threaten to prevent, the service provider's ability to continue to carry on the regulated activity safely, or in accordance with the registration requirements, including—
  an insufficient number of suitably qualified,
  skilled and experienced persons being employed for the purposes of carrying on the regulated activity,
  an interruption in the supply to premises owned or used by the service provider for the purposes of carrying on the regulated activity of electricity, gas, water or sewerage where that interruption has lasted for longer than a continuous period of 24 hours.
- Regulation 12 - CQC understands that there may be inherent risks in carrying out care and treatment, and we will not consider it to be unsafe if providers can demonstrate that they have taken all reasonable steps to ensure the health and safety of people using their services and to manage risks that may arise during care and treatment. So, the key is to evidence what "reasonable steps" you have taken to mitigate any service disruptions.
- Complete a risk assessment and mitigation plan as a matter of priority to evidence that you have a robust system in place in case COVID-19 manage to get your care home.
- It is highly likely there may be potential breaches of the regulation when dealing with such an emergency. Always have open and honest conversations with your inspector informing them what is going on with your service.
- Regulation 12 (2)h – In relation to meeting infection control risks, the provider will have to demonstrate meeting the Code of Practice on the prevention and control of infections and related guidance. It can result in prosecution if such risk assessments are not completed, or mitigation plans are not put in place. (Infection prevention lead to be appointed if you do not have one). Please refer to Criterion 9 and 10 from the Code for your legal obligation in relation to preventing infections in your care home.
- It is highly likely that a Serious Case Review will be conducted in cases where a severe tragedy resulted due to COVID-19 evaluating your 'risk mitigation plans' retrospectively. Hence you must have a healthy contingency plan in place before you hit any crisis.

9.2. Business insurance - Comment from insurance experts:

On Wednesday 4 March, the government said it would declare Coronavirus a "notifiable disease", something which is required by most insurance policies to payout. However, the Association of British Insurers (ABI) confirmed that while this may help businesses if the virus is found on-site, most business insurance policies are still unlikely to cover losses.

Business interruption:

The ABI recommends that every business checks the small print of their policy to determine if the wording is sufficient in regard to outbreaks of disease.

Direct and indirect repercussions

If your business is affected directly by the Coronavirus, then it will be much easier for you to claim than as a result of indirect repercussions. For example, if your building has been shut down to contain the virus. For the majority of businesses though, you will likely find that you are only being affected indirectly through loss of custom, staff absence, an inability to source parts or goods due to trading restrictions and so on. In this instance, it will then become much trickier to raise an insurance claim.

Insurance cover

There is a multitude of different covers in the care sector; Some insurers will cover notifiable diseases full stop, others will have geographical limits (So for example if you are ordered to isolate or close due to a case within a 1-mile radius) some will impose maximum claim limits. Some will only cover notifiable diseases if they are on a specified list.

It is also essential to consider the various scenarios where you could be looking to claim for loss of income as at the current moment; it's very early stages. For example, if you have a positive case at home and are ordered to self-isolate or the resident is taken to hospital for the 14 days you may not incur a loss of income at all.

The best thing you can do is educate yourself on what you currently have and make a conscious decision to either increase your cover or put contingency plans in place to mitigate any losses.

9.3. Staff issues

Staff anxiety can be at high levels at these stressful times. It can be mainly due to lack of communication about the impact of the COVID-19 on the business and in return affecting the work of the staff. An open and honest communication strategy on ‘what to do if’ type of situation will clearly help staff to trust the leadership and join you with a mission to fight the war with OCVID-19.

ACAS has produced a useful guide on staff issues related to Coronavirus. (subjected to change) as below:

Sick pay

The workplace's usual sick leave and pay entitlements apply if someone has Coronavirus.
Employees should let their employer know as soon as possible if they're not able to go to work.

Pay if someone has to go into self-isolation

The government has stated that if NHS 111 or a doctor advises an employee or worker to self-isolate, they should receive any Statutory Sick Pay (SSP) due to them. If the employer offers contractual sick pay, it's good practice to pay this.

The employee must tell their employer as soon as possible if they cannot work. They should tell their employer the reason and how long they're likely to be off for.

The employer might need to be flexible if they require evidence from the employee or worker. For example, someone might not be able to provide a sick note ('fit note') if they've been told to self-isolate for 14 days.

If an employee is not sick, but the employer tells them not to come to work

If an employee is not sick, but their employer tells them not to come to work, they should get their usual pay. For example, if someone has returned from China, Italy or another affected area and their employer asks them not to come in.

If an employee needs time off work to look after someone

Employees are entitled to time off work to help someone who depends on them (a 'dependant') in an unexpected event or emergency. This would apply to situations to do with Coronavirus. For example:

- if they have children they need to look after or arrange childcare for because their school has closed
- to help their child or another dependant if they're sick, or need to go into isolation or hospital

There's no statutory right to pay for this time off, but some employers might offer pay depending on the contract or workplace policy.

The amount of time off an employee takes to look after someone must be reasonable for the situation. For example, they might take two days off to start with, and if more time is needed, they can book a holiday.

If employees do not want to go to work

Some people might feel they do not want to go to work if they're afraid of catching Coronavirus.

An employer should listen to any concerns staff may have.

If there are genuine concerns, the employer must try to resolve them to protect the health and safety of their staff. For example, if possible, the employer could offer flexible working.
If an employee still does not want to go in, they may be able to arrange with their employer to take time off as holiday or unpaid leave. The employer does not have to agree to this.
If an employee refuses to attend work, it could result in disciplinary action.

If someone becomes unwell at work

If someone becomes unwell in the workplace and has recently come back from an area affected by Coronavirus, they should:

- get at least 2 metres (7 feet) away from other people
- go to a room or area behind a closed door, such as a sickbay or staff office
- avoid touching anything
- cough or sneeze into a tissue and put it in a bin, or if they do not have tissues, cough and sneeze into the crook of their elbow
- use a separate bathroom from others, if possible

The unwell person should use their mobile phone to call either:

- 111, for NHS advice
- 999, if they're seriously ill or injured or their life is at risk

They should tell the operator:

- their symptoms
- which country they've returned from in the last 14 days

If someone with Coronavirus comes to work
If someone with Coronavirus comes to work, the workplace does not necessarily have to close.
The local Public Health England (PHE) health protection team will get in contact with the employer to:

- discuss the case
- identify people who have been in contact with the affected person
- carry out a risk assessment
- advise on any actions or precautions to take

Lay-offs and short-time working
In some situations, an employer might need to close down their business for a short time. Unless it says in the contract or is agreed otherwise, they still need to pay their employees for this time.
If the employer thinks they'll need to do this, it's important to talk with staff as early as possible and throughout the closure.

9.4. Mental capacity and DOLS considerations

Mainly affects the care setting such as dementia care homes, Learning disability, mental health and brain injury services.

Anything that restricts or continuous supervision of the resident can amount to DOLS.

- Affected by Coronavirus – you cannot restrict to stay in a room unless you have authorised DOLS. But when you are under-resourced and focusing on care rather than paperwork, it is advisable to focus more on providing safe care. Please consult with your local DOLS team before making this decision.
- Do not take any best interest decision making based on age or disability-related discrimination on assumptions about the quality of life. Everyone's life is important.
- Communicating with NOKs should be a top priority about the health-related issue of your clients. Keep them in the loop to make quick best interest decisions—for example, the need for transporting the residents to the hospital for ventilatory support.
- Public events and social interaction restrictions may be necessary when there is widespread of Coronavirus in the community. It helps prevent the residents from bringing germs to the care home. Again, there are DOLS implications involved. It is advisable to train your residents to follow a new routine to help with their health and wellbeing.

10. PHASES OF CORONAVIRUS MANAGEMENT IN CARE HOMES

We can consider four phases for coronavirus management in care homes:

1. Prevention phase
2. Preparatory phase
3. Containment phase
4. Outbreak phase

10.1. Prevention

- The visitors or staff always bring any infection in the care home to the care home. In some setting residents go out and may bring it in. Restricting access for any visitors to the minimum is and should be the top priority for any care home. Restricting people can affect the wellbeing of the residents you are looking after, please continue to deliver an outstanding care despite the worry about Coronavirus.

- Cancel any external entertainers or public events which was planned in the care home for a couple of weeks, review the situation later. (This can include entertainers, chiropody, hairdresser or other non-essential visits)
- Allow medics to come in only if they are free of symptoms.
- Ask all visitors to wash their hands thoroughly with soap and water before visiting the residents, staff or touching any other surfaces.

Screening questions for all the visitors:

1. Did you travel recently? If yes to which country?
2. Have you had contacts with anyone who was recently unwell with Coronavirus?
3. Have you been admitted to any hospital recently?
4. Are you unwell in yourself? Any cough, cold, fever symptoms?

Staff and visitors risk profiling.

- Please use the contingency management spreadsheet.
- Check who at your staffing - who is at more risk of bringing the infection to the care home and who is at high risk being affected by the virus. Put mitigating plans in place for on an individual basis. (For example, if a staff's partner work as a paramedic)
- Asking health information from employees is governed by employment law, please speak to an HR specialist. Please follow strict GDPR on collecting this information. Only the relevant people in your care home should process this information.
- Do the same risk profiling with any other visitors.

Potential risks prompt to be considered for staff and visitors: (Not an exhaustive list)

- Recent travel to any Grade 1 or Garde 2 listed countries.
- Any new symptoms of cold, cough, fever or dry throat?
- Partners or other family member's workplace risks.
- Having a school or nursery going children.
- Any carer responsibilities such as looking after a member of the family with suspected illness.
- Health conditions such as cardiovascular, respiratory, diabetes, Chronic kidney disease, chronic liver disease, immunocompromised conditions.
- Any childcare issues if schools or nurseries close?
- Travel risks? Do they use a carpool or public transport?

10.2. Preparatory phase

- Training staff on COVID-19, how it is spread and following Infection Prevention and Control (IPC) methods. Enforce and empower strict adherence.
- Having enough stock of PPEs – Normal aprons, gloves, full arm aprons, cover all suits (Few), normal masks, N95 for an infected person to use, Goggles/shield mask, boot cover, face tissues, headcover. If you are finding it difficult to get orders from suppliers, please consult with your local health protection team, local authority or CCG to make such arrangements.
- Fingertip Saturation probe (SPO2).
- Alcohol wipes.
- Adequate kitchen supplies – please meet with the chef and ask them what menus can be made without a supply of usual fresh items. Please stock ingredients to make such dishes if there is a complete lockdown imposed by the government.
- Availability of proper disposal units – non-touch bins.
- Properly working sluice machine.
- Having enough stock of surface cleaning materials, soap solutions, hand sanitizers.
- Based on the staff risk profile, identify the absolute minimum number of staff required to provide 'essential' care. Group them into different cohorts to replace each team as batches. You are highly likely to have panicked staff if this is not properly discussed well in advance. Have a team meeting to discuss the potential risk to the residents and resulting in the closure of the care home if worst happens, hence teamwork is essential to achieve this goal.
- Cancel any holidays for the next couple of weeks for staff unless it is for a proper reason. The likelihood of a shortage of staff will be very high.
- Train your non-clinical staff with relevant training to step up if required.
- Gather a group of volunteers as a back-up if required.
- It is advisable not to use agency staffing unless they are working only in your care home.
- Educate your residents about the situation if it is appropriate to do so.
- Create an Outbreak Management team within your care home.

  Team lead (care home manager) – who coordinates the care inside the building and liaising with external health professionals.

  A group of low-risk staff to care for the residents who are affected. Prepare the training. The rest of the staff can look after the remaining unaffected residents.

  Public communication lead – depending on the size of the organisation. Giving only facts out to the media. This person also tracks the progress of the illness and management from outside the building. Notify CQC and other health authorities taking pressure away from front line care.

10.3. Isolation phase

- The purpose of this phase is to keep your care home residents and staff safe when the virus is spreading rapidly in the community near you.
- Ask staff to follow guidance from PHE on infection control precautions as good citizens.
- Strict visitor restriction to the care home continues.
- Arrange transport for your staff as extra security or provide accommodation near to the care home until immunity is acquired by the affected people in the near community. This could take months.
- Continue the service as normal, constantly evaluating changes in the epidemiology or government strategies.
- If any of your residents develop any typical symptoms of Covid-19, your care home will move towards the containment phase.
- Disinfection – Use disposable cloths or paper rolls and disposable mop heads to clean the hard surfaces. (Door handles, bathrooms, telephones, grab-rails in corridors and stair walls). Use disinfectant solutions at 1000parts per millions (1000ppm) available in chlorine. If an alternative is used, make sure it is effective against viruses.
- Laundry – Items soiled with body fluids should be disposed off with consent. Use a bag to transport the items for laundry if negative for COVID-19 test can be laundered in the normal way.
- If the result is positive – wash it in the hottest temperature possible. (Fabric should tolerate). PPEs should be worn when dealing with laundry and disposed off effectively.
- Avoid creating splashes and sprays.
- Spillages and body fluids should be managed with the organisational policy as usual.

<u>Use of masks</u>

- Individuals with respiratory symptoms should:
  - wear a medical mask while waiting in triage or waiting areas or during transportation within the facility;
  - wear a medical mask when staying in cohorting areas dedicated to suspected or confirmed cases;
  - do not wear a medical mask when isolated in single rooms but cover mouth and nose when coughing or sneezing with disposable paper tissues. Dispose of them appropriately and perform hand hygiene immediately afterwards.
- Health care workers should:
  - wear a medical mask when entering a room where patients suspected or confirmed of being infected with 2019-nCoV are admitted and in any situation of care provided to a suspected or confirmed cases;
  - use a particulate respirator at least as protective as a US National Institute for Occupational Safety and Health (NIOSH)-certified N95,

European Union (EU) standard FFP2, or equivalent when performing aerosol-generating procedures such as tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy. (Which do not usually happen in care homes)

Mask management

If medical masks are worn, appropriate use and disposal are essential to ensure they are effective and to avoid any increase in the risk of transmission associated with the incorrect use and disposal of masks.

The following information on the correct use of medical masks derives from the practices in healthcare settings:

- place mask carefully to cover mouth and nose and tie
- securely to minimise any gaps between the face and the mask;
  - while in use, avoid touching the mask;
  - remove the mask by using the appropriate technique (i.e. do not touch the front but remove the lace from behind);
  - after removal or whenever you inadvertently touch a used mask, clean hands by using an alcohol-based hand rub or soap and water if visibly soiled
  - replace masks with a new clean, dry mask as soon as they
- become damp/humid;
  - do not re-use single-use masks;
  - discard single-use masks after each use and dispose of
- them immediately upon removal.
- Cloth (e.g. cotton or gauze) masks are not recommended under any circumstance.

Principles of environmental decontamination after the case has left the setting or area.

Personal protective equipment (PPE)

The minimum PPE required to be worn for decontaminating an area where a possible or confirmed case has been includes disposable gloves and apron. Hands should be washed with soap and water after all PPE has been removed.

If a risk assessment of the setting indicates that a higher level of contamination may be present (for example where unwell individuals have slept such as a hotel room or boarding school dormitory) or there is visible contamination with body fluids, then the need for additional PPE such as a surgical facemask and full-face visor should be considered. The local Health Protection Team can advise on this.

Cleaning and disinfection (Please train your cleaner on this section)

Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids can be cleaned as directed by any existing workplace risk assessment or manufacturer's instructions on the safe use of their cleaning products.

All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:

- objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells

Use disposable cloths or paper roll and disposable mop heads, to clean and disinfect all hard surfaces or floor or chairs or door handles and sanitary fittings in the room, following one of the two options below:

- use either a combined detergent disinfectant solution at a dilution of 1000 parts per million available chlorine
  or
- a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants
  or
- if an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses

Avoid creating splashes and spray when cleaning.

Any clothes and mop heads used must be disposed of and should be put into the waste bags as outlined below.

When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning may be used.

Spillages of blood and body fluids should be managed in accordance with the organisation's spillage policy, before cleaning and disinfection. If any items are heavily contaminated with body fluids and cannot be appropriately cleaned, consider discarding. Gain permission to do this from the owner.

If an area can be kept closed and secure for 72 hours, wait until this time for cleaning, as the amount of virus contamination will have decreased significantly. The area can then be cleaned as directed by any existing workplace risk assessment or manufacturer's instructions on the safe use of their cleaning products.

Laundry

Items heavily soiled with body fluids should be disposed of. Gain the permission of the owner to do this.

Remove any clothes, soft or fabric window hangings and curtains, bedding and any other laundry items and place in a bag for transportation to the point of laundering. Do not shake items or avoid all necessary agitation.

Store the used linen put in a suitable and secure place and marked for storage until the individual's test results are known.

If the individual test result is negative, usual laundering processes can be followed.
If the individual test result is positive:

- wash items on the hottest temperature setting the fabric will tolerate
- gloves and apron should be used when loading laundry into a machine. Laundry bag to dispose of as per waste management guidance outlined below

Waste

Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths, tissues) should be put in a plastic rubbish bag and tied when full. The plastic bag should then be placed in a second bin bag and tied. It should be put in a suitable and secure place and marked for storage until the individual's test results are known. Waste should NOT be left unsupervised awaiting collection. You should NOT put your waste in communal waste areas until negative test results are known, or the waste has been stored for at least 72 hours.

If the individual test is negative, this can be put in with the regular waste.

If the individual tests positive, then store it for at least 72 hours and put in with the regular waste.

If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by your local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will place your bags in orange infectious healthcare waste bags for appropriate treatment.

Follow up of persons involved in environmental decontamination.

The names and contact details of those carrying out cleaning of an area that a possible case has been in should be recorded by the person responsible for this setting. As part of the contact tracing process for a confirmed case, the local Health Protection Team will advise on arrangements for follow up required for 14 days after the cleaning process took place.

10.4. Containment phase:

- The first case of COVID-19 is identified in your care home.
- You care home Public communication lead takes over as a single point of communication to the families, media and other non-clinical stakeholders.
- Isolate the suspected resident to a single room.
- Follow as planned, who will be taking turns to care for the resident.
- Give them a medical mask if willing to wear.
- Provide disposable paper tissues and a bin.
- Explain to the resident what precautions they should take while having symptoms such as covering nose and mouth while sneezing. Encourage handwashing if they can do it.
- Provide hand sanitizer based on the risk assessment for their personal use.
- Inform the local Health Protection Agency and GP about the case.
- CQC notification.
- Health Protection Team will advise you on what to do next.
- It is expected that there will be a delay in the swab test to be done. That does not stop you from providing the routine care for your resident.
- Meanwhile, the staff should follow all the IPC.
- While attending to the affected resident wear a full apron with long sleeves, mask, gloves, boot cover.
- Please watch this video on how to wear full protection before going to an affected residents' room. Wait until you get proper instructions from HPA. The video is created for hospitals – but I would recommend you using the same standards if you suspect a case to prevent yourself from getting it.
- Donning - https://www.youtube.com/watch?v=kKz_vNGsNhc
- Doffing - https://www.youtube.com/watch?v=oUo5O1JmLH0
- Disposal of the waste – Should be stored in two plastic bags until the swab test results come back. HPA will advise you on how to dispose of it.
- Continue the same care for the remaining residents. Educate and encourage IPC for your remaining residents.

10.5. Outbreak phase:

- Having more than 2 cases within the space of 48 hours can be considered as an Outbreak.
- CQC notification.
- Separate all the affected residents to a different part of the care home.
- Assuming you are already getting the support from local health protection agency already as soon, you have reported the first case.

Scenario 1: Staff not affected.

- There may be suggestions to keep mildly affected residents to stay at the care home. In such a scenario, you need to keep the same IPC precautions as in the containment phase.
- If they become unwell, contact NHS. They will be transferred to the hospital. Isolate the residents who are affected by a common area on the ground floor away from the main entrance. But it should be accessible to the ambulance crew. It is advisable that even if your resident has DNAR, it would be better if the person is taken to hospital for a comfortable and dignified death in case of suspected COVID-19.
- Care for your residents as planned before with batches of staff team working different shifts.
- Keep updating the contingency matrix to track the progress of the illness.

Scenario 2 – Staff affected.

- Those staff who are affected should be sent home and advise them to call 111.
- Kick in your contingency, planning for staff back up. (Volunteers)
- If the proportion of the staff going sick is very high beyond your capacity to deliver safe care, have a regular conversation with HPA, CQC and LA to inform them of the risk.
- The authorities should send a team to ensure the welfare of your residents. All the government should normally have layers of crisis management strategy in place.

11. Back to the routine:

- COVID-19 – is going to affect the majority of the population. It is going to knock on our care home doors at some point.
- Once the episodes seem to be over, follow HPA guidance on thorough disinfection before opening doors for your new residents.
- If your care home is not affected with COVID-19, there shouldn't be any restrictions to admit new residents, provided you have conducted a thorough risk assessment before admission.
- COVID-19 management should get better over the period of time, focus on delaying the infection affecting your residents and staff. The first victims are always affected very badly in any crisis.

12. Closure of the care home:

It is highly unlikely that COVID-19 would result in a closure of the care homes. But it has the potential to do so if not managed well from the start.

- It should be carried out based on your contractual agreements with your clients and the commissioning body.

- Further commercial, compliance and employment lawyer consultations should be made before proceeding to closure.

13. How to overcome COVID-19?

It is highly likely that COVID-19 will reach at least some care homes in the UK. Hence a robust implementation of the contingency plan is required.

Leadership

Systemwide leadership is required to combat such an epidemic. The care home leadership starting from the top should lead by example in planning and implementing the contingency plan. A true leader will take this as a challenge to conquer and move forward by supporting the team. COVID-19 will be a real test of leadership in the care home sector.

Teamwork

Tackling COVID-19 is not possible without the real team spirit. A successful team will care for each other while they care for others. A proper communication system from the very early part is crucial to gain support from the team to tackle the uncertainty ahead.

Preparation

Proper implementation of the contingency plan is vital to tackle COVID-19. The more you prepare, the better your outcome will be.

Training the workforce

Managing COVID-19 is another set of skills that should be developed inhouse by the care workers. Having proper awareness, competency and practice can help to contain the virus from creating any severe consequences.

Author:

Issac Theophilos is a care home operational expert. He is also the author of the bestselling book How to get outstanding: An ultimate guide for care homes. His consultancy supports care homes in every aspect of a successful care home business to deliver Outstanding care.

Website: outstandingcarehomes.co.uk
Email: issac@outstandingcarehomes.co.uk
Telephone: 0333 577 8579

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NB: This guidance is subjected to change due to the nature of the COVID-19 spread.