

## **CHS Guidance on COVID-19 for Care Homes**

### **Ref: Managing the COVID-19 pandemic in care homes -GOOD PRACTICE GUIDE by the British Geriatrics Society (BGS)**

#### **V3 – 23 April 2020 – changes in italics**

The COVID-19 pandemic raises challenges for care home residents, their families and the staff that look after them. Guidance from the British Geriatrics Society has been developed to help care home staff to support residents through the pandemic – CHS have reviewed this information in order to produce this handout:

#### **CHS already have the following in place in line with BGS guidelines:**

- Standard operating procedures for individual residents who show symptoms – that is - new cough or temperature above 37.8 degrees.
- Residents showing symptoms will be 'barrier nursed' – that is confined to their room and staff to wear PPE when entering the room, waste from the room is treated as clinical waste and the resident will be quarantined until they are well or transferred to hospital
- Linen or clothing from individuals suspected of COVID-19 is treated as infected and washed in dissolvable red bags to avoid contamination with other washing
- Staff have stopped travelling in their uniform and can wash these on site using our commercial laundries – using the same red bag system
- If the resident leaves the home, the room will be quarantined under the new COVID-19 void process to allow the virus to die naturally
- Staff are checking temperatures of all residents as this is the best indicator of COVID-19; GP's have also asked staff to monitor other vital signs such as BP and pulse.
- We are working closely with our GP colleagues who advise on each individual concern we raise
- In order to reduce the pressure on the NHS – we have been asked to keep residents with mild symptoms in the care home with these precautions in place
- Care staff are expert in supporting people with cognitive impairment and behavioural symptoms, and it is well documented that these people do not cope well in a hospital environment and are best looked after in familiar surroundings
- Our care staff are very experienced and skilled in providing end-of-life care and are therefore best placed to help the frail and elderly
- It is important that safety is maintained and that all health& safety checks, and emergency repairs continue during the pandemic to maintain a safe environment

#### **Supporting care home residents and staff**

- Care home staff are encouraged to work with residents to address their fears and vulnerability about COVID-19, especially while they are unable to have visitors.

- The COVID-19 pandemic is adding to the strain on care home staff who were already working under challenging circumstances. Advice on the pandemic shifts daily and care home managers will support staff who may feel isolated from the rest of the health and social care system and hence vulnerable.

### **Identifying residents who may have COVID-19 and how to respond:**

- Public Health England have suggested that COVID-19 should be suspected in residents with influenza-like illness. They define this as a fever of at least 37.8°C and at least one of: new persistent cough, hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing or sneezing. Our care home staff, with detailed knowledge of residents, are well-placed to intuitively recognise these subtle signs ('soft signs') of deterioration.
- Staff have access to digital/infra-red thermometers and pulse oximeters to help monitor symptoms in real time
- Once care home staff have a suspected case, we isolate that resident to their room and commence use of the personal protective equipment (PPE) provided. This comprises gloves, aprons and face masks. It is important to note that the PPE requirements for care home staff are the same as those for hospital staff on general wards. PPE advice from Public Health England for non-aerosol activities are being adhered to – this is the appropriate level for a scheme such as residential or extra care, where there are no nursing beds or nursing staff
- We are in touch with several suppliers in order to keep stocks of PPE available for staff across CHS, and can move these quickly to where they are most needed
- The resident's General Practitioner is notified. They will advise CHS on the medical treatment plan and isolation requirements, to prevent transmission of COVID-19 to other residents.

### **Isolating residents**

- Considering the latest government advice about staying at home, and the need to shield care home populations, it is recommended that care homes do not allow visiting. CHS Care Homes have taken this advice and changed the door entry codes to stop entry without permission
- Isolation causes challenges at the end of life, and for residents who 'walk with purpose' (often called 'wandering') but require isolation. We have consulted the Care Quality Commission and physical restraint should not be used. We will seek advice from the GP about these more difficult cases – should the need arise
- If residents are acutely ill it is unlikely, they will remain ambulant for long
- Please note, at the time of writing, there is no relaxation of Deprivation of Liberty Safeguards (DoLS) associated with the pandemic and our care homes will ensure that they adhere to DoLS guidelines.
- Care homes will work with community mental health and dementia teams to isolate a resident 'walking with purpose'.
- Care homes are prepared for the possibility that this could involve receiving residents back from hospital who are COVID positive in order to isolate them in the care home, and we will do what we can to support this, in order to ensure that the whole health

and social care system has capacity to care for the sickest people following official guidance.

### **Advance care planning and escalation**

- Many care home residents are in the last year of their life. The perils of hospitalisation for care home residents, such as delirium, are well-documented and many residents admitted to hospital would prefer to be treated at home. The COVID-19 pandemic has received much coverage in the news and residents and their families will have almost certainly considered what this means for them.
- Staff, families and their GP's will discuss how the COVID-19 pandemic may affect residents with multiple comorbidities and consider whether people want to be admitted for other long-term conditions, such as COPD or heart failure
- Where care home staff feel unable to explore such issues, they should be supported by GPs and primary care teams to discuss DNAR
- The advice to stay at home, and to shield care home residents, means that these discussions may be held by telephone, or using videoconferencing software on tablets or phones. This is not ideal and will require conversations to be planned in advanced to avoid confusion or distress as much as possible

### **Decisions about escalation of care to hospital**

Because most care home residents live with frailty and multiple medical conditions, there may be occasions where paramedics, general practitioners, or other healthcare professionals make decisions not to escalate their care to hospital. These decisions will not be taken lightly, and care home staff will work with healthcare providers to support families and residents if such difficult decisions must be taken.

### ***Testing for COVID-19 (20.04.20)***

*Public Health England (PHE) have now started to test residents living in Residential Care to establish whether there is an outbreak. All residents who are admitted to hospital will be automatically tested.*

*There is now a test for Social Care staff who have symptoms – the testing station is at Stansted Airport. This allows us to confirm if staff have the virus or are ill for some other reason. This will be very helpful in having the right staff on duty and getting staff back to work who do not have the virus.*