

Guidance to Prevent COVID-19 Among Care Home Residents and Manage Cases & Outbreaks in Residential Care Settings in Wales

2 June 2020

Version 3.2

Public Health Wales has a dedicated team working to support care home settings. They are available 7 days a week from 8am until 8pm. In addition, support is available for urgent queries 24 hours a day.

Public Health Wales should be notified of all suspected or confirmed cases of COVID-19 by calling:

0300 00 300 32

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4 Guidance to prevent COVID-19 and manage cases & outbreaks in residential care Settings in Wales

This document replaces a previous version titled Admission and Care of Residents during COVID-19 in Residential Care Settings in Wales. This guidance has been adapted by Public Health Wales from [Admission and Care of Residents during COVID-19 in a Care Home](#) produced by Department for Health and Social Care with Public Health England, Care Quality Commission and NHS England. Version 1 published 2 April 2020.

Version 3.1 updated 17/5/20 with minor changes to guidance on:

- Testing of Residents following change in Welsh Government Policy
- Interpretation of Test Results – interpretation of positive results in asymptomatic individuals
- Management of Waste – additional link added
- Change in case definition – updated to include a loss of, or change in, normal sense of taste or smell (anosmia)

Version 3.2 updated 2/6/20 with minor correction in section 4.2 where the period for an outbreak to be declared over has been corrected from 14 days to 28 days.

1 Introduction

This public health guidance is intended for, local authorities, local health boards and registered providers of care homes or supported living arrangements where people share communal facilities and those supporting these settings e.g. Public Health Wales staff.

The care sector looks after many of the most vulnerable people in our society. In this pandemic, we appreciate that 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. Residents may have COVID-19, and can be cared for in a care home to minimise harm, if this guidance is followed.

This guidance may also change over time as a result of changes in the scientific advice and evidence which underpins it.

2 Prevention

The most effective way to prevent illness and death is to prevent the virus that causes COVID-19 entering a residential setting.

Local Authority Environmental Health Officers will be working with Public Health Wales, Social Services and Health Boards to support residential settings in doing all that they can to reduce the risk of infection.

The guidance set out in this document can and should be followed whether you have people with suspected or confirmed COVID-19 infection or not.

Staff and other visitors to the setting will be the most likely source of the virus. You should be extra careful. The following steps can help:

- All staff should be reminded to follow the UK guidance for self-isolation and household isolation as appropriate and not to come to work if they have any symptoms or anyone in their household has symptoms
- Monitor staff symptoms daily, including as part of handover of staff shifts. If staff become unwell whilst at work, they should immediately go home.

- Make sure staff follow social distancing guidelines while travelling to work and wherever possible when at work, especially during breaks.
- Regular handwashing and social distancing and respiratory etiquette are key measures to prevent spread of this infection in all settings.
- Avoid using staff who are working in other residential or healthcare settings to limit the spread of infection from one setting to another.
- Staff should be trained in the correct use of Personal Protective Equipment (PPE), when to use it, how to use it and how to remove it safely with correct hand hygiene steps. See if your local authority or health board is providing training or advice on infection prevention or use some of the online advice and guides that are [available](#)
- Limit visitors to those that are essential only.

2.1 Prevention and Early Intervention

Care home providers should follow [Social distancing](#) measures for everyone in the care home, wherever possible, including staff and the [Shielding guidance](#) for the extremely vulnerable group.

Care homes should implement daily monitoring of COVID-19 symptoms amongst residents and care home staff, as residents with COVID-19 may present with a new continuous cough and/or high temperature or loss of taste or smell. Assess each resident twice daily for the development of a fever ($\geq 37.8^{\circ}\text{C}$), cough or shortness of breath. Symptoms may be more nuanced in older people with co-morbidities in care homes who may present with Influenza Like Illness (ILI), respiratory illness, new onset confusion, reduced alertness, reduced mobility, or diarrhoea and sometimes do not develop fever. This may be true for COVID-19, so such changes should alert staff to the possibility of new COVID infection.

Immediately report residents or staff with symptoms to Public Health Wales on **0300 00 300 32**, as outlined in the section 4.1.2.

3 Admission of residents

This guidance sets out advice in relation to a range of scenarios that may be encountered by care homes and those who are working to support and advise them. Where appropriate reference is made to current Welsh Government policy and communications.

3.1 Discharge from hospital

Individuals may be discharged to a range of different settings including designated COVID-19 step down care or residential or nursing home settings. It is important that infection, prevention and control is considered when planning transfers of care.

[Guidance for stepdown of infection control precautions and discharging COVID-19 patients](#) may also be helpful for those individuals who have particular needs.

A range of policy measures has been put in place to reduce the risk of COVID-19 infection entering a care home; including through discharge from hospital. These have been outlined in Welsh Government letters from the Chief Medical Officer and Deputy Director General dated 22 April 2020 to care home providers and others and in letters dated 24 April 2020 to Local Health Boards and others which include reference to the provision by [Health Boards of appropriate 'step down' care in local settings](#).

Welsh Government policy requires Health Boards to test all individuals being discharged from hospital to a step down or care home setting regardless of whether or not they were admitted to hospital with COVID-19 so that their COVID-19 status is known on discharge. As advised by Welsh Government policy people will not be admitted to a care home without a negative test.

Annex C provides specific guidance on isolation for residents in residential care settings.

3.1.1 Individuals who test negative prior to discharge

The amount of virus present in different compartments of the body varies over the time course of infection. Therefore, a negative result cannot rule out the presence of COVID-19 infection, particularly in the incubation

period. Where the test was taken 48 hours in advance of discharge the patient could become infected after the test has been taken.

Where an individual is not showing any symptoms they must continue to be cared for in isolation as above (Appendix C) with appropriate Infection Prevention and Control (IP&C) precautions in place for a period of 14 days from transfer into the care home / step down care setting. After which time they can return to normal care.

If an individual shows symptoms (of not only fever, cough and a loss of, or change in, normal sense of taste or smell (anosmia) but also unusual symptoms such as fatigue, headache, muscle ache and loss of appetite) they must continue to be cared for in isolation with appropriate Infection Prevention and Control (IP&C) precautions in place for a period of 14 days from transfer into the residential / step down care setting or until the symptoms disappear whichever is longer.

If symptoms worsen, or new symptoms develop, the usual care provider (GP) should be informed immediately for further advice around escalation and to ensure person-centred decision making is followed. For a medical emergency dial 999. Considerations for further testing will be discussed on a case-by-case basis.

Patients may develop new symptoms of COVID-19 since being tested and discharged and appropriate guidance should be followed in these circumstances.

3.1.2 Individuals Who Test Positive prior to discharge

Welsh Government policy requires Health Boards to provide [appropriate 'step down' care in local settings](#), for individuals that test positive prior to discharge from hospital.

Where an individual has tested positive on discharge they must continue to be cared for in isolation with appropriate Infection Prevention and Control (IP&C) precautions in place for a period of 14 days from transfer into an agreed appropriate setting or until the symptoms disappear whichever is longer.

Considerations for further testing will be discussed on a case-by-case basis.

It is known that viral tests can remain positive for many days (documented up to 39 days), even when the patient has recovered. However, these tests seem to be detecting non-viable virus, and the patients are unlikely to be infectious at this point. Hospital discharge teams and care homes may wish to seek advice from Public Health Wales or hospital infectious disease teams to prevent unnecessarily long hospital stays in these cases.

Public Health Wales will assist residential settings and hospital discharge teams in risk assessing whether it is safe and appropriate for an individual to return to a care setting (**0300 00 300 32**).

3.2 Admission to residential settings from the community or inter-home transfers

Welsh Government policy has advised that all individuals being admitted to a care home from the community or transferred from another home should be tested for COVID-19 and should have a negative result.

Transfers between homes should only be undertaken in exceptional circumstances and with appropriate advice and risk assessment.

Health Boards have the responsibility for making arrangements for testing. Contact details for Health Boards to arrange testing for care homes are included in Annex H.

The information in section 3.1 on interpreting test results would equally apply in these circumstances.

In the event of an individual requiring admission without a test result e.g. in a situation where it was unsafe for them to remain at home. The step-up/step-down facility to which they are admitted must be able to provide appropriate isolation and they should be treated as a COVID-19 positive individual.

4 Caring for residents, depending on their COVID-19 status

Residential settings will be caring for individuals who are known or suspected to have COVID-19. This guidance provides advice on how to do this and minimise the risk to others.

4.1 COVID-19 positive cases

If you are caring for a resident who has tested positive for COVID-19, it is important that careful attention is given to preventing the spread of the infection by isolating those who are positive, the use of appropriate PPE and infection prevention and control measures.

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 14 day isolation period, then care should be provided as normal.

4.1.1 Symptomatic residents

Any resident presenting with symptoms of COVID-19 (Annex A) should be promptly isolated (see *Annex C* for further detail), and separated in a single room with a separate bathroom, where possible. Contact the NHS 111 COVID-19 service for clinical advice. If further clinical assessment is advised, contact their GP. If symptoms worsen during isolation or are no better after 7 days, contact their GP for further advice around escalation and to ensure person-centred decision making is followed. For a medical emergency dial 999.

You should immediately notify Public Health Wales **0300 00 300 32** who will advise on infection prevention and control measures – **do not wait for testing**. Staff should immediately instigate these infection control measures to care for the resident with symptoms, which will avoid the virus spreading to other residents in the care home and stop staff members becoming infected.

Care home staff should note that people with dementia and cognitive impairment may be less able to report symptoms because of communication difficulties, and therefore staff should be alert to the presence of signs as well as symptoms of the virus. This could include delirium, which people with dementia are more prone to suffer from if they develop an infection.

For people with a learning disability, autism, mental health problem or dementia we suggest that you read this [guidance](#) which has good information about the additional things to do if you are caring for this group of people.

4.1.2 Testing residents

As testing capacity increases, the government has offered more comprehensive testing to the social care sector:

Testing will be provided by the relevant Health Board, according to local protocol for swabbing and testing. The priority will be to arrange swabbing for initial possible cases to confirm the existence of an outbreak and ensure rapid control measures are implemented.

New Incidents

As outlined above 4.1.1 continue all strict control measures including isolation, cohorting (Annex C) and infection control measures until results for all residents who were tested are obtained or until the period of isolation has been completed.

If the initial residents or staff test positive the Health Board will arrange whole home testing. Care Homes will be informed of the results of testing by the Health Board. The Health Board will also inform Public Health Wales of the results who will provide further advice on infection prevention and control. There will be close monitoring and where further testing will aid outbreak control Public Health Wales will request the Health Board to carry this out.

Where further residents develop symptoms they will also be tested although this does not change the management of the incident.

This will mean that residents who do not have symptoms will be tested and it is possible that some of these will be COVID positive. In this situation follow the guidance for a COVID positive individual and count the period of isolation from the date of the test. If they subsequently develop symptoms within the 14 isolation period you should start counting again from the date of onset of symptoms.

Existing Incidents

If an outbreak already exists in a care home, there is a need to assume that transmission has occurred and act accordingly. In these settings infection prevention and control measures including social distancing, isolation, use of PPE and enhanced cleaning should be continued.

Health Boards will undertake whole home testing in these settings where the incident was reported prior to 2 May 2020 (for those on or after this date the new incident testing applies see above) and they have had new symptomatic cases in the preceding 28 days. Only those who have not previously tested positive will be tested.

4.2 Reporting of COVID-19 cases

Annex B contains definitions of cases and contacts. You must inform Public Health Wales of any symptomatic cases or if you are notified of a positive test of a resident following admission to hospital in the last 14 days. Public Health Wales will advise on further communication to Health Boards and local authority colleagues.

You must also notify Care Inspectorate Wales if you are a registered care provider.

Public Health Wales will provide advice and support along with Local Authority and Health Board partners to help the care home to manage the outbreak.

- Follow the outbreak¹ control measures advised by Public Health Wales.
- The outbreak can be declared over once no new cases have occurred in the 28 days since the appearance of symptoms in the most recent case.

5 Providing care after death

The infection control precautions described in this document continue to apply whilst an individual who has died remains in the care home. This is due to the ongoing risk of infectious transmission via contact, although the risk is usually lower than for those living.

Further information can be found [here](#).

¹ The term outbreak is used here but given the current situation Local Authorities and Public Health Wales will not be following normal Outbreak Control Plans.

6 Advice for staff

The personal protective equipment (PPE) that must be worn when caring for residents while there is ongoing spread of the virus in the community is described [here](#). This advises that PPE should be used at all times irrespective of whether the resident is positive or negative. If you are caring for residents who use devices which generate aerosol (AGP) additional protection is required. Aerosol generating procedures (AGP) may include:

- Caring for patients with a tracheotomy or tracheostomy procedures (e.g. open suctioning)
- non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP)
- High Frequency Oscillatory Ventilation (HFOV)
- induction of sputum
- high flow nasal oxygen (HFNO)

Additional advice on the use of PPE in these circumstances is available [here](#). You should seek advice from Public Health Wales or your local community infection control team if you believe you undertake these procedures.

Care home staff who come into contact with a COVID-19 patient while not wearing PPE can remain at work. This is because in most instances this will be a short-lived exposure, unlike exposure in a household setting that is ongoing. These are guiding principles and there should be an individual risk assessment based on staff circumstances, for example staff who are vulnerable should be carefully assessed when assigning duties, and where a possible or confirmed COVID-19 case is present in a care home, efforts should be made to cohort staff caring for that person. Further guidance can be found in *Appendix F* and on the link above.

For staff who have COVID-19 symptoms, they should:

- Not attend work if they develop symptoms.
- Notify their line manager immediately.

- Self-isolate for 7 days, following the guidance for [household isolation](#). Section 6.1 Staff Testing provides further advice.
- The care home must notify Public Health Wales of any new symptomatic staff. They must also notify Care Inspectorate Wales.

Where providers consider there to be imminent risks to the continuity of care, such as the potential closure of a service, they should raise this with the local authority and Care Inspectorate Wales without delay.

6.1 Testing for Staff

Arrangements have been made to test staff through the local health board. Details of how to contact the Health Board to arrange testing are included in Annex H.

The main purpose for testing of symptomatic staff and the symptomatic household contacts of non-symptomatic staff is to enable staff to return to work from isolation.

To be tested, they must meet the following basic conditions:

- IF STAFF – symptomatic and self-isolating for 5 days or less
- IF HOUSEHOLD MEMBER – symptomatic, and asymptomatic staff member has been self-isolating for 12 days or less

If you have a positive test result:

Self-Isolate

You and your whole household must self-isolate at home in line with the [UK Government self-isolation guidance](#).

To reduce the risk of passing on the infection to other household members you should take actions as outlined in the guidance.

Return to Work – on day 8 if:

- On day 8 after the onset of symptoms as long as you do not have a raised temperature (without taking anti-fever medications such as paracetamol, etc.) for the last 48 hours.

- If by day 8, you have not had a raised temperature for 48 hours, and your only symptom is a persistent cough, you can still return to work (post-viral cough is known to persist for several weeks in some cases).

Your **household members** are to self-isolate for 14 days from your symptom onset date; if they subsequently develop symptoms themselves, they must self-isolate for at least 7 days from their symptom onset. Further details are available in the [UK Government self-isolation guidance](#).

If the ill person in the household is not showing signs of improvement after 7 days and has not already sought medical advice, visit the [NHS Direct Wales website](#) or call NHS 111. If it is a medical emergency, call 999.

Your negative test does not conclusively rule out infection due to COVID-19, but means that it is more likely that your symptoms were due to a different infection which could be passed on to others, such as influenza or other bugs that cause coughs and colds. It is important that you do not pass on these infections either.

Therefore, as you work with vulnerable people, you should **not** return to work until day 8 from symptom onset, and only then if:

- On day 8 after the onset of symptoms you do not have a high temperature (without taking medications such as paracetamol, etc.)
- If by day 8, you have not had a raised temperature for 48 hours, and your only symptom is a persistent cough, you can still return to work (post-viral cough is known to persist for several weeks in some cases).
- You are medically fit to work (you may need occupational health advice for this)

If you become unwell again, you should self-isolate again, and may need a further test.

6.1.1 Whole Home Testing

In some circumstances, for example to effect quick control of an outbreak wider testing will be undertaken within a home (Section 4.1.2) then staff may be tested who are not symptomatic. In some of these individuals a

positive test result will be obtained. These staff should follow the guidance above for a positive COVID-19 test results and count the period of isolation from the day of the test. If they develop symptoms within the 7 day isolation period they should reset the clock and start counting again for 7 days.

7 Supporting existing residents that may require medical care

If you become concerned about the health of one of your residents do not delay seeking advice from NHS 111, their GP or 999 depending on the urgency. A COVID-19 test is not required.

If you think one of your residents may need to be transferred to hospital for urgent and essential treatment, consider the following checklist:

If a resident shows symptoms of COVID-19:

If hospitalisation is required:

- Inform the Welsh Ambulance Service and the receiving healthcare facility that the incoming patient has COVID-19 symptoms.
- Follow Infection Prevention and Control guidelines for patient transport as advised

Postpone routine non-essential medical and other appointments.

- Review and postpone all non-essential appointments (medical and non-medical) that would involve residents visiting the hospital or other health care facilities.
- If medical advice is needed to manage routine care, consider arranging this remotely via a phone call with the GP or named clinician.

Attending hospital for routine outpatient care or treatment

Health Boards are required to make arrangements for the segregation of COVID-19 and non-COVID-19 patients, including attending accident and emergency centres.

There will be circumstances where it is necessary for a resident to attend a hospital for outpatient appointment that cannot be deferred or delayed. It is important that residents continue to receive necessary healthcare and treatment.

Where a resident has attended for a routine appointment there is no requirement for isolation when they return to the care setting.

Attending hospital accident and emergency departments

Where a resident has been assessed in a setting reserved for non-COVID-19 suspected patients they may return to the residential setting and will not need to be isolated. Where a resident has been assessed or treated in an environment where COVID-19 patients were also being treated or where this is unknown there may be a need for isolation on return to the care setting. Please seek appropriate advice from the hospital or Public Health Wales

ANNEXES

Annex A: COVID-19 symptoms and higher risk groups

Symptoms of COVID-19 (Coronavirus) are recent onset of:

- new continuous cough and/or
- high temperature
- a loss of, or change in, normal sense of taste or smell (anosmia)

Symptoms may be more nuanced in older people with co-morbidities in care homes who may present with Influenza Like Illness (ILI), respiratory illness, new onset confusion, reduced alertness, reduced mobility, or diarrhoea and sometimes do not develop fever. This may be true for COVID-19, so such changes should alert staff to the possibility of new COVID infection.

Persons at higher risk of COVID-19 in residential care settings

The following individuals are at an increased risk of severe illness from coronavirus (COVID-19). Care home providers should be stringent in following [Social distancing](#) measures for everyone in the care home and the shielding guidance for those in extremely vulnerable groups.

- a. Anyone who falls under the category of extremely vulnerable should follow the [Shielding guidance](#) to protect these individuals.
- b. Anyone aged 70 years or older (regardless of medical conditions) should follow social distancing guidance for the clinically vulnerable.
- c. Anyone aged under 70 years with an underlying health condition – for most this will align with eligibility for the flu jab on medical grounds – should follow social distancing guidance for the clinically vulnerable.

Annex B: Definitions of COVID-19 cases and contacts

- **Possible case of COVID-19** in the care home: Any resident (or staff) with symptoms of COVID-19 (high temperature or new continuous cough, or symptoms outlined in Annex A),
- **Confirmed case of COVID-19:** Any resident (or staff) with laboratory confirmed diagnosis of COVID-19.
- **Infectious case:** Anyone with the above symptoms is an infectious case for a period of 7 days from the onset of symptoms.
- **Resident contacts:** Resident contacts are defined as residents that:
 - Live in the same unit / floor as the infectious case (e.g. share the same communal areas).

 - or

 - Have spent more than 15 minutes within 2 metres of an infectious case.
- **Staff contacts:** Staff contacts are care home staff that have provided care within 2 metres of a possible or confirmed case of COVID-19 for more than 15 minutes without using appropriate PPE.
- **Outbreak:** Two or more cases which meet the case definition of possible or confirmed case as above, within a 28-day period among either residents or staff in the care home.

Annex C: Isolation of COVID-19 symptomatic patients

Isolation of residents

- a. **Single case - Isolation of a symptomatic resident:** All symptomatic residents should be immediately isolated for 14 days from onset of symptoms².
- b. **More than one case - Cohorting of all symptomatic residents:**
 - Symptomatic residents should ideally be isolated in single occupancy rooms.
 - Where this is not practical, cohort symptomatic residents together in multi-occupancy rooms. 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.
 - Do not cohort suspected or confirmed patients next to immunocompromised residents.
 - When transferring symptomatic residents between rooms, the resident should wear a surgical face mask.
 - Clearly sign the rooms by placing IPC signs, indicating droplet and contact precautions, at the entrance of the room.
 - Staff caring for symptomatic patients should also be cohorted away from other care home residents and other staff, where possible/practical. If possible, staff should only work with either symptomatic or asymptomatic residents. Where possible, staff who have had confirmed COVID-19 and recovered should care for COVID-19 patients. Such staff must continue to follow the infection control precautions, including PPE as outlined in this document.

Isolation and cohorting of contacts:

² The 7 days isolation period usually applies but care home residents are a particularly vulnerable group and their immune response may differ from younger normally healthier individuals. Therefore, a 14 day period of isolation is recommended for residents in care homes.

Careful risk assessment of the duration and nature of contact should be carried out, to put in place measures such as isolation and cohorting of exposed and unexposed residents. Please refer to the definition of contacts in *Annex B*. There are broadly three types of isolation measures:

- **Isolation of contacts individually in single rooms for 14 days after last exposure to a possible or confirmed case:** This should be the preferred option where possible.

These contacts should be carefully monitored for any symptoms of COVID-19 during the 14-day period as described earlier.

- **Cohorting of contacts within one unit rather than individually:** Consider this option if isolation in single rooms is not possible due to shortage of single rooms when large numbers of exposed contacts are involved.
- **Protective cohorting of unexposed residents:** Residents who have not had any exposure to the symptomatic case can be cohorted separately in another unit within the home away from the cases and exposed contacts.
- Extremely clinically vulnerable residents should be in a single room and **not share bathrooms with other residents.**

Annex D: 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.

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- Restrict sharing of personal devices (mobility devices, books, electronic gadgets) with other residents.

Annex E: Personal Protective Equipment (PPE)

PPE supplies and availability

Supplies of personal protective equipment to the care sector are fundamental for the good care of individuals with suspected symptoms of COVID-19. No wholesaler has been asked to prioritise NHS provision over the care sector nor should they be doing so. The rationale underlying all PPE distribution and utilisation should be based on clinical risk. Managers of care homes should ensure all staff are familiar with and use the PPE recommended by Public Health to keep staff and patients safe and to assure essential flows of equipment.

As part of the free distribution of PPE NHS Shared Services has already provided packs of PPE, comprising gloves, aprons, masks and goggles to local authorities for onward distribution to care providers in their areas. Further deliveries of stock are being rolled out on a continued basis and we will continue to work with local authorities and NHS Shared Services to monitor levels of PPE and provide future deliveries.

For future PPE requirements, care providers should order PPE from their usual suppliers.

If care providers have immediate concerns over their supply of PPE, please contact your Local Authority's social services department who will be able to provide support.

Hand Hygiene

- Washing hands with soap and water for at least 20 seconds is essential before and after all contact with the person being cared for, removal of protective clothing and cleaning of equipment and the environment.
- Wash hands with soap and water. Alcohol-based hand rub (ABHR) can be used if hands are not visibly dirty or soiled.
- Promote hand hygiene ensuring that everyone, including staff, service users and visitors, have access to hand washing facilities.
- Provide alcohol-based hand rub in prominent places, where possible.

- Any visitors should wash their hands on arrival into the home, often during their stay, and upon leaving.

Respiratory and Cough Hygiene – ‘Catch it, bin it, and kill it’

- Disposable single use tissues should be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose. Used tissue should be disposed of promptly in the nearest foot operated waste bin. Hands should be cleaned with soap and water if possible, after coughing or sneezing, using tissues or after contact with respiratory secretions and/or contaminated objects.
- Encourage individuals to keep hands away from eyes, mouth and nose. Some people may need assistance with containment of respiratory secretions, those who are immobile will need a container at hand for immediate disposal of the tissue such as a bag.

More information on the use of PPE can be found on [gov.uk](https://www.gov.uk), including a specific guide to [How to Work Safely in Care Homes](#) and advice and easy to follow guides and video on how to safely put on and remove PPE.

Annex F: Decontamination and cleaning processes for care homes with possible or confirmed cases of COVID-19

General advice on cleaning in non-healthcare settings can be found [here](#).

Domestic staff should be advised to clean the isolation room(s) after all other unaffected areas of the facility have been cleaned. Ideally, isolation room cleaning should be undertaken by staff who are also providing care in the isolation room.

The person responsible for undertaking the cleaning with detergent and disinfectant should be familiar with these processes and procedures:

a. In preparation

- Collect any cleaning equipment and waste bags required before entering the room.
- Any cloths and mop heads used must be disposed of as single use items.
- Before entering the room, perform hand hygiene then put on a FRSM, disposable plastic apron and gloves.

b. On entering the room

- Keep the door closed with windows open to improve airflow and ventilation whilst using detergent and disinfection products.
- Bag any disposable items that have been used for the care of the patient as clinical waste.

c. Cleaning process

- Use disposable cloths/paper roll/disposable mop heads, to clean and disinfect all hard surfaces/floor/chairs/door handles/reusable non-invasive care equipment/sanitary fittings in the room, **following one of the 2 options below:**
 - Use either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.)

or

- A neutral purpose detergent followed by disinfection (1000 ppm av.cl.).
- Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants.
- Any cloths and mop heads used must be disposed of as single use items.

Cleaning and disinfection of reusable equipment

- Clean and disinfect any reusable non-invasive care equipment, such as blood pressure monitors, digital thermometers, glucometers, that are in the room prior to their removal.
- Clean all reusable equipment systematically from the top or furthest away point.

Carpeted flooring and soft furnishings

- For carpeted floors/items that cannot withstand chlorine-releasing agents, consult the manufacturer's instructions for a suitable alternative to use following, or combined with, detergent cleaning.

d. On leaving the room

- Discard detergent/disinfectant solutions safely at disposal point.
- Dispose of all waste as clinical waste.
- Clean, dry and store re-usable parts of cleaning equipment, such as mop handles.
- Remove and discard PPE as clinical waste as per local policy.
- Perform hand hygiene.

e. Staff Uniforms

Uniforms should be transported home in a disposable plastic bag.

Uniforms should 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, then ironed or tumble dried.

f. Safe Management of Linen

Please refer to guidance [here](#).

Any towels or other laundry used by the individual should be treated as infectious and placed in an alginate bag then a secondary clear bag. This should then be removed from the isolation room and placed directly into the laundry hamper/bag. Take the laundry hamper as close to the point of use as possible, but do not take it inside the isolation room.

When handling linen do not:

- Rinse, shake or sort linen on removal from beds.
- Place used/infectious linen on the floor or any other surface e.g. table top.
- Re-handle used/infectious linen when bagged.
- Overfill laundry receptacles; or
- Place inappropriate items in the laundry receptacle.

Laundry must be tagged with the care area and date, and stored in a designated, safe lockable area whilst awaiting uplift or laundering.

This should be laundered in line with local policy for infectious linen.

g. Waste

Care homes that provide nursing or medical care are considered to produce healthcare waste and should comply with [Health Technical Memorandum 07-01: Safe management of healthcare waste](#).

All consumable waste items that have been in contact with the individual, including used tissues, should be put in a plastic rubbish bag, double bagged

and tied. This should be put in a secure location awaiting uplift in line with local policies for contaminated waste.

Waste such as urine or faeces from individuals with possible or confirmed COVID-19 does not require special treatment and can be discharged into the sewage system. If able, the individual can use their en-suite WC.

Communal facilities should not be used. Care homes should have well-established processes for waste management.

Annex G: Communications

- Display signs to inform of the outbreak and infection control measures, examples can be found [here](#).
- Provide 'warn and inform' letters to residents, visitors and staff if there is a suspected case of COVID-19 in the home.
- Although Public Health Wales will provide public health advice in response to an outbreak (including potential closure to new admissions), the care home management has the final responsibility to communicate information, including to staff and visitors and to implement infection control recommendations and any advice on closure to admissions from Public Health Wales. The care home has the primary responsibility for the safety of its staff and residents.

Considerations for visitors and non-essential staff

- Family and friends should be advised not to visit care homes, except next of kin in exceptional situations such as end of life. Follow the [social distancing guidance](#).
- Visitors should be limited to one at a time to preserve physical distancing.
- Visitors should be reminded to wash their hands for 20 seconds on entering and leaving the home and catch coughs and sneezes in tissues.
- Visitors to minimise contact with other residents and staff (less than 15 minutes / 2 metres etc.)
- Alternatives to in-person visiting should be explored, including the use of telephones or video, or the use of plastic or glass barriers between residents and visitors.
- Visitors should visit the resident in their own room directly upon arrival and leave immediately after the visit.
- Cancel all gatherings and plan alternative arrangements for communal activities which incorporate social distancing.

Support for care home staff

- Review sick leave policies and occupational health support for care home staff and support unwell staff to stay at home as per Public Health guidance. Support for employers is available [here](#).
- Staff who have a symptomatic household member must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the house became ill. If the staff member develops symptoms during this period, they can return to work 7 days after their symptoms started and they are no longer symptomatic. Further guidance is available [here](#).
- Staff who fall into the clinically vulnerable group, should not provide direct care to symptomatic residents.
- Women who are pregnant should seek advice and follow relevant [guidance](#)
- 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 in place including a plan for surge capacity for staffing, including volunteers.

ANNEX H: Health Board Contact Points for Testing of Care Home Residents and Staff

Health Board	Email for line listing
Swansea Bay (Swansea and Neath Port Talbot)	SBU.NeathPCH@wales.nhs.uk 01639 862757
BCU (Anglesey; Gwynedd; Denbighshire; Conwy; Wrexham; Flintshire)	BCU.Covid19CareHomeTestingHub@wales.nhs.uk 01745 448247
Cwm Taf Morgannwg (Rhondda CynonTaf; Bridgend; Merthyr)	CTM_COVID19@wales.nhs.uk 01656 752993 (7 days a week, 9am-5pm).
Cardiff and Vale (Cardiff and Vale of Glamorgan)	cardiffandvalecommunicationhub@wales.nhs.uk
Aneurin Bevan (Monmouth; Newport; Torfaen, Caerphilly; Blaenau Gwent)	COVID.Enclosed.abb@wales.nhs.uk
Hywel Dda (Pembrokeshire; Ceredigion, Carmarthen)	covid19.hdd@wales.nhs.uk
Powys	pthbcovid19@wales.nhs.uk