

COVID-19: GUIDANCE FOR NURSING AND RESIDENTIAL CARE HOMES IN NORTHERN IRELAND

17 March 2020

COVID-19: Key messages for providers of residential and nursing care in Northern Ireland

- **Co-ordination** between care providers, the voluntary and community sector, and the PHA is critical to the success of the strategy for delaying and treating COVID-19.
- **Workforce:** providers and trusts must plan in partnership, making the best use of all available assets in the community, to ensure the availability and adequate training of staff.
- **Access to PPE:** providers must work with suppliers to secure an adequate supply of PPE but will be supported by trusts where they are unable to source items.

1. This guidance sets out key messages to support planning and preparation as we move into the delay phase of responding to the risk of widespread transmission of COVID-19. It has been developed in consultation with a number of representative bodies. Further material to address additional questions and provide key contacts will be provided in the coming days.
2. This guidance is aimed at HSC trusts and registered providers of accommodation for people who need personal or nursing care. There are also important messages for relatives and friends of those in nursing and residential homes. Separate guidance will be issued for providers of residential children's homes.

For Health and Social Care Trusts

3. It will be essential for HSC Trusts to work in partnership with nursing and residential care home providers throughout the period of the COVID-19 delay phase and in the event of widespread transmission. Alongside this, the Health and Social Care Board has sought approval to free up Trust resources in a number of areas to enable them to rapidly respond to, focus on and prioritise the needs and staff requirements associated with the impact of COVID-19.

4. HSC trusts should take the following steps:
 - a. Where you have not already done so, contact all registered nursing and residential homes in their HSC Trust area to discuss and facilitate plans for mutual aid. A [list of all nursing and residential homes](#) can be accessed and searched on the RQIA website at <https://www.rqia.org.uk/what-we-do/register/services-registered-with-rqia/> It is vital that plans take account of nursing and residential care homes providing services mainly or solely to people who fund their own care. Mutual aid should include nursing and residential care homes sharing appropriately qualified staff and other resources between homes. Trusts will also need to consider what resources, including staff, they can deploy to nursing and residential homes where a need arises.

 - b. New arrangements for GPs to assess and manage new cases in the community are being developed. This will include assessment, potential visits or referral into secondary care. Separate guidance will be provided once this service has been established

 - c. Make the best use of all the assets available to the community. This will include the voluntary, community and social enterprise sectors as well as friends, families, carers or other volunteers where it is safe to do so. Trusts should consider how they can use existing contracts with the

voluntary, community and social enterprise sector to support work related to COVID-19, including supporting residential and nursing homes. Details of many community and voluntary organisations can be accessed through the Northern Ireland Council for Voluntary Action, who have a member directory on their website www.nicva.org/members.

- d. Work with nursing and residential homes on the provision of appropriate PPE. Where homes are unable to source appropriate PPE provision, Trusts must take into account these needs when seeking supplies from the Business Services Organisation. Trusts must work with homes to understand requirements and prioritise stock across organisations, where there are any short term limitations on stock. Trusts should ensure all nursing and residential homes have a named point of contact with whom to discuss PPE provision. Homes should not be charged for the provision of PPE from Trust stocks.
- e. This is a time limited approach, related to the COVID-19 only
- f. Planning will also need to take account of the financial resilience of care home providers. Where, as a result of the COVID-19 outbreak a nursing or residential care home's income reduces by greater than 20% below the past 3 months' average then Trusts should block purchase 80% of the vacated beds at the regional tariff. The Trust should then fill these beds as required over the next three months. If beds are still vacant at the end of that period a further review would be undertaken by the Trust working with the Health and Social Care Board.
- g. Trusts should work with homes to consider, where possible, what measures may be put in place to support providers in maintaining residents' independence and mobility and prevent or delay deterioration and loss of function.

- h. Trusts will need to work with families and friends to ensure they understand that those deemed medically fit and waiting on a residential placement will be allocated the first place that is available. This may not necessarily be the first choice for the individual, their family or friends but it is important to note that people can subsequently move to the home of their choice, once it becomes available.

For Care Homes

5. The PHA are re-directing resource currently focused on working to support Care Home Transformation to develop and improve practice, to support homes in how they manage COVID-19 outbreaks and minimise the likelihood of infection.

Restrictions on Visitors

6. Nursing and residential care homes should implement the existing policies they would use if there was an infection control issue at the home. Homes should ensure good communication with families and friends on these restrictions and ensure ongoing communication to assure families and friends about the ongoing quality of care and wellbeing of residents.
7. Although there is no blanket ban on visits to nursing and residential homes at this stage, restrictions on visits are advised. It is fully accepted that for many families and patients, visits are essential – and important to patient well-being. Homes should seek to facilitate and increase other forms of contact as far as possible – for instance, telephone calls or video calls.
8. Given the particular risks from COVID-19, however, providers must prioritise the safety and well-being of patients and staff. People with underlying health

problems are at particular risk, which is why care providers need to take particular care.

9. Providers must ensure relevant Health and Social Care professionals continue to have access to residents where they need to in order to carry out any necessary assessments or deliver care. However, non-urgent professional visits, or those which are not related to statutory requirements, should cease for the foreseeable future. You should also ensure that any through-premises deliveries cease. You will wish to give careful consideration to the frequency and nature of pastoral and chaplain visits – although an important part of residents’ well-being, any such visitors should be reminded of the need to minimise physical contact and to follow the advice on effective hygiene.

10. As we move into the delay phase, providers should ask visitors to follow the following common sense guidelines:
 - Do not visit if you are unwell yourself.
 - Wash your hands thoroughly with soap and water before and after visiting and use the hand gel provided – it is strongly recommended that you display guidance on hand washing techniques in areas where there are wash basins, if this has not already been done, and that the “Catch it, Bin it, Kill it” advice is displayed prominently in the care home.
 - Ask yourself if your visit is essential and keep numbers to a minimum – one adult visitor per day.

Admission and discharge from nursing and residential care homes

11. Family or friends may wish to take residents to live with them away from the nursing or residential home for a period. This should be discussed by the home, family and friends with the resident and their preference facilitated as far as possible. Homes will need to discuss the care regime with any proposed carers and the resident to provide assurance that the resident’s needs are capable of being met out of the home. Where there are nursing

needs, it should not be assumed that these can be provided in the community by the Trust. Homes should engage with the Trust to discuss the ability for any nursing or other support to be provided in the community. Families and friends should be aware that it may not be possible to safely facilitate care outside of a nursing or residential home. Families and friends should provide advance warning to the home where they wish to discuss this and recognise that there may need to be engagement with the Trust to ensure a properly informed decision can be made. Where the resident does not have capacity in relation to this decision, usual processes regarding best interests should apply. Homes should not permanently re-allocate these places, without agreement from the Trust and individual affected. Where an individual is in isolation appropriate arrangements to maintain that isolation (including when travelling) must be made if the individual is to leave the home.

12. Nursing and residential homes should work closely with trusts to facilitate discharges from hospital. Effective flow through our hospitals will be important to ensure the best treatment for as many individuals as possible. Homes should work with Trusts to communicate vacant placements quickly and facilitate the filling of places.

Infection control and use of PPE

13. If neither the care worker nor the individual receiving care and support is symptomatic, then no personal protective equipment is required above and beyond normal good hygiene practices.
14. General interventions may include increased cleaning activity to reduce risk of retention of virus on hard surfaces, and keeping property properly ventilated by opening windows whenever safe and appropriate.
15. It is recommended that, where on balance it is feasible to do so, residents assessed as being particularly vulnerable be accommodated in a designated

area through which staff movement can be limited without compromising care. This would allow for effective monitoring and contact tracing as required.

16. Public Health England has issued guidance setting out the appropriate PPE equipment that should be used when dealing with COVID-19 at <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control> It is important to note the updated advice that, where staff are in close contact with a patient who is symptomatic but not confirmed to have COVID-19 and is not undergoing one of the aerosol generating procedures (AGPs) listed at paragraph 5.4 of the PHE guidance, they do not need to wear a FFP3 respirator mask but should wear a fluid resistant surgical facemask. It should be noted that administration of medication via nebulisation is not an AGP.
17. The Public Health Agency co-ordinates a dedicated team of infection and prevention control nurses, who can provide advice and guidance in the event of an outbreak. Following a report case, the PHA will contact the setting to perform a risk assessment. Nursing Homes will already have been sent information on how to manage an outbreak as part of flu preparations and this should be the first point of reference for advice.
18. It should be noted that the PHA will only visit the care setting during an outbreak if it is felt necessary to do so following a risk assessment or if further support is required to manage an outbreak. HSC Trusts will act as a point of contact for all nursing and residential care homes to arrange to “fit test” PPE equipment for staff, ensuring that each individual member of staff uses the appropriate size of protective equipment to ensure maximum protection from infection. Thereafter, where an FFP3 respirator is necessary, it should be fit-checked every time it is used.

19. It is essential that staff are trained to use and dispose of all PPE appropriately. For example, the need to wash your hands thoroughly with soap and water before putting on and after taking off PPE. Staff and visitors should also be made aware of the PHA guidance on respiratory hygiene – see “Catch it, bin it, kill it”.
20. Nursing and residential 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. If isolation is needed, a resident’s own room can be used. Ideally the room should be a single bedroom with en suite facilities.
21. The PHA will ensure that a dedicated team engages with the home, in the event of one or more residents testing positive for COVID-19, to help you to ensure that isolation arrangements are put in place to minimise the risk of the infection spreading.
22. All staff will already be trained in hand hygiene. Much of the care delivered in nursing and residential homes will require close personal contact. Where a resident is showing symptoms of COVID-19, steps should be taken to minimise the risk of transmission through safe working procedures. Staff should use personal protective equipment (PPE) for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids. Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing, then eye protection will minimise risk.
23. New PPE must be used for each episode of care. It is essential that used PPE is stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste

within the room. This should be put aside for at least 72 hours before being disposed of as normal. Homes should have well-established processes for waste management.

24. Nursing and residential homes should clean frequently touched surfaces. Personal waste (such as used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal.
25. Dirty laundry should not be shaken. This will minimise the possibility of dispersing virus through the air. Items should be washed as appropriate in accordance with the manufacturer's instructions. Dirty laundry that has been in contact with an ill person can be washed with other people's items. Items heavily soiled with body fluids, such as vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent. If a resident has symptoms of COVID-19, staff should advise families who normally take their relative's laundry home to wash that the laundry must be washed by staff on-site.

Maintaining other supplies

26. Care home providers should already have contingency plans in place, having worked with their usual suppliers, to secure, in so far as it is possible to do so, long-term supplies of food, pharmaceuticals, bed linen and other essential supplies. We do not expect there to be disruptions to supply but in the event that nursing or residential homes face challenges they should work with their local HSC Trust to consider how any essential support can be provided.

Staff training

27. It is strongly recommended that all care home staff, including volunteers and temporary staff, receive or refresh training and/or guidance on: a) infection prevention and control, and b) the use of PPE equipment.
28. The Northern Ireland Social Care Council has published a free resource on its learning zone on infection control, hand hygiene and using PPE - <https://learningzone.niscc.info/learning-resources/96/supporting-good-infection-control>.
29. The HSC Clinical Education Centre (CEC) provides training, including on-line infection prevention and control programmes (these are available at www.hsclearning.com). In addition there are new programmes from the CEC aimed at those staff who do not regularly look after respiratory patients and/or have limited ward/community based experience. These programmes will be on offer from Wednesday 18th March and may be booked through www.cec.hscni.net from 11am on Monday 16th March, alongside a number of clinical skills type programmes to support staff dealing with respiratory patients. All CEC programmes are now open free of charge to all sectors across Northern Ireland.
30. Care home providers should ensure that all domestic and catering staff have received up-to-date training and/or guidance on infection control in the context of food preparation and service and cleaning.

Guidance on Deprivation of Liberty provisions under the Mental Capacity Act

31. A positive test for COVID-19 or the risk of the spread of COVID-19 does not mean the requirements to protect a person's right to liberty can be set aside. Any deprivation of liberty where an individual lacks capacity must be done in accordance with the statutory provisions of the Mental Capacity Act and the Deprivation of Liberty Safeguards. If, even after taking all practicable steps, it is not possible to get a deprivation of liberty authorisation a person may be deprived of liberty using the emergency provisions of the Act.

32. The Department is currently considering legislative modifications to the Deprivation of Liberty requirements in the Mental Capacity Act and underpinning regulations to provide additional flexibility. Further guidance will be made available on any changes.

33. It is recognised that there may still be isolated occasions where the managing authority has to balance the requirements of the Deprivation of Liberty safeguards against the requirement to protect the safety of staff and patients, despite the flexibilities such as the emergency provisions.

What to do if a member of staff believes they have COVID-19

34. If a member of staff is concerned they have COVID-19 they should follow guidance on the Public Health Agency website <https://www.publichealth.hscni.net/news/covid-19-coronavirus#guidance-for-people-with-confirmed-or-possible-coronavirus> .

35. If they are advised to self-isolate at home they should follow the PHA guidance on this available at <https://www.publichealth.hscni.net/news/covid-19-coronavirus#advice-for-home-isolation>.

36. If advised to self-isolate at home, they should not visit or care for individuals until safe to do so.
