

Message

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Sent: 18/04/2020 22:33:32
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Subject: for clearance: NEW CARE HOME GUIDANCE
Attachments: NEW COVID-19 GUIDANCE FOR NURSING AND RESIDENTIAL CARE HOMES IN NORTHER....docx

Importance: High

Hi all,

Apologies that this is a bit delayed getting round to everyone – but attached is draft new care homes guidance. Grateful for any views or changes. Would appreciate these by **9am Tuesday if possible**. Appreciate that might be a bit tight so give me a shout of that's not going to be possible. Bit more work needed on formatting.

It's now a pretty long document – so I wanted to flag some of the key issues and changes.

- Most significant is the adoption of the approach set out in the English social care strategy to **discharge** from hospitals into care homes. It currently states that all discharges to care homes should be tested for COVID-19. **Brid** – grateful for confirmation you're ok with that (think I flagged this was coming – but very happy to chat). It also states that all discharges into care homes should be isolated for 14 days when going into a home. The position in England (as we've discussed at the Surge Cell) is a little different – as they're able to divert people into the Nightingale Hospitals for discharge. It's not been possible to come up with figures around discharge to get a sense of what the impact of this might be – so this essentially requires a judgement that this won't cause an issue in hospital discharges which impacts on hospital capacity. **Alastair** – shout if you have major concerns about this approach. To help manage this a little I've been clear that the judgement about whether somewhere can isolate someone appropriately sits with the Trust, RQIA or PHA. **Dermot** – think you're already doing some work looking at which homes would struggle with effective isolation or cohorting?
- **Charlotte** – you might want to look specifically at the visiting section. I've tightened the wording a little – but is still says 'essential' visits only. I've not spelt out anything around end of life visits as I think the discretion is there. But you might want to be more explicit.
- **Rodney** – very grateful for sign off on the PPE section, which reflects the UK-wide position.
- **NR** – have left out anything on CPR for the mo. Think we really need to say something about managing isolation for those with dementia etc. Have you seen anything useful on this? Or could you knock something up?

- **Brid/Kieran**, **NR** – the current testing protocol has been included as an Annex. Grateful for confirmation that's okay. The body of the guidance references fact all symptomatic individuals in a home are now being tested. As well as the testing of workers.
- **Hugo** – think you mentioned laundry in the discussion today. Some stuff's covered in here but shout if you think there's anything additional that's not covered.
- **Chris** – take it there's nothing concrete to say yet on GPs and the support for care homes? Can we say anything about COVID centres supporting homes?
- **Cathy** – nothing specific on medicines in here. Not sure if there's anything we should say on medicines management or on the palliative packs provided to some homes?
- **NR** – references to dealing with dead bodies. Not sure if you'd want to check?

There's more wording in here which is essentially encouraging homes to start implementing IPC measures in advance of an outbreak and ensure they have social distancing in place. That includes restricting residents to their rooms as far as possible, encouraging meals in rooms, staff changing clothes when they arrive etc. There's also stuff around limiting changes in staff and our support for staff living in if done appropriately. Shout if any of that goes too far.

One point I haven't included from the english approach is the possibility of moving people out of homes with outbreaks. E.g.

'The authorities may need to consider an option that does more to isolate vulnerable individuals who might be at risk of becoming infected and move people to different locations. There are risks on both sides. Many people in care homes are frail, and the move itself is likely to reduce quality of life and in some cases lead to death. It may still be necessary though to make that option available in case it becomes clinically and socially required.'

Happy to include if helpful.

Many thank all,

Mark.

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