COVID-19 Interim assessment, testing and outbreak guidance for residents in Residential facilities (RF) and Long Term Care Facilities (LTCF)

Symptoms: Fever, cough, shortness of breath OR lethargy, confusion, loss of appetite, unexplained change in baseline condition

Current outbreak ongoing

- Test all residents who have not yet been tested
- Check residents for symptoms twice daily
- Test all staff in the facility
- Check all staff when coming on duty: temperature and symptoms

Prioritised testing can be arranged via the National Ambulance Service.

One confirmed case in the facility

- Test all residents
- Check residents for symptoms twice daily
- Test all staff in the facility
- Check all staff when coming on duty: temperature and symptoms

Prioritised testing can be arranged via the National Ambulance Service.

No case

Check residents for symptoms twice daily
Test all staff in the facility
Check all staff when coming on duty: temperature and symptoms

Box A: CONFIRMED OR SUSPECTED CASES IN THE FACILITY

- Notify ANY SUSPECTED CASE To Public Health
- Set up local Incident Management /outbreak control team:
  - Seek additional resources: PPE, staff, IPC support, medical input
  - Isolate/cohort residents: in so far as possible: 1) Group residents with confirmed/suspected COVID-19 in adjacent rooms to define a contaminated zone. 2) Allocate separate staff groups to care for those with confirmed/suspected COVID-19 and those without. 3) Staff should don PPE before entering contaminated zone and remain in PPE until leaving the zone.
  - Ensure appropriate environmental cleaning and disinfection as per IPC guidance for RCFs.
- SARS-CoV-2 positive staff should remain off work for 14 days after onset of symptoms or diagnosis, the last 5 days afebrile
- Staff who are contacts of confirmed or suspected COVID-19 cases should be managed as per occupational health guidance. Avoid derogation in as far as practical.

Box B. CONTACT & DROPLET PRECAUTIONS:

- Hand Hygiene
- Patient placement: In a single room if available, or cohort if appropriate. Treat all patients in affected Zone as potentially infected as per box A
- PPE (see here for further information):
  - Respiratory protection (surgical mask)
  - Gloves
  - Long-sleeved gown (for high contact activities) / apron (for low contact activities)
  - Eye protection as per risk assessment* (face shield or goggles)
*where there is a risk of blood, body fluids, excretions or secretions (including respiratory secretions) splashing into the eyes.

AIRBORNE precautions for aerosol generating procedures
- As above but use an FFP2 mask (rather than surgical mask) and long-sleeved gown.

Staff
- Identify COVID-19 preparedness lead for the facility
- Develop preparedness plan to include:
  - designation of discrete zones with staff assigned to zones,
  - plans for patient cohorting
  - enhanced IPC
  - staff training
  - surge capacity
  - PPE supplies
- See here for more details on IPC guidance for residential care facilities

Residents
- Physical distancing
- Hand hygiene
- Cough and respiratory etiquette
- Group activities and all but essential family visiting should be discontinued

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