**Infection Prevention and Control Checklist for the management of COVID-19 in Care Homes**

**Refer to:** [**Guidance to Prevent COVID-19 Among Care Home Residents and Manage Cases, Incidents & Outbreaks in Residential Care Settings in Wales**](https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/information-for-health-and-social-care/gui-001-covid-19-in-residential-care-settings/)  **and** [**PHW Advisory Note on PPE use in Social Care**](https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/information-for-health-and-social-care/adv-001-ppe-in-social-care-settings/)

|  |
| --- |
| **This checklist has been designed to support care home providers to plan/set out how COVID-19 guidance can be applied within their care home. Once completed it will should help in manage Covid cases in your home. It should be a live document and be updated when circumstances and guidance change.**  |
| [**Standard Infection Control Precautions**](https://improvement.nhs.uk/documents/4957/National_policy_on_hand_hygiene_and_PPE_2.pdf) Apply to all staff, **in all care settings, to reduce transmission of infection from recognised/unrecognised sources of infection**  **Residents, staff and visitors are encouraged to minimise COVID-19 transmission through*** **Good hand hygiene and respiratory hygiene; and**
* **Social distancing of 2 metres for everyone in the care home, except for visits in exceptional circumstances including, but not limited to end of life**
 |
| **Column 1:**  | **Column 2:**  |
|  | **Care homes to complete each section so they have the policies, processes and educational materials available to deliver the care requirements in Column 1 during the COVID 19 pandemic** |
|  **Personal Protective Equipment (PPE)** |  |
| **Staff are wearing PPE appropriately:*** When providing direct/ personal care, which requires you to be in direct contact with the resident(s) (e.g. touching) and including when taking a swab for COVID-19 test
* When within or visiting a clinical or care area of a social care establishment or client’s home, but not providing direct/ personal care: e.g. serving meals, chatting to the resident, delivering mail, visiting; or
* When working in “indoor public spaces” within the health and social care facility e.g. reception areas/ waiting rooms/ care home dining areas - no direct contact
 |  |
| **Staff carrying out Aerosol Generating Procedures (AGP’s) wear appropriate PPE**An FFP respirator and gown/coveralls are worn when carrying out AGP’s Where an AGP is a single procedure, PPE is single use Staff who carry out AGP’s and need to wear an FFP3 mask must be have been fit tested and carry out a fit check when putting on the mask |  |
| **PPE is:*** available at point of use and stored in a clean dry area

**Staff:**  * are trained on putting on and removing PPE.
* know what PPE they should wear for each setting and context
* have access to the PPE that protects them for the appropriate setting and context

**Single use:** Gloves and aprons are single use as per [PPE guidance](https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/information-for-health-and-social-care/adv-001-ppe-in-social-care-settings/) with disposal after each resident contact, task or procedure.**Sessional use:**FRSM and eye protection may be used for a session of work e.g. within an area with several positive residents. PPE should be removed as single use in total when you leave the resident/ service user’s room if you are only managing one positive case in an area. |  |
| **Admission of residents** |  |
| **Tested Positive for COVID-19, no longer showing symptoms and isolation complete:** Provide care as normal**Tested Positive for COVID-19, no longer showing symptoms but isolation not yet completed:** Provide care in Isolation for 14 days **Tested Negative for COVID-19 on discharge from hospital**:Provide care in isolation for 14 days On admission of a COVID negative resident from the community consider providing care in isolation for 14 days  |  |
| **Symptomatic Residents**  |  |
| Symptomatic residents are promptly isolated in a single room with an en-suite bathroom or a separate dedicated bathroom. Contact health board for testing of symptomatic resident and inform EHO or Public Helath Wales GP is contacted if advised for further clinical assessment For symptomatic residents who test negative for COVID 19 then contactGP/NHS 111 if symptoms worsen during isolation or resident is not better after 7 days. Staff made aware to contact 999 for medical emergency Transmission based Infection control measures are put in place immediately |  |
| **Isolation of a confirmed case - residents**  |  |
| Resident isolated in own room with en suite facilities or with allocated bathroom for sole use. Inform EHO or PHW if you have not already done so already.Resident does not leave room (including for meals) for 14 days from onset of symptoms or first positive test (where tested in the home) Staff wear appropriate PPE (see PPE section above) IPC signs are clearly visible indicating droplet and contact precautions, at the entrance of the room. Room door(s) are 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 to achieve a 2 metres distance to the open door as part of a risk assessment. All necessary procedures and care are carried out within the resident’s room. Only essential staff (wearing PPE) enter the resident’s room Dedicated 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, is in use where available |  |
| **More than one case of confirmed COVID-19.**  |  |
| Inform local EHO or PHW if not already aware Covid 19 positive residents are isolated in single occupancy rooms. If not, consider the possibility of Covid positive residents being **cohorted** together in multi-occupancy rooms. Only residents with confirmed COVID-19 are cohorted together. Need to risk assess prior to moving residents walking with purpose.Residents with possible COVID-19 should not be cohorted with residents with confirmed COVID-19. Cohorted possible or confirmed residents are not placed next to immunocompromised residents. |  |
| **Protective cohorting of unexposed residents:** Residents who have not had any exposure to a symptomatic case can be cohorted separately in another unit within the home away from the cases and exposed contacts. Extremely clinically vulnerable residents are cared for on their own in a single room and do not share bathrooms with other residents**.**  |  |
| **Staff Cohorting**:Dedicated teams of staff are assigned to care for residents in isolation/cohort rooms/areas |  |
| **Daily Monitoring**  |  |
| **Implement monitoring of residents for symptoms of COVID-19.****Immediately report residents with fever or new respiratory symptoms to EHO or PHW and segregate as above.**  |  |
| **Safe Management of Care Equipment** |  |
| Single-use items are in use where possible.Dedicated, reusable, non-invasive care equipment is in use and decontaminated between each use and prior to use on another resident. Fans that re-circulate the air are not in use |  |
| **Decontamination of the Care Environment**  |  |
| Domestic teams are assigned to COVID-19 cohort areas.All areas are free from non-essential items and equipment |  |
| **Resident rooms/Isolation room/Cohort area**  |  |
| * Cleaning of isolation areas is undertaken separately to the cleaning of other clinical areas.
* There is at least, **twice** **daily** cleaning/decontamination of theresident’s isolation room/cohort area using either a combined detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.) or alternatively a bleach solution mixed to dilution as per packaging) and all soft furnishing washed at hottest wash / suction cleaned.
* If an alternative disinfectant is used; have the local infection prevention and control team (IPCT) or Environmental Health Officers been consulted, to ensure that this is effective against enveloped viruses.
* There is an increased frequency(**at least twice daily**) of environmental decontamination schedules for ‘frequently touched’ surfaces in the residents environment such as door/toilet handles, locker tops, over bed tables, bed rails and also desktops and electronic equipment e.g. mobile phones, desk phones and other communication devices , tablets, keyboards particularly where these are used by used by many people. It is recommended that twice daily clearning is undertaken with an anti viral disinfectant.
 |  |
| **Hand Hygiene** |  |
| * Staff undertake hand hygiene as per WHO moments for hand hygiene, using either Alcohol Based Hand Rub (ABHR) or soap and water
* Staff are aware of the importance of skin care
 |  |
| **Waste** |
| * All waste related to possible/confirmed cases is classified as Category B infectious waste and is disposed of and stored securely prior to transport.
* Superabsorbent polymer gel granules for containment of bodily waste if used are used in line with national guidance
 |  |
| **Linen** |  |
| * All linen used by possible or confirmed COVID-19 residents is managed as ‘infectious’ linen
* Disposable gloves and apron are worn when handling linen
* All linen is handled inside the resident’s room/cohort area.
* A laundry receptacle is available as close as possible to the point of use for immediate linen deposit
* All linen bags/receptacles are tagged with care area and date
* All used/infectious linen is stored in a designated area.
 |  |
| **Respiratory Hygiene** |  |
| * Residents are supported with hand hygiene and provided with disposable tissues and a waste bag.
* During transfers in the home or transportation elsewhere, symptomatic residents are offered a surgical face mask if tolerated
* A surgical face mask should not be worn by residents if there is potential for their clinical care to be compromised
 |  |
| **Testing of Residents**  |  |
| * Single symptomatic resident: Inform EHO or PHW.
* When there is a confirmed case whole home testing will be offered to all residents and staff.
* Continue all strict control measures including isolation, cohorting and infection control until results for all residents who were tested are obtained or until the period of isolation is complete.

isolation has been completed |  |
| **Visitors** |  |
| Residents and their family / visitors communicated to regarding the situation |  |
| **Care of the deceased**  |  |
| Infection control precautions continue to apply whilst an individual who has died remains in the care home. |  |
| **Staff** |  |
| Staff should maintain social distancing (remain at least 2 meters apart) in the workplace at all time between themselves, during their shift, handovers and during their breaks (see: <https://gov.wales/workplace-guidance-employers-and-employees-covid-19> |  |
| Staff should avoid travelling to work together as social distancing cannot be maintained. If staff do share a car they should stay as far apart as possible within the car, wear a face covering and keep windows open. Guidance on travelling safely is available at: <https://gov.wales/travelling-safely-coronavirus-guidance-public>. |  |
| In all clinical or care areas including resident dining areas of social care establishments staff, including visiting staff e.g. chefs should wear a face mask (Type IIR – FRSM) at all times. When providing direct care, staff should continue to wear appropriate PPE as outlined in the [PHW PPE guidance](https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/information-for-health-and-social-care/adv-001-ppe-in-social-care-settings/)  |  |
| Staff should not share food, crockery or cutlery. |  |
| **Date completed/date last updated:** |  |
| **Completed by:** |  |
| **Review date:** |  |
| **Areas for improvement identified:** |  |