

Respiratory infection control in care homes

(Slide deck 2: First principles)

Dr Roxaneh Zarnegar (Deputy Medical Director)

Mrs Emma Stewart (General Manager - Medical Directorate)

Royal National Orthopaedic Hospital, UK

Including slides from Infection Prevention Society Coronavirus Infection Prevention and Control for Nursing and Residential Care Version 1.2. 8/5/2020 slides



A few principles

Good government guidance is available from the Public Health England website

Care homes are important frontline work

In most care home environments there are there are no aerosol generating procedures. These are procedures that happen during surgery or when patients are very ill with a chest problem. Exceptions are:

- Residents on nocturnal CPAP masks
- Residents who might have specific chest physiotherapy for a chest condition

What we will cover

- What is COVID-19
- How it is transmitted and spreads
- How to recognise a person with COVID-19
- How to care for a person with COVID-19
- Basics of infection transmission



What is Coronavirus and COVID-19

- Coronaviruses are a large family of viruses - they cause infections ranging from the common cold to Severe Acute Respiratory Syndrome (SARS)
- Sometimes new variants of the coronavirus emerge - such as COVID-19
- COVID-19 has the potential to spread widely as lack of immunity means everyone in the population is susceptible

What are the symptoms of COVID-19?

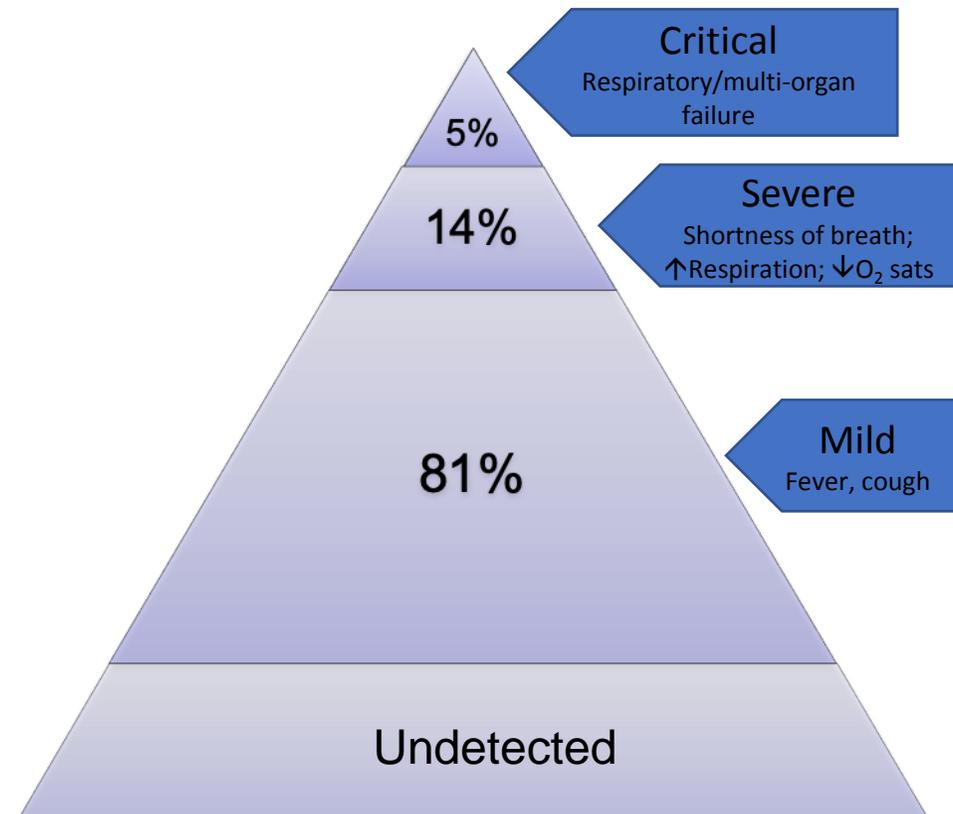
- Symptoms start 5 -11 days after exposure
- Illness is similar to flu
- Most people have symptoms for 5 - 6 days
- 20% have more severe illness – from day 7
 - ↑ Shortness of breath
 - Lung inflammation
 - Pneumonia
- Most people have fever (>37.5 degrees) and a dry cough (new rapid onset, and continuous)

Common Symptoms of COVID-19
Fever >37.8°C
Dry cough
Fatigue
Sputum
Shortness of breath
Muscle/joint pain
Sore throat
Headache
Hoarseness
Nasal discharge



How severe is COVID-19 illness?

- Many people have no obvious symptoms (30%)
- Of those with symptoms 80% are mild
- More severe disease in:
 - Older people
 - Diabetics
 - Heart disease
 - Chronic respiratory disease
 - Immune compromised
- Only 1% of cases fatal
 - Highest in high risk groups



How is this infection transmitted?

- COVID 19 infection is transmitted by respiratory droplets that are created by coughing and sneezing
- General belief is that these droplets can travel in the air for about 2 meters and then fall onto surfaces
- The virus can survive on surfaces including the skin for many days and be picked up by touching these surfaces and then touching the eyes, mouth or nose



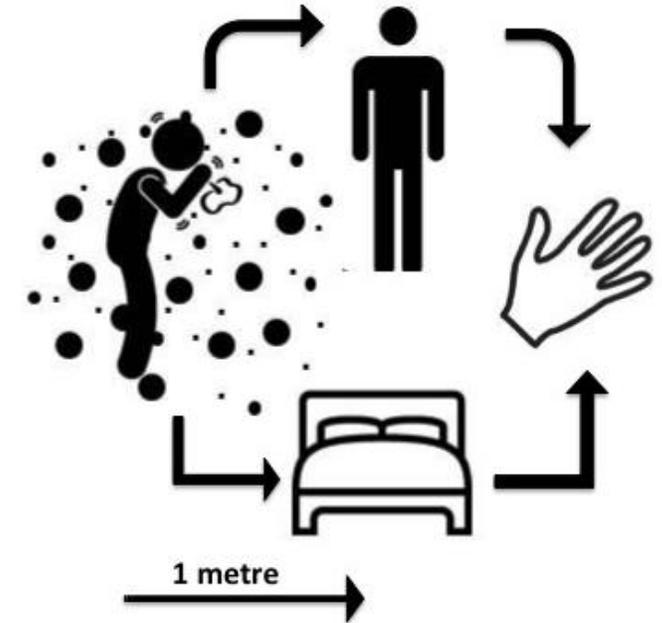
Infection Transmission

- Cover mouth and nose with a tissue or your sleeve (not your hands)
- Dispose of tissues directly into bin
- Hand hygiene
After coughing and sneezing
- Ensure patients have hand wipes or alcohol gel available to use



How does COVID-19 spread?

- Exposure to **respiratory droplets**
 - Coughing/sneezing droplets onto mouth, nose, eyes
 - Requires close contact (within 2m)
- Contact with **respiratory secretions**
 - Hands
 - Contaminated surfaces, tissues
 - Transferred by touching nose, mouth, eyes with contaminated hands



Sustained Community Transmission

- This means that COVID-19 is affecting many people in the community and they may not all have had obvious contact with someone who had symptoms of the infection.
- During period of sustained community transmission infection control precautions will need to be taken with all residents not just those with symptoms of COVID-19

Care Home Resource Pack



London Care Home Resource Pack (1)

22nd April 2020

Version 1.1

Review Date: 6th May 2020

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What you need to do in each establishment where people live together

Current guidance published 02-04-2020: Admission and Care of Residents during COVID-19 Incident in a Care Home *(Currently being reviewed following the publication of the adult social care action plan on 15 April 2020.)*

Assess each resident twice daily for the development of a temperature ($\geq 37.8^{\circ}\text{C}$), cough or shortness of breath.

Immediately report residents with fever or respiratory symptoms to NHS 111.

If you have more than one resident with symptoms:

Inform the Health Protection Team (HPT) in your area. They *may* arrange testing of possible cases to confirm the existence of an outbreak.



What to do when you suspect a case?

- Do not panic, speak to the patient calmly
- Basic steps
 1. **Isolate** patient– this is the most important step:
 - Give the patient a mask to wear
 - Ask the patient to clean their hands by washing it or use hand gel
 - Place the patient in a room and close the door – reassure them
 2. **Call for help the person in charge on that day**

Contact the NHS 111 COVID-19 service for advice. If symptoms worsen during isolation or they are no better after 7 days, you may be advised to contact the GP for further advice.



Looking after the suspected case

The isolation room for the suspected case:

- If possible should have its own bathroom
- If this is not possible a room with own sink would be preferable and if possible you should bring a commode into the room for the patient.

Transferring the resident with suspected COVID 19 to another room:

- When transferring symptomatic residents between rooms, the resident should wear a surgical face mask
- Staff should wear Personal Protective Equipment (PPE) – surgical mask, disposable apron and gloves

Remember to change gloves between procedure

Avoid touching your mouth, nose and eyes with gloved hands



Looking after the suspected (or positive) case



Hand hygiene by patient

Staying in the room

Wearing a mask



Clean surfaces at least daily and frequently touched areas more often



Preventing the spread of infection

- The communal areas where the person has been in the few days prior to symptoms should be vacated and cleaned as soon as possible

‘Cohorting’

- Identify residents who have had close contact with the person who has symptoms and isolate them for 14 days
- Identify those who have definitely not had close contact with this person and maintain physical separation between the groups as much as possible



What to do if there is more than one suspected case

'Cohorting'

- Move the symptomatic residents to one area of care, for example along the same corridor.
- If room separation is not possible, put suspected residents together in multi-occupancy rooms. Give face masks to wandering patients.
- Will allow you to use your masks '*sessionally*'

BUT:

- DO NOT mix residents with suspected disease with confirmed cases
- DO NOT put suspected or confirmed patients next to immunocompromised residents
- A person with COVID 19 may need an isolation period after discharge from hospital during which they should be cared for with PPE
- Suggest that a calendar is put on the door to state when the isolation period ends

Looking after the person in isolation

- Inform the person's next of kin but visiting needs to be restricted. If they absolutely need to, then they will need to maintain a 2 meter distance if needed outside the door
- The person should be able to eat and drink as normal
- Make sure that they drink plenty of water to keep hydrated (fever dehydrates)
- You should be able to give them personal care using Personal Protective Equipment

Staff with COVID-19

- If you develop symptoms of a flu-like illness then DO NOT come into work and inform you manager:
 - fever of more than 37.8°C and new persistent cough
 - other symptoms of respiratory infection
- Self-isolate at home for 7 days from onset of symptoms
 - Arrange to take a COVID-19 test (3-4 days after start of symptoms)
 - if you are better and the test is negative your can return to work
 - If your symptoms worsen contact NHS 111
- If a member of your family develops symptoms
 - Arrange for them to have a COVID-19 test (if possible)
 - If this is **negative** you can return to work
 - If no test or test is **positive** then self-isolate for 14 days
- Staff at high risk of complications from COVID-19
 - risk-assessment to manage if and where they can work

People who are on CPAP masks or have a tracheostomy

- A CPAP mask is a positive pressure mask, usually used at night by people who have sleep apnoea
- Ideally the person needing CPAP or with tracheostomy should be in a separate room from others

If a person with tracheostomy or CPAP develops symptoms:

- You will need different PPE masks (FFP 3)
- You may not be able to keep them in the care home if you cannot isolate the patient well in a room with own bathroom
- They may deteriorate more quickly
- Contact the GP and consider earlier hospital opinion

If a patient deteriorates

Arrange a medical assessment:

- If there is deterioration of the person's condition
- After 7 days if they have not improved
- Consider the appropriateness of hospitalisation
- Consult the resident's Advance Care Plan/Treatment Escalation Plan
- Discuss with the resident / family member(s) or Lasting Power of Attorney as appropriate



Tips for talking to relatives



Talking to relatives

Conversations with relatives about COVID-19 can be challenging.

Think

- What information do I need to tell the relative
- How can I keep the language simple

Ask

- If the relative is ok to talk
- What the relative already understands about their loved one
- If they have any questions or need any other advice or support

Do

- Introduce yourself
- Comfort and reassure
- Allow for silence
- Talk to colleagues afterwards



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End of Life Care

- A visit by 1 or 2 close relatives should be facilitated if possible
- Visitors should be told sensitively what to expect
- Visitors will need to decide whether or not to attend
- The visits would fall under umbrella of ‘essential travel’

Visitors will need to be shown how to put on and take off a face mask, apron and do effective hand hygiene

The visitor must be given the option of gloves to hold their loved one’s hand – but advised not to touch their mouth, nose or eyes and to do hand hygiene when leaving the room



End of Life Care

Think

- Have we contacted the family?
- Does the resident have a CMC plan? – what are the residents wishes and preferences

Do

- We have the medication needed to help relieve symptoms (e.g. pain, nausea, breathlessness)?
- Can I make the resident more comfortable - are they in pain (look or grimacing), are they anxious (can make breathlessness worse)
- Can use a cool flannel around face to help with fever and breathlessness. Sitting up in bed and opening a window can also help. Portable fans are **not recommended**
- If the person can still swallow honey and lemon in warm water or sucking hard sweets can help with coughing
- If having a full wash is too disruptive washing hands face and bottom can feel refreshing

Ask

- The family and resident if they want to connect using technology
- The GP or palliative care team or 111 if urgent for advice about symptom control and medication



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End of Slide Deck 2

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