

Respiratory infection control in care homes

(Slide deck 4: Preparing your organisation)

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



Keeping a tab on your PPE

- Consider daily or alternate day stock checks
- You should keep most of your stock in a safe place

- Audit PPE practices:
 - Safe use of PPE especially doffing
 - Hand hygiene
 - Waste management



Current guidance



Public Health
England

COVID-19

How to work safely in care homes

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881329/COVID-19 How to work safely in care homes.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881329/COVID-19_How_to_work_safely_in_care_homes.pdf)



Care Home Resource Pack



London Care Home Resource Pack (1)

22nd April 2020

Version 1.1

Review Date: 6th May 2020

This London guide is designed to complement and not replace local guidance and professional judgement. It will be updated to align with other national and regional guidance once published.



Connecting to the rest of the NHS

- NHS Capacity Tracker
- Enhanced Health in Care Home Framework
- NHS-mail

Find out the details on how to contact your local Health Protection Team (HPT)



Connecting your residents to friends and family

- Consider how this could be improved through telephone or Skype calls
- Do you need more television sets or telephones in individual rooms?

Consider charitable donations or speak to patients' families



Proactive planning for escalation of care

Review all your residents:

- Do they have a health condition that puts them in the highly vulnerable group? – This group needs ‘shielding’
- Are their general health conditions such as diabetes, hypertension or asthma well controlled?
- Do they need a CPAP for obstructive sleep apnoea?
- How appropriate is hospitalisation for a chest infection? – Consider a care escalation plan



<https://www.coordinatemycare.co.uk/our-service/>

Coordinate My Care is an NHS clinical service that was launched in August 2010 to deliver integrated, coordinated and high quality medical care, built around each patient's personal wishes.

The screenshot shows the top navigation bar with three buttons: "Join CMC" (green), "Access CMC system" (blue), and "Access the myCMC patient portal" (purple). Below this is the main header with the "coordinate my care" logo (tagline: "Urgent Care Plan") on the left, and a navigation menu on the right including "Our Service", "Quality Assurance", "Training For Professionals", "For Patients", "myCMC", "Contact", and "Other areas". Below the menu is the contact information: "coordinatemycare@nhs.net | 020 7811 8513 (open to patients Monday to Friday, 9am - 5pm)" with social media icons for Twitter and Facebook. The main content area features a large circular image of a smiling paramedic in a blue uniform. To the right of the image is a green callout box with the text: "CMC has transformed the way we treat patients for the better." followed by "Paramedic, London Ambulance Service" and a large yellow quotation mark icon.



Care escalation plan

- Advance Care Plan/Treatment Escalation Plan/ Capacity assessment including appropriateness of hospitalisation
- Discuss this again with the resident / family member(s) or Lasting Power of Attorney as appropriate
- The GP who may be able to help the resident or the family in making these difficult decisions
- There should be no pressure on any residents or families to change their plans, simply to create clarity and confirmation of their wishes



What samples should be taken?



Public Health
England



Suspected COVID-19 cases

Which samples should be taken?

Diagnostic samples for suspected cases



1. Upper respiratory tract sample options:

- a single swab used for throat then nose in one collection tube containing transport medium OR
- a nose and a throat swab combined into one collection tube containing transport medium OR
- nasopharyngeal aspirate in a universal transport pot



How to take a sample

Watch video <https://youtu.be/5qHTBlxfNes>

The test involves taking a swab of the nose and the back of the throat, which can be done by the person themselves (self-administered) or by someone else (assisted).

Use fabric ended tip to swipe 5x across tonsil area
Same swab inside of nose till resistance felt about 2.5cm and rotate the fabric end of the swab 5x, repeat up the other nostril

The swab result tells you if the person was positive or not on that day, so a negative result then, might not mean the person does not have Covid-19 now, if they have symptoms

Remember tell people what you are going to do, get consent and remember they may pull faces, gag or sneeze – this is possible going to irritate

How to take a combined throat and nose swab | Courier version

To test for coronavirus (SARS-CoV-2) we need two samples, one from the back of your throat and then from inside the nose with the same swab.

Both tests are commonly used by doctors and nurses but you can take both samples safely yourself.

The testing kit you have received contains everything you need to take the samples:

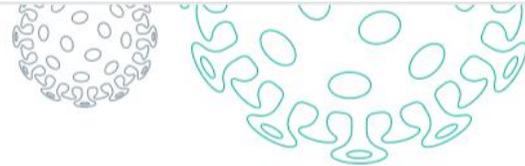
- a request form
- one swab – this is like a long cotton bud. The kit also contains a small collection tube which you will use to hold the complete swab tip
- a larger white screw topped tube which is used to transport the small collection tube containing the swab
- a cardboard box
- a plastic envelope with pre-paid postage.



It is very important that you attach the label with your name and date of birth (if there is one) or write this on the small collection tube.

1 Prepare to take throat sample		
<p>Please wash your hands carefully before you start.</p> <p>Then unpack the kit onto a clean surface.</p>	<p>A. First take the throat swab. Open the swab packet which contains the small bottle and pull out the swab.</p>	<p>B. Wipe the soft tip of the swab around the back of your throat as shown in the diagram. Stand in front of a mirror. Open your mouth wide and stick out your tongue – you will see an arch at the back of your mouth. Try to swipe the soft tip of the swab across the five areas in the picture as below.</p> <p>Rub the swab several times across the very back of your throat, behind the arch. This may make you gag but should not be painful. Ensure you also swab the sides of the arch where your tonsils protrude. Try to avoid swabbing your tongue and teeth.</p>
2 Next, take the nose sample		
<p>A. Place the tip of the cotton bud gently JUST inside one of your nostrils and gently wipe the cotton bud around the inside of your nose. Please repeat this for your other nostril using the same swab.</p> <p>No force is needed and you do not have to push far into your nostril.</p>		<p>B. Once you have taken the swab, place the soft tip of the swab into the collection tube and break off the plastic end (at the breaking off point where the swab stick is thinner). Replace the lid on the bottle.</p> <p>Please avoid touching the cotton bud tip with your hands (before or after the swabbing) to avoid contamination.</p>
3 Finally, pack the samples		
<p>A. Wash your hands again.</p>	<p>B. Write your name, date of birth and today's date on the outside of the small collection tube with the swab. This is very important. Your GP may include sticky labels.</p>	<p>C. Place the small tube inside the large white screw topped lid contained and close the lid tightly. Place the white top container into the cardboard box.</p>
<p>D. Make sure the request form details are correct and place inside the box.</p>	<p>E. Put in plastic envelope and seal.</p>	<p>Courier will arrive to pick up the envelope containing the sample inside the box.</p>





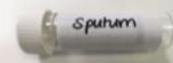
Suspected COVID-19 cases

Sampling and Packaging

Diagnostic samples for suspected cases



- 1. Upper respiratory tract sample options:**
- a single swab used for throat then nose in one collection tube containing transport medium OR
 - a nose and a throat swab combined into one collection tube containing transport medium OR
 - nasopharyngeal aspirate in a universal transport pot



- 2. Lower respiratory tract sample in universal container (sputum) if obtainable.**

If the patient is admitted, take a sample for acute serology: 5mL in either serum tube or plain (no additive) tube. For children <12 years, 1mL is acceptable.

Packaging

Note: Picture uses the example of a bio bottle. Other packaging can be used providing either the primary receptacle or the secondary packaging is capable of withstanding an internal pressure of 95 kPa.

<p>1</p> <p>Ensure lids are tight and decontaminate outside. Careful not to cross thread</p>	<p>2</p> <p>Wrap sample with absorbent material</p>	<p>3</p> <p>Individually place into zip-lock bag</p>	<p>4</p> <p>Seal zip-lock bag & change gloves</p>
<p>5</p> <p>Add all wrapped samples into second bag</p>	<p>6</p> <p>Wrap bagged samples in ample packaging & place into secondary packaging (bio bottle example as shown)</p>	<p>7</p> <p>Firmly attach lid (or seal bag if alternative packaging used)</p>	<p>8</p> <p>Ensure E28 request forms for each individual sample are OUTSIDE the secondary packaging</p>
<p>9</p> <p>Place E28 request forms & bio-bottle into transport box & add security seal</p>	<p>10</p> <p>Label box with 'Priority 10', you can download the labelling template at bit.ly/2vrRNxT</p>	<p>11</p> <p>Send to your nominated PHE laboratory</p> <p>Courier all samples to PHE via Category B UN3373. PHE is open to receive samples 24/7</p>	

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Download the request form for COVID-19 (formerly novel coronavirus 2019-nCoV) www.gov.uk/government/publications/testing-for-wuhan-novel-cov-2019-ncov



Staff with COVID-19

- If you develop symptoms of a flu-like illness then DO NOT come into work and inform your 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 you 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

COVID-19 testing

- Pillars of testing one and two
- 1st - Boost PCR swab testing to find out if you have the virus (PHE and NHS labs for patients and frontline workers) nose/throat swabs results 24 hours – 5 days variable depending on demand
- 2nd - PCR swab testing to find out if you have the virus (Commercially mass swab testing for critical key workers in the NHS, social care and other sectors) nose/throat swab results 24 hours – 5 days – variable depending on demand (Sites, Bognor, Bexhill, Gatwick, Brighton Amex)

Resident testing

Information on Testing Contacts

- PHE are responsible for organising testing of symptomatic residents' at first notification of an outbreak

PHE PHT contact details:

Telephone 0344 225 3861 (**option 0, then option 3 for Surrey and Sussex HPT**); or

- Email: PHE.sshpu@nhs.net – ideally with patient name, DOB and NHS number

PHE will undertake a risk assessment and provide initial advice

PHE arrange Community Testing via SECAMB

- The DHSC are responsible for any subsequent resident or staff testing – PHE have been supporting the instigation of this process.

PILLAR 2:

- commercial testing provider who provide courier delivered kits for self-swabbing (or staff swabbing residents in a care home setting);
- swabs tested in a central lab and results communicated directly via an online system.

Resident testing – Current testing process 5/5/2020

Group	Process
<p>Group 1: Symptomatic residents at the initial report of an outbreak</p>	<p>Testing for unlimited number of symptomatic residents at the point of notification is tasked to the local community testing service by the Health Protection Team. The swabs are tested in local or PHE labs and results are returned as per current processes. The plan is for this to continue as at present, although mechanisms of them may change.</p> <ul style="list-style-type: none"> • CQC will be notified of new outbreaks on a daily basis by PHE and will automatically follow up with these homes to offer testing to ALL residents (<u>symptoms or not</u>) & ALL working staff (<u>symptomatic staff should continue to use the existing local pathways for testing</u>)
<p>Group 2: Residents that become unwell after first notification PILLAR 2</p>	<p>CQC will be given live feed of care homes with a notified COVID-19 outbreak since 14th April. These are all being contacted systematically by the CQC via email and testing is being offered for ALL residents (with symptoms or not) and all working staff (symptomatic staff should continue to use the existing local pathways for testing) via pillar 2. For homes offered pillar 2 testing, homes delivered enough swabs by courier for all residents & working staff, with full instructions on how care home staff can swab residents (including video links and PPE guidance). They log the swabs on to an online system & collected and taken to lab in Milton Keynes. Care home staff can look up the results themselves and are tasked to inform the residents, their families and GPs. Care homes can contact the pillar 2 helpline (0300 303 2713) if they have questions about this service.</p>
<p>Group 3: Asymptomatic residents and working staff PILLAR 2</p>	<p>All homes that have reported outbreaks since 14th April will be contacted directly by the CQC to be offered testing for ALL residents and working staff (even if asymptomatic) via the pillar 2 testing service. This contact has already commenced. Care homes can contact the pillar 2 helpline (0300 303 2713) if they have questions about this service.</p>

Look after your staff

- Consider getting uniforms for staff if not already
- Ensure that your staff have a large enough room for their break times and are able to maintain the 2-metre social distancing
- Staff education and re-education





End of slide deck 4

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