



# COVID-19 Interim assessment, testing and outbreak guidance for residents and staff 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**

**One confirmed case in the facility**

- **Test all residents** who have not yet been tested
  - **Check residents** for symptoms twice daily
  - **Test all staff** in the facility (unless previously tested)
  - **Check all staff** when coming on duty: temperature and symptoms. Repeat temperature check during shift.
- Prioritised testing can be arranged via the National Ambulance Service.**

## 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
- 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.

≥1 positive case, following testing of all staff

- **Check residents** for symptoms twice daily
- **Test all staff** in the facility
- **Check all staff** when coming on duty: temperature and symptoms. Repeat temperature check during shift.

0 positive cases, following testing of all staff

**No confirmed case in the facility (resident or staff)**

## STANDARD PRECAUTIONS (SP)

See [here](#). Surgical masks should be worn:

1. When providing care to all patients (within 2 metres)
2. For all encounters, ≥15 minutes, with other HCWs in the workplace where a distance of 2 metres cannot be maintained

## CONTACT & DROPLET PRECAUTIONS:

- **Hand Hygiene**
- **Patient placement:** In a single room if available, or cohort if appropriate. **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. **Treat all patients in affected Zone as potentially infected.**
- Ensure appropriate **environmental cleaning** and disinfection as per [IPC guidance for RCFs](#).

**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

Please note background colour coding indicates infection control precautions as per above panel

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