COVID-19

Guidance on residential care provision

This guidance is correct at the time of publishing.
However as it is subject to changes, please ensure that the information at time of issue is accurate and correct.
Who this guidance is for?
This guidance sets out key messages to support planning and preparation in the event of an outbreak or widespread transmission of COVID-19.

It is aimed at registered providers of accommodation for people who need personal or nursing care. This includes registered residential care and nursing homes for people with learning disabilities, mental health and/or other disabilities.

Steps care home providers can take to maintain services
Care home providers are advised to establish plans for mutual aid, including sharing of the workforce between providers, and with local primary and community health services providers, and with deployment of volunteers where that is safe to do so.

Care home providers are invited to consider ways in which they can contribute to keeping people safe across the local area, including the following where possible:

- increase the use of Skype and other tools for secure virtual conference calls, to ensure advice from GPs, acute care staff, and community health staff can be given

If a member of staff is concerned they have COVID-19
If a member of staff is concerned they have COVID-19 they should use the online assessment at [gov.im/covidtest](http://gov.im/covidtest) to determine whether they need to call the COVID 111 helpline.

If they are advised to self-isolate at home they should follow the stay at home (self-isolation) guidance.

If advised to self-isolate at home, they should not visit or care for individuals until safe to do so.

How care homes can minimise the risks of transmission
To minimise the risk of transmission, care home providers are advised to review their visiting policy, by asking no one to visit who has suspected COVID-19 or is generally unwell, and by emphasising good hand hygiene for visitors. Contractors on site should be kept to a minimum. The review should also consider the wellbeing of residents, and the positive impact of seeing friends and family.
If a resident has symptoms of COVID-19

The individual should be assisted with seeking clinical advice by using the online assessment at [gov.im/covidtest](https://gov.im/covidtest) to determine whether a call needs to be made to the COVID 111 helpline. Care homes are not expected to have dedicated isolation facilities for people living in the home but should implement isolation precautions when someone in the home displays symptoms of COVID-19 in the same way that they would operate if an individual had influenza. If isolation is needed, a resident’s own room can be used. Ideally the room should be a single bedroom with en-suite facilities.

All staff will be trained in hand hygiene. Much of the care delivered in care homes will require close personal contact. Where a resident is showing symptoms of COVID-19, steps should be taken to minimise the risk of transmission through safe working procedures. Staff should use personal protective equipment (PPE) for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids. Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing, then eye protection will minimise risk.

New PPE must be used for each episode of care. It is essential that used PPE is stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal. Care homes have well-established processes for waste management.

Clean frequently touched surfaces. Personal waste (such as used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal.

Do not shake dirty laundry – this minimises the possibility of dispersing virus through the air. Wash items as appropriate in accordance with the manufacturer’s instructions. Dirty laundry that has been in contact with an ill person can be washed with other people’s items. Items heavily soiled with body fluids, such as vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner’s consent.

Guidance has been published recommending action for all members of a household if one person is showing symptoms. This guidance does not normally apply to care homes because of the ability of care homes to provide isolation precautions for individuals living in the home.

Care homes can seek additional advice from their local Public Health - health protection team. Testing of residents may be organised if care homes have several cases at a time.

Wearing personal protective equipment

If neither the care worker nor the individual receiving care and support is symptomatic, then no personal protective equipment is required above and beyond normal good hygiene practices.

General interventions may include increased cleaning activity to reduce risk of retention of virus on hard surfaces, and keeping property properly ventilated by opening windows whenever safe and appropriate.
Steps the NHS can take to support care homes

Community services and primary care will be working with and supporting care home providers in the provision of care.

Community service providers are already, or will be, taking steps to:

- contact all local care home providers – including those who have residents who fund their own care – and local authorities, to share plans for local support networks and care provision across the area, including identifying local capacity

- consider how local community health services and primary care providers can support care home provision, agreeing with local authorities and care home providers how and when this can be triggered, and what the role of the DHSC is in that circumstance. The collaborative approach between care homes, primary care and community health services set out in the Enhanced Care in Care Homes framework, for example, will enable this

- support local authorities in planning around resilience, including plans to share resources locally in an outbreak of COVID-19. This should include workforce, including the deployment of volunteers where it is safe to do so, and where indemnity arrangements are in place

- consider, in cases where there may be isolated outbreaks within certain providers, how best the DHSC can support in recovery

- consider, where possible, what measures may be put in place to support care home providers in maintaining residents’ independence and mobility and prevent or delay deterioration and loss of function

This document has been localised for Isle of Man use, and adapted using the with kind permission from the Public Health England COVID-19: guidance on residential care provision dated 19 March 2020.