Measures to prevent and control COVID19 outbreaks in care homes and support continuity of care

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Key areas for intervention

1. Preventing infection
2. Controlling spread once infection has entered the facility
3. Access to health care for residents who have severe COVID19
4. Managing staff availability

1. Before infection

- Testing all residents and staff/volunteers (evidence that ½ positive cases asymptomatic, leading to rapid spread of virus within care homes).

- All new admissions to be tested or isolated.

- Care home "lockdown", note examples of staff self-isolating with residents (e.g. South Korea, Spain, UK). Two week rotas.

- Ensuring all staff are trained in processes to minimize risk of infection.

- Where possible, encourage residents to stay in their rooms.

- Consider whether some residents could be cared for back in the community (provided there is adequate support).

2. Controlling spread once infection has entered the facility

- Test all residents and staff
- Isolate within the care home, ensure all who have symptoms are in single rooms and ideally same part of the home
- Either:
  - Move those with COVID19 to a quarantine centre
  - Move those not who test negative to alternative accommodation (e.g. hotels, university beds)
- Re-inforce infection control training for staff
- Establish notification system, so DHSE/PHE has early notice of outbreaks in care homes
- Ensure affected care homes have priority access to funeral services to remove deceased residents

3. Access to health care for residents who have severe COVID19

- Ideally, transfer residents with severe symptoms to hospitals
- If ambulance/hospitals are not accepting care home residents (they should under current guidelines but NHS will come under huge pressure):
  - Telecare/telehealth access to medical teams to support care staff in delivering palliative care
  - Ensuring access to medication and equipment and training care staff in how to use them

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4. Managing staff depletion

- As soon as a care home notifies an outbreak, active monitoring of staffing levels

- Additional funding for hiring staff/support volunteers

- Deliver training to "stand-by" volunteers/new staff that can be mobilized as part of rapid response teams (ideally, test all volunteers/new staff)

- Mobilization of rapid response teams to homes with unviable staffing levels and/or high number of infected residents