



## **Community Residential/ Nursing Care Home COVID Principles 31<sup>st</sup> March 2020**

**This document provides background and context for a set of principles for the Community Residential and Nursing Home Sector to follow.**

NB :The document refers to **shielding** – shielding is a measure to protect extremely vulnerable people by minimizing interaction between those who are extremely vulnerable and others. This is to protect the most vulnerable from coming into contact with COVID 19 virus.

### **Background and context**

#### **Jersey General Hospital COVID 19 response:**

The Jersey General Hospital has entered the **Pro-active Shield** Stage of its COVID 19 escalation strategy.

This has involved some significant change to operational delivery of secondary care services including: Critical care provision has been expanded, the Emergency department has been reconfigured, bed utilization has been restructured, elective surgery cancelled and outpatient activity restricted to priority urgent cases.

In addition to this an Urgent Treatment Centre has been developed to ensure that all ambulatory hospital attendances are screened before entry. Management of the public will take place in a segregated area in Gwyneth Huelin to avoid entry into Jersey General hospital. In addition to these changes other measures have been taken to **shield** the Jersey General Hospital which has centred on the use of Personal Protective Equipment and specific direction has been issued with guidance from Dr. Ivan Muscat in his capacity as Director of Infection Prevention and Control/Deputy Medical Officer of Health.

We strongly recommend that those in other settings must now review practices and procedures as we move to the **Community Reactive Shield Stage**.

This phase is set out as below.

### **Community Residential/ Nursing Care Home COVID 19 Response Community Reactive Shield Stage**

#### **Recommendations:**

With visiting stopped the only way that COVID 19 can enter this environment is via essential staff acting as the disease vector. If residents are being managed by strict isolation measures then resident to resident transmission cannot occur.

Therefore the staff risk being not only the introduction vector but also the transmission vector within the home.

This means that all Residential/ Nursing homes MUST adhere to the following strict principles:

### **Staff**

- Staff must adhere to strict hand washing as per the guidance
- Staff must adhere to social isolation outside of work and follow the guidance
- Staff must be single site only – no cross covering sites/homes unless an absolute requirement
- Home managers must contact each staff member the day before to risk assess for potential COVID19 symptoms
- Homes must consider having their staff work in teams to minimise staff to staff contamination
- Homes should also consider having staff as resident and batch shifts to avoid cross contamination and minimise contact outside of work
- Any staff demonstrating COVID 19 symptoms should NOT come into the workplace but should immediately inform their line manager for risk assessment for self-isolation

### **Residents**

- Strict resident self-isolation = quarantine measures should be in place
- No social interaction – all residents must keep to their rooms
- Gloves and aprons should be worn when possible – mandated for all close contact interactions with Residents
- **Any resident who becomes unwell with COVID 19 symptoms is immediately reviewed by a GP**
- **Staff interaction should be minimal**
- **Once reviewed by a GP a discussion will take place with the Infection Control team responsible for Community and a COVID 19 testing/ PPE strategy will then be put in place for that specific setting**
- The aim is to manage all residents within their current care setting and avoid transferring to another care facility
- If a resident in a “residential bed” becomes unwell Nursing resource should be provided within that care setting and the resident not moved. Escalation of therapy can be maintained and monitored by the Care home staff with GP reviews as required.

### **We strongly recommend and encourage:**

- Regular hand hygiene practices with soap and water or alcohol hand foam/gel where available

- Decontamination of re-usable medical equipment (between patients and on a regular cleaning schedule)
- Environmental cleaning focusing on horizontal surfaces and touch points
- To cover your mouth and nose with a tissue (or flexed elbow) when coughing and sneezing, disposing immediately afterwards and decontaminating hands
- Can we also please ensure staff are not moving between homes – nursing and residential
- Any symptomatic staff must remain absent from the work place