Nottingham & Nottinghamshire Covid-19 Response. Care Homes and Home Care Toolkit V270420.

The Toolkit provides an overview of 11 key areas care home and homecare staff should be familiar with:

1. Admission and discharge criteria;
2. Restore2 or mini restore;
3. Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) including palliation and end of life plans;
4. Medications and symptom management;
5. Infection Prevention and Control (IPC) measures;
6. Timely access to and correct use of Personal Protective Equipment (PPE);
7. Testing and swabbing;
8. Death verification;
9. Access to emergency grief and bereavement support.
10. System Pathway alternatives
11. NHS Mail
12. Communication Channels

Always ensure you have the latest information and guidance by visiting:
https://www.gov.uk/coronavirus
Managing a Coronavirus (Covid-19) outbreak:
1. Please notify PHE on 0344 225 4524 or email phe.crc.eastmidlands@nhs.net
2. You can contact your LA/CCG for practical support about what to do next/how to manage, support with risk assessment etc.
   Email the IPC teams. Nottinghamshire County - MACCG.IPC@nhs.net or Nottingham City ncp.ipct@nhs.net and they will call you back in office hours.
3. During evenings and weekends to report an outbreak or gain urgent advice contact PHE on 0344 2254524.
4. If you have any other COVID-19 query, please contact the Incident Control Centre on 0115 8831111 or email on nnestccg.nottsincidents@nhs.net
   Phone lines operate 8am to 8pm 7 days per week

Safe admission/discharge principles from NHS to social care settings:
• Admissions (including re-admissions) to social care settings should not put other individuals entering or living at the address at risk
• All individuals will be tested prior to discharge and admission to social care provision, if identified to be positive, they can continue their isolation period in the home if risks can be managed appropriately
• Discharge and admission should not be delayed – test results pending
• All individuals with possible or confirmed Covid-19 require a minimum of 14 days isolation either from onset of symptoms or positive test result in the absence of symptoms.
• All new or returning admissions to all care settings where the individual has a negative test result and is asymptomatic should be isolated for a period of 14 days.
• Some care providers will be able to accommodate admissions through excellent IPC and PPE management, effective isolation strategies and cohorting policies.
• For some care providers effective isolation or cohorting may not be appropriate or available – in these cases the individuals’ local authority will be asked to secure alternative appropriate accommodation and care for the remainder of the isolation period.

Admissions from community settings to care homes/home care provision:
• A move is being made towards testing individuals from non NHS settings prior to care home admission/home care provision.
• The majority of these individuals are likely to have been self isolating or shielding at home which reduces some of the risk.
• A 14 day isolation period may still be considered for these individuals.

Some sites have segregated possible/positive & negative/asymptomatic areas of the home into ‘zones’. Staff have then been assigned to a zone and do not move across zones.

Some sites are ‘cohorting’ residents with dementia due to many of these individuals being unable to isolate in their own rooms. An area of the home is identified to include a living space and bathroom, staff are assigned to this area and do not move to work in other areas of the home.

Some homes are creating dedicated ‘wards or wings’ of the home to manage those with symptoms/positive. Designated staff remain within theses areas and do not work in other areas of the home.

Guidance published:
Correct use of Personal Protective Equipment (PPE)

<table>
<thead>
<tr>
<th>Working within 2 meters of a person in receipt of care</th>
<th>Personal or end of life care within 2 meters of a person in receipt of care</th>
<th>Personal or end of life care within 2 meters including Aerosol Generating Procedures – e.g. suction</th>
<th>Working in reception or communal areas No direct contact but potential contact</th>
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</thead>
<tbody>
<tr>
<td>Fluid Resistant Surgical Mask (for sessional use)</td>
<td>Gloves (Disposable) Aprons (Disposable) Fluid Resistant Surgical mask (sessional use) Eye Protection – Goggles/Visor if risk of splashing/coughing (sessional use)</td>
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<td>Gloves (Disposable) Aprons (Disposable) FFP2/FFP3 filtering Face Piece mask ** wearer must be ‘fit’ tested prior to use (sessional use) Eye Protection – Goggles/visor (sessional use)</td>
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<td>Surgical mask (sessional use)</td>
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Single Use/Disposable = Wear once and dispose. ALWAYS Change between individuals
Sessional Use = 3-8 hours unless wet or damaged. Do not need to be changed between individuals.

2 meters is approximately 3 steps.

**Putting PPE on & taking it off – Safe Practice**

The risk of infection transmission increases when used PPE is handled (especially face masks). There is a safe way of applying and removing PPE. Please see videos at;
https://youtu.be/-GncQ_ed-9w
https://youtu.be/kKz_vNGsNh

PPE is only effective when combined with good hand hygiene, good respiratory hygiene and effective infection control practice.

Please note that this guidance is of a general nature and that an employer should consider the specific conditions of each individual place of work and comply with all applicable legislation, including the Health and Safety at Work etc. Act 1974 and should ALWAYS check the latest guidance at GOV.uk which is changing very frequently.

Published Guidance:
Infection Prevention and Control:

Before you come to work:
- Do not come into work if you have symptoms
- If using a car to get to work – use antibacterial spray/wipes to clean high risk areas before and after travel
- Come to work in clean clothes with a clean uniform to change into and a separate outer coat/clothes and work shoes OR Come to work in a clean uniform and bring a clean change of clothes for the end of shift in a clean disposable bag.
- Bring disposable bag to store uniform at the end of the shift
- Use hand sanitiser 70% alcohol when you leave your vehicle

At the end of your shift
Appropriate use of PPE may protect clothes from contamination, but staff should change out of work clothes before travelling home. Work clothes should be washed separately, in accordance with the manufacturer’s instructions. Remove uniform and place in disposable bag to take home or use the care home laundry service. Wash hands before leaving. If you are travelling home in your uniform wear an outer coat.

Hand-washing technique with soap and water
- Check your temperature, only commence work if your temperature is OK
- Wash your hands for at least 20 seconds using soap and water, use disposable towels to dry your hands well.

On arrival at your base:
- Use hand sanitiser 70% alcohol when you leave your vehicle

General Infection Control principles:
- Avoid touching your face
- Used PPE should be placed securely within disposable bag
- These bags should be placed into an orange infected waste bag, tied securely and kept separate from other waste within the room.
- Rubbish bags should be put aside for at least 72 hours before being put in the usual waste bin.
- Laundry – use usual detergents where possible wash infected items separately from others laundry using a soluble linen bag
- Increase general cleaning It is estimated that viable virus could be present for up to 5 days but less so on soft furnishings.
- Clean and disinfect regularly touched objects and surfaces using your regular cleaning products to reduce the risk of passing the infection on to other people.

Hand-Washing:
Wash your hands before, during and after all contact with individuals for a minimum of 20 seconds using soap and water.

1. Before leaving home
2. On arrival at work
3. After using the toilet
4. After breaks and activities
5. Before food preparation
6. Before eating any food, including snacks
7. Before leaving work
8. On arrival at home

Use 70% hand sanitiser as required

Arrival at home:
- If you used your own car before entering home disinfect the vehicle thoroughly e.g. seat belts and all fixtures inside and outside the car that have been touched
- Place all clothes or uniform straight into the washing machine or separate basket and wash at the highest temperature for the material
- Wash hands
- Shower/bath

Infection Prevention and Control; https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/
## Covid-19 Testing

### Who can be tested?
The priority is to test people to inform their clinical diagnosis to include;
- All essential workers including NHS and social care workers with symptoms (see the full list of essential workers) are being tested
- Anyone over 65 with symptoms
- Anyone with symptoms whose work cannot be done from home (for example, construction workers, shop workers, emergency plumbers and delivery drivers)
- Anyone who has symptoms of coronavirus and lives with any of those identified above
- Social care workers and residents in care homes (with or without symptoms) both to investigate outbreaks and, following successful pilots, as part of a rolling programme to test all care homes (see below for information on testing in care homes)
- NHS workers and patients without symptoms, in line with NHS England guidance

### Arrange a test
**Self referral** via the portal - [https://www.gov.uk/apply-coronavirus-test](https://www.gov.uk/apply-coronavirus-test)

Request a regional test centre or Home Test Kit

**Employer referral**
Employers should send the following information to portal.servicedesk@dhsc.gov.uk
- organisation name
- nature of the organisation’s business
- region
- names (where possible) and email addresses of 2 users who will load essential worker contact details

Once registered, employers of essential staff can request testing on behalf of employees
A unique code will be sent to the employee offering the test.

To arrange a test for a person living in a care home/receiving care and support;
You will need to liaise with the health protection team at Public Health England
Tel: 0344 225 4524
Email: PHE.CRC.eastmidlands@nhs.net

### Where can tests be done?
**Regional testing site**
A network of drive-through regional testing sites.

**Home testing**
Home test kits can be delivered to someone’s door so they can test themselves and their family without leaving the house. Home test kit availability will be initially limited, but more will become available.

**Mobile testing units**
Mobile testing units travel around the UK to increase access to coronavirus testing. They respond to need, travelling to test essential workers at sites including care homes, police stations and prisons. New units are being brought into operation each day.

**Satellite centres**
NHS capability is being increased by providing test kits directly to ‘satellite’ centres at places like hospitals that have a particularly urgent or significant need.

**NHS facilities**
Testing within an NHS facility such as a hospital is available for patients and some NHS workers.

### How/when will we get the results?
There is a network of couriers who collect the completed samples and deliver them safely to one of our laboratories. The swab samples are analysed in labs and the result is communicated back to the individual. Test results are usually available within 48 hours of a swab being taken, or within 72 hours for a home test.

### How the test is done
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).

### When to get a test
Testing is most effective within 3 days of symptoms developing but can still be done up to 5 days after onset of symptoms.

The Government’s 5 pillar strategy for testing
NURSING CARE HOMES

- Check all individual’s temperature (via ear) B/P, pulse, respirations and if available pulse oximetry twice daily where possible.
- If temperature is 37.8 or more with or without a continuous cough the individual should be cared for as if Covid-19 positive.
- If Oxygen saturation levels have reduced by >2% below their normal, the individual should be cared for as if Covid-19 positive.

For all individuals with possible Covid-19 symptoms seek medical care early. As symptoms can often present atypically or vague - if the individual is showing any other signs such of concern such as breathlessness, agitation, confusion, acute diarrhoea contact Call for Care – 01623 681691 or Citycare for support/advice or NHS 111.

HOME CARE AND RESIDENTIAL HOMES

- Check all individual’s temperature twice daily (via ear).
- <2 visits per day planned – if available family/carer could be trained to undertake this (community nurses should support education as required).
- If temperature is 37.8 or more with or without a continuous cough the individual should be cared for as if Covid-19 positive.
- If temperature is above 37.8 and the individual is becoming newly confused, poor colour, raised respiratory rate and/or they have developed a continuous cough they should be cared for as if Covid-19 positive.

RESTORE 2

RESTORE 2 can help you to spot deterioration from Covid-19 related illness or recognise non-Covid-19 related deterioration and act to get your individual the most appropriate care and support.

RESTORE2 uses three tools (Soft Signs, NEWS2 and SBARD) which when used together can help you to get the help and support you need more quickly.

The CCG, Academic Health Science Network and Notts Training Hub Alliance have joined together to work with you and your teams to help you to use this in your everyday practice.

If you would like to know more and access the fantastic resources, please contact empscdet@nottingham.ac.uk.

Symptom Management

Controlling symptoms of Covid-19 in Community Settings & NICE Clinical Guidance NG163 offer guidance about how to manage Covid-19 treatments and care planning to include management of:
- cough
- fever
- breathlessness
- delirium and agitation
- managing medicines
- anticipatory medications.

Put link here to Meds Management https://www.nice.org.uk/guidance/ng163

Frailty and Rockwood

Where possible, primary care clinicians should share information on the level of frailty of residents (mild, moderate, severe frailty) with care homes, and use the Clinical Frailty Scale to help inform urgent triage decisions. Care home staff should be at least aware of the Rockwood Frailty Assessment.

Always refer to the individuals’ advance care plan/Respect form to consider the right course of action in an emergency.
Medications and Symptom Management

**Nottinghamshire Area Prescribing Committee**
Our Nottinghamshire Area Prescribing Committee (NAPC) host a collaborative strategy for ensuring consistent high quality and cost effective use of medicines across Nottinghamshire. The NAPC website is the ‘go to’ place for medication guidance and support [https://www.nottsapc.nhs.uk/covid-19/](https://www.nottsapc.nhs.uk/covid-19/) and is updated frequently with new and updated guidance in a variety of settings including care homes. Please refer to our most recent prescribing guideline for End of Life care for Covid patients. In addition a very useful document to support medication and symptom management is the NICE Guideline - COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community. [https://www.nice.org.uk/guidance/ng163](https://www.nice.org.uk/guidance/ng163).

**Care about Medicines newsletter**
Our bi monthly newsletter is produced jointly with local authority colleagues and produces a range of information for both care homes and home care providers. If you don’t currently receive this but would like to be added to our mailing list please email lisa.ryley@nhs.net

**Medication re-use scheme**
In response to Covid-19 the government has recently launched a medicines re-use scheme. This means that some types of medication can be re-used for others with the same prescription even though it was not originally dispensed for that individual. The CCG will shortly be issuing documentation that homes may wish to use to implement this scheme. In the meantime please refer to [https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice](https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice).

**British Geriatric Society, Best practice Guidance – Care Homes and Covid-19**

**Guidance on Medicines in Social Care Settings**
The document “ Guidance on medicines in social care establishments ” provides care homes with lots of information on medicines management issues, all care home staff who manage medications should be familiar with this local document. The guidance is currently under review so that it will apply to care homes across both local authorities. Please contact lisa.ryley@nhs.net for a copy.

**Access to free medicines management training for home care providers**
An excellent free resource has been bought from PrescQIPP, a NICE and skills for care accredited provider of medicines management training. The link below explains how to access the training. [https://www.prescqipp.info/media/4743/prescqipp_managing_medicines_for_adults_receiving_social_care_in_the_community_e-learning_course_overview.pdf](https://www.prescqipp.info/media/4743/prescqipp_managing_medicines_for_adults_receiving_social_care_in_the_community_e-learning_course_overview.pdf)

**Medicines Optimisation Support**
The CCG have a number of pharmacists and technicians who have experience working with both care home and home care providers. They are able to support with a range of areas including medication reviews and supporting with ordering processes. If you would be interested in some support from our team please email taniacook@nhs.net or cosborn@nhs.net

**Questions/Queries?**
If you have ANY Medication Management queries, you can contact our Nottingham and Nottinghamshire Medication Management teams via email at MACCG.NottsAPC@nhs.net. The team will respond in office hours.
ReSPECT
The ReSPECT document supports people to get the right level of care and support at the end of their lives.
It is one of the ways they or their loved ones can be in control at the end.
ALL individuals should be offered an advance care conversation with relatives if necessary or desired leading to the creation of a ReSPECT Form to record their priorities and escalation plans.

Please ensure, where appropriate, all individuals are offered the opportunity to have an advanced care plan in place. If the individual does not have an advanced care plan you can discuss this with your nurses or GP.

https://www.resus.org.uk/respect/learning/
https://learning.respectprocess.org.uk/#landing

Gold Standards Framework
It is good practice to ensure all residents are proactively assigned an accurate RAG status.
In the context of Covid-19 transition from amber to red and death may be a few days -hours only.
ALL amber & red should be known to a health care professional for registration on EPaCCS - Electronic Palliative Care Coordination Systems to enable coordinated care and support.

Assessment of the Dying person
A proportion of individuals dying of Covid-19 could have severe symptoms with rapid decline. In this situation it is important to deliver effective medications, at effective doses, from the outset. Early management of symptoms will be the most effective way to reduce suffering.

The clinical profile of Covid-19 related dying is likely to include:
• Persistent Cough
• breathlessness / ‘air hunger’
• distress
• delirium / agitation(hyperactive or hypoactive)
• fever
• Rapid deterioration over a short number of hours.

Using Technology - Virtual Assessments
Video assessments and multidisciplinary meetings can be used to support end of life care and management. Personal devices can be used to enable this if your service does not have access to a shared video enabled device. The consultation should take place wherever possible in the individuals’ room. Video consultations can help after death as it equates to a face to face consultation in new legislation and means that GPs may not be required to see the person again after death. https://www.nhsx.nhs.uk/key-information-and-tools/information-governance-guidance

Please sign up for NHS Mail. this will enable Microsoft teams which can be used for video consultations. You will need to complete a pre-set word template available from your LA/CCG and send it to care.registration@nhs.net

For urgent clinical support contact : Call for Care – County 01623 7818 99
Citycare - Monday – Friday 8am-6pm - 0115 8834863 Weekend and Bank Holiday 8am-6pm – 07827823465 Between 6pm and 8am everyday – Evening and night service 0115 8838151 or 0115 8838152 NHS 111 9 * 6 or NEMS Out of Hours Service
Care of the deceased - After care

When a person dies of suspected coronavirus (Covid-19) in a residential care setting, be aware that there is likely to be continuing risk of infection from body fluids. Whilst undertaking last offices, it is recommended that the usual PPE and standards of Infection prevention control precautions are maintained. You should follow the usual processes for dealing with a death in your setting.

Since there is a small but real risk of transmission from the body of the deceased, mourners should be advised not to participate in any rituals or practices that bring them into close contact with the body of an individual who has died from Covid-19. Given the very significant risk for vulnerable and extremely vulnerable people who come into contact with the virus, it is strongly advised that they have no contact with the body. Cremation is permitted where the deceased does not have a medical device that requires removal e.g. pacemaker/ICD.

Grief & Bereavement Support

A grief line has been set up to support staff dealing with emotional distress related to loss of loved ones. The grief line will listen to staff and offer practical support where needed as well as signposting to existing grief support. Staff can call 0800 111 44524 hours per day/7 days per week.

Published Guidance:


https://www.hse.gov.uk/pubns/books/hsg283.htm

Informing the CQC

The CQC are now recording all deaths where Covid-19 was possible or confirmed. Please inform the CQC using your usual notification form even if the person dies in hospital.

Confirmation or Verification of Death

Confirmation or verification of death is defined as deciding whether a person is actually deceased. Verification of death can be undertaken by staff who are competent and confident to carry out this task. Your organisation/service should have a policy/procedure which will support you to undertake this practice. You should be familiar with this.

In Nottingham and Nottinghamshire local guidance – ‘Death administration in the community’, is available, staff should be familiar with this as it supports Verification of expected death practice. It also includes a pre authorisation template which will support staff and partners in decision making when verification of death is needed.

If you do not have a competent/trained person available to verify death contact:

Call for care – 01623 681691 or Nottingham Citycare
OOH – NHS 111 9*6 /NEMS

Death certification

All doctors in primary care AND hospitals NUH, NHCT, SFHFT can carry out death certification. Where an individual has been discharged from hospital and dies quickly before any contact with GP, the hospital discharging doctor should be asked to complete the death certificate.

Doctors can do the death certification if they have seen the Individual within 28 days (this can be by video which you are asked to help facilitate) or after death.

Death Registration

The person registering a death (known as the informant) can be:

- a close relative of the deceased, named the executor of the Will. If a close relative is not available to do so, it’s also possible that the
- a relative who witnessed the loved one’s death, last illness or who lives near their residence
- the owner of the premises where the death occurred
- the relative arranging the funeral with the funeral director or someone else who was present at the death

During the Covid-19 pandemic doctors are emailing death certificates directly to the Registrars (so no need for relatives to pick up from surgery).
Alternative System Support pathways

- NHS 111 offers care home and home care staff a direct line to a clinician who will be able to discuss any concerns you have for an individual in your care. The 9*6 option bypasses the call handler algorithm to enable a less formal conversation. It is very helpful to NHS 111 9*6 clinicians if you use SBARD to communicate the concern and have all basic information to hand such as the persons date of birth, address, postcode, medications etc. If you are concerned about an individual you can contact NHS111 9*6.

- Call for Care Tel: 01623 781899 (Mid Notts)
  - Option 1 - Admission avoidance (2 hour response)
  - Option 2 - End of Life and Palliative Care
  - Option 3 - Planned Care (non-urgent referrals for all general health services)

- Call for Care Tel: 0300 0830 100 (South Notts)
  - Option 1

- City care (city care homes only) can be contacted;
  - Monday – Friday 8am-6pm - 0115 8834863
  - Weekend and Bank Holidays - 8am-6pm – 07827823465
  - Between 6pm and 8am everyday – Evening and night service 0115 8838151 or 0115 8838152

Communications

- Nottingham and Nottinghamshire system partners will be hosting a series of weekly webinars which will provide care homes and home care services with opportunities to discuss ‘hot topics’ and ask questions. The webinars will be held on ZOOM every Thursday at 2pm.

- The previously successful joint CCG/LA face to face care homes forums will be placed on hold until further notice. We will recommence these virtually as soon as possible

- A Nationwide WhatsApp group has been created to support care home/home care managers. The group share information and raise queries for clarification. Themes/trends and key messages will be shared at a weekly webinar so that a wider reach can be achieved. Currently the group is full (256 participants) but if you would like to be added to a waiting list to be added to the group when a space becomes available please email your name and mobile number to nnestccg.southnottspatientsafety@nhs.net

- To contact your local authority or CCG quality teams please email; qmm@nottscc.gov.uk (Nottinghamshire County Council) nnestccg.southnottspatientsafety@nhs.net Notts/Nottinghamshire CCG

- Ask Lion is a dedicated website for local information covering Nottingham City. Updates for care home staff are posted frequently on the Ask Lion portal https://www.asklion.co.uk/kb5/nottingham/directory/home.page

- Notts Help Yourself - Nottinghamshire County local information https://www.nottshelpyourself.org.uk/kb5/nottinghamshire/directory/home.page

- Covid 19 group – Online forum for care home managers/staff

- Newsletters – Watch out for frequently posted CCG/LA/IPC/Meds Management newsletters

Feeling unwell? Choose the right service

- Self-care
- NHS 111
- Pharmacist
- GP (Doctors)
- NHS Walk-in Services
- A&E or 999

Urinary? Constipated? New help?
If you cannot get to the GP and it is not getting any better.
This toolkit has been created to be used as an aide memoire/quick reference guide for care home and home care staff managing Covid-19.

This guidance is not mandatory – it’s purpose is to support staff to deliver high quality care for individuals by bringing together best practice guidance and references to key documents to support practice all in one place.

This guide has been co-developed by Nottingham and Nottinghamshire Integrated Care System with contributions from;
Nottingham and Nottinghamshire CCGs
Nottinghamshire HealthCare Trust
Nottingham City Care
Nottinghamshire EOL Stakeholder Board
Nottinghamshire GPs
Nottingham University Hospitals
Sherwood Forest Hospitals

This guidance was produced in response to the Covid-19 Pandemic. In this fast paced, continuously developing and changing situation, it is expected that best practice guidance will be updated frequently.

A good practice tip would be to keep a file with this guidance and all the latest attachments for each of the focus areas available to staff to use as a reference guide to support Covid-19 EOL care and management.

This VERSION is a DRAFT document awaiting further co-design with sector experts.

Quality Control;
• The information provided within the toolkit will be reviewed and updated daily during the Covid-19 pandemic.
• Information from reputable sources will include (but not limited to); Gov.uk. Patient Safety Collaborative/Academic Health Science networks. UK Resuscitation Council. Nottinghamshire Area Prescribing Committee. Public Health England and Local IPC teams. NHSE/I. ADASS. CQC. Local Authorities and TeamNet
• The latest version will be shared as a minimum, weekly and will be version controlled with the latest date e.g V.280420.
• The content may change to reflect the fluid position of today and the future.
• Points of clarification/additional information queries should be directed to Nottingham & Nottinghamshire CCG - nnestccg.southnottspatientsafety@nhs.net