



## Say No to Infection - Covid-19 IPC Principles

### Covid-19 IPC Principles

- PPE advice for suspected or known C-19 cases – ensure staff are wearing type IIR fluid resistant surgical mask (FRSM) to always cover both mouth & nose, eye protection should be risk assessed if required. Aprons & gloves to be worn only when dealing with body fluids/and or in contact with a suspected/confirmed COVID-19 case
- [Guide to donning and doffing PPE: Droplet Precautions \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/81121/guide-to-donning-and-doffing-ppe-droplet-precautions.pdf)
- PPE Video - [https://www.youtube.com/watch?v=-GncQ\\_ed-9w](https://www.youtube.com/watch?v=-GncQ_ed-9w)
- Visors are worn whilst caring for the positive or symptomatic residents – ensure visors are decontaminated between use or discarded if they are single use
- Complete daily well-being checks on both staff and residents being mindful of any soft symptoms such as, sore throats, headaches, fatigue, generally unwell etc.
- If any staff or residents present with these symptoms follow Government guidelines via the link [People with symptoms of a respiratory infection including COVID-19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19)
- Monitor all staff for hand hygiene compliance - [Click on the link for the 8 step hand washing technique.](#)

### Covid-19 IPC Principles during an outbreak

- Staff breaks- ensure staff take breaks independently including smoking breaks
- PPE – see above for management of individual residents. In addition, when in an outbreak sessional use of FRSM would be advised.
- Ventilation – keep all areas ventilated and open windows regularly (open windows for 5-10 minutes every hour)
- Ensure that adequate stocks of LFD's are available, symptomatic testing is now advised only for those eligible for COVID-19 treatments and during suspected outbreaks in care homes. Please see link below:  
<https://www.gov.uk/apply-coronavirus-test-care-home>
- NB: staff should not be testing for C-19 unless eligible for C-19 treatments/therapeutics.
- Use disposable mops and cloths for decontaminating positive or symptomatic residents' rooms.
- Increase touch point cleaning i.e., light switches, door handles, toilet flush handles, kettles, microwaves etc. – ensure this is documented.

- Use the right cleaning products, i.e., detergent and then disinfectant (containing at least 1,000ppm chlorine e.g., Milton), or a combined product which either has the same chlorine content or meets the EN 14476 or EN1276 standard.

## Vaccination

- Vaccination remains a primary protection measure against COVID-19, helping to reduce the risk of serious illness, hospitalisation, and death.
- Be aware of the vaccine status for all residents and staff.
- Any staff or resident who is unvaccinated should be encouraged to take the vaccine.
- Encourage residents to have their COVID-19 booster.

## COVID-19 treatments for people at higher risk of severe outcomes

Care Managers are advised to ensure that they have fully read this part of the guidance using the link below.

### Some points to consider:

- Individuals (residents and staff) who are at higher risk of severe outcomes from COVID-19 may be eligible for COVID-19 treatments if they become unwell.
- Providers should review the criteria to assess whether any individuals they care for are eligible for COVID-19 treatments.
- Refer to Treatments for COVID-19 for a list of people at highest risk and seek clinical advice from a GP or other professional as necessary <https://www.nhs.uk/conditions/covid-19/treatments-for-covid-19/>
- Care managers should support people who are potentially eligible for COVID-19 treatments. This includes ensuring there are enough tests stored on site for eligible individuals to test if they become symptomatic.

## Outbreak Management

### Based on current national guidance:

- The care home should undertake a risk assessment as soon as possible to determine if there is an outbreak and if infection prevention & control measures are needed as follows:  
*(An outbreak consists of 2 or more positive or clinically suspected linked cases of COVID-19, within the same setting within a 14-day period)*
- The first 5 linked symptomatic residents should be tested using LFD tests irrespective of their eligibility for treatments

- This will determine if there are 2 or more linked cases of C-19 or if another respiratory infection needs to be ruled out. If so, follow the Non C-19 Respiratory outbreak testing guidance for C&W.



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COVID respiratory ou

- If these 5 Covid-19 LFDs are **negative**, the resident can resume normal activities, once feeling better, no longer have a temperature and other infectious causes have been ruled out.
- If the first 5 residents COVID-19 LFDs are **positive** new cases after this do not require testing unless they are eligible for COVID-19 treatments.
- Isolate residents for 5 days following a positive test.
- Testing no longer required for individuals to return to normal activities before 10 days following a positive test.
- Admissions to care homes may be suspended temporarily whilst in an outbreak.
- Outbreak measures can be lifted 5 days after the last suspected or confirmed case. This is from the day of the last positive test, or the day the last resident became unwell, whichever is latest.

#### Visitors during an outbreak

**All visitors should wear appropriate PPE (as per national guidance) and follow hand hygiene measures as directed by the home**

- Make proportionate changes to visiting: some forms of visiting should continue if individual risk assessments are carried out. One visitor at a time per resident should always be able to visit inside the care home
- This number can be flexible in the case that the visitor requires accompaniment (for example if they require support, or for a parent accompanying a child). End-of-life visiting should always be supported and testing is not required in any circumstances for an end-of-life visit
- There should be no restrictions on visits out for individuals who are not positive or symptomatic

#### New admissions:

- Ensure new resident / service user admissions have a risk assessment carried out and that all precautions are in place and check vaccination status
- Newly admitted residents from hospital should have had an LFD taken within 48 hours of discharge
- Evidence of a negative LFD test result should be communicated by hospitals to care homes in writing within the usual communications provided at the time of discharging a patient to a care home
- Admissions from the community do not have to routinely test

- Individuals who test positive for COVID-19 can be admitted to the care home if the home is satisfied, they can be cared for safely. Individuals who are admitted with a positive test result should be kept away from other residents on arrival and should follow the section in the national guidance (link below) 'care home residents who test positive for COVID-19'
- The period individuals should stay away from others is from the day after the positive test and does not restart when the individual is admitted into the care home. If the individual has already tested positive before the planned discharge, they do not need to test again if they continue to have symptoms of a respiratory infection and feel unwell or have a high temperature

**We strongly advise that all Care Home Managers/Senior Staff fully read the national Adult and Social Care Covid-19 guidance click the link below:**

[COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care)