



# COVID-19 Interim assessment, testing and outbreak guidance for residents in Residential facilities (RF) and Long Term Care Facilities (LTCF)



**Symptoms: Fever, cough, shortness of breath OR lethargy, confusion, loss of appetite, unexplained change in baseline condition**

**Current outbreak ongoing**

- Test all residents who have not yet been tested
- **Check residents** for symptoms twice daily
- Test all staff in the facility
- **Check all staff** when coming on duty: temperature and symptoms

**Prioritised testing can be arranged via the National Ambulance Service.**

**One confirmed case in the facility**

- Test all residents
- **Check residents** for symptoms twice daily
- Test all staff in the facility
- **Check all staff** when coming on duty: temperature and symptoms

**Prioritised testing can be arranged via the National Ambulance Service.**

**No case**

**Check residents** for symptoms twice daily

**Check all staff** when coming on duty: temperature and symptoms

## Box A: CONFIRMED OR SUSPECTED CASES IN THE FACILITY

- Notify **ANY SUSPECTED CASE** To Public Health
- Set up local Incident Management /outbreak control team:
- Seek **additional resources**: PPE, staff, IPC support, medical input
- **Isolate/cohort** residents: **in so far as possible: 1)** Group residents with confirmed/suspected COVID-19 in adjacent rooms to define a contaminated zone. **2)** Allocate separate staff groups to care for those with confirmed/suspected COVID-19 and those without. **3)** Staff should don PPE before entering contaminated zone and remain in PPE until leaving the zone.
- Ensure appropriate **environmental cleaning** and disinfection as per [IPC guidance for RCFs](#).
- SARS-CoV-2 positive staff should remain off work for 14 days after onset of symptoms or diagnosis, the last 5 days afebrile
- Staff who are contacts of confirmed or suspected COVID-19 cases should be managed as per [occupational health guidance](#). Avoid derogation in as far as practical.

## Box B. CONTACT & DROPLET PRECAUTIONS:

- **Hand Hygiene**
- **Patient placement:** In a single room if available, or cohort if appropriate. **Treat all patients in affected Zone as potentially infected as per box A**
- **PPE** (see [here](#) for further information):
  - **Respiratory protection** (surgical mask)
  - **Gloves**
  - **Long-sleeved gown** (for high contact activities) / **apron** (for low contact activities)
  - **Eye protection** as per risk assessment\* (face shield or goggles)
- \*where there is a risk of blood, body fluids, excretions or secretions (including respiratory secretions) splashing into the eyes.
- **AIRBORNE precautions for aerosol generating procedures**
  - As above but use an **FFP2 mask** (rather than surgical mask) and **long-sleeved gown**.

## Staff

- Identify COVID-19 preparedness lead for the facility
- Develop preparedness plan to include:
  - designation of discrete zones with staff assigned to zones,
  - plans for patient cohorting
  - enhanced IPC
  - staff training
  - surge capacity
  - PPE supplies
  - See [here](#) for more details on IPC guidance for residential care facilities

## Residents

- Physical distancing
- Hand hygiene
- Cough and respiratory etiquette
- Group activities and all but essential family visiting should be discontinued