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

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

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.

Prioritised testing can be arranged via the National Ambulance Service.

Check residents for symptoms twice daily
Check all staff when coming on duty: temperature and symptoms

No case

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