COVID-19 Interim assessment, testing and outbreak guidance for residents and staff 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 (unless previously tested)
- Check all staff when coming on duty: temperature and symptoms. Repeat temperature check during shift.

**One confirmed case in the facility**
- **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
  - 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.

Prioritised testing can be arranged via the National Ambulance Service.

**≥1 positive case, following testing of all staff**
- Check residents for symptoms twice daily
- Test all staff in the facility
- Check all staff when coming on duty: temperature and symptoms. Repeat temperature check during shift.

**No confirmed case in the facility (resident or staff)**
- 0 positive cases, following testing of all staff

**StANDARD PRECAUTIONS (SP)**
See here. Surgical masks should be worn:
1. When providing care to all patients (within 2 metres)
2. For all encounters, ≥15 minutes, with other HCWs in the workplace where a distance of 2 metres cannot be maintained

**CONTACT & DROPLET PRECAUTIONS:**
- Hand Hygiene
- Patient placement: In a single room if available, or cohort if appropriate. 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. Treat all patients in affected Zone as potentially infected.
- Ensure appropriate environmental cleaning and disinfection as per IPC guidance for RCFs.

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

Please note background colour coding indicates infection control precautions as per above panel
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