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Clinical Guidance for Nursing Home and Residential Care Residents and COVID-19

This guidance is targeted at providing clinical advice for adults in long term care such as residents of nursing home and residential care settings. It is recognised that those who are in care are often vulnerable or frail with complex needs and varying levels of dependence. Current estimates are that there are over 40,000 residents in care homes across Scotland. The average age is estimated to be 84 years. 50% of residents have a formal diagnosis of dementia although the real numbers may be far higher. Ordinarily mortality rates for these residents is between 13 and 17% illustrating the vulnerability of the group. The long term care/residential care sector is vital to the wider health and care system and it is essential that it continues to function in a safe and effective way as it provides a safe and appropriate alternative in some cases to more acute settings such as hospital care. It is therefore imperative that care homes continue to take admissions if it is clinically safe to do so.

Measures to prevent and prepare for infection in residents

1. It is recommended that long term care facilities be subject to **'social distancing'** to reduce the risk of infecting residents and their carers and most significantly aims to reduce the mortality in this group. This needs to operate at two levels:
Reducing visitors to the home apart from essential visits. This should seek to reduce external visitors by 75% as with other guidance. This might need to consider visits from appropriate health and care staff as essential. Thought should be given to having a named relative as contact. There may need to be consideration given to a named relative as an essential visitor, but the frequency and duration of visiting will need to be reduced. Obviously there needs to be flexibility where appropriate such as in end of life settings. Where residents are affected it will be appropriate for visitors to don PPE in order to be able to spend time with them. It would also be reasonable to ask visitors for symptoms on arrival and to ask symptomatic people to stay away. As with previous experiences it may be wise to exclude visits from children as potential carriers of infection.
Social isolation in rooms. There is a high risk within a long term care facility that infections are spread between residents through communal areas such as lounges and dining areas. Residents should be isolated within their rooms as much as is practical and ideally reducing time in communal areas by 75% also. Meals should be served in residents rooms where possible and communal sitting areas avoided. It may be practical to stagger meal times to allow staff to manage this and to allow adequate time for cleaning. If communal areas do have to be used it is advised that the distance between residents should be two metres where possible.

2. **Handwashing between contacts** should be maximised and the regular use of liquid soap and paper towels.

3. **Appropriate PPE** should be used for positive cases and long term facilities should ensure that they have access to adequate stock and that they know where to access additional supplies if needed. Advice on what PPE to use, how to obtain equipment and dispose of it is available through HPS. All staff (of any grade) must be made aware of the guidance. https://www.hps.scot.nhs.uk/a-to-z-of-topics/wuhan-novel-coronavirus/#publications

4. **Anticipatory Care Plans** should be in place for as many residents as possible (and ideally all residents) in these settings. Clear documentation of 'What matters to me' is helpful in the event of changing circumstances. In many cases the staff in the Residential or Nursing Home settings are able to start these conversations. Healthcare Improvement Scotland are adapting ACP documentation to a 1-2 page summary tailored to dealing with the current situation. Do Not Resuscitate paperwork should be in place where appropriate and communicated appropriately with patients or carers. It may be judicious to ensure that just-in-case medication is prescribed for high risk residents. Similarly verification of death paperwork for appropriate ill patients may help staff to anticipate and manage death and minimise clinician contacts.

5. **NHS Near Me** technology to provide access to GPs and community teams may help to reduce the number of visits whilst providing access to support and occasional clinical opinions.

6. **Cleaning** of communal areas, particularly hard surfaces and rooms should be a priority to reduce the risks of transmission.

7. **Staffing levels** need to be considered in relation to higher dependency of residents and care provision in the isolation of their own room coupled with higher staff sickness levels. This will need to be considered in the context of business continuity planning of NHS Board's and Health and Social Care Partnerships where staff may be deployed to support care homes.

Mitigating factors to consider while caring for residents in long term care.

Implementing these measures including social distancing may have adverse effects that need to be considered. These could include:

- Increased immobility and higher falls risk for particular patients.
- Low mood from social isolation
- Boredom
- Loss of contact with families.

These factors may be more marked for residents with dementia. Deploying measures to address and mitigate these factors will be important. This may be best addressed using volunteers or third sector charitable organisations to support the work of activity coordinators adapting to engaging with individuals and to be seen as part of essential contacts. It is of course crucial that they are trained in the correct hygiene precautions. Access to spiritual care may be also be helpful. Use of video technology for accessing relatives and others (some homes are supplying iPads to residents to allow face time) or 'playlist for life' music.

Transitions from hospital.

There are situations where long term care facilities have expressed concern about the risk of admissions from a hospital setting. In the early stages where the priority is maximising hospital capacity, steps should be taken to ensure that patients are screened clinically to ensure that people at risk are not transferred inappropriately but also that flows out from acute hospital are not hindered and where appropriate are expedited.

Managing COVID-19 cases in long term care settings.

Patients suspected of having symptoms of COVID-19 should be managed in line with other HPS guidance and specifically should be isolated in their own room. PPE equipment should be used as in line with other guidance for droplet spread precautions. Handwashing should continue rigorously in line with guidance elsewhere.

It is not advised that residents in long term care are admitted to hospital for ongoing management but are managed within their current setting.

Where a long term care facility is affected we should aim to deploy in-reach to bring care to residents. That may mean members of the community such as district nursing AHPs, GPs or where appropriate hospital at home. This will be considered in the context of business continuity planning of NHS Board's and Health and Social Care Partnerships where staff may be deployed to support care homes.

Where a long term care facility has a resident who has tested positive for coronavirus, further admissions should be halted.

In relation to dealing with a death it is crucial to abide by guidance on the preparation of the body and transportation in line with existing guidelines.