

Health and Wellbeing Overview and Scrutiny Committee. Annex E Proactive Prevention and Management of COVID-19 Outbreaks in Care Homes

A proposed model for Thurrock

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Thurrock
Clinical Commissioning Group

 [thurrock.gov.uk](https://www.thurrock.gov.uk)

1. Introduction and Rationale

Outbreaks of COVID-19 in care homes present a significant and on-going public health challenge both locally and nationally as the COVID-19 epidemic progresses.

Recent modelling by Public Health England suggests that 90% of residential care homes nationally will experience an outbreak of COVID-19 in the next six weeks.

Initial concerns about COVID-19 related demand outstripping NHS capacity led to national PHE guidelines that recommended COVID-19+ patients to be discharged back into residential care homes.

As the epidemic has progressed, through a combination of increasing NHS capacity and achieving 'suppression' of transmission (an $R_0 < 1$) through 'lockdown' measures, the NHS capacity risk has been mitigated, and there is currently sufficient capacity at all levels of the NHS locally to meet COVID-19 demand.

Conversely, the residential care sector both nationally and locally has faced significant challenges related to COVID-19 including:

- A number of COVID-19 outbreaks
- Lack of access to PPE
- Lack of access to prompt testing

Outbreaks in residential care settings present a high public health risk for several reasons:

- Residents are often at significant increased risk of COVID-19 related complications due to their age and/or underlying comorbidities
- The close proximity of infected and uninfected cases can allow infection to spread rapidly
- A lack of testing capability both in terms of speed to test and limiting of testing availability to symptomatic residents only has made it difficult to identify all cases and take appropriate action
- It is difficult in some circumstances to ensure PHE guidelines on isolation of cases when identified are followed, for example where residents have dementia and may wander between rooms.

Thurrock has already developed a comprehensive offer to care homes, but in light of the above, a more proactive and preventative approach to management of COVID-19 is required to reduce the risk of future outbreaks. This slide pack describes the work to date and makes recommendations on what else should be done to reduce future outbreak risk.

2. Inclusion criteria

Care homes included within this model can be defined as Older Peoples Care Homes. There are thirteen care homes of this type in Thurrock. Older Peoples Care Homes (OPCHs) provide personal care and accommodation, for short or long periods. Qualified nursing care is also provided within OPCHs to ensure that the full needs of the person using the service are met. Examples of services that fit under this category are:

- Residential homes
- Rest homes
- Convalescent homes
- Respite care
- Mental health crisis houses
- Therapeutic communities.

3. Exclusion criteria

- For the purposes of this protocol extra care facilities will not be treated as care homes and so a COVID+ resident in an extra-care facility will not automatically trigger a 'suspected outbreak' definition under the terms of this protocol.
- Where a resident in an extra care facility is Covid +ve efforts will be made to ensure a separate team of carers are employed to carry out the care of the COVID+ve resident, to mitigate the risk of transmission. If a separate team cannot be identified, extreme care must be taken to ensure all other enhanced infection control measures are put in place.

4. Evidence Base

The Centre for Evidence-Based Medicine recently undertook a systematic review of the evidence base on how pandemic spreads can be prevented and contained within residential care homes considering the role of human resources, nursing activities/medications and external visitors. The findings can be summarised below:



Hand Hygiene

- Little evidence that education programmes alone change behaviour
- Compliance is improved where sanitisers are readily available in work areas and where line managers check/enforce compliance
- Education + regular reminders to staff + issuing each staff member with a personal pocket-sized sanitiser has been shown to be most effective



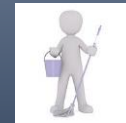
Staffing

- Larger care homes are at greater risk of pandemic outbreaks than smaller ones
- Staff are a key source of outbreaks, including staff entry/re-entry, community nurses working across multiple locations, and staff continuing to work whilst symptomatic.
- Inadequate access to PPE and lack of staff adherence to PPE guidelines contributes to outbreaks
- Temporary bank staff used to replace staff on sick leave pose a particular threat
- Limiting movement of staff between care homes and reducing reliance on temporary staff reduces the risk of outbreaks



Testing

- Prompt identification of an outbreak is required to coordinate an effective response
- Delayed recognition of COVID-19 cases in both staff and residents through limited testing availability and/or identification of COVID-19 through symptoms only contributes to outbreaks in care homes
- Rapid identification of cases among both staff and residents through testing may facilitate a coordinated response that minimises within-care home spread.



Environmental decontamination

- Regular disinfection of high-traffic surfaces reduces infection spread



Residents

- Limiting social contact through isolation procedures and use of PPE by staff can cause residents distress, particularly residents with dementia
- Education of residents on the reasons behind changes can aid compliance with mitigation strategies and address considerations of quality of life and anxiety

5. Aims and Objectives of Thurrock Model

AIM:

- Provide a proactive care home offer that reduces the risk of COVID-19 to care home residents whilst supporting them to function effectively during the epidemic

OBJECTIVES:

1. Reduce the risk of COVID-19 outbreaks in care homes
2. Rapidly identify and confirm a COVID-19 outbreak when it does occur and provide a coordinated response to reduce the threat of transmission to COVID-19 residents
3. Support residential care homes to provide the best possible care to COVID-19 positive residents to facilitate their recovery
4. Support care home staff to continue to provide high quality care

DEFINITION OF A SUSPECTED OUTBREAK:

- One or more residents or staff members with COVID-19 related symptoms of a high temperature and/or a new persistent cough, or loss of, or change in, normal sense of taste or smell (anosmia*) in isolation or in combination with any other symptoms.
- A positive COVID-19 test result in a member of staff, regardless of symptoms

DEFINITION OF A CONFIRMED OUTBREAK:

- At least one resident with a positive COVID-19 PCR test result

* People/household contacts of people who develop anosmia even if this is the only symptom should self-isolate as per current guidelines and qualify for a test on the grounds of anosmia if they also fall into a population group who can access tests when they have COVID-19 symptoms.

6. Thurrock COVID-19 Care Home Hub

In order to rationalise and co-ordinate support to care homes, we will form a multi-agency Thurrock COVID-19 Care Home Hub. The responsibility of the hub will be to coordinate an integrated support offer to care homes including proactive measures to prevent outbreaks including infection control and prevention, managing outbreaks when they occur, and on-going clinical and care support during the COVID-19 to support care providers to deliver the best care possible to our residents, as specified on the next five slides.

The heart of the hub will remain the Thurrock Council Contracts, Brokerage and Placement Team who are already undertaking liaison with Care Homes three times a week, through which all proactive support to care homes will be made. Additional support to care homes will be provided from a range of health, public health and care professionals including more proactive outbreak prevention and management functions, and for ongoing clinical care of residents. The group will be administered by the Thurrock Council Public Health Team. The group will initially meet daily. Once assurance is reached that the outbreak is under control meeting frequency will change to bi weekly. Please see slide 14 for governance structure.

The Thurrock COVID-19 Care Home Hub will comprise of the following people:

- Assistant Director of Public Health, Thurrock Council (Chair)
- Contract Compliance, Brokerage, Placements and Blue Badge Manager, Thurrock Council
- Strategic Lead, Public Health Improvement
- Director/Head of Primary Care, Thurrock CCG
- Deputy Chief Nurse, Thurrock CCG
- Strategic Lead, ASC Commissioning, Thurrock Council
- Strategic Lead, ASC Provider Services
- Commissioning Manager, ASC
- Hospital Social Work Team Manager, Thurrock Council
- Head of Long Term Conditions, NELFT

Objective 1: Reduce the risk of COVID-19 outbreaks in care homes

Thurrock Care Home COVID-19 Hub will undertake the following actions to deliver Objective 1

- 1.1 Undertake a call with each residential care home provider three times a week to capture data and provide proactive support and guidance
- 1.2 Develop a self-assessment checklist for compliance with national guidance on PPE and Infection Control.
- 1.3 Identify care homes who would benefit from enhanced IPC support and offer an enhanced support / training package
- 1.4 Offer an enhanced IPC training offer to care homes through a cascade training model to assist homes to deliver best practice around infection and prevention control and use of PPE.
- 1.5 Work with care homes to investigate barriers to implementation of guidance/IPC measures.
- 1.6 Undertake root cause analysis to better understand and mitigate the reasons that lapses in care/infection prevention and control occur
- 1.7 Develop and deliver training to care home staff on use of self-swabbing testing kits when these become available to staff.

Residential Care Homes should undertake the following actions

- 1.8 Ensure 100% compliance amongst staff to self assessment checklist
- 1.9 Ensure high staff compliance with hand hygiene including:
 - Staff training on hand washing technique and frequency
 - Availability of hand sanitation/hand washing facilities in work areas
 - Compliance regime overseen by managers
 - Individual hand sanitisers issued to each staff member
- 1.10 Where ever feasible, ensure that staff work only in one residential care home and avoid use of bank staff
- 1.11 Facilitate digital solutions for in reach clinical care for residents in care home that may reduce the need for face to face contact
- 1.12 Prohibit all visits to care homes by residents' friends and relatives. Encourage technology enabled contact
- 1.13 Facilitate discussion of measures between staff and residents to reduce resident anxiety and increase resident compliance
- 1.14 Avoid re-admitting residents treated in hospital for COVID-19 before confirmation of a negative COVID-19 PCR test.
- 1.15 Regularly (ideally at least once a week) undertake swabbing of staff for COVID-19 to confirm negative status regardless of symptoms. Tests can be ordered via the Care Home Testing Portal. The process is set out on **page 10**. Should any staff test positive, they should immediately self-isolate for 14 days from date of swab test and the situation should be treated as a suspected outbreak.

Objective 2: Rapidly identify and confirm a COVID-19 outbreak when it does occur and provide a coordinated response to reduce the threat of transmission to COVID-19 negative residents

A **Suspected Outbreak** is defined as either:

- **One or more residents or staff members with COVID-19 related symptoms of a high temperature and/or a new persistent cough**
- **A positive COVID-19 test result in a member of staff, regardless of symptoms**

Thurrock Care Home COVID-19 Hub will:

- 2.1 Ensure a local contract is in place with Commisceo to provide for the regular swabbing of all residents and staff in an outbreak situation
- 2.2 Identify suspected outbreaks during the three times a week call with each care home provider.
- 2.3 Check that the care home has notified Public Health England Health Protection Team of the suspected outbreak and that swabbing of all staff and residents has been arranged.
- 2.4 Coordinate on-going management of the outbreak in the care home through the using the protocol on the next slide including repeat testing of staff and residents
- 2.5 Discuss the feasibility of 'step up' arrangements of COVID+ residents to Oak House with the care home and where deemed desirable, facilitate this.
- 2.6 Support the care home to continue to operate throughout the outbreak in order to manage and sustain capacity including coordination and brokering of clinical advice and support and infection control
- 2.7 Agree with the home, when the outbreak is over.
- 2.8 Review data on the number of cases, number of deaths and staffing levels across all care homes in Thurrock as on-going surveillance of the epidemic in order to inform a strategic view across the borough.

Public Health England Health Protection Team will:

- 2.9 Take responsibility for the initial health protection response to the outbreak including IPC advice, recording/reporting and handover to the Thurrock Care Home hub to organise swabbing of staff and residents. **Please see page 16 for the LA and PHE Standard Operating Procedure.**

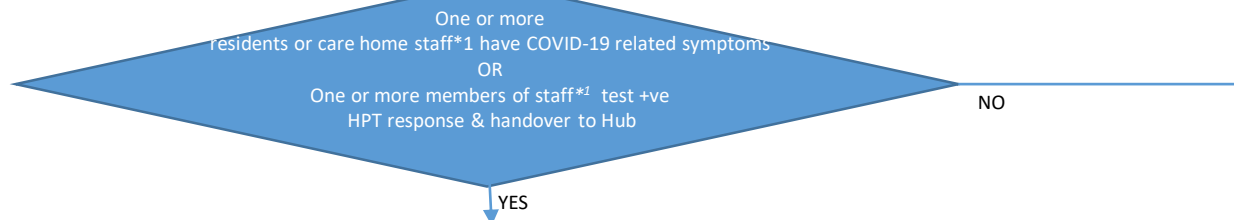
Thurrock Council Public Health Team (Assistant Director of PH) will:

- 2.10 Take responsibility for Health Protection outbreak control follow up measures and compliance against protocol on next slide, working through the Thurrock Care Home COVID-19 Hub
- 2.11 Act as the communication link between the hub and Public Health England, obtaining specialist advice where necessary.

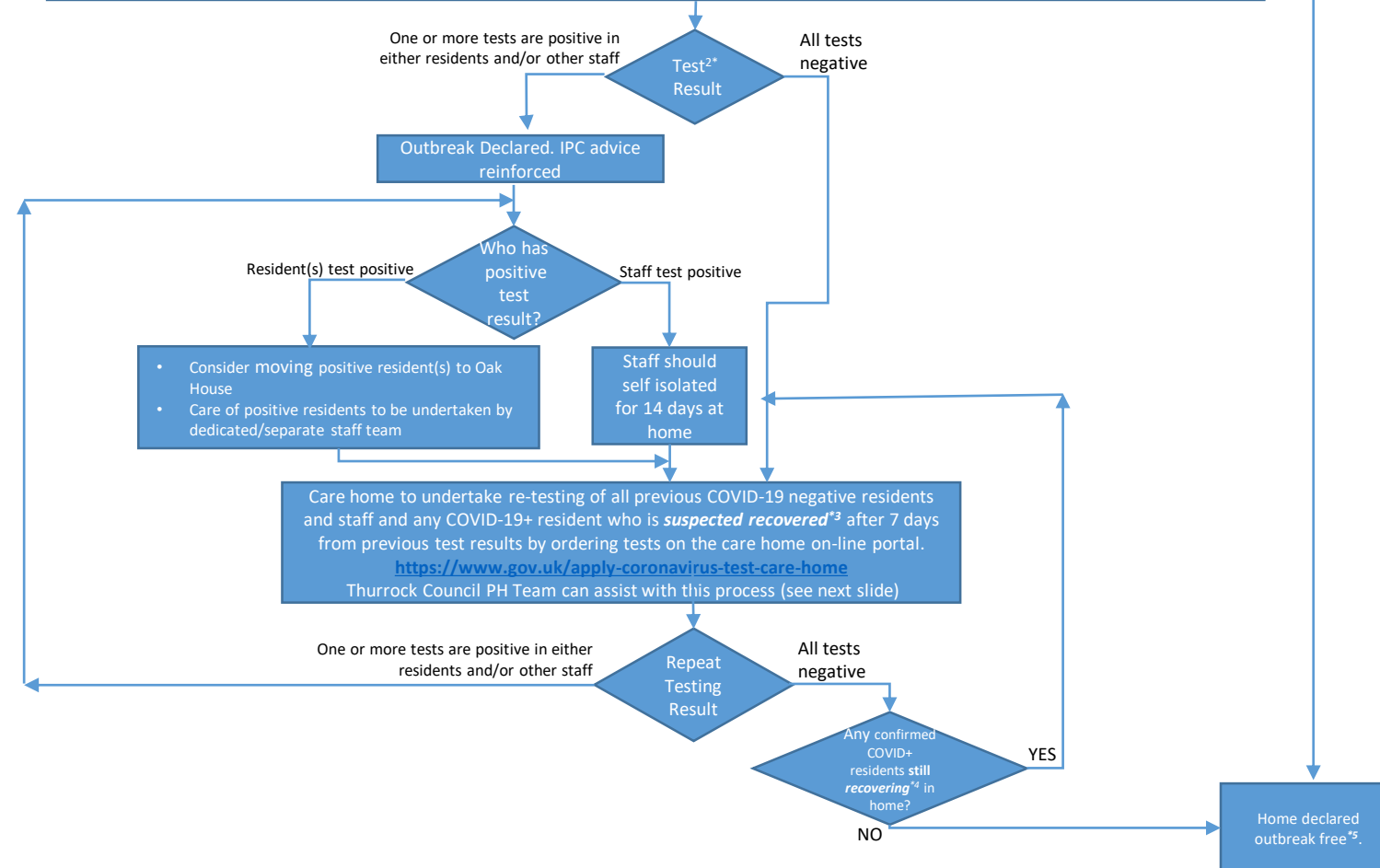
Care Homes should:

- 2.12 Comply with the protocol on the next slide including ongoing testing of staff and residents
- 2.12 Ensure all residents self-isolate in their rooms for 14 days
- 2.13 Ensure all symptomatic staff self-isolate at home for 14 days from either day of first symptoms or day of first positive test (whichever is earlier) and do not return to work until after 14 AND at least 48 hours after last symptoms of fever (whichever is longer)
- 2.15 Consider moving COVID+ residents to Oak House where feasible and where not feasible, 'zone' the care home to separate COVID-19 positive/suspected and COVID-19 negative residents **with different staff teams assigned to care for different zones.**
- 2.16 Close to new admissions until the outbreak is over.

Objective 2: Care Home Outbreak Protocol



- *Suspected Outbreak* declared on 3x per week call between Care Home and Thurrock Council ASC Team. Care Home to inform Public Health England Health Protection Team by calling 0300 303 8537 (skip to option 5). HPT to conduct Initial risk assessment and then handover to Hub.
- Thurrock Council Public Health Team will coordinate outbreak response/management/recovery. Including arranging for Commiseo to attend the home to test all residents and staff, both symptomatic and asymptomatic.
- Any COVID-19 positive or symptomatic staff member to self-isolate at home for 14 days. **Symptomatic staff should access testing via the Thurrock Council Testing Hub by calling 01375 652720. SYMPTOMATIC STAFF MUST NOT ATTEND CARE HOME TO ACCESS TESTING.**
- All residents to self-isolate in room until home declared Outbreak Free *5
- 'Zone' home into symptomatic and non-symptomatic areas. Different staff teams to care for symptomatic/positive and non symptomatic residents.



* 1 - Care Home Staff includes NHS Community and Primary Care Staff offering direct in-reach into home. HPT response will include IPC advice and risk assessment, including deep cleaning advice. HPT must be informed of all outbreaks to take initial action before handover to hub.
 *2 Commiseo to communicate results to the Care Home
 *3 - 'Suspected Recovered' defined as no-longer having an on-going temperature in the last 48 hours, and onset of first symptoms was over 7 days ago.
 *4 - Still Recovering defined as a resident whose last test was positive OR who has had previous COVID+ results and still has a temperature
 *5 - Outbreak free is defined as no new cases in 28 days from initial confirmation

Process for ordering Self-Swabbing tests using the care home on-line portal

Outbreak Situations

During an outbreak situation, initial testing of all residents and staff will be undertaken by Commisceo who will attend the care home and undertake the swabs. This will be organised by Public Health England when the care home reports a suspected outbreak.

For follow up testing in an on-going outbreak situation, care homes can access further tests through the new Care Home Testing Portal. The portal provides swabs through a courier service directly to the care home. The Thurrock COVID-19 Care Home Hub should be informed and can support you to manage this process as part of on-going outbreak management support.

Care homes should organise repeat testing immediately after they receive the results of the initial testing undertaken by Commisceo as the process from order to delivery of swabs takes three days.

The portal is accessed using the web link below and pressing the  button.

<https://www.gov.uk/apply-coronavirus-test-care-home>

The process is as follows:

- Care home receives an email confirming successful ordering of tests
- Care home receives second email from the portal confirming tests kits have been scheduled for delivery
- Test kits couriered to care home
- A competent person at the care home undertakes swabbing of staff and residents between 6am and 4pm. Training on swabbing will be provided by the Thurrock COVID-19 Care Home Hub. The staff member undertaking the swab must use appropriate PPE. The Thurrock COVID-19 Care Home Hub can advise on this.
- Care home registers each completed swab on-line through the portal and records the bar code/URN number against the name of each person swabbed
- Courier collects completed swab samples between 4pm and 9pm
- Care home receives test results by email within 72 hours and notifies resident/staff member and Thurrock COVID-19 Care Home Hub
- Outbreak continues to be managed in line with protocol on page 9

Ongoing Screening in non Outbreak Situations (from page 7)

Care homes should consider regularly screening all staff including NHS staff providing clinical in-reach to the home for COVID-19 to check COVID-19 negative status

Ideally this should be done at least once a week

The screening portal and above protocol should be used to order and return swabbing kits

Objective 3: Support residential care homes to provide the best possible care to COVID-19 positive residents to facilitate their recovery

Thurrock Care Home COVID-19 Hub will:

- 3.1 Ensure dedicated care home /nursing provision for COVID-19 positive residents is available at Oak House and Collins House in 'isolation units' with separate teams of care staff available to provide care.
- 3.2 Liaise with care homes to arrange 'step up' of COVID-19 positive residents to Oak House where a local decision is made that this is in the best interest of residents and care homes.
- 3.3 Support care homes to provide dedicated zones to separate COVID-19 positive and negative residents and provide separate dedicated staff teams to care for both groups
- 3.4 Monitor and support the on-going needs of care homes who have COVID-19 positive residents
- 3.5 Ensure that all residents admitted from hospital to care homes have received a negative COVID-19 test prior to care home admission, and arrange for 'step down' to Collins House and Oak House isolation units for patients discharged from hospital who remain COVID-19+. Tests will be arranged by the hospital or community referrer as part of the patient discharge plan.
- 3.6 Ensure that care home residents are stepped down from Collins House/Oak House, only in line with the protocol on the next slide
- 3.6 Ensure high quality integrated care of COVID-19+ residents through the GP, GP LES (see next slide) and NELFT Enhanced Community Care Home Support including and MDT where clinically appropriate

Care Homes should:

- 3.7 Consider stepping up COVID-19 positive residents to Oak House-where appropriate
- 3.8 Care for COVID-19 positive/symptomatic residents in a different 'zone' within the care home where this is possible
- 3.9 Use a separate, dedicated staff team to care for only COVID-19 positive residents
- 3.10 Readmit residents to the home once they receive a COVID-19 negative test results.
- 3.11 Manage outbreaks in line with the protocol in Objective 2
- 3.12 Act on clinical advice provided through the GP, GP LES arrangements, MDT, NELFT Enhanced Care Home support to ensure the best possible care for COVID-19+ residents
- 3.13 Assess COVID-19 risk in BME staff
- 3.14 Participate in the IPC training offer and outbreak management advice from the COVID-19 Care Home Hub.

Objective 3: Protocol to step down previously COVID-19+ residents back into care homes

All patients discharged from hospital who have tested COVID-19 positive and have not had a COVID-19 negative test result prior to discharge should be stepped down to Collins House/Oak house

All patients who have previously tested positive for COVID-19 and who are in Collins House/Oak House:

Patients will only be stepped down back into their usual place of care only if one of the two criteria below is met:

- The patient has tested negative for COVID-19 **AND** had a normal temperature for at least 48 hours **OR**
- At least 14 days have elapsed since date of first COVID-19 symptoms **AND** they have not had a temperature for 48 hours

Patients who have previously tested COVID-19 positive and who are discharged from hospital with a COVID-19 negative test result

- Should be discharged to Collins House/Oak House if they have had an elevated temperature within in the previous 48 hours
- Can be discharged back into their usual place of care if they have not had a temperature for 48 hours
- Should still self-isolate within their usual place of care for 14 days since onset of first symptoms
- If any symptoms consistent with COVID-19 occur at any stage, the individual should be retested and self isolate. Management should be undertaken in line with Objective 2 in this pack.
- If the patient's usual care home cannot self-isolate them for 14 days since first onset of symptoms, that patient should be discharged to Oak House/Collins House.

Objective 4: Support residential care homes to continue to provide high quality care

Thurrock Council Contract, Brokerage and Placement Team: provides a single point of contact for the Thurrock COVID-19 Care Home Hub, including care home management including guidance, advice, outbreak notification and PPE

Telephone 07860 779416. Email: adultbrokerage@thurrock.gov.uk

Ongoing COVID-19 Outbreak Support and Follow Up: is provided by Thurrock Council Public Health Team who will also advise on on-going testing. Contact via the Council Contract, Brokerage and Placement Team

Thurrock First: acts as the first point of contact for health, mental health or any ongoing health concerns for residents.

Telephone 01375 511000. Email: thurrock.first@thurrock.gov.uk

Urgent Health and Social Care Response is provided by the Rapid Response Assessment Service (RRAS) for residents who are experiencing a crisis or may be at risk of an immediate crisis. RRAS can be contacted by calling Thurrock First or directly by calling 01375 896 037

Emergency Duty Team Out of Hours Service provides social work support out of office hours. Telephone 01375 372 468.

Dementia Crisis Support Team provides specialist support for people with dementia during periods of crisis.

Telephone 01277 696 110.

Primary Care:

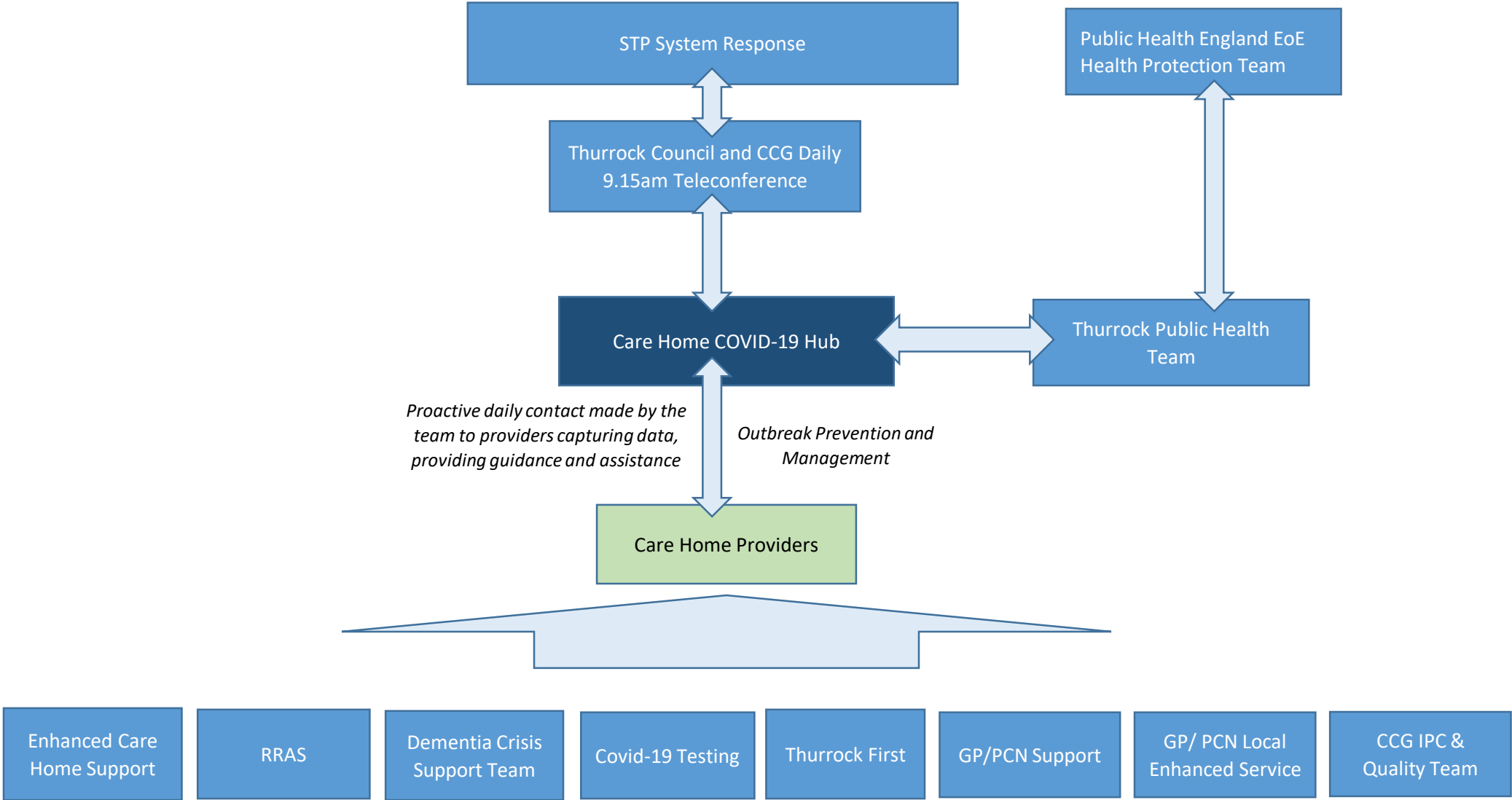
- GPs will assist with routine clinical care and during a crisis.
- **Primary Care Network Local Enhanced Service (LES) for Support to Care Homes** aims to provide additional proactive clinical support to care homes and reduce variation in current provision including medical assessment of new admissions, an individualised care planning approach for each resident, regular clinical review of residents and medicines management support, care coordination between NHS partners including MDT where appropriate. Support can be accessed through a dedicated GP or pharmacist, nominated by each Primary Care Network.

Enhanced Community Health Care Home Support (NELFT) provides a geriatrician and community nurse service to assist with and supply of vital signs monitoring equipment including blood pressure, thermometers etc. Telephone: 01375 896 037

Infection Prevention and Control (IPC) provide IPC advice

Email Meccg.essex.carehomes@nhs.net

5. Process Map for Support for Residential Care Homes in Thurrock



PHE and Thurrock Local Authority Standard Operating Procedure

This is currently being updated and will be available from 22nd May 2020.