

Guidance

COVID-19: guidance on residential care provision

Updated 19 March 2020

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Who this guidance is for

This guidance sets out key messages to support planning and preparation in the event of an outbreak or widespread transmission of COVID-19.

It is aimed at local authorities, clinical commissioning groups (CCGs) and registered providers of accommodation for people who need personal or nursing care. This includes registered residential care and nursing homes for people with learning disabilities, mental health and/or other disabilities.

Steps care home providers can take to maintain services

Government support

Steps local authorities can take to support care home provision

Care home providers are advised to work with local authorities to establish plans for mutual aid, including sharing of the workforce between providers, with local primary and community health services providers, and with deployment of volunteers where that is safe to do so.

Care home providers are invited to consider ways in which they can contribute to keeping people safe across the local area, including the following where possible:

- use tools to report capacity for bed vacancies (such as the [Capacity Tracker](#) or Care Pulse) to support system resilience
- use tools for the secure transfer of information, such as NHSMail, recognising that not all providers currently have access to NHSMail
- increase the use of Skype and other tools for secure virtual conference calls, to ensure advice from GPs, acute care staff, local Public Health England health protection teams and community health staff can be given

Care home providers will routinely be procuring personal protective equipment (PPE) such as gloves and aprons. In addition, there will be a free issue of PPE to support adult social care providers to support compliance with the updated advice. This will be issued from the pandemic influenza stockpile. Arrangements will be put in place for adult social care providers to access further PPE as necessary.

If a member of staff is concerned they have COVID-19

If a member of staff is concerned they have COVID-19 they should follow the [NHS guidance](#).

If they are advised to self-isolate at home they should follow the [PHE guidance](#).

If advised to self-isolate at home, they should not visit or care for individuals until safe to do so.

How care homes can minimise the risks of transmission

Care home providers should stop all visits to residents from friends and family. Medical staff and delivery couriers can still visit, but you should leave a hand sanitiser by the entrance and ask them to wash their hands as soon as they enter the building.

If a resident has symptoms of COVID-19

Care homes are not expected to have dedicated isolation facilities for people living in the home but should implement isolation precautions when someone in the home displays symptoms of COVID-19 in the same way that they would operate if an individual had influenza. If isolation is needed, a resident's own room can be used. Ideally the room should be a single bedroom with en suite facilities.

All staff will be trained in hand hygiene. Much of the care delivered in care homes will require close personal contact. Where a resident is showing symptoms of COVID-19, steps should be taken to minimise the risk of transmission through safe working procedures. Staff should use personal protective equipment (PPE) for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids. Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing, then eye protection will minimise risk.

New PPE must be used for each episode of care. It is essential that used PPE is stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal. Care homes have well-established processes

for waste management.

Clean frequently touched surfaces. Personal waste (such as used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal.

Do not shake dirty laundry before washing. This minimises the possibility of dispersing virus through the air. Wash items as appropriate in accordance with the manufacturer's instructions. Dirty laundry that has been in contact with an ill person can be washed with other people's items. Items heavily soiled with body fluids, such as vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.

Guidance has been published recommending [action for all members of a household if one person is showing symptoms](#). This guidance does not normally apply to care homes because of the ability of care homes to provide isolation precautions for individuals living in the home.

Care homes can seek additional advice from their local Public Health England health protection teams. Testing of residents may be organised if care homes have several cases at a time.

Wearing personal protective equipment

If neither the care worker nor the individual receiving care and support is symptomatic, then no personal protective equipment is required above and beyond normal good hygiene practices.

General interventions may include increased cleaning activity to reduce risk of retention of virus on hard surfaces, and keeping property properly ventilated by opening windows whenever safe and appropriate.

Steps the NHS can take to support care homes

Clinical commissioning groups, NHS providers and local community services and primary care will be working with and supporting local authorities and care home providers in the provision of care.

Community service providers are already, or will be, taking steps to:

- contact all local care home providers – including those who have residents who fund their own care – and local authorities, to share plans for local support networks and care provision across the area, including identifying local capacity
- consider how local community health services and primary care providers can support care home provision, agreeing with local authorities and care home providers how and when this can be triggered, and what the role of the NHS is in that circumstance. The collaborative approach between care homes, primary care and community health services set out in the Enhanced Care in Care Homes framework, for example, will enable this
- support local authorities in planning around resilience, including plans to share resources locally in an outbreak of COVID-19. This should include workforce, including the deployment of volunteers where it is safe to do so, and where indemnity arrangements are in place
- consider, in cases where there may be isolated outbreaks within certain providers, how best the NHS can support in recovery
- consider, where possible, what measures may be put in place to support care home providers in maintaining residents' independence and mobility and prevent or delay deterioration and loss of function

Government support

The government will provide extra resources to tackle COVID-19. This includes a COVID-19 Response Fund, to fund pressures in the NHS, support local authorities to manage pressures on social care and support vulnerable people, and to help deal with pressures on other public services.

The size of the fund will be reviewed as the situation develops, to ensure all necessary resources are made available.

As part of the government's emergency legislation measures, Statutory Sick Pay (SSP) will be paid from day one of sickness to support those affected by COVID-19. This will be a temporary measure to respond to the outbreak and will lapse when it is no longer required.

Individuals employed on zero-hour contracts may be entitled to Statutory Sick Pay if their average earnings are at least £118 per week (calculated over an 8-week period). However, those who are ineligible are able to claim Universal Credit and/or contributory Employment and Support Allowance depending on their personal circumstances.

The government will also bring forward legislation to allow small- and medium-sized businesses to reclaim SSP paid for sickness absence due to COVID-19.

[See more information about this package of measures.](#)

Steps local authorities can take to support care home provision

Local authorities, working with their Local Resilience Forums and drawing on their pre-existing plans for pandemic influenza should:

- contact all registered providers in their local authority area and facilitate plans for mutual aid. It is vital that these plans also include care homes that provide services mainly or solely to people who fund their own care and are not limited only to providers from whom the local authority directly commissions care. The Care Quality Commission publishes information about all regulated care services on its [online Directory](#)
- consider the need to work closely with local community health services and primary care networks to support care home provision and draw up a plan for how and when this will be triggered. This should include planning with all of the assets available to the community, including the voluntary,

community and social enterprise sector.

- take stock of how to maintain viable care home provision during the outbreak of COVID-19, including financial resilience. The Local Government Association, Association of Directors of Adult Social Services, and the provider representative bodies will be publishing best practice on financial resilience

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