



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
- Prioritised testing can be arranged via the National Ambulance Service.**

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
- Prioritised testing can be arranged via the National Ambulance Service.**

No case

- **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**.

- 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