

Welcome to the latest Residential and Nursing Home communication from Hampshire and Isle of Wight (3 June 2020)

Dear Colleagues,

Please see below for essential COVID-19 updates on:

- Interim principles for supporting social visiting to care homes
- Management of staff and exposed patients or residents in health and social care settings
- Care home COVID-19 testing portal webinars

Other information

- Recording consent or capacity assessments for residents undergoing COVID-19 testing
- Dietician advice for recovering COVID-19 residents
- THANK YOU! Care home mutual aid Infection Prevention and Control (IPC) training support
- Test, Trace, Contain, Enable
- Oxygen Saturation (Pulse Oximeter) monitors
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- Pressure damage from wearing PPE
- Update to guidance for people who are clinically extremely vulnerable (shielding)
- Learning Disabilities Grab and Go Guide
- Health Education England Learning Hub (inclusive of care homes)

Interim principles for supporting social visiting to care homes

We are aware that as restrictions on the general public are lifted care homes may be looking to support social visiting by resident's family members. We are expecting national guidance on this issue but in the interim, the following principles may support homes who wish to open to social visiting:

Key principles:

- **No care home should feel obliged to accept social visitors until they assess that it is safe for them to do so**
- **As restrictions on the general public are lifted, care homes and staff must remember that there is still extensive community transmission of**

COVID-19 and, therefore, social distancing, hand washing and personal protective equipment precautions must not be relaxed.

Principles that homes may wish to consider to support social visiting:

- Decisions around social visiting should be made with the consent of the resident where they have capacity and in the best interests of the resident where they do not have capacity (taking into account their and their families right to family life). Visiting should not cause undue distress to the resident
- Homes with current outbreaks are advised not to accept social visitors
- Visiting should occur outside in open spaces in accordance with the current national guidance on non-household members meeting each other. Homes should think about how visitors can access gardens/grounds without entering the care home
- Homes may wish to schedule / diarise visits to avoid multiple visits occurring at the same time leading to over-crowding and reduced social distancing
- Homes may decide to put a time limit on visiting although this needs to be proportionate (for example taking account of how far relatives may have travelled and the needs / wellness of the resident). Longer visits are unlikely to increase the risk of transmission provided social distancing is followed
- Homes may choose to supervise visits to ensure that rules are kept
- Visitors should be from a single household and not mixed. Homes may put a limit on the number of visitors from a single household but this should be done with reference to current national guidance
- Any visitors should be asked to confirm that they have not been in contact with a suspected or confirmed case of COVID-19, or had symptoms themselves within the past 14 days
- Care homes may wish to take the temperature of visitors on arrival (although this in itself does not confirm absence of COVID-19)
- Social visitors should be asked to clean their hands with either soap and water or alcohol gel on arrival
- Homes may request that visitors wear a face covering. However, this should be done with consideration to any distress this may cause to the resident. Other PPE e.g. gloves, aprons are unlikely to add any benefit and may lead to decreased hand hygiene/precautions by visitors
- Social distancing of 2 meters should be enforced – homes may choose to risk assess whether the resident can understand and abide by social distancing/respiratory etiquette before deciding whether visitors are appropriate
- Furniture used for social visiting should be cleanable and be cleaned before and after use with a chlorine based solution
- Homes should consider whether to restrict refreshments during visiting – if homes do provide tea/coffee/drinks these should be in disposable cups

- Homes should discuss with relatives any changes in the residents physical or cognitive ability since family members last saw them prior to visiting and prepare visitors in case distress is caused, for example, by a resident no longer recognising a family member.

Homes may find this [article](#) from the healthcare council helpful.

Management of staff and exposed patients or residents in health and social care settings

The HIOW IPC service are getting a high number of calls where employers have been advised that a negative COVID-19 test result is required before a member of staff can return.

This is resulting in care staff being off for 5-6 weeks because repeated swabs can detect non-viable (dead) remains of the COVID-19 virus (returning positive or inconclusive results) when the member of staff is no longer unwell or a risk to others.

Repeat testing for clearance in fit and healthy staff is not required.

National guidance is available [here](#):

- Staff who test negative for COVID-19 can [return to work](#) when they are medically fit to do so, following discussion with their line manager and appropriate local risk assessment. Interpret negative results with caution together with clinical assessment
- **Symptomatic** staff who test positive for COVID-19 or who have an inconclusive test result, and symptomatic staff who have not had a test, can [return to work](#):
 - no earlier than 7 days from symptom onset, provided clinical improvement has occurred and they have not had a temperature without medication for 48 hours and they are medically fit to return
 - if a cough or a loss of or a change in normal sense of smell or taste is the only persistent symptom after 7 days (and they have not had a temperature for 48 hours without medication), they can return to work if they are medically fit to return (these symptoms are known to persist for several weeks in some cases)
- Staff who test negative for COVID-19 and who were **asymptomatic** at the time of the test can remain at work or return to work immediately as long as they remain asymptomatic if they were tested as part of routine testing. If they

were tested as part of contact tracing investigation then they should follow instructions from the [local Health Protection Team](#).

- Staff who test positive for COVID-19 and who were **asymptomatic** at the time of the test must self-isolate for 7 days from the date of the test. If they remain well, they can [return to work](#) on day 8. If, during the 7 days isolation, they develop symptoms, they must self-isolate for 7 days from the day of symptom onset.

Care home COVID-19 testing portal

Message from the Department of Health and Social Care

Reaching all eligible care homes with whole care home testing

We are committed to reaching all care homes whose residents are over 65 or have dementia by the 6 June and we are making good progress against that commitment.

There are however still some care homes across England, who are eligible to register via the online portal who have not yet done so. We know that in some cases this is because the care home participated in the pilot programme, and others have organised their own testing through local mechanisms.

Can all eligible care homes register as soon as possible. Eligible care homes can access the portal here <https://www.gov.uk/apply-coronavirus-test-care-home>

Whole Care Home Testing Webinars

We are hosting a webinar each weekday, in the morning and afternoon on the whole home swab testing process. The target audience is care homes. We *strongly* recommend them for care homes about to receive their test kits, but anyone from an eligible care home yet to carry out whole care home testing can attend one. More dates/times are added all the time.

Main objectives of the webinar series:

- Outline the end to end whole home testing process
- Share top tips
- Provide an opportunity to ask questions

Care Homes can register to access the webinar:

<https://event.on24.com/wcc/r/2375949/724EF6345473A192F6B9C19334699A29/1077953>

Recording consent or capacity assessments for residents undergoing COVID-19 testing

Homes carrying out COVID-19 testing need to ensure that they abide by relevant legislation and standards for consent and the Mental Capacity Act.

Consent means a resident must give permission before they receive any type of medical treatment, test or examination. For consent to be valid, it must be **voluntary** and **informed**, and the resident consenting must have the **capacity** to make the decision.

The meanings of these terms are:

- **voluntary** – the decision to either consent or not to consent to testing must be made by the resident, and must not be influenced by pressure from staff, friends or family
- **informed** – the resident must be given all of the information about what the test involves, including the benefits and risks, alternatives, and what will happen if test does not go ahead
- **capacity** – the resident must be capable of giving consent, which means they understand the information given to them and can use it to make an informed decision.

If a resident has the capacity to make a voluntary and informed decision to consent to or refuse the test, their decision must be respected.

- Consent can be given verbally or in writing. A resident could also give non-verbal consent, as long as they understand what is about to take place – for example, by allowing a throat/nose swab to be taken.
- As a minimum, homes should record in their records that a resident with capacity gave verbal consent for COVID-19 testing. Homes may wish to record this on a consent form and ask the resident to sign it.

If a resident does not have the capacity to make a decision about testing and they have not appointed a [lasting power of attorney \(LPA\)](#), care home staff should act in their best interests. Staff must take reasonable steps to discuss the situation with the resident's friends or relatives before making these decisions.

Key principles:

- Homes should record a Mental Capacity Act assessment for the resident – the assessment should be time and decision specific around whether the resident wishes to have a COVID-19 test. [The Hampshire MCA toolkit can support staff to make this assessment](#)
- No-one else can consent on behalf of the resident, including GP's. However, others can inform and contribute to a best interests decision
- The [best interests decision](#) should weigh the positive benefits to the resident of having a COVID-19 swab (for example, no longer having to be isolated, excluding COVID-19 as a diagnosis if they are unwell) versus the negative effects (for example, distress and discomfort, risk of harm if the resident bites the swab)
- The MCA assessment and Best Interests Decision must be clearly documented in the care records for future reference
- Every decision must be an individual assessment for each resident and episode of testing as situations and circumstances may change
- Homes should not feel under pressure to swab residents who lack capacity to make a decision on testing if they conclude that it is not in their best interests.

Dietician advice for recovering COVID-19 residents

Residents present in different ways with COVID-19 and are recovering at different rates. It is very hard to give firm guidance on what to do to best to manage their recovery but here are a few suggestions of things to try to increase a resident's calorie intake to support recovery.

Poor appetite and fatigue:

- Offer food and drinks little and often
- Try to avoid strong food smells / cooking smells within the home
- If possible come off the usual menu and move away from 'meals' to snacks / soups
- You are unlikely to achieve nutritional balance with food during illness and recovery- what is more important is that the resident eats something.
- Ideally you are looking at high calorie/ high protein food and drinks to try and reduce weight loss and muscle loss
- Milk powder (available in supermarkets) is a very good way of adding extra protein to anything containing milk (it can be used in drinks / puddings / soups etc.)
- You may find that your residents with diarrhoea are unable to tolerate much milk so probably best to avoid milk containing foods with them until they recover.

Dysphagia and swallowing difficulties:

- You may find that due to illness, sore throats, sore mouths and fatigue residents have a reduced ability to swallow and therefore soft, moist foods will always be best
- Fresh pineapple may help if the inside of the mouth is sore. This is usually used for oral thrush but the enzyme in the pineapple may help in this situation too
- In addition soft spouted cups / sports bottles for drinks may help to increase fluid intake and help when the mouth is sore
- Don't be afraid to offer pureed food as a temporary measure if this is all the resident can manage- just document why you are doing it
- If anyone is having swallowing difficulties, make sure they are sitting as upright as possible when eating / being fed
- Any concerns about specific residents and their swallow, contact SALT directly
- Jellies, mousses, ice cream, ice lollies or yogurt are refreshing and cooling for sore mouth and throats. If this is all the resident can eat, then just keep offering, try to vary the flavours and as always presentation is really important to try and boost the appetite.

Diabetes:

- If the resident has diabetes, it's important to manage the food intake to the blood sugar level but this really needs to be done on an individual basis

- If you have a resident with Type 2 diabetes who is diet controlled / taking their medication but is not eating, they would benefit from foods with some sugar in, not only for the energy but also to keep the sugars stable. i.e they could have normal jelly not sugar free jelly

This recipe for LAVENDER LEMONADE was devised in a care home and the residents love it – on a hot day with a sore throat , it may just help.

- 1 cup of honey (squeezy type is easier)
- Juice of 6 lemons (no pips)
- 12 cups of cold water
- 2 drops of lavender essential oil (available from Holland and Barrett)
- Just mix it all together and serve!

THANK YOU! Care home mutual aid Infection Prevention and Control (IPC) training support

Thank you to all the homes that took up the offer of enhanced infection prevention and personal protective equipment training. Across the Hampshire and Isle of Wight area, CCG's supported by Local Authorities trained 350 homes. Feedback has been that the PPE drills were particularly useful in raising staff awareness and safety, and supporting homes to demonstrate the steps they are taking under Health and safety at Work to protect staff. Many staff who though they knew all about safe PPE use reported taking new knowledge and skills away.

If any home still wants training, please contact your local CCG.

Test, Trace, Contain, Enable

New Government guidance was published this week to support the [NHS Test and Trace service](#) for England.

Additional local guidance has been made available for Hampshire and the Isle of Wight, to clarify the processes that would be followed should care staff, through their normal work, come into contact with someone who has been identified by the NHS Test and Trace service as a positive case.

- When someone tests positive for COVID-19 (known as a positive case), they will be contacted by the NHS Test and Trace service and asked to provide

information about where they have been recently (in last 48 hours) and who they have been in contact with

- If the positive case works in or has recently visited a care setting they will be referred to the local public health experts, currently this is Public Health England (PHE)
- The local PHE team will work to identify whether care staff identified by the case are considered to be contacts or not. The PHE team may need to get in touch with care staff who are identified by the case as possible contacts to find out further information about the nature of the contact; for example, by asking questions about the length of time, type of activity undertaken and whether care staff were wearing the appropriate Personal Protective Equipment (PPE)
- *Where a staff member has been caring for a person who has tested positive for COVID19 or who has symptoms of COVID19 while the staff member was wearing appropriate PPE in the overwhelming majority of cases the member of staff will not need to self-isolate*
- *Where a staff member who has been caring for a person who has tested positive for COVID19 or who has symptoms of COVID19 while the staff member was wearing appropriate PPE but the PPE has been breached; OR*
- *A staff member who has been in contact with anybody else who has tested positive for COVID19 positive whether at work (most likely a colleague in communal areas) or in the community without wearing PPE the member of staff will need to isolate for 14 days in line with the advice to the general population*
- Care staff should engage if they are contacted by the NHS Test and Trace Service or the local PHE team, proactively stating their job role and any PPE used during the period of time they are asked about as part of the contact tracing process
- Care staff should also inform their manager if they are called by the NHS Test and Trace service / local PHE Team and inform them of the advice they have been given
- To enable the contact tracing approach to work effectively and avoid unnecessary isolation, it is vitally important that all staff continue to follow social distancing of 2 meters, hand hygiene and PPE guidance. This includes not taking breaks together in close proximity, not sharing cars to work where possible, wearing face masks whilst working in communal areas.

Oxygen Saturation (Pulse Oximeter) monitors

As part of the national response to COVID-19, local Clinical Commissioning Groups are making Oxygen Saturation (Pulse Oximeter) monitors available to residential homes and supported living premises that may not currently have access to this equipment.

People with COVID-19 may have low levels of oxygen in their bloodstream and this can get worse rapidly. Being able to monitor the oxygen levels in a person's bloodstream when they have COVID-19 can help you recognise more easily when they are becoming unwell and get help for them sooner.

Oxygen Saturation monitors are simple to use and non-invasive. There is no cost to receiving these monitors.

Please use these Oxygen Saturation monitors to monitor your clients if they become unwell with COVID-19 or other conditions.

Normal levels of oxygen in the blood stream:



Most people will have oxygen saturations of 96% or more. You should call a healthcare professional urgently if your client has oxygen saturations less than 93%.

To support you using your Oxygen saturation monitor and to recognise possible deterioration of a client, a series of short videos offering guidance on detection and escalation of deterioration is available [here](#):

Visit Health Education England's [Managing deterioration using NEWS](#) playlist on YouTube for films on the following:

- [Introduction to sepsis and serious illness](#)
- [Preventing the spread of infection](#)
- [Soft signs of deterioration](#)
- [Measuring the respiratory rate](#)
- [Measuring oxygen saturation](#)
- [Measuring the level of alertness](#)
- [How to measure temperature](#)
- [Structured communications and escalation](#)
- [Recognising deterioration in people with learning disabilities](#)

Homes can also use [RESTORE2™ mini](https://westhampshireccg.nhs.uk/restore2/restore2-mini). This tool encourages staff to recognise the very early signs that a person may be becoming unwell so that you can get help early. It also includes an easy communication tool called SBARD to help you communicate effectively with healthcare professionals. More information on the use and training on RESTORE2™ is available from <https://westhampshireccg.nhs.uk/restore2/restore2-training-and-resources/>

RESTORE2™ mini and the full RESTORE2™

Copies of RESTORE2™ and RESTORE2™ Mini can be downloaded from West Hampshire CCG website at: <https://westhampshireccg.nhs.uk/restore2/> or via these links: [RESTORE2™](https://westhampshireccg.nhs.uk/restore2/) and [RESTORE2™ mini](https://westhampshireccg.nhs.uk/restore2/restore2-mini)

If you want support or training on either Oxygen Saturation monitors or RESTORE2™ mini, or you would like to start measuring other vital signs like heart rate, breathing rate (respiratory rate), blood pressure, temperature and level of alertness, please contact your local CCG for support.

COVID-19 tracheostomy guidance

The National Tracheostomy Safety Project (NTSP) has published [a toolkit for healthcare staff](#), produced in collaboration with the Academic Health Science Networks and supported by the national patient safety team. The interactive guide is aimed at healthcare staff with little or no previous experience of caring for patients with tracheostomies. It focuses on ensuring that the following three key safety interventions highlighted by the National Patient Safety Improvement Programmes are implemented:

- healthcare staff follow a daily programme of tasks and checks, known as the daily care bundle
- every patient with a tracheostomy or laryngectomy has a sign at their bedhead giving key information about the procedure they have undergone. This supports rapid communication, particularly in an emergency
- emergency equipment is available at all times.

Pressure damage from wearing PPE

[Guidance](#) for staff has been published around the prevention of facial skin damage beneath personal protective equipment (PPE). Advice includes:

- keeping your skin clean and well hydrated/moisturised
- applying creams at least 30 minutes before applying PPE (Caution: Skin protectants and emollients with white soft paraffin are flammable. You are advised not to smoke with them present on your skin)
- Considering the use of a barrier skin wipe/skin protectant if you are likely to be wearing PPE for extended periods
- Taking time to fit your mask before starting a shift/procedure. Ensure all folds in your mask have been used to optimise the correct fit for you and do not over-tighten
- Regularly inspecting your skin for signs of redness/soreness
- Taking regular breaks (we recommend every two hours) from wearing a mask to relieve the pressure and reduce moisture build-up
- Staying well hydrated throughout the day.

Update to guidance for people who are clinically extremely vulnerable (shielding)

The Government has updated [the guidance](#) for people who are clinically extremely vulnerable to COVID-19 and have been advised to shield. The update from Government came into effect on 1 June 2020 and may be helpful to homes around workforce and visiting. In summary the changes are:

- The advice for people identified as clinically extremely vulnerable is that they should continue to shield until at least the 30 June but from 1 June, they can spend a short period of time outdoors each day with members of their household, still maintaining 2m distance from others.
- If the shielded person lives alone, the Government is advising they can meet one other person from a different household, maintaining strict social distancing. The advice is that this be the same person each time.
- Important aspects of Government's policy and guidance remain the same. Apart from going outside once per day, a shielded person should continue to avoid all non-essential face to face contact. This means they should still not go shopping or to pharmacies.
- The support for shielded people remains in place and unchanged.

The Government has also confirmed that it will be reviewing shielding guidance alongside wider changes to social distancing, including plans to write to those on the

shielding patients list with information about next steps on shielding after the next review on 15 June.

Learning Disabilities Grab and Go Guide

[The Grab and Go guide](#) has been designed in partnership with people with learning disabilities, families and nurses. It gives the information that doctors and nurses will need if an individual goes to hospital because of COVID-19 and, for example, are struggling to breathe. It is not a replacement for the everyday, detailed hospital passport. If your resident does not have a hospital passport you can download your local passport by searching on the internet for (hospital name) hospital passport or choose one you like from here:

<https://www.autism.org.uk/about/health/hospital-passport.aspx>

<https://www.mencap.org.uk/advice-and-support/health/health-guides>

Health Education England Learning Hub (inclusive of care homes)

The Learning Hub is a new digital platform that provides easy access to a wide range of resources that are pertinent to education and training in health and care. New features will be frequently released to provide a comprehensive learning experience for users.

The resources shared on the platform play a pivotal role in its success, in its vision for collaboration and supporting learners. Many stakeholders from across the health and care workforce, including clinical commissioning groups, social care, professional bodies, charities and the simulation community, have already contributed a range of quality learning resources. Many of the resources are in response to the COVID-19 efforts to support the health and care workforce. These resources include videos, webinars, slide presentations, Q&A packs, simulation scripts, lesson plans and web links to support system readiness, recovery and beyond.

Do you or your networks have resources to share? By contributing resources, you are supporting both the growth of the system and the evolving communities of learners that will use the Learning Hub.

You are invited to access the Learning Hub (<https://learninghub.nhs.uk>) either using eligible e-Learning for Healthcare log in details or by creating a Learning Hub account.

The Learning Hub support site (<https://support.learninghub.nhs.uk/>) offers a range of frequently asked questions (FAQs), as well as further guidance, including a 'Getting Started' quick reference guide, and support articles to help introduce you to using the Learning Hub.