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OUTBREAKS OF COVID-19 IN CARE HOMES: INFECTION CONTROL MEASURES

In the event of an outbreak, the standard infection control principles that should be in place in all health and care settings should be maintained. To minimise the risk of transmission, care home providers are advised to review their visiting policy, by asking no one to visit who has suspected COVID-19 or is generally unwell, and by emphasising good hand hygiene for visitors. Contractors on site should be kept to a minimum. The review should also consider the wellbeing of residents, and the positive impact of seeing friends and family.

Standard infection control precautions:

- Staff and visitors should wash their hands thoroughly using soap and water or use a 70% alcohol hand rub **before and after any contact with residents.**

Respiratory hygiene/cough etiquette:

- Respiratory hygiene/cough etiquette should be implemented for all residents, staff and visitors.

Respiratory hygiene and cough etiquette include the following:

- Posting [visual alerts](#) at the entrance to the home.
- Providing tissues to those who are coughing or sneezing to cover their mouth and nose.
- Providing tissues and alcohol-based hand rubs in common areas and waiting rooms.
- Providing no-touch receptacles for used tissue disposal.
- Providing conveniently located dispensers of alcohol-based hand rub.
- Ensuring that hand-washing sinks have available supplies (i.e. soap, disposable towels).
- Discouraging residents with respiratory symptoms from using common areas where feasible.
- Residents should have an adequate supply of tissues and covered sputum pots, as well as convenient and hygienic methods of disposing of these.

Droplet precautions, isolation and personal protective equipment (PPE):

- Care homes are not expected to have dedicated isolation facilities for people living in the home.
- Isolation precautions should be implemented in the same way care homes operate for influenza.
- A resident's own room can be used if isolation is needed, ideally a single bedroom with en-suite.
- If this is not possible, discuss the option of cohorting with your local PHE health protection team.



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- Staff should use PPE for close personal contact with a symptomatic resident or 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.
- On leaving the resident's room, PPE should be removed, and hand hygiene performed immediately, as per standard infection control precautions.
- Isolation may end after 7 days from illness onset, so long as the case feels better and has no fever.

Restrictions to residents, visitors and healthcare staff:

- Staff with a fever (37.8°C and above) or new persistent cough should follow the [stay at home guidance](#)
- The home (and any associated day care facility) must close to admissions until the outbreak is over.
- Residents should not be transferred to other homes or attend external day centres, social events or similar activities until the outbreak is over.
- Residents should avoid non-urgent outpatient clinic visits until the outbreak is over. More urgent outpatient or similar visits (e.g. for investigations) should be subject to a risk assessment by the clinicians involved in collaboration with infection control staff in the concerned hospital.
- If movement or transport of a symptomatic resident is necessary, they should wear a surgical mask, if possible.
- Visitors who are vulnerable to infection should be discouraged from visiting during an outbreak.
- Visitor access to symptomatic residents should be kept to a minimum, consistent with patient welfare.

Waste, cleaning and laundry

- Personal waste of suspected cases (e.g. used tissues, continence pads, other items soiled with bodily fluids), used PPE, and disposable cleaning cloths should 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 hrs before being disposed of as normal.
- Clean frequently touched surfaces and follow [guidance for cleaning in non-healthcare settings](#).
- Hoists, lifting aids, baths and showers should be thoroughly cleaned between patients.
- Do not shake dirty laundry – 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 that cannot be washed should be disposed of, with the owner's consent.