

Guidance

Guidance for social or community care and residential settings on COVID-19

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Contents

1. Background and scope of guidance
2. Information about the virus
3. Signs and symptoms of COVID-19
4. How COVID-19 is spread
5. How long the virus can survive
6. Preventing the spread of infection
7. Guidance on facemasks
8. What to do if an employee becomes unwell and believe they have been exposed to COVID-19
9. Returning from travel overseas to affected areas
10. Closure of the office or workplace or residential setting and other actions if staff, members of the public or residents are undergoing COVID-19 testing and they have been in the office, workplace or residential setting
11. What to do if someone with confirmed COVID-19 has recently been in the office, workplace or residential setting
12. What to do if someone in the office, workplace or residential setting has had contact with a confirmed case of COVID-19
13. Advice for people if they have travelled from elsewhere in China (outside Hubei Province) or other specified countries
14. Advice for people if they have returned from travel anywhere else in the world within the last 14 days
15. Cleaning the office, workplace or residential setting where there are confirmed cases of COVID-19
16. Rubbish disposal including tissues
17. Specific actions for social and community care staff visiting patients at home or providing care to residents
18. What social, community and residential care settings need to do now

1. Background and scope of guidance

Social and community care is taken to cover:

- long-term conditions services (LTC)
- rehabilitation services (RHS)
- community healthcare services (CHC)
- community-based services for people with mental health needs (MHC)
- community-based services for people with a learning disability (LDC)
- community social care (domiciliary care services including those provided for children (DCC))
- community-based services for people who misuse substances (SMC)
- community social workers
- residential children's homes, including secure children's homes
- care home services with nursing (CHN)
- care home services without nursing (CHS)
- support to people in their own homes

This guidance will assist social, community and residential care employers in providing advice to their staff on:

- the novel coronavirus, COVID-19
- how to help prevent spread of all respiratory infections including COVID-19
- what to do if someone suspected or confirmed to have COVID-19 has been in a health or social care setting
- what advice to give to individuals who have travelled to specific areas, as outlined by the Chief Medical Officer ([the full list is available here](#))
- risk assessments for undertaking domiciliary visits or providing care in residential settings
- actions to take if staff come into contact with someone who is self-isolating or is a possible or confirmed case of COVID-19

This guidance is intended for the current position in the UK where there is currently no transmission of COVID-19 in the community. It is therefore very unlikely that anyone receiving care in a care home or the community will become infected. This is the latest information and will be updated shortly.

Children's residential care settings may also find it helpful to be aware of [guidance provided to educational settings](#).

2. Information about the virus

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new strain of coronavirus first identified in Wuhan City, China in January 2020.

The incubation period of COVID-19, is between 2 to 14 days. This means that if a person remains well 14 days after contact with someone with confirmed coronavirus, they have not become a case.

3. Signs and symptoms of COVID-19

The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:

- cough
- difficulty in breathing
- fever

Generally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

4. How COVID-19 is spread

From what we know about other coronaviruses, spread of COVID-19 is most likely to happen when there is close contact (within 2 metres) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person.

Respiratory secretions containing the virus are most likely to be the most important means of transmission; these are produced when an infected person coughs or sneezes, in the same way colds spread.

There are 2 main routes by which people can spread COVID-19:

- infection can be spread to people who are nearby (within 2 metres) or possibly could be inhaled into the lungs
- it is also possible that someone may become infected by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching door knob or shaking hands then touching own face). Our current understanding is that the virus doesn't survive on surfaces for longer than 72 hours.

There is currently little evidence that people without symptoms are infectious to others.

5. How long the virus can survive

How long any respiratory virus survives will depend on a number of factors, for example:

- what surface the virus is on
- whether it is exposed to sunlight
- differences in temperature and humidity
- exposure to cleaning products

Under most circumstances, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 72 hours.

Regular cleaning of frequently-touched hard surfaces and hands will therefore help to reduce the risk of infection.

6. Preventing the spread of infection

There is currently no vaccine to prevent COVID-19. The best way to prevent infection is to avoid being exposed to the virus.

There are general principles anyone can follow to help prevent the spread of respiratory viruses, including:

- washing your hands often - with soap and water, or use alcohol sanitiser that contains at least 60% alcohol if handwashing facilities are not available - this is particularly important after taking public transport. Guidance is available on [hand washing](#)
- covering your cough or sneeze with a tissue, then throwing the tissue in a bin. See [Catch It, Bin It, Kill It](#)
- people who feel unwell should stay at home and should not attend work
- employees should wash their hands:
 - before leaving home
 - on arrival at work
 - after using the toilet
 - after breaks and sporting activities
 - before food preparation
 - before eating any food, including snacks
 - before leaving work
 - on arrival at home
- avoid touching your eyes, nose, and mouth with unwashed hands
- clean and disinfect frequently touched objects and surfaces
- if staff are worried about their symptoms or those of a family member or colleague, please call NHS 111. They should not go to their GP or other healthcare environment
- see further information and the [Public Health England Blog](#) and the [NHS UK page](#)

7. Guidance on facemasks

During normal day-to-day activities facemasks do not provide protection from respiratory viruses, such as COVID-19 and do not need to be worn by staff in any of these settings. Facemasks are only recommended to be worn by infected individuals when advised by a healthcare worker, to reduce the risk of transmitting the infection to other people. It remains very unlikely that people receiving care in a care home or the community will become infected.

PHE recommends that the best way to reduce any risk of infection for anyone is good hygiene and avoiding direct or close contact (within 2 metres) with any potentially infected person.

8. What to do if an employee becomes unwell and believe they have been exposed to COVID-19

If the staff, member of the public or resident has not been to specified areas in the last 14 days, then normal practice should continue.

If staff, member of the public or resident becomes unwell in the workplace and has travelled to China or other affected countries, the unwell person should be removed to an area which is at least 2 metres away from other people. If possible find a room or area where they can be isolated behind a shut door, such as a staff office. If it is possible to open a window, do so for ventilation.

The individual who is unwell should call NHS 111 from their mobile, or 999 if an emergency (if they are seriously ill or injured or their life is at risk) and explain which country they have returned from in the last 14 days and outline their current symptoms. If the person affected is not able for any reason to call NHS 111 themselves then a staff member should call on their behalf.

Whilst they wait for advice from NHS 111 or an ambulance to arrive, they should remain at least 2 metres from other people. They should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in a bag then throw the tissue in the bin. If they don't have any tissues available, they should cough and sneeze into the crook of their elbow.

If they need to go to the bathroom whilst waiting for medical assistance, they should use a separate bathroom if available. This will apply only to the period of time while waiting for transport to hospital.

9. Returning from travel overseas to affected areas

People who have returned from Hubei Province, including Wuhan, in the last 14 days should avoid attending work. They should call NHS 111 for advice and self-isolate.

There is advice in place for what to do if you have returned in the last 14 days from [specified countries or areas](#) which is being updated on an ongoing basis.

All other staff should continue to attend work.

10. Closure of the office or workplace or residential setting and other actions if staff, members of the public or residents are undergoing COVID-19 testing and they have been in the office, workplace or residential setting

No restrictions or special control measures are required in these settings while a member of staff or resident is waiting for laboratory test results for COVID19. In particular, there is no need to close or send staff home at this point. As a precautionary measure, the NHS are currently testing a very large number of people who have travelled back from affected countries, the vast majority of whom test negative. Therefore, until the outcome of test results is known there is no action that needs to be taken.

11. What to do if someone with confirmed COVID-19 has recently been in the office, workplace or residential setting

Closure of the office, workplace or residential setting is not recommended.

The management team of the office or workplace or residential setting will be contacted by the Public Health England (PHE) local [Health Protection Team](#) to discuss the case, identify people who have been in contact with them and advise on actions that should be taken.

An assessment of each setting will be undertaken by PHE's local Health Protection Team with the lead responsible person. Advice on the management of staff, members of the public or residents will be based on this assessment.

The Health Protection Team will also be in contact with the case directly to advise on isolation and identifying other contacts and will be in touch with any contacts of the case to provide them with appropriate advice.

Advice on cleaning of communal areas such as offices or toilets will be given by the Health Protection Team and is outlined later in this document.

12. What to do if someone in the office, workplace or residential setting has had contact with a confirmed case of COVID-19

If a confirmed case is identified in this setting, the local Health Protection Team will provide the relevant people with advice. It is important to follow the advice of the [local Health Protection Team](#)

Contacts are not considered cases and if they are well they are very unlikely to spread the infection to others:

- those who have had close contact will be asked to self-isolate at home or in their own room in a care or residential home for 14 days from the last time they had contact with the confirmed case and follow the [home isolation advice sheet](#)
- they will be actively followed up by the Health Protection Team

People who have not had close contact with the confirmed case do not need to take any precautions and can continue their routines as usual.

13. Advice for people if they have travelled from elsewhere in China (outside Hubei Province) or other specified countries

If they are currently well, they can attend work.

- they are advised to self-isolate only if they develop symptoms
- their family and workplace colleagues do not need to take any precautions or make any changes to their own activities

If they become unwell:

- they (or a family member, colleague or member of staff) should call NHS 111 immediately for them to be assessed by an appropriate specialist in hospital, as quickly as possible. They should not go to their GP or other healthcare environment
- they should stay indoors and avoid contact with other people as they would with other flu viruses (see this [home isolation advice sheet](#))
- see [further information](#) and [PHEs Blog](#)

14. Advice for people if they have returned from travel anywhere else in the world within the last 14 days

Currently there are minimal cases outside the listed area and therefore the likelihood of an individual coming into contact with a confirmed case is extremely low.

These people can continue to attend work and go about their daily routine, unless they have been informed otherwise by their local Health Protection Team.

If individuals are aware that they have had close contact with a confirmed case of COVID-19 they should contact NHS 111 for further advice.

For the latest country information please see the [list of countries and areas affected](#).

15. Cleaning the office, workplace or residential setting where there are confirmed cases of COVID-19

The local Health Protection Team will provide advice on cleaning. Coronavirus symptoms are similar to a flu-like illness and include cough, fever, or shortness of breath. Once symptomatic, all surfaces that the person has come into contact with must be cleaned including:

- all surfaces and objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as toilets, door handles, telephones
- clothing and linen used by the person should be set aside pending assessment of the person by a healthcare professional

Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids do not need to be specially cleaned and disinfected.

16. Rubbish disposal including tissues

All waste that has been in contact with the individual, including used tissues, continence pads and other items soiled with bodily fluids, should be put in a plastic rubbish bag and tied. The plastic bag should then be placed in a second bin bag and tied. It should be put in a safe place and marked for storage until the COVID-19 test result is available, which will be within 24 hours.

If the individual tests negative, this can be put in the normal waste.

Similarly, laundry from the room of a possible case should be stored safely until the result of the test is known. Should the individual test positive, the local Health Protection Team advise you what to do with the waste and laundry.

17. Specific actions for social and community care staff visiting patients at home or providing care to residents

People returning from some areas of the world are being told to self-isolate depending on the location they have visited and their symptoms. People who have been in close contact with a confirmed case of COVID-19 are also being advised by their local Health Protection Team to self-isolate. People who are self-isolating and have no symptoms do not pose a risk to others. They are self-isolating to allow closer monitoring in order to identify early symptoms, and to enable prompt medical action if required.

Social, community and residential care staff should ascertain if a person is in self-isolation and if they are asymptomatic or symptomatic prior to their visit. If they are self-isolating and a visit is deemed necessary, then a full risk assessment should be undertaken with managers and infection control specialist to decide the best course of action.

If during a telephone consultation with a patient or their representative to assess their suitability for a domiciliary visit, it is thought that COVID-19 is possible (based on the PHE criteria for a possible case), then a face-to-face assessment must be avoided. Instead, call NHS 111 and arrange for a clinical assessment to be made before proceeding.

17.1 If the person is asymptomatic

As the person is asymptomatic there is no need to change your approach.

17.2 If the person is symptomatic

- avoid any further physical contact with the person, if you can. The person should remain in the room with the door closed. Belongings and waste with which they have come into contact should remain in the room
- advise anyone with you not to enter the room. If a travel or clinical history still needs to be obtained or completed, do this by telephoning the patient in the room
- ask the patient or their representative to call NHS 111 from their room
- inform your manager so that a full risk assessment can be undertaken with an infection control specialist to decide the next course of action

17.3 If the patient requires urgent medical attention

If the patient is critically ill and requires an urgent medical attention or ambulance transfer to a hospital, inform the ambulance call handler of the potential links to COVID-19.

Following the patient transfer to hospital, the room should be closed and should not be used until further advice is provided by the local Health Protection Team.

17.4 If the person has a negative COVID-19 test

If after assessment the person has a negative test, then no further action is required.

17.5 If the person has a positive COVID-19 test

If after assessment the person has a positive test, then a contact tracing exercise will be undertaken by the local Health Protection Team. You will be advised on any further actions, depending on your recent exposure to the patient.

18. What social, community and residential care settings need to do now

Currently there is no evidence of transmission of COVID-19 in the United Kingdom. There is no need to do anything differently in any care setting at present.

If any of your staff do become infected through travel to affected countries you will be contacted by your local Health Protection Team to take you through a risk assessment for your particular setting.

You may find it helpful to know about your [local health protection team](#) in advance of any outbreak of disease.

Health Protection Teams are part of Public Health England and will provide advice and guidance on infectious disease and non-infectious environmental hazards, manage and control outbreaks of infectious disease in the community and are a source of expert advice on new infections.

Your local public health team is led by your Director of Public Health. They will link closely with the Director of Adult Social Services in working with partners locally to respond to any cases of this infection.