

Frontline Best Practice for Supporting Residents in Care Homes with COVID-19

A practical resource for care home staff and those supporting them

Purpose: To generate a single page of practical guidance for care home staff (registered nurses, carers, clinical support staff) and the wider health and care team providing support for residents.

An infographic and accompanying educational video have been produced and made freely available as a resource for practice. Short promotional video for sharing on social media platforms also produced.

Content available to download from: www.gov.scot/coronavirus-care-home-guidance

[A parallel resource has been created for staff in acute/emergency care to support assessment and management of care home residents in those hospital settings.]

Rationale: Care home residents, staff and relatives have suffered disproportionately from the impacts of COVID-19. Much has been learned on a national level about the infection and how to reduce risks of transmission and protect residents. Homes themselves have gained invaluable insights on the recognition and management of the illness and how best to support residents during this time. This guidance has been produced to collate that best practice from the frontline, to help support staff across the sector and those who support the health and care needs of residents.

Involvement: The resources have been created with care home managers, nurses, general practitioners and geriatricians, to draw together experience from Wave 1 of the COVID-19 pandemic.

Jenni Burton, Clinical Lecturer Geriatric Medicine, University of Glasgow & NHS Greater Glasgow & Clyde

Materials reviewed and enhanced by contributions from:

Derek Barron, Director of Care, Erskine Homes; Kirsty Cartin, Manager, Rashielee Care Home; Jane Douglas, Chief Executive, Queen's House; Graham Ellis, Consultant Geriatrician, NHS Lanarkshire; Mhairi Hastings, CNO Directorate, Scottish Government; Yvonne Manson, Quality Care & Support Manager, Abbotsford Care; Judith Marshall, GP & Clinical Lead for ACP Glasgow City HSCP; Trudi Marshall, Nurse Director, North Lanarkshire Health and Social Care Partnership; Maria McIlgorm, CNO Directorate, Scottish Government; Lara Mitchell, Consultant Geriatrician, NHS Greater Glasgow & Clyde; Alyson Vale, Operations and Development Manager, Abbotsford Care

And Members of the Scottish Government Clinical and Professional Advisory Group

Twitter script

Frontline Best Practice for Supporting Residents in Care Homes With COVID-19. This practical guidance has been created with care home nurses and managers, GPs, specialist nurses and doctors working in the care of older adults. It draws on our experiences of supporting residents in care homes with COVID-19. Its aim is to provide a reminder for frontline staff working in care homes about the key aspects of recognition, management and risk reduction and it highlights the wider help which is available.

Full length script (7 minutes)

Frontline Best Practice for Supporting Residents in Care Homes With COVID-19

This practical guidance has been created with care home nurses and managers, GPs, specialist nurses and doctors working in the care of older adults. It draws on our experiences of supporting residents in care homes with COVID-19. Its aim is to provide a reminder for frontline staff working in care homes about the key aspects of recognition, management and risk reduction and it highlights the wider help which is available. We hope that you find it useful and supportive.

Recognition

We are all familiar with the classic symptoms of COVID - fever, cough and a loss of taste or smell. But, it is increasingly recognised that the virus presents with a much wider range of symptoms in older adults and this is consistent with the experience of those who've managed COVID in care homes.

Symptoms such as lethargy, fatigue, reduced intake of food and fluids, loose stools, nausea, abdominal pain, headaches and new aches and pains in general have all been reported.

Changes in behaviour are common when a person is unwell, particularly in those living with dementia. Delirium is a particularly common feature of COVID-19 where a resident can be agitated and restless or sleepy and less active, as well as being noted to be more confused than normal. These features often change throughout the day.

Some key things to consider are:

- are they communicating as normal?
- are they passing urine?
- has their bowel habit changed?
- are they managing to eat and drink?
- is there any change in their mobility?

Discuss your concerns and observations with the home's GP or Advanced Nurse Practitioner

If you're using an assessment tool, this will also guide you in escalating concerns about the resident's health

ALWAYS consider other medical causes of a change in a resident's condition

And remember, that knowing the person is the most critical factor in detecting when they are not themselves

Management

The most valuable part of COVID care is the person-centred care and support you specialise in giving everyday to all your residents.

Simple steps that can help are making sure your residents are taking plenty of fluids. Try to encourage them regularly to take sips if they are able.

Please check their temperature and help control any fever, shakes or shivers. You can use cool cloths and removing layers can also be helpful. But remember we don't advise using fans, though opening windows to increase ventilation can help.

Paracetamol can be given if prescribed and administration is within your competencies

As you will usually do, look for any signs of pain or discomfort and treat these to help reduce any distress. For some residents with COVID infection oxygen may be helpful where levels are low and the resident is symptomatic of this. Speak to your GP (or if you have an ANP) about this and any other treatments which may be helpful for the individual resident.

Please check your resident's anticipatory care plan and their wishes about what matters to them in terms of their care and support if they were to become more unwell.

Make sure you talk to those who are important to the resident to keep them updated, they will be missing being with their loved one while they are unwell. If possible, try to facilitate some conversations, offering essential visiting when needed.

Please remember that recovery from COVID can be unpredictable, despite your best interventions some residents will still die but, all will benefit from your care and support

Risk Reduction

Reducing the risks from COVID-19 involves the infection control precautions we have become familiar with as part of our everyday lives.

Washing hands regularly with soap and water, making use of alcohol gel between interactions.

Making use of personal protective equipment including fluid resistant mask at all times and an apron, gloves and eye protection for care involving any residents with symptoms.

If a resident develops symptoms, they must be isolated as soon as possible and barrier precautions started and continued until a negative test.

Ask for a test early when a resident has symptoms to be sure if they are positive or negative.

Regular staff testing to detect infection without or before symptoms is also helpful.

It is important to avoid crossover between symptomatic and asymptomatic residents within the home, to reduce the risk of infection.

Finally, reducing the footfall within the home is essential if an outbreak is suspected or confirmed.

Wider Help

COVID-19 has placed unprecedented strain on all those living and working in care homes, but it is essential that you know you are not alone and that support is always available.

Advice from GPs is available 24/7 – through the practice in daytime hours or NHS24 by calling 111 out of hours. They can offer advice or do a video consultation with you and your resident and in-person assessment can be provided when this is needed.

Please submit your home's daily data on the TURAS Safety Huddle.

As well as contacting your practice, contact your Local Health Protection Team or Public Health Team if you are concerned that a resident may have COVID-19.

There is a lot of guidance available online to support you – this includes advice from Health Protection Scotland and clinical guidance from Scottish Government.

Finally, it is important to acknowledge the impact the ongoing pandemic may be having on your wellbeing.

There are useful resources available for free on the National Wellbeing Hub (www.promis.scot)

YOU are precious. Take time to look after yourself. This will help you to be your best self when caring for others.

We hope this has reminded you of the valuable skills and expertise you already possess which can be applied when supporting residents with COVID-19

Conclusions: With thanks to all those who took time to contribute to this guidance, sharing their experiences and expertise. Please share this resource widely – it is freely available to access and download: www.gov.scot/coronavirus-care-home-guidance

Narrators

Jenni Burton, Clinical Lecturer, University of Glasgow

Derek Barron, Director of Care, Erskine Homes

Judith Marshall, General Practitioner, Garscadden Burn Medical Practice

Jane Douglas, Chief Executive, Queen's House