



# COVID-19

## GUIDANCE FOR SOCIAL OR COMMUNITY CARE AND RESIDENTIAL SETTINGS

### 1. Introduction

On 31st December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province in China. Early in January 2020 it was announced that a novel coronavirus had been identified, linked to a Seafood Wholesale Market in Wuhan City.

Public Health Services have been working with colleagues in Jersey and the UK to provide information and advice as the situation regarding the coronavirus develops.

**Updated information, including symptoms of COVID-19, can be found on**  
<https://www.gov.gg/coronavirus>.

The virus was originally referred to as 2019-nCoV novel coronavirus. On 11 February 2020 the International Committee on Taxonomy of Viruses designated a name to this new coronavirus-**Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)**. On the same day, the World Health Organization named the disease that is caused by the SARS-CoV-2 as **COVID-19**.

### 2. Scope of Guidance

This guidance provides basic information only. It should not take the place of medical advice, diagnosis or treatment. This guidance is for social or community care and residential care providers who see clients in their home/community setting.

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 SARS-CoV-2 and the disease COVID-19
- how to help prevent spread of all respiratory infections including the virus that causes 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 advice from the Director of Public Health on <https://www.gov.gg/coronavirus>
- 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

### 3. Information about the virus

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV), Severe Acute Respiratory Syndrome (SARS-CoV), and COVID-19. A novel coronavirus is a new strain that has not been previously identified in humans.

The incubation period of the virus causing 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.

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.

From what we know about other coronaviruses, spread of COVID-19 is most likely to happen when there is close contact (within 2 meters) 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 the virus causing COVID-19:

- infection can be spread to people who are nearby (within 2 metres) or close enough for the virus to 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 their own face). Our current understanding is that the virus usually does not survive on surfaces for longer than 72 hours.

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

#### 4. What can you do to prepare for COVID-19

- Check that your Pandemic Operational Plan and Business Continuity Plan is up to date for your specific area of work.
- Look through the actions and apply COVID-19 to this current situation.
- Ensure all staff, clinical and non-clinical, are familiar with these documents and relevant policies.
- For more information go to [www.gov.gg/coronavirus](http://www.gov.gg/coronavirus) or phone Public Health Services on 725241.



## 5. Recommendations

- It is important that health and social care workers (HSCWs) should not attend a healthcare setting if there is a risk they could spread the virus causing COVID-19.
- All staff who have travelled should check the status of the county/countries they have visited on [www.gov.gg/coronavirus](http://www.gov.gg/coronavirus) prior to returning to work.
- Any member of staff who develops a cough, fever or shortness of breath, no matter how mild, on return from a Group A or B country\* must self-isolate immediately and contact Public Health for advice.
- Any staff that are self-isolating for any of the reasons outlined in 1 – 10 (Table 1) MUST inform Public Health Services through the PEH switchboard.
- Any worker with compatible symptoms requires clinical assessment (see [www.gov.gg/coronavirus](http://www.gov.gg/coronavirus))

\*Guidance on the advice to returning travellers is regularly updated and can be found on <https://www.gov.gg/coronavirus>.

## 6. Asymptomatic staff with household contacts who are possible cases

For asymptomatic staff who have a household member who has travelled to a country listed in Group A or B on [www.gov.gg/coronavirus](http://www.gov.gg/coronavirus) and is symptomatic, the member of staff should be excluded from work until the test results of the contact are available.

## 7. 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 COVID-19. In particular, there is no need to close or send staff home at this point. The Public Health Departments in Guernsey and the UK are currently testing a number of people who have travelled back from affected countries, the vast majority of whom test negative. These are precautionary measures and until the outcome of test results is known, there is no action that needs to be taken.



## 8. 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 Team to discuss the case, to identify people who have been in contact with them and to advise on actions that should be taken.

An assessment of each setting will be undertaken by the Public Health 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 Public Health 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.

## 9. 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 Public Health Team will provide the relevant people with advice. It is important to follow this advice. 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
- they will be actively followed up by the Public Health 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.



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

The Public Health 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.

## **11. 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 approximately 48 hours.

If the individual tests negative, this can be put in the normal waste. Should the individual test positive, the local Health Protection Team will advise you on what to do with the 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 will advise you on what to do with the laundry.

## **12. 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 the 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 an individual 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 the infection control team 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 Public Health criteria for a possible case), then a face-to-face assessment must be avoided. Instead, call Public Health and arrange for a clinical assessment to be made before proceeding.

### 13. If the resident is asymptomatic

As the person is asymptomatic there is no need to change your approach. **Asymptomatic are people who do NOT have any symptoms of COVID-19**

### 14. If the resident 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 Public Health from their room.
- Inform your manager so that a full risk assessment can be undertaken with the infection control team to decide the next course of action.

### 15. Monitoring

Public Health will review this guidance regularly or earlier if change is identified to keep it up to date with changing Law or best-practice guidance or as new information or guidelines emerge.

There will be a process in place to monitor various aspects of this guidance. This will be to ensure that the guidance is operating in the most effective way.



**Table 1: Guidance for health and social care workers who have travelled to Group A or Group B countries\* and returned to the UK within the past 14 days**

Type of Exposure	Asymptomatic HSCW with exposure within the past 14 days	Exclusion from work for 14 days after last exposure **	Other action
Travel	1 Travel to <a href="#">Group A country / area</a>	Yes	Self-isolation at home for 14 days after return to the UK
	2 Travel to a <a href="#">Group B area/ country</a>	No	Inform line manager and Public Health Services. No restrictions unless advised by Public Health Services or IPACT
	3 Contact with a confirmed case in any country	Yes	Self-isolation at home for 14 days after return to Guernsey (PHS will advise on active or passive follow up)
	4 Exposure to healthcare settings (e.g. working in healthcare, admission or visit to hospital) in Group B areas	Yes (from last healthcare exposure)	No other restrictions unless advised by PHS or IPACT
Healthcare (Guernsey or UK)	5 Contact with a symptomatic possible case whilst wearing recommended PPE with no breaches	No	No restrictions
	6 Contact with a confirmed case whilst wearing recommended PPE with no breaches***	No	No restrictions, but passive follow up for 14 days after last exposure
	7 Contact with a symptomatic possible case without wearing recommended PPE	No	Exclusion and self-isolation may be recommended in certain circumstances based on a risk assessment by PHS and IPACT
	8 Contact with a confirmed case without wearing recommended PPE***	Yes	Self-isolation at home for 14 days after last contact (PHS will advise on follow-up)
Household or other setting outside of work	9 Contact with a possible case	No	Exclusion and self-isolation may be recommended in certain circumstances based on a risk assessment by PHS or IPACT
	10 Contact with a confirmed case***	Yes	Self-isolation at home for 14 days after last contact (PHS will advise on follow-up)

\* Update information on specified countries available under the title of “affected areas” on <https://www.gov.gg/coronavirus>

\*\* Exclusion relates to work within healthcare premises, and for many staff there could be opportunities for home working that HSC may wish to explore.

\*\*\* All contacts with a confirmed case in Guernsey will be risk assessed by PHS or IPACT who will advise on exclusions and follow up of those HCWs in line with separate contact tracing guidance. Examples given above are listed as a general rule before such detailed contact tracing can be performed.