

Vaccination of Care Homes Residents and Staff in an outbreak setting

What is an outbreak in a care home?

An outbreak in a care home is defined as, two or more cases which meet the case definition of possible or confirmed case , within a 14-day period among either residents or staff in the care home – see appendix one for case definitions.

When is an outbreak declared over?

The decision to declare an outbreak over is made by Public Health Agency (PHA) Health Protection Duty Team. This usually occurs when there has been no new cases for 14 days after the last symptom onset of the most recent case; a terminal clean has taken place and an outbreak report been submitted to PHA by the Care Home.

What is a terminal clean?

Terminal cleaning is the thorough cleaning/disinfection of all surfaces including floors and re-useable equipment either within the whole facility or within a particular part of the facility (e.g. an individual ward/department/unit). The length time it takes to complete a terminal clean depends on the size of the care home and staff capacity.

Can teams attend and offer vaccination at a care home where an outbreak of COVID-19 has been declared?

A risk assessment should be undertaken in advance of the planned vaccination visit to assess whether or not the outbreak is segregated sufficiently for other residents and care home staff to be offered vaccination or if safer to schedule the vaccinations post end of the outbreak.

The risk assessment should include;

- The type of facility

- The layout of the facility
 - What areas of the facility are affected?

- The date the outbreak was declared?

- Is the outbreak a confirmed COVID-19 outbreak?

- Are both staff and residents affected?

- The total number of staff in the care home
 - The total number positive/symptomatic?
 - The total number self-isolating because they are a close contact? When does the isolation period end?
 - How many staff have tested positive in the preceding 4 weeks?
 - Onset date of the most recent case?
- The total number of residents
 - The total number positive/symptomatic?
 - The total number self-isolating because they are a close contact? When does this isolation period end?
 - How many residents have tested positive in the preceding 4 weeks?
 - Onset date of the most recent case?

Following a risk assessment, if a small number of staff/ residents are affected or self-isolating or the outbreak is confined to one specific area with appropriate co-horting, vaccination could proceed to avoid any further delay in protection.

If vaccination is to proceed, the care home residents and staff should be individually risk assessed for their suitability for COVID-19 vaccination.

Individuals, who have new symptoms of COVID-19, are positive (including asymptomatic positives) or close contacts that are self-isolating would **not** be eligible for vaccination. Vaccination should be deferred until they have recovered and at least four weeks after onset of symptoms, date of positive test if asymptomatic or self-isolation is complete.

What if a large percentage of the care home staff and or residents are currently ineligible for the COVID- 19 vaccine due to testing positive or self-isolating?

If only a small number individual can avail of the vaccine on the proposed vaccination date, staff should consider the implications of attending the facility on more than one occasion due to increased footfall and workforce capacity. If a large proportion of residents and staff are currently positive or have tested positive within 28 days, have recently developed COVID 19 symptoms are self-isolating or the outbreak is widespread throughout the facility, deferral of vaccination to a later date should be considered. This should be for a time when the last person who has developed COVID-19 symptoms or had their first positive PCR if asymptomatic has completed 28 days as this will allow the efficient vaccination of the whole home residents and staff. This applies for 1st and 2nd doses.

Who should I contact to complete the risk assessment?

The care home should be contacted ahead of scheduling the date of vaccinations. Once a date has been confirmed, it is recommended the care home should be contacted again on

the morning of the date of vaccinations to ensure the outbreak status has not changed. The Public Health Agency Duty Room can assist by providing background information regarding the home and an update in relation to the outbreak status of the home. The Duty Room team can be contacted on 0300 555 0119. The care home should be able to provide more accurate timely information directly to the Trust.

Why does vaccination have to wait 28 days after a positive COVID-19 test or symptom onset?

Vaccination of individuals who may be infected but asymptomatic or incubating COVID-19 infection is unlikely to have a detrimental effect on the illness. Vaccination should be deferred in those with confirmed infection to avoid confusing the differential diagnosis. As clinical deterioration can occur up to two weeks after infection, ideally vaccination should be deferred until around four weeks after onset of symptoms or from the first PCR positive specimen in those who are asymptomatic. Any individuals who are unable to be vaccinated may be offered an alternative vaccine at a future point in time but that this would need to be done at least 28 days after they tested positive/were symptomatic

Can the 2nd dose of the COVID 19 vaccine be given, where residents in care homes or staff test positive for COVID-19 in between doses?

The individual can receive their second dose 4 weeks after the onset of COVID-19 symptoms or the first PCR positive test if asymptomatic, provided there are no other contraindications.

Which care home staff must not attend a vaccination clinic and must not be vaccinated?

Staff **SHOULD NOT** attend if:

- They or a member of their household have any symptoms of COVID-19 i.e. any new continuous cough, loss of taste or smell, or temperature
- are waiting for the result of a COVID-19 test
- are self-isolating for any reason e.g. returning from a high risk area

Confirmed cases of COVID-19 vaccination should not be vaccinated until they have recovered and at least four weeks after onset of symptoms, or in those who had no symptoms until four weeks from their first SARS-CoV-2 positive specimen.

Can staff from a care home where there are positive cases of COVID-19 attend a clinic or centre for vaccination?

A risk assessment should be conducted to determine if there are members of care home staff within that care home who can be confidently identified as not being significant contacts of the cases.

Is there a risk to vaccination staff vaccinating during an outbreak?

In an outbreak situation there is a small risk to the actual vaccinator that could be minimised by wearing PPE and good IPC practices. Staff attending to deliver the vaccinations would be required to comply with Infection Prevention and Control precautions including use of appropriate PPE in accordance with [Infection Prevention Control Guidance for Adult COVID-19 vaccination clinics](#) . Vaccinators should have received their COVID 19 vaccination before carrying out vaccines in a care home.

Does a vaccinator need to self-isolate as a contact if they have vaccinated a person who later is found to be a positive case?

Staff attending to deliver the vaccinations would be required to comply with Infection Prevention and Control precautions including use of appropriate PPE in accordance with the [Infection Prevention Control Guidance for Adult COVID-19 vaccination clinics](#).

In care home based sessions symptomatic, positive or self-isolating staff and/or residents should already be excluded from the vaccination session which reduces the risk

However, if someone that has been vaccinated is later identified as a confirmed case, the vaccinator would not be considered a close contact provided IPC precautions have been applied and the recommended PPE has been worn correctly without any breach – i.e. the FRSM mask has been correctly worn and hand hygiene correctly applied **Appendix 1:**

Case and Contact Definitions

Case Definitions

A resident or staff member with the symptoms described in the table below is regarded as POSSIBLE CASE OF COVID-19.

<u>RESIDENTS AND STAFF</u>	POSSIBLE COVID	CONFIRMED COVID
New onset continuous cough or acute worsening of existing cough (with or without sputum)	X	
Oral or tympanic temperature of 37.8°C or more	X	
A loss of, or change in, normal sense of taste or smell (anosmia) in isolation or in combination with any other symptoms*	X	
A laboratory confirmed diagnosis (with or without symptoms)		X
<u>RESIDENTS ONLY</u>		
New onset of flu-like illness i.e. new onset or acute worsening of one or more of the following symptoms: <ul style="list-style-type: none"> • Hoarseness • Nasal discharge or congestion • Sore throat • Wheezing • Sneezing • Chest pain 	X	
New onset or worsening shortness of breath	X	
Sudden decline in physical or mental ability without other known cause e.g. delirium	X	

Contacts Definitions

RESIDENT CONTACTS

These are defined as residents that either:

- Live in the same unit / floor as the infectious case (e.g. share the same communal areas)
- Have travelled in a car with a case even if PPE is worn
- Have spent more than 15 minutes within 2 metres of a case
- Has been within one metre of a case and had face-to-face contact including:
 - being coughed on
 - having a face-to-face conversation

- having skin-to-skin contact

STAFF CONTACTS

These are defined as staff that has, had any of the following contact:

WITHOUT PPE

- Travelled in a car with a case.
- Spent more than 15 minutes within 2 metres of a case.
- Been within one metre of a case and had face-to-face contact including:
 - being coughed on
 - having a face-to-face conversation
 - having skin-to-skin contact

OR

WITH PPE

- Travelled in a car with a case.

Staff wearing appropriate PPE in accordance with guidance should not be identified as close contacts. PPE must include at a minimum, a fluid resistant surgical mask, gloves, and an apron, all worn in accordance with guidance.

HOUSEHOLD OR CLOSE CONTACTS

Any staff identified as close contacts *outside of the care home* (by PHA Contact Tracing or the NHS app) should self-isolate for 10 days from their last contact with the case.

Further information on care homes can be accessed [HERE](#)

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