Pandemic Procedure

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Keeping our Procedures up-to-date and safe

Our procedures play a vital role in assisting us to provide a first-rate service by helping to ensure that we consistently deliver a safe service that our customers value. Therefore:

- If you do not understand any part of this procedure, please ask your **Manager**;
- Please ensure you have been properly trained prior to carrying out the procedure and, if in doubt, ask your **Manager** first, and;
- If you are concerned about issues of safety for any part of this procedure, whether for yourself or others, please immediately discuss them with your **Manager**.

If you believe this procedure is wrong or could be improved, please complete a **Procedure Amendment Form** (see **Quality Manual & Procedure**).

Introduction

Except where otherwise stated below, responsibility for this procedure is the Registered Manager's.

This **Procedure** has been adapted from the following Government advisories and other reliable sources:

- Covid-19: guidance for social or community care and residential settings, 25th Feb 2020;
- Covid-19: guidance on residential care provision, 13th March 2020;
- Covid-19: guidance on residential care provision, 19th March 2020;
- Covid-19: guidance on home care provision, 13th March 2020, and;
- Stay at home: guidance for households with possible coronavirus (COVID-19) infection, 18th March 2020;
- Care Home COVID-19 Pack - South East England, 18th March, 2020;
- Statutory Sick Pay (SSP), undated - https://www.gov.uk/statutory-sick-pay/eligibility
- Admission and Care of Residents during COVID-19 Incident in a Care Home, 2nd April 2020;
- Admission and Care of Residents during Covid-19 Incident in a Care Home, 2nd April 2020;
- Covid-19: personal protective equipment (PPE), 7th April 2020;
- The Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) During the Coronavirus (Covid-19) Pandemic, 9th April 2020;
- Covid-19: Our Action Plan for Adult Social Care, 15th April 2020;
- Coronavirus (Covid-19) infection control for care providers, 21st April 2020;
- Covid-19: How to work safely in care homes, 27th April 2020;

The frequency of pandemics is uncertain but we usually get around three each century. Whilst some are more life threatening than others, it is important that in the event of one occurring we should have detailed plans in place as to how to respond. This **Procedure** sets out those plans.

A pandemic is defined as an infectious disease that spreads through populations across a large region and in modern times, due to air travel, is likely to spread quickly and worldwide. That does not mean that it is life threatening, although we know **Covid-19** can be fatal for those with compromised immune systems. However, in the early days of a pandemic there is no effective way of knowing how many people are at risk and to what degree, and the virus may also mutate to become more or less harmful. Until this information is known, it is safest to be cautious, and assume that our client group is likely to be more at risk than other members of the population.

Once the **Pandemic Procedure** has been activated the **Head-of-Home** may arrange for staff to work overtime, order additional supplies or take whatever other action they consider reasonably necessary to

protect our **HC Clients**, **Residents**, **Staff** and **Visitors** to the home without prior recourse to the **Directors**, although they should keep them informed when practical.

The **Procedure** provides for two levels of implementation. **Level One implementation** should happen when the **World Health Organisation's** advice is to prepare for a pandemic. **Level Two implementation** should happen when our own risk assessment indicates that a greater degree of protection is warranted.

Roles

Once implemented, control of the **Pandemic Plan** should follow the **Critical Incident Management Guidelines** detailed in the **Business Continuity Plan, Longer-Term Roles**. This specifies that a **Director** will take responsibility for implementation of the **Procedure** at a strategic level (the **Strategic Manager**), the **Registered Manager** of each **Service** will be responsible for practical implementation in regard to their **Services**, and the **Duty Manager** (who at times will be the **Registered Manager**) and **Assistant Managers** will take responsibility for the day-to-day implementation. There is an additional role of **Volunteer Manager** who is responsible for the management of the **Volunteers** section.

General Covid-19 Guidance

Covid-19 is the infectious disease caused by **Severe Acute Respiratory Syndrome Coronavirus 2** (**SARS-CoV-2**). The disease was first identified in 2019 in Wuhan, China, and has since spread globally, resulting in the **2019-20 Coronavirus Pandemic** (Wikipedia, Coronavirus disease 2019).

Signs and Symptoms

For most people, **Covid-19** will be a mild illness, with the most common symptoms being:

- New continuous cough and/or;
- High temperature.

However, for the **Elderly**, the symptoms are often different, and can be far more serious:

- Symptoms are likely to develop very rapidly, over 12 hours:
- **Initial Symptoms** include being withdrawn, loss of appetite, and breathlessness;
    - As the **Signs** and **Symptoms** are ambiguous in the **Elderly**, any **Resident** or **Client** who is unwell should be isolated as a precaution;
    - If they are showing the **Initial Symptoms**, **Level Three Implementation** activated.
- **Developing Symptoms** include high temperature and dry cough;
- If it is **Covid-19**, it is likely that they will become seriously unwell and bed-ridden within hours.

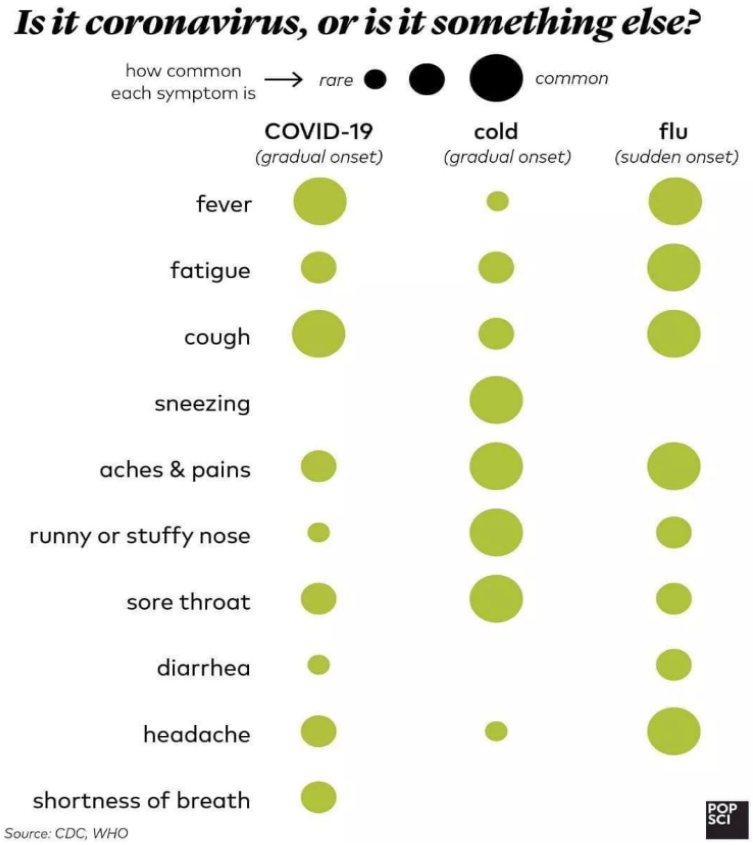
The following other symptoms may also develop in the 14 days after exposure to someone who has **COVID-19** infection:

- Headache;
- Cough;
- Muscle pain;
- Difficulty in breathing;
- Fever, or;
- Tiredness.

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.

Covid-19, Cold or Flu

The following chart compares the symptoms of **Covid-19**, cold and flu. However, it is now apparent that symptoms in the elderly do not necessarily follow this pattern; see **Signs and Symptoms**, above.



Transmission Pathways

The spread of pandemics like **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 two 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 a door knob or shaking hands then touching their own face). Our current understanding is that the virus doesn't survive on surfaces for longer than 72 hours.

It was originally thought that people without symptoms were not infectious to others, but there is now growing evidence that **Asymptomatic** people can be **Infectious**. It is therefore very important to pay particular attention to **PPE** (see the **Personal Protective Equipment** section).

Lifespan

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, and;

- 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.

Once a person is infected, **Covid-19** can last for up to three weeks.

Prevention

There is currently no vaccine to prevent **Covid-19**. The best way to prevent infection is therefore 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.

- Covering your cough or sneeze with a tissue, then throwing the tissue in a bin.
- People who feel unwell should stay at home and should not attend work.
- People should generally 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, and;
    - 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 they should consult **NHS 111 Online**. They should not go to their **GP** or other healthcare environment.

Hand Hygiene

When to Wash Hands

In addition to the above Preventative measures, Staff should wash their hands:

- Just before you provide care to a resident;
- As soon as you have finished providing care to a resident;
- Straight after you have been exposed to any body fluids;
- Straight after touching the person's surroundings (e.g. chair, door handle) if this may have contaminated your hands, and;
- As soon as you take off protective gloves.

Preparing to Wash Hands

To prepare for hand hygiene, it is recommended that you:

- Expose your forearms so that they are bare from the elbows down;
- Remove all hand and wrist jewellery, a single plain metal finger ring is permitted; however, it should be removed or must be moved during hand hygiene;
- Ensure finger nails are clean, short and that artificial nails or nail products are not worn, and;
- Cover all cuts or abrasions with a waterproof dressing.

Washing Your Hands

When washing your hands, you should:

- Do so for 20 seconds, or the time it takes to sing 'Happy Birthday' twice;
- Wet your hands with water and apply enough soap to cover your hands;
- Use one hand to rub the back of the other and in between fingers – do the same with the other hand;
- Rub hands together and clean between your fingers;
- Rub fingers against the back of both your palms;
- Rub your thumbs using the other hand – do the same with the other thumb;
- Rub the tips of your fingers on the palm of the other hand – do the same with the other hand;
- Rinse your hands with water;
- Dry your hands with a disposable towel, and;
- Use the disposable towel to turn the tap off.

Suspicion of an Infection

Where an Infection is suspected, such as when a **Resident** or **Client's** temperature is above **37.8C**, they are **Coughing**, or have **Shortness of Breath**, report the matter to **NHS111** for advice on **Assessment** and **Testing**. Follow appropriate isolation procedures (see **Homes Procedure**, **Actions on Suspicion of an Infection**).

Confirmation of an Infection

The **Management Team** should follow the relevant sections in regard to caring for the individual, and should inform **Public Health England's Health Protection Team**, and consider whether **CQC** should be informed:

Bromley	Reigate
PHE South London Health Protection Team, Floor 3C Skipton House, 80 London Road, London, SE1 6LH	PHE Surrey and Sussex Health Protection Team (South East), County Hall, Chart Way, Horsham, RH12 1XA
0344 326 2052	0344 225 3861

Follow appropriate isolation procedures (see **Homes Procedure**, **Actions on Suspicion of an Infection**).

Action on Contact with an Infected Person

If a confirmed case is identified in the home, the local **Health Protection Team** will provide the relevant people with advice.

People who have been in contact with the infected person are not considered cases, and if they are well they are very unlikely to spread the infection to others, however, they should closely monitor themselves for symptoms, and follow the **Self-Isolation** advice, below, if necessary.

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.

Self-Isolation

If a member of **Staff** has symptoms that may be **Covid-19** and which do not require hospital treatment, or live in a household with someone else who is symptomatic, they must **Self-Isolate** as follows.

Note: More detailed advice can be found here:

https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection

Who Should Isolate

- If the **Staff Member** lives alone and has symptoms of **Covid-19**, however mild, they should stay at home for 7 days from when the symptoms started;
- If they live with others and they or one of their co-habitants has symptoms of **Covid-19**, then all household members must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the house became ill;
    - It is likely that people living within a household will infect each other or be infected already. Staying at home for 14 days will greatly reduce the overall amount of infection the household could pass on to others in the community.
- For anyone in the household who starts displaying symptoms, they should stay at home for 7 days from when the symptoms appeared, regardless of what day they are on in the original 14-day isolation period (see **Ending Isolation** below).

Vulnerable Household Members

- If the **Staff Member** lives with a **Vulnerable Person** (such as the elderly and those with underlying health conditions), they should move them out of their home, if possible, to stay with friends or family for the duration of the **Self-Isolation** period;
- If they cannot move the **Vulnerable Person**, they should stay away from them as much as possible.

Medical Assistance

- If a **Household Member** has **Covid-19** symptoms:
    - They should NOT go to a **GP Surgery**, **Pharmacy** or **Hospital**;
    - They do not need to contact **111** to tell them they're staying at home, and;
    - Testing for coronavirus is not needed if they're **Self-Isolating**.
- If any ill person in the household has not had any signs of improvement after **Seven Days**, and have not already sought medical advice, they should contact NHS 111 online;
- If they feel they cannot cope with their symptoms at home, or their condition gets worse, then they should use the NHS 111 online **Coronavirus Service**;
- If they do not have internet access, they should call **NHS 111**;
- For a medical emergency dial **999**.

Ending Isolation

- Testing for **Covid-19** is available for **Key Workers** who are **Self-Isolating**, or the person in their household who is causing them to **Self-Isolate**. This should be done as soon as possible to enable those who test negative to return to work.
- If any **Household Member** has been symptomatic, then they may end their **Self-Isolation** after receipt of a **Negative Covid-19 Test** or **7 Days**. The **7 Day** period starts from the day when they first became ill;
- If living with others, then all the **Household Members** who remain well may end **Household-Isolation** after **14 Days**;
    - The **14 Day** period starts from the day symptoms began in the first person to become ill;
    - **14 Days** is the incubation period for coronavirus; people who remain well after **14 Days** are unlikely to be infectious.
- After **7 Days**, if the first person to become ill feels better and no longer has a high temperature, they can return to their normal routine;

- If any other family members become unwell during the **14 Day Household-Isolation** period, they should follow the same advice - that is, after **7 Day**s of their symptoms starting, if they feel better and no longer have a high temperature, they can also return to their normal routine;
- Should a **Household Member** develop **Covid-19** symptoms late in the **14 Day Household-Isolation** period (for example, on day 13 or day 14) the isolation period does not need to be extended, but the person with the new symptoms has to stay at home for **7 Days**;
    - The **14 Day Household-Isolation** period will have greatly reduced the overall amount of infection the rest of the household could pass on, and it is not necessary to re-start **14 Days of Household-Isolation** for the whole household.
    - This will have provided a high level of community protection.
    - Further isolation of members of this household will provide very little additional community protection.
- At the end of the **14-Day** period, any family member who has not become unwell can leave household isolation.
- The cough may persist for several weeks in some people, despite the coronavirus infection having cleared. A persistent cough alone does not mean someone must continue to self-isolate for more than **7 Days**.

Pay Whilst Self-Isolating

In step with the unpredictable nature of the **Pandemic**, a great deal of **Government** policy is evolving at this time. We are therefore not yet entirely clear what **Staff** will be paid whilst **Self-Isolating**, but this is our current best guess.

SSP

- **SSP** of **£94.25** is normally payable from the fourth day of any illness where the **Staff Member** is too unwell to work, and for a maximum duration of **28 Weeks**, however;
- The **Government** has varied **SSP** payment rules for the duration of the **Covid-19 Pandemic** to allow for **Sick Pay** to be paid from the first day of illness or **Self-Isolation**;
- **SSP** is subject to;
    - Earning **£118** per week;
    - Informing the **Company** on **Day-One** of any illness or **Self-Isolation**, and;
    - Downloading a **Self-Isolation Certificate** from NHS 111 online which needs to be forwarded to their **Line Manager.**

Government 80% Contribution

- The **Government** has announced they intend to pay **80%** of **Staff** wages to people who would otherwise be laid off during the **Pandemic**. We believe this applies to **Staff** who have been advised to **Self-Isolate** for an extended period of time, in which case it would replace any entitlement to **SSP**. The **Company** will automatically make claims on behalf of any **Staff** to which this applies.

Nightingales Contribution

- We are fortunate to have a **Staff Group** who are very engaged, and have gone way above and beyond what could be expected of them as we prepare for the **Pandemic**. Whilst we recognise the unpredictable nature of the **Pandemic** means we cannot be certain how it will impact the **Company's** finances, we want to minimise the impact on **Staff Members** for doing the right thing. Subject to affordability and once the **Pandemic** is over, we therefore plan to make ex-gratia payments to **Staff** who have lost out but still continued to perform at a high level.

Nightingales Loans

- As always, **Staff Members** can apply for an interest-free loan if needed to meet their financial obligations. These will be subject to demonstration of need and the **Company's** ability to afford them.

Additional Guidance for HomeCare Staff

The following advice is specifically for **HomeCare Staff**, however, much of the **Guidance** above is also relevant.

Assessing Client Covid-19 Risk

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**, see below, should be undertaken.

Discovering a Symptomatic Clients

If the **Client** is **Asymptomatic** there is no need to change your approach. However, on first noticing a **Client** is **Symptomatic**, the risk of transmission should be minimised through safe working practices:

- Ensure full **PPE** protocols are followed (see **Caring for Symptomatic Clients** and **Personal Protective Equipment**, below);
- Due to the vulnerable nature of our **Clients** it is important to update the **Client's Care Plan** to ensure their receive the care they need**:**
    - Contact the **Office** so that medical advice can be sought, and an up-to-date **Risk Assessment** done;

    - Care for the **Client's** immediate needs whilst this is awaited;
    - Ask the **Office** to advise subsequent **Clients** of any delays the above may cause;
    - The **Office** will make sure that the **Client's Family** is kept informed;
    - The **Office** should consider whether **CQC** or **Public Health England** need to be informed.
- Pay particular attention to your **PPE**, and particular to its removal and disposal to minimise the risk of onward transmission to other **Clients** and **Colleagues**.

If the **Client** is **Critically Ill** and requires an **Urgent Medical Attention**, dial **999** and inform the **Ambulance Call Handler** of the potential links to **Covid-19**.

Following the **Client** transfer to hospital, the room should be closed and the family advised of the need to disinfect their home.

Caring for Symptomatic Clients

If the **Client** has mild symptoms, or no alternative care is available, it is important to ensure the risk of transmission is minimised through safe working practices.

PPE

Staff should use personal protective equipment (**PPE**) for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids (see **Personal Protective Equipment** section for full details).

Cleaning

Use usual household products, such as detergents and bleach as these will be very effective at getting rid of the virus on surfaces. Frequently touched surfaces should be cleaned regularly.

Personal waste (for example, used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths should be disposed of securely using disposable rubbish bags.

These bags should be placed into a second disposable bag, tied securely and kept separate from other waste within the client's own room. This should be put aside for at least 72 hours before being put in the usual household waste bin for disposal as normal.

Laundry

Do:

- Wash items as appropriate in accordance with the manufacturer's instructions.
- Where possible, wash at **60C** and use a hot tumble dry setting;

- Dispose items that are heavily soiled with body fluids, such as vomit or diarrhoea, or items that cannot be washed, with the owner's consent.

- Store personal waste (such as used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths securely within disposable rubbish bags. Place these bags into another bag, tying securely and keep separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal.

Do not:

- Place dirty **Laundry** on the floor or other surfaces to prevent contamination.

- Wash dirty **Laundry** that has been in contact with an ill person with other people's items.

- Shake dirty **Laundry** before washing to minimise the possibility of dispersing virus through the air.

Staff uniforms and clothing should be protected from contamination by PPE. For staff taking uniform home for laundering, use a plastic bag.

- Clothing and linen should be **Washed at 60 Degrees**, and tumble dried on a **Hot Setting** to ensure any virus is killed. Any clothing that is not suitable for washing and drying at these temperatures should be set aside in a bin liner and left for seven days, after which any virus will have died.

- Items heavily soiled with body fluids, for example, vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.

Clients in Symptomatic Households

Transmission between members of the same household is quite common, despite the best of intentions. Therefore, where **Care** is being provided in a household with a **Symptomatic Member**, **Enhanced PPE** should be worn as if the Client had **Covid-19** (see **Caring for Symptomatic Clients** and **Personal Protective Equipment** section)**.**

If Neither Client nor Staff are Symptomatic

If neither the **Client** nor the **Carer** is **Symptomatic**, normal **PPE** should be worn (see **Personal Protective Equipment below**).

Staff should follow advice on **Hand Hygiene** (see above).

Personal Protective Equipment

Recommended PPE Types and Rationale for Use

Purpose of PPE

Personal Protective Equipment (**PPE**), as the name suggests, is for protecting **Members of Staff** from becoming infected, However, within the **Residential** and **Domiciliary Care Setting**, there is an arguably more important purpose for **PPE,** to protect our **Residents** and **Clients**.

Because of their **Vulnerable Status**, each group is now isolating from the world to minimise their chances of contracting **Covid-19**. As a **High-Risk Group**, they are at far greater risk of becoming seriously ill or dying if they were to contract the virus. The correct use of **PPE** therefore protects them in case **Staff Members** are inadvertently carrying the virus, which is a known risk as **Covid-19** carriers are believed to be infectious before they become symptomatic.

Therefore, when using **PPE**, please bear its dual purpose in mind.

When to Wear What PPE

At **Implementation Level One** wear **PPE** (see **Normal and Enhanced PPE** below):

- When providing **Personal Care** which requires you to be in direct contact with a **Client** or **Resident** (e.g. touching) OR within **2 Metres** of a **Client** or **Resident** who is coughing.

At **Implementation Level Two** wear **PPE** (see **Normal and Enhanced PPE** below):

- When within **2 Metres** of a **Resident** or **Client**.

These recommendations apply:

- Whether the **Client** or **Resident** you are caring for has symptoms or not (see **Normal and Enhanced PPE** below);
- To all direct care, for example:
    - Assisting with getting in/out of bed;
    - Feeding;
    - Dressing;
    - Bathing;
    - Grooming;
    - Toileting;
    - Applying dressings etc. and;

- When unintended contact with **Clients** or **Residents** is likely (e.g. when caring for residents with challenging behaviour).

These recommendations assume that **Staff** are not undertaking **Aerosol Generating Procedures** (**AGPs**).

Note **PPE** is only effective when combined with:

- **Hand Hygiene** (see **Hand Hygiene** section);
- **Respiratory Hygiene** (i.e. not touching your face), and;
- Following standard infection prevention and control precautions.

Normal and Enhanced PPE

As a general principle, **Normal PPE** (gloves, aprons, and **Fluid Resistant Surgical Masks**) should be worn at **Implementation Level One** and **Two**. **Enhanced PPE**, which replaces the **Fluid Resistant Surgical Masks** with **FFP3** or **N95 Respirators** and adds face protection, should be worn at **Implementation Level Three**, when **Staff** may be caring for **Residents** or **Clients** who are or may be **Symptomatic**.

Context	Disposable Gloves	Disposable Plastic Apron	Fluid Resistant Surgical Mask	FFP3/N95 Respirators	Eye/Face Protection
Care Home providing care to Non-Symptomatic Residents	✅ single use	✅ single use	✅ sessional use	❌	❌
Care Home providing care to Residents who may be or are Symptomatic	✅ single use	✅ single use	❌	✅ single or sessional use	✅ single or sessional use
Direct care to Non-Symptomatic Clients in their Own Home	✅ single use	✅ single use	✅ sessional use	❌	❌
Direct care to Clients in their Own Homewho may be or are Symptomatic	✅ single use	✅ single use	❌	✅ single or sessional use	✅ single or sessional use

Respirators and Eye/Face protection must be changed if moving from Symptomatic to Non-Symptomatic Clients

Appearing Human

Enhanced PPE can make **Staff** appear threatening to our **Residents** and **Clients**. To minimise this effect, it is a good idea for **Staff** to pin a picture of themselves to their front without the **Enhanced PPE** on.

Filtering Face Piece Class 3 (FFP3) Respirators

Respirators are used to prevent inhalation of small airborne particles arising from AGPs.

All **Respirators** should:

- be well fitted, covering both nose and mouth;
- not be allowed to dangle around the neck of the wearer after or between each use;
- not be touched once put on, and;

- be removed outside the patient's room or cohort area.

Respirators can be **Single** or **Session Use** (disposable) and fluid-resistant. Note that valved **Respirators** are not fully fluid-resistant unless they are also 'shrouded'. If a valved, non-shrouded **FFP3 Respirator** is used then it should be accompanied by full face protection for use in higher risk acute care areas.

FFP3 Respirators filter at least 99% of airborne particles. The **HSE** states that all **Staff** who are required to wear an **FFP3 Respirator** must be fit tested for the relevant model to ensure an adequate seal or fit (according to the manufacturers' guidance). Fit checking (according to the manufacturers' guidance) is necessary when a **Respirator** is donned to ensure an adequate seal has been achieved.

Further information regarding fitting and fit checking of **Respirators** can be found on the Health and Safety Executive website.

It is also important to ensure that facial hair does not cross the **Respirator** sealing surface and if the **Respirator** has an exhalation valve, hair within the sealed mask area should not impinge upon or contact the valve. See the Facial hair and FFP3 respirators guide.

Respirators should be compatible with other facial protection used (protective eyewear) so that this does not interfere with the seal of the respiratory protection.

Respirators are for **Single** or **Session Use** (a session ends when the healthcare worker leaves the care setting/exposure environment) and then are to be discarded as healthcare (clinical) waste (hand hygiene must always be performed after disposal) or if re-usable cleaned according to the manufacturer's instructions. It is important that the **Respirator** maintains its fit, function and remains tolerable for the user.

The **Respirator** should be discarded and replaced and NOT be subject to continued use in any of the following circumstances:

- is damaged;
- is soiled (for example, with secretions, body fluids);
- is damp;
- facial seal is compromised;
- is uncomfortable, or;
- is difficult to breathe through.

The manufacturers' guidance should be followed in regard to the maximum duration of use.

The HSE has stated that **FFP2** and **N95 Respirators** (filtering at least 94% and 95% of airborne particles respectively) offer protection against **Covid-19** and may be used if **FFP3 Respirators** are not available.

Other **Respirators** can be utilised by individuals if they comply with HSE recommendations. Reusable **Respirators** should be cleaned according to the manufacturer's instructions.

Fluid Resistant Surgical Masks

Fluid-Resistant (**Type IIR**) **Surgical Masks** (**FRSM**) provide barrier protection against respiratory droplets reaching the mucosa of the mouth and nose. **FRSMs** should be well fitted and subject to the same level of care in use as **Respirators.**

FRSMs are for **Single** or **Session Use** (a session ends when the healthcare worker leaves the care setting/exposure environment) and then must be discarded. The **FRSM** should be discarded and replaced and NOT be subject to continued use in any of the circumstances outlined for **Respirators**.

The protective effect of masks against severe acute respiratory syndrome (**SARS**) and other respiratory viral infections has been well established. There is no evidence that **Respirators** add value over **FRSMs** for droplet protection when both are used with recommended wider **PPE** measures in clinical care, except in the context of aerosol generating procedures (**AGPs**).

Eye and Face Protection

Eye and Face Protection provides protection against contamination to the eyes from respiratory droplets, aerosols arising from aerosol generating procedures (**AGPs**) and from splashing of secretions (including respiratory secretions), blood, body fluids or excretions.

Eye and Face Protection can be achieved by the use of any one of the following:

- surgical mask with integrated visor;
- full face shield or visor, or;
- polycarbonate safety spectacles or equivalent.

Regular corrective spectacles are not considered adequate eye protection.

While performing **AGPs**, a full-face shield or visor is recommended.

The same as for **Respirators** and **FRSMs**, eye protection should:

- be well fitted;
- not be allowed to dangle after or between each use;
- not be touched once put on, and;
- be removed outside the patient room, cohort area or 2 metres away from possible or confirmed **Covid-19** cases.

Disposable, single-use, **Eye and Face Protection** is recommended for **Single** or **Session Use** (a session ends when the healthcare worker leaves the care setting/exposure environment) and then is to be discarded as healthcare (clinical) waste. However, reusable eye and face protection is acceptable if decontaminated between **Single** or **Session Use**, according to the manufacturer's instructions or local infection control policy.

It is important that the **Eye Protection** maintains its fit, function and remains tolerable for the user. **Eye and Face Protection** should be discarded and replaced and not be subject to continued use if damaged, soiled (for example, with secretions, body fluids) or uncomfortable.

Disposable Aprons and Gowns

Disposable Plastic Aprons must be worn to protect **Staff** uniforms or clothes from contamination when providing direct patient care and during environmental and equipment decontamination.

Long-Sleeved Disposable Fluid Repellent Gowns must be worn when a **Disposable Plastic Apron** provides inadequate cover of **Staff** uniforms or clothes for the procedure or task being performed, and when there is a risk of splashing of body fluids such as during **AGPs** in higher risk areas or in operative procedures. If non-fluid-resistant gowns are used, a disposable plastic apron should be worn. If extensive splashing is anticipated then use of additional fluid repellent items may be appropriate. **Long-Sleeved Disposable Fluid Repellent Gowns** would not therefore normally be worn in a **Care Home** or **HomeCare** setting.

Disposable Plastic Aprons are subject to single use and must be disposed of immediately after completion of a procedure or task, and after each patient contact. **Hand Hygiene** should be practiced and extended to exposed forearms. **Long-Sleeved Disposable Fluid Repellent Gowns** (not normally used in a **Care Home** or **HomeCare** setting) are for single use or for **Single Session Use** (a session ends when the healthcare worker leaves the **Exposure Environment**) but should be discarded at the end of a session or earlier if damaged or soiled.

Disposable Gloves

Disposable Gloves must be worn when providing direct patient care and when exposure to blood and or other body fluids is anticipated or likely, including during equipment and environmental decontamination. **Disposable Gloves** are subject to **Single Use** only and must be disposed of immediately after completion of a procedure or task and after each patient contact, followed by hand hygiene.

Sessional Use of PPE

Aprons and **Gloves** are subject to **Single Use**, with disposal and hand hygiene after each patient contact. **Respirators**, **Fluid-Resistant** (**Type IIR**) **Surgical Masks** (**FRSM**), **Eye Protection** and **Disposable Fluid Repellent Coveralls** or **Long-Sleeved Disposable Fluid Repellent Gowns** can be subject to **Single Sessional Use** in circumstances.

A **Single Session** refers to the start of a period of work until the next break within the **Care Homes**, or for each **Client Visit** in **HomeCare**. a period of time where a **Member of Staff** is undertaking duties in a specific **Exposure Environment**, or a change of **Exposure Environment**. For example, moving from caring for **Symptomatic Residents** to **Non-Symptomatic** ones would be a different **Exposure Environment**. Once the **PPE** has been removed it should be disposed of safely.

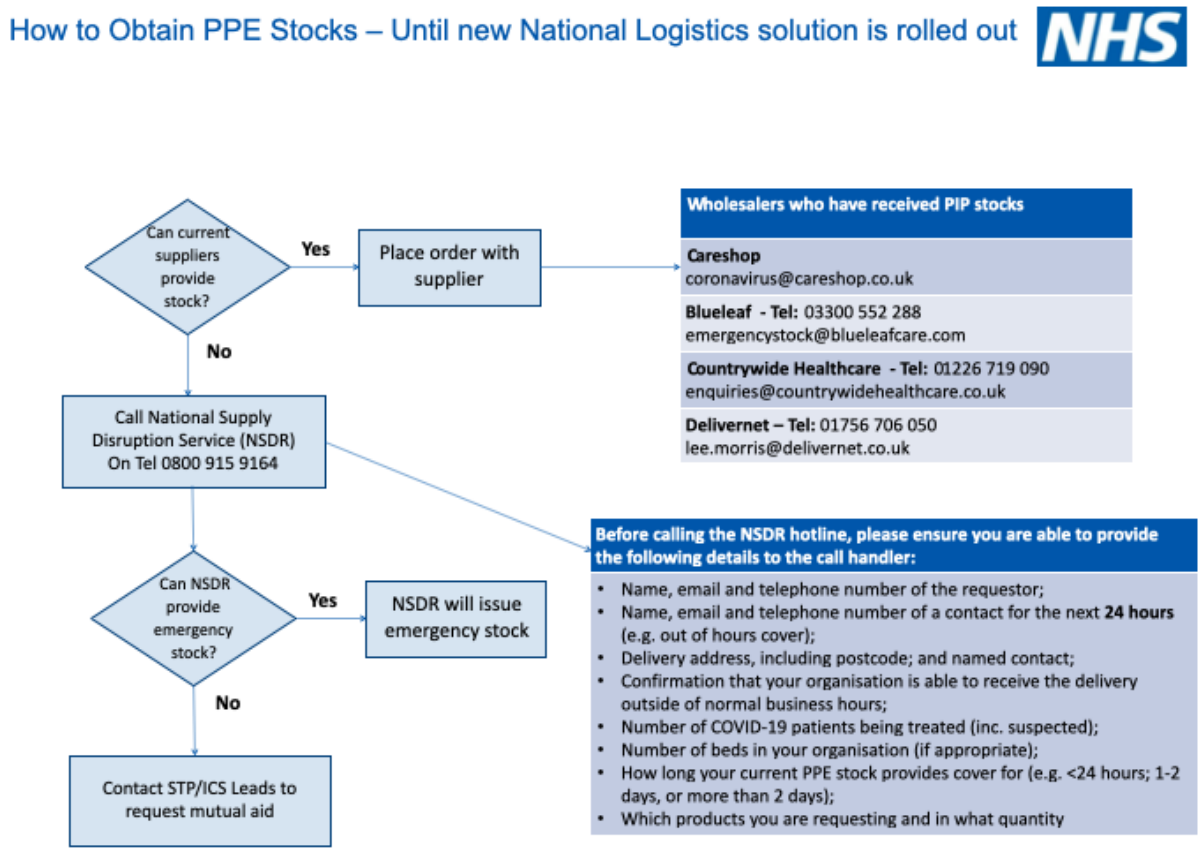
While generally considered good practice, there is no evidence to show that discarding disposable **Respirators**, **Facemasks** or **Eye Protection** in between each **Resident** reduces the risk of infection transmission to the **Member of Staff** or the **Resident** (they will always be changed between each **Client** by virtue of the fact that they are in different locations, and therefore a different **Exposure Environment**).

Indeed, frequent handling of this equipment to discard and replace it could theoretically increase risk of exposure in high demand environments, for example, by leading to increasing face touching during removal. The rationale for recommending **Sessional Use** in certain circumstances is therefore to reduce risk of inadvertent indirect transmission, as well as to facilitate delivery of efficient care.

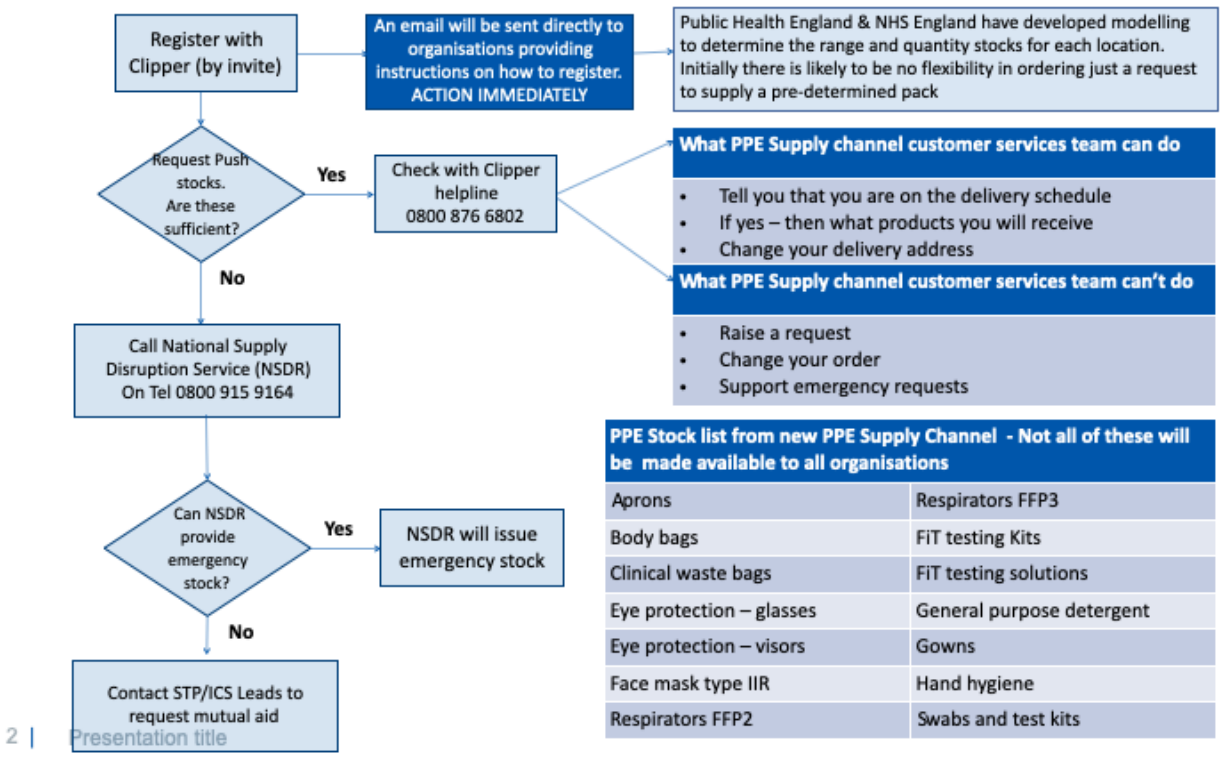
PPE should not be subject to continued use if damaged, soiled, compromised or uncomfortable, and a session should be ended. While the duration of a session is not specified here, the duration of use of **PPE** items should not exceed manufacturer instructions. Appropriateness of **Single** versus **Sessional Use** is dependent on the nature of the task or activity being undertaken and the local context.

Sourcing PPE

Order **PPE** in the normal way or, when supplies are difficult to come by, follow the following flow charts:



How to Obtain PPE Stocks – Using the new National Logistics solution – Date TBC



Risk Assessments

Except where otherwise stated below, responsibility for this procedure is the Registered Manager's unless otherwise specified.

Explanation

Risk Assessments should be undertaken to assess the threats posed by **Covid-19** in regard to:

- The appropriate **Implementation Level**;
- Whether **Resident** or **Client Mitigations** are required;
- Whether **Staff Mitigations** are required, particularly where they may be **Vulnerable**;
- Whether **Visitor Mitigations** are required, and;
- Whether **Contractor Mitigations** are required.

Procedure

Implementation Level Assessments

The **Implementation Level** should normally follow **World Health Organization** and **Government** guidance. However, should there be reasons to vary this approach an **Implementation Level Assessment** should be carried out.

Resident Risk Assessments

A **General Resident Risk Assessment** should be conducted to consider **Covid-19** specific risk that may affect all **Residents**, with additional **Individual Resident Risk Assessments** for those **Vulnerable Residents** who may have higher risk factors, such as:

- Possible close proximity to infected people;
- A heart condition;
- High blood pressure;
- Diabetes;
- Lung conditions such as asthma or bronchitis;
- Recently treated for an auto-immune condition;
- Being treated for cancer (particular blood cancers) and suffering the side effect of treatments;
- Recent infectious illness, or;
- Smokes.

Possible **Mitigations** include:

- Restrictions or alterations of usual routine;
- Increased physical and social distancing;
- Additional Infection control measures;
- Prompt reporting of personal concerns;
- Self- isolation;
- Recommendation to seek medical advice or help, or;
- Other measures as appropriate.

Client Risk Assessments

A **General Client Risk Assessment** should be conducted to consider **Covid-19** specific risk that may affect all **Clients**, with additional **Individual Client Risk Assessments** for those **Vulnerable Clients** who may have higher risk factors, such as:

- Possible close proximity to infected people;
- A heart condition;
- High blood pressure;
- Diabetes;
- Lung conditions such as asthma or bronchitis;
- Recently treated for an auto-immune condition;
- Being treated for cancer (particular blood cancers) and suffering the side effect of treatments;
- Recent infectious illness, or;
- Smokes.

Possible **Mitigations** include:

- Restrictions or alterations of usual routine;
- Increased physical and social distancing;
- Additional Infection control measures;
- Prompt reporting of personal concerns;
- Self- isolation;
- Recommendation to seek medical advice or help, or;
- Other measures as appropriate.

Staff Risk Assessments

A **General Staff Risk Assessment** should be conducted to consider **Covid-19** specific risk that may affect all **Staff**, with additional **Individual Staff Risk Assessments** for those **Vulnerable Staff Members** who may have higher risk factors, such as:

- Possible close proximity to infected people;
- They are pregnant;
- 60+ years of age;
- A heart condition;
- High blood pressure;
- Diabetes;
- Lung conditions such as asthma or bronchitis;

- Recently treated for an auto-immune condition;
- Being treated for cancer (particular blood cancers) and suffering the side effect of treatments;
- Recent infectious illness, or;
- Smokes.

Given that we may not be aware of all the health conditions of **Staff Members**, a **Memo** should be issued asking any **Staff** with any of the above to confidentially notify their **Manager** so a specific **Risk Assessment** can be done.

Possible **Mitigations** include:

- Restrictions or alterations to work role and tasks, such as away from symptomatic people;
- Increased physical and social distancing;
- Additional Infection control measures (augmenting current hand and respiratory hygiene and protective equipment procedures);
- Prompt reporting of personal concerns and contingency plans in case of enforced withdrawal from work situation;
- Self- isolation with return to work only when free from risk;
- Removing outside footwear and clothing;
- Wearing short-sleeved tops;
- Recommendation to seek medical advice or help, or;
- Other measures as appropriate.

When considering **Mitigations**, factor in that those **Aged Over 70**, from **Ethnic Minorities**, who are **Obese** and **Males** are at a higher risk of suffering severe symptoms.

Visitor Risk Assessments

A **General Visitor Risk Assessment** should be conducted to consider **Covid-19** specific risk that may affect all **Visitors**, and whether **Visitors** pose a risk to anyone else involved with the **Service** (**Residents**, **Clients**, other **Visitors**, **Contractors**).

Possible **Mitigations** include:

- Restrictions or alterations to visits, such as suspending visits;
- Increased physical and social distancing;
- Additional Infection control measures (augmenting current hand and respiratory hygiene and protective equipment procedures);

- Prompt reporting of personal concerns and contingency plans in case of enforced withdrawal from work situation;
- Self- isolation with return to work only when free from risk;
- Removing outside footwear and clothing;
- Wearing short-sleeved tops;
- Recommendation to seek medical advice or help, or;
- Other measures as appropriate.

Contractor Risk Assessments

A **General Contractor Risk Assessment** should be conducted to consider **Covid-19** specific risk that may affect all **Contractors**, with additional **Individual Contractor Risk Assessments** in regard to whether they may pose a risk to anyone involved with the **Service** (**Residents**, **Clients**, **Visitors**, other **Contractors**):

Possible **Mitigations** include:

- Restrictions or alterations to visits, such as suspending visits;
- Increased physical and social distancing;
- Additional Infection control measures (augmenting current hand and respiratory hygiene and protective equipment procedures);
- Prompt reporting of personal concerns and contingency plans in case of enforced withdrawal from work situation;
- Wiping down equipment and deliveries, or leaving equipment on site for the duration of the work;
- Removing outside footwear and clothing;
- Wearing short-sleeved tops;
- Recommendation to seek medical advice or help, or;
- Other measures as appropriate.

Resilience

Except where otherwise stated below, responsibility for this procedure is the Registered Manager's unless otherwise specified.

Explanation

Any **Pandemic** will naturally strain the resources of our services where workloads may increase, and availability of staff may decrease. The following resilience measures should therefore be considered ahead of any **Pandemic's** peak to ensure we are more resilient to any challenges that may come.

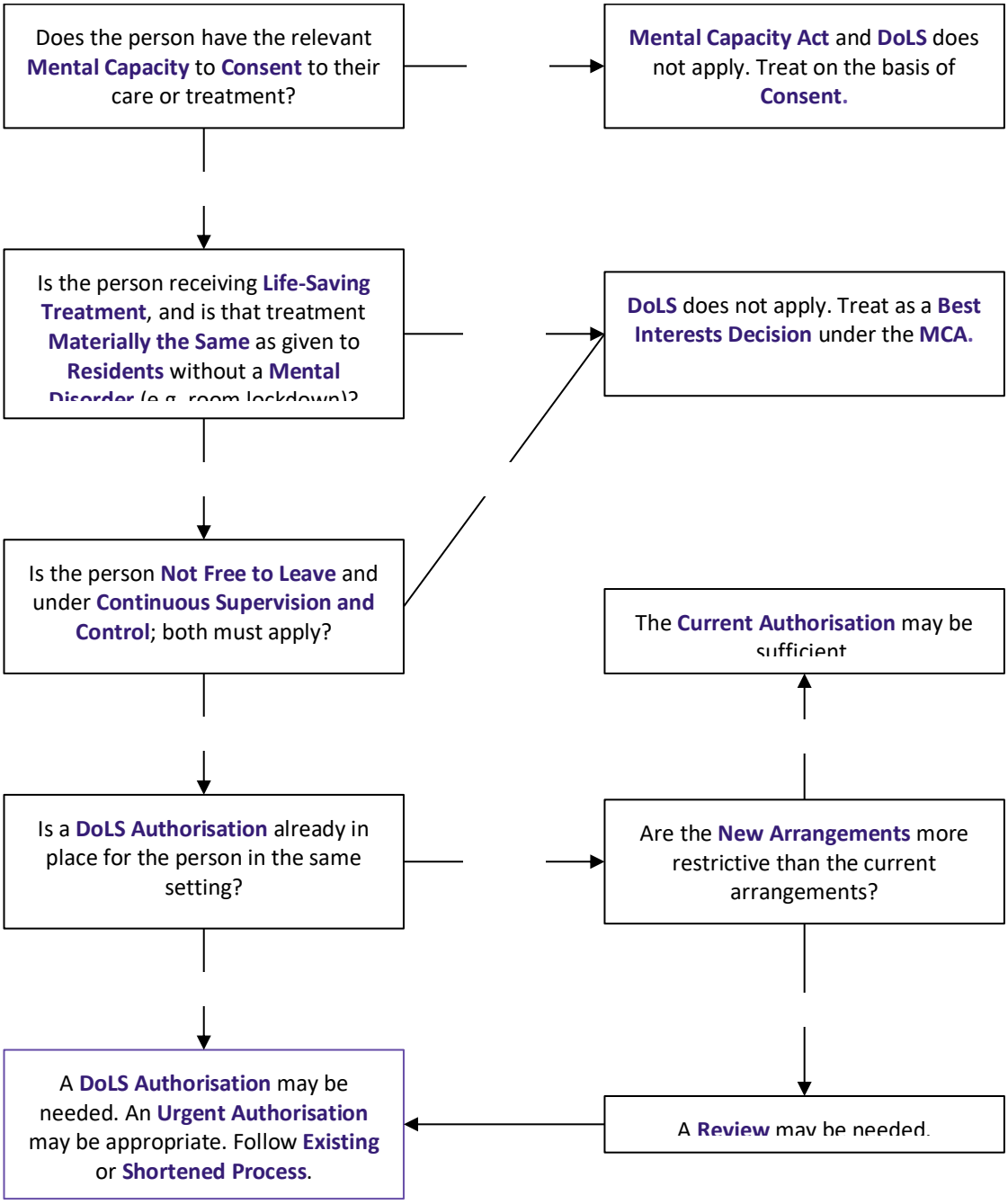
Procedure

Ideally ahead of any **Pandemic**:

- The **Strategic Manager** should consider what the cash-flow implications of the **Pandemic** may be and arrange for additional liquidity, which may not be available later if the **Pandemic** also has economic implications at a national level;
- Demand may increase and test the resilience of the whole care system, so make it easy for people looking for care, and who may be overstretched themselves, to find out which homes have capacity by using services like **Capacity Tracker** or **Care Pulse**;
- Check all **Residents'** and **Clients**' information is up to date, including what informal support may be available to them, such as friends, neighbours or family members;
- The **Strategic Manager** should review the **Business Continuity Plan**, including reviewing mutual-aid arrangements with:
    - Local authorities;
    - Other care providers;
    - Local primary and community services providers, and;
    - Where it is safe to do so, volunteers.
- Ensure any information is transferred confidentially by using **Nightingales' HIPAA** compliant email or other secure means of transmission;
- Ensure arrangements are in place to consult doctors remotely, such as by **Skype** or proprietary apps;
- Consider what additional resources or skills it may be helpful for our **Staff** to have in case other parts of the healthcare system are temporarily unable to cope, e.g. **O2 Therapy** may be helpful if **Residents** or **Clients** become infected and can't be immediately transferred to hospital;
- Ensure you have access to sufficient **PPE**, including from the Governments influenza stockpile (arrangements are currently being put in place);

Deprivation of Liberty Safeguards During a Pandemic

During the **Covid-19 Pandemic** the normal rules for submitting a **DoLS Application Requirements** have been varied to reflect that we may have to ask **Residents** to remain in their room so as not to catch **Covid-19**, which should be classed as **Life-Saving Treatment** in the flowchart below.



Volunteers

Except where otherwise stated below, responsibility for this procedure is the Volunteer Manager's.

Explanation

The impact of **Pandemics** is unpredictable and may impact the ability of our staff to work. An ongoing assessment of this risk should therefore be made and, as soon as any potential gap in the availability of **Staff** is detected, a **Volunteers Manager** should be appointed to implement this section of the **Pandemic Procedure**.

Procedure

Whilst there is a progressive order to the following sections, the urgency of the situation may mean that **Volunteers** need to be used ahead of certain formal steps being taken if **Residents** and **Clients** are to receive the care they need. If this is the case, the **Volunteer Manager** or **Duty Manager** should email the **Strategic Manager** requesting approval to vary the **Volunteers** section of this **Procedure** and may do so only when written confirmation is received from the **Strategic Manager**.

The **Volunteer** process is managed by way of the **Volunteers Log** on **Softools**.

A **Director** should advise both **CQC** and Insurers that we may use **Volunteers** to undertake work normally done by **Staff** and, in the case of **Insurers**, ensure this is covered.

Recruitment

The **Volunteers Manager** should arrange for **Volunteers** to be recruited by way of any or all of the following, and in sufficient quantity to meet the situational requirements. The **Registered Manager** or **Duty Manager** for each **Service** should keep in close touch with the **Volunteer Manager** in this regard. The following are possible sources of **Volunteer** recruitment:

- Facebook Ads;
- Google Ads;
- Leaflet drops:
- Local press or radio;
- Volunteer organisations;
- Local residents associations;
- Appeals to **Staff** and **Families.**

Checks

Prior to allocating **Volunteers** to roles, the following checks should be completed:

- **DBS Volunteer Check**:
    - These should be free for **Volunteers**;
    - Where the **DBS Check** is not clear, approval must be sought from the **Strategic Manager** to use the Volunteer.
- Two **Written References** should be obtained:
    - Ideally, these should be from recent employers, but which may not be possible with students;
    - When employer references are not available, references from professionals or family friends will substitute.

- If permission is sought to use a **Volunteer** ahead of receiving written references, **Verbal References** must be obtained whilst the **Written References** are awaited.

Onboarding

Volunteers can be **Onboarded** whilst the above **Checks** are done, but should not normally be used until they are complete. Each **Volunteer** should be given, which should be recorded against the **Volunteer Checklist**, both when they are given and returned:

- A **Welcome Letter**;
- Two **Health Disclaimers**, one for signature and return, and;
- Two **GDPR Statements**, one for signature and return;
- A **Name Badge**;
- **Nightingales ID** (with a maximum three-month expiry date);
- **Nightingales Dashboard Notice**, and;
- A **Nightingales Volunteer Polo Shirt**.

Training

Volunteer Training will vary according to the roles they will undertake. All **Volunteers** should complete the **Volunteer Induction Training** is an abridged version of the **Care Certificate** with supplements to cover **Fire Awareness** and **Hand Hygiene,** and sign they have understood it

Any **Volunteer** undertaking roles that may involve physically assisting **Residents** or **Clients**, such as any **HomeCare** role or care roles within the **Homes**, should first do a **Manual Handling** course. It is less important for other roles within the **Homes** as other trained **Staff** should be on hand if **Manual Handling** is required. Where they are not, sufficient **Volunteers** should be given **Manual Handling** training.

Any **Volunteer** who is helping to administer medication should complete a **Medication Course** first.

Other training should be given as appropriate.

On completion of their **Volunteer Training**, **Volunteers** should work a minimum of two **Induction Shifts** alongside an experienced **Member of Staff**, or more until they feel both confident and competent.

Allocation

No **Volunteer** should be allocated to a role until all of the above have been completed, save with the written authorisation of the **Strategic Manager**.

Prior to allocating **Volunteers** to the **Homes** or **HomeCare Clients**:

- The **Registered Manager** should email **Residents'** and **Clients' Relatives** to inform them that **Volunteers** are being used;
- The **Residents** should be informed verbally by the **Duty Manager**, and which should be noted in the **Management Book**;
- Individual **Clients** should be informed by the **Duty Manager** the first time each **Volunteer** is sent to care for them, and recorded in the **Client's Notes** in the **Care Software**.

Active **Volunteers** should receive a **Weekly Email** from the **Volunteer Manager** thanking them for their continued availability and for any work done that week.

Requesting Volunteers

- As soon as a **Service's Duty Manager** is aware that a **Volunteer** is required, they should contact the Volunteer Manager with the details;
- The **Volunteer Manager** should contact suitable **Volunteers** until one is found to undertake the requested role;
- The **Service's Duty Manager** should feedback to the **Volunteer Manager** how the **Volunteer** did, who should note on the **Volunteer Log** details of the role undertaken and any appropriate feedback.

Disbanding Volunteers

When **Volunteers** are no longer required in regard to this **Procedure**, a thank-you letter should be sent by a **Director** inviting them to return their **Volunteer ID** and pick up a **Thank-you Present** and, if appropriate, asking if they would like to continue as a **Volunteer**.

Consideration should be given to placing adverts publicly thanking all the **Volunteers** who assisted.

Homes Procedures

Level One Implementation

Except where otherwise stated below, responsibility for this procedure is the Registered Manager's.

Explanation

Level One Activation should be implemented as soon as the **World Health Organisation** advice is to prepare for a pandemic. It is a precautionary level whereby we minimise the opportunity for our residents becoming infected by increasing hygiene measures and restricting access to the homes, and make plans for **Level Two Activation** when access to **Staff** and other resources may be limited.

The **Strategic Manager** should be consulted about all changes to **Implementation Levels**, before where possible, or as soon after where time is of the essence.

Procedure

For **Level One Activation** take the following steps:

- Keep up-to-date with **Government**, **World Health Organisation**, and **Centre for Disease Control** advice and recommendations in regard to **Covid-19**, and issue a **PAF** if they impact this **Procedure**;
- Ensure your **Team** and all **Directors** and **Registered Managers** of other services are kept fully informed of any relevant information or **Activation Level** changes using the **Coronavirus** project in **Asana -** ensure **Staff** remain informed also;
- Place the **Door Notice** in a picture frame by each external door used to access the home;
- Issue **Staff**, **Volunteers**, **Supervisors** and **Managers** with a laminated A4 **Car Dashboard Notice** for use when travelling to and from work, or taking journeys on behalf of the **Nightingales**;
    - These notices must be personalised with the **Person's Name**;
    - The **Person** should carry some form of **Photo ID**, such as their **Driving Licence**, when using this **Notice**;
    - If you are asked to verify the use of the **Notice** is genuine, check the **Person's Name** against the **#voyzu shared Contacts List** if you do not know the **Person** personally;
    - Keep a log of all **Car Dashboard Notice** issued, and ensure they are returned once the **Pandemic** is over;
    - Report any misuse to a **Director**;
- Place the **Wall Notices** (**Coughs and Sneezes**, **Wash Your Hands** and **Social Distancing**) in picture frames inside close to any doors used to enter the building, and place additional **Wash Your Hands** notices by commonly used sinks;
- Mount a waterless soap dispenser by each notice;
- Ask each **Visitor** to confirm that they comply with the notice before allowing them entry by confirming they have not been to a **High Risk Area** or are symptomatic, in which case entry should be refused;
- The greater the number of **Visitors** to the home the higher the statistical risk of inadvertent transmission, but which needs to be balanced against the benefit such visits bring to our **Residents**. Therefore, ask **Visitors** to review how frequently they visit and how many come on each occasion to balance this risk against the benefits such visits bring to their loved-one;
- Encourage **Staff** and all **Visitors** to keep their **Social Distance** by avoiding:
    - Kissing;
    - Hugging;
    - Handshaking, and;
    - Non-essential physical contact.

- **Staff** should sign the **Visitors Book** for **Visitors** to minimise the risk of this becoming a source of infection;
- Start a **Mini Game** focused on reinforcing **PPE**, hygiene and control of infectious disease procedures;
- Frequently remind **Staff** and **Visitors** of the **Prevention** guidance, above;
- Wipe down all deliveries to the home with an appropriate cleaning solution;
- On a four-hourly basis between 6am and 10pm, using an appropriate cleaning solution, wipe down the following:
    - All internal and external door handles;
    - All taps;
    - All toilet flush handles;
    - Computer keyboards and mice, being careful not to damage them with excess fluid;
    - TV controls;
    - Pagers;
    - Grab handles;
    - Fridge and freezer door handles;
    - Mobility aids;
    - Any other regularly touched surfaces.
- Complete the **Wipe-Down Form** to record each time the above is completed;
- Install **PPE Stations** on each floor - to include disposal bag, aprons and gloves - to minimise the chance of cross contamination by **Staff** walking through the home with potentially infected items;
- Install appropriately sized ionising air filters in the lounge and dining room;
- Review all **Risk Assessments** to see if they are impacted by **Covid-19**;
- Proactively consider how **Covid-19** may impact the service, consider putting in place possible mitigations and, given that the NHS may become overwhelmed, look for opportunities to become more resilient;
- All **New Residents** should be checked for possible contact with infected persons prior to admission, and consideration given to declining residency, enhancing checks on admission, or applying **14-day Isolation Period**, and;
- If any **Resident** becomes symptomatic, immediately follow the **Actions on Suspicion of an Infection**, above, and if **Covid-19** is confirmed, immediately go to **Level Three Activation** whilst a detailed **Risk Assessment** is carried out.
- **Level One Activation** should continue until agreed with a **Director.**

Whilst we can do all we can to mitigate the chances of the virus coming into the homes, external events may also impact our ability to operate. For example, **Staff** becoming infected or fearing infection, being subject to quarantine measures, along with school or transport closures may limit their ability to work. What may be true for us may also be true for other companies we deal with, and therefore their ability to support us. Therefore:

- Draw up a schedule of the minimum care needs for each **Client** so that, if we need to ration the care provided, it can be done according to each person's needs.
- Identify for each **Client** whether there may be family members or friends who could help in an emergency, but without contacting anyone at this stage.
- Identify ways we could reach out to **Volunteers** if needs be, such as local press, Facebook, local radio, Google Ads, leaflet drops etc.
- Keep a log of all **Staff** and **Volunteers** who go above and beyond what might be expected so appreciation can be shown when things return to normal.
- Ensure there is always four-weeks worth of food in the home.

For this procedure to be effective everyone has to fully understand it and follow it. However, it is only human nature that misunderstandings occur, and which is why regular audits help to improve the effectiveness of the Procedure. Therefore:

- Each service (**NS**, **PM**, **HC**) should appoint a **Pandemic Auditor** who will report to **Kim;**
- **Kim** should:
    - Alot each **Pandemic Auditor** to audit a service other than their own on a fortnightly basis;
    - Review the findings of the **Pandemic Audits,** and;
    - Make appropriate written recommendations to each **Registered Manager** in regard to their services, and;
    - Submit **PAFs** in regard to any recommended changes to the **Pandemic Procedure**:
- Acting as a critical friend (i.e. not holding back, but telling their truth in a kindly way) the **Pandemic Auditor** should:
    - Prior to each audit, review the **Pandemic Procedure** and make a plan of what they intend to look at, which should include previous exceptions from any of the services, and which should;
        - Check **Staff** understanding of the **Pandemic Procedure;**
        - Check for compliance with the Procedure;
    - Recommend changes to increase compliance to both the person concerned and the service's **Registered Manager;**
    - Immediately complete a **File Note** of what was audited to include detailed findings and recommendations, and which should be copied to **Kim** and the **Duty Manager** of the service.

Level Two Implementation

Except where otherwise stated below, responsibility for this procedure is the Duty Head of Home's.

Explanation

Level Two Implementation should never be initiated lightly as it restricts access to the homes to essential personnel only, and therefore separates our **Residents** from their loved ones. However, nor should it be avoided when the risk assessment indicates it is the prudent course of action.

The **Strategic Manager** should be consulted about all changes to **Implementation Levels**, before where possible, or as soon after where time is of the essence.

Procedure

Level Two Implementation should happen when your risk assessment indicates that the following steps are warranted to protect our **Clients** and **Staff**:

- Continue with all **Level One Implementation** steps;
- Advice all **Relatives** immediately that only essential persons are allowed in the home, and that we can arrange for contact during this period by phone or **Skype**;
- Restrict access to the home to essential personnel only - doors should be kept locked to prevent accidental access, but still accessible as a **Fire Exit**;
- Using an infrared or laser thermometer take the temperature of all people entering the home and refuse access to anyone with a temperature of 37.8C or above;
- Anyone coming into the home must:
    - Remove any outdoor jacket and fold it in on itself before placing it near the entrance door to minimise the risk of cross contamination;
    - Either change their shoes to indoor shoes, or put shoe covers on (to be provided by the home);
    - Wear only short-sleeve tops once in the home.
- All **Staff** must wear a suitable **Surgical Mask** when within **2 Metres** of a **Resident** (this allows for more normal social interaction at distances greater than 2 metres which is likely to be helpful to our **Residents'** mental health);
- All **Residents** should be monitored twice daily and, where any of the above are positive, **Implementation Level Three** should be **Activated**:
    - **Temperature** above **37.8C**;
    - **Cough**, or;
    - **Shortness of Breath**.

- Liaise with all **Clients**, **Staff**, **Families** and **Directors** to keep people informed;
- **Pandemic Auditors** audit their own services to reduce the chance of cross contamination between services.
- After consulting with the **Strategic Manager**, revert to **Level One Implementation** as soon as it is safe to do so.

Level Three Implementation

Except where otherwise stated below, responsibility for this procedure is the Duty Head of Home's.

Explanation

Level Three Activation contemplates the **NHS** being unable to care for infected **Residents** in which case they may need to remain in the **Home**. Under these circumstances it is difficult to foresee what support may be available to us, but we will have a duty to both care for the infected **Resident/s**, as well as to protect our other **Residents** and **Staff** from the infection.

The **Strategic Manager** should be consulted about all changes to **Implementation Levels**, before where possible, or as soon after where time is of the essence.

Procedure

- In the event of a **Resident** having, or being suspected of having **Covid-19**, following the **Actions on Suspicion of and Infection** section, above.
- After consulting with the **Strategic Manager**, revert to **Level One** or **Two Implementation** as soon as it is safe to do so.

Easing Lock-Down

Except where otherwise stated below, responsibility for this procedure is the Duty Head of Home's.

Explanation

When it comes time to easing any **Lock-Down**, this is likely to be done in stages to mitigate any risks.

Procedures

Drive-Through Visits

The first stage of **Easing Lock-Downs** is likely to be allowing **Drive-Through Visits**, which will be approved by the **Strategic Manager** after consulting with the appropriate **Tactical** and **Operational Managers**, **Staff** and **Families**. Please bear in mind that not all families will be able to take advantage of **Drive-Through Visits**, so please ensure any **Residents** to whom this applies do not feel left out.

Once **Drive-Through Visits** are approved:

- Ensure there are sufficient **Face Visors** to give one to each **Drive-Through Visitor**. These are for each **Visitor** to keep, and should not be returned as they represent a transmission risk.
- Place **Flower Planters** so that any **Visitor's Car** remains a minimum of **Two Metres** from where the **Resident** will sit.
- Bearing in mind one **Member of Staff** will be required to supervise each **Drive-Through Visit**, decide what times are best for the **Home** and let **Families** know so they can book during this time. Ideally, advise **Families** by email so everyone has an equal chance to book the slot that is best for them.
- **Drive-Through Visits** will be for a maximum of **Fifteen Minutes**, but a **Thirty Minute Window** should be allowed to set each visit up and prepare for the next. Each **Visit** should end twenty minutes after the allotted start time to allow time to resettle the **Resident** and prepare for the next visit. As this may be an unsettling event for the Resident, it may be best to have a different **Member of Staff** supervising the next **Visit**.
- When a **Drive-Through Visit** is booked, a **Confirmation Email** should be sent stating the date and time of the visit, and attaching a link to the **Drive-Through Visit Declaration** form. The person organising the **Visit** should be advised that this form should be completed the day before the **Visit**, and resubmitted if any of the details change.
- The **Supervising Member of Staff** should ensure the **Resident** is close to the front door in preparation for the visit ahead of the booked time.
- The **Visitors** should phone the **Home's** number when they are parked ready for the **Visit**, as set out in the **Drive-Through Visit Declaration**. The phone should be answered promptly to avoid the temptation of **Visitors** feeling it necessary to leave the car to knock on the door.
- The **Supervising Member of Staff**, who should be wearing **Enhanced PPE**, should go out to greet the **Drive-Through Visitors**, and:
    - Ensure they are parked correctly;
    - Check the **Visitors** in the car match those on the **Drive-Through Visit Declaration**;
    - Ask each **Visitor** to confirm they are symptom free, have received a clear test if previously infected, and have not been in contact with anyone who is Covid-19 positive in the last fourteen days;
    - Give them the required number of **Face Visors** and advise on how to wear them, and;
    - Advise the **Visitors** should keep the **Face Visors** as taking them back represents a **Transmission Risk**.
- If any **Drive-Through Visitor** is too small to wear a **Face Visor**, they must remain in the back of the car where the windows should be firmly closed. So long as front-seat passengers are wearing **Face Visors**, these windows may remain open.
- Once the **Supervising Member of Staff** is happy that all the **Visitors** comply with the guidelines in the **Drive-Through Visit Declaration**, they should assist the **Resident** out to a seat that should have been placed ready for them ahead of the visit, which must be at least two metres from the car.
- Unless there is a good reason to make an exception, encourage the **Resident** to wear a **Face Mask** or, failing that, a **Face Visor** to reduce any risk still further. However, the **Visit** may go ahead whether they choose to comply or not.
- If the home's **Mobile Phone** is to be used to make it easier for the **Resident** and **Visitors** to hold a conversation, the **Supervising Member of Staff** should establish the connection and give the phone to the **Resident**. This can either be on hands-free or, if there is feedback, in normal mode.
- The **Supervising Member of Staff** should then either stay close to the **Resident** to support them or retire to a discreet distance if that is preferred, but must remain close enough to ensure the **Drive-Through Visit Declaration Guidelines** are strictly followed.

- **Two Minutes** prior to the end of the **Fifteen Minute Visit**, which starts from when the **Resident** sits down, the **Supervising Member of Staff** should advise the **Visit** must shortly end. It is important it does not carry on past **Fifteen Minutes** to prevent transmission risk increasing.
- One the **Fifteen Minutes** has ended, the **Supervising Member of Staff** should ask the **Visitors** to close their car windows prior to driving off to save potentially contaminated air drifting toward the **Resident** and **Staff Member** by virtue of the car moving.
- The **Resident** should then be assisted inside and the time taken to ensure they are not unsettled by the visit.
- The **Supervising Member of Staff** is in charge of the **Visit** at all times, and should give clear, polite guidance if they feel the **Guidelines** are not being followed.
- The **Visitors** should remain in the car whatever happens. If the Resident needs assistance, this should be given by the **Supervising Member of Staff** or other **Members of Staff**. If necessary, ask the **Visitors** to phone the home to ask for additional support, and ask them to leave if their presence is a distraction during any incident.

Garden Visits

The second stage of **Easing Lock-Downs** is likely to be allowing **Garden Visits**, which will be approved by the **Strategic Manager** after consulting with the appropriate **Tactical** and **Operational Managers**, **Staff** and **Families**.

Once **Garden Visits** are approved:

- A **Visiting Area** should be set up:
    - In the back garden as close to the side entrance to the garden to minimise the distance **Visitors** have to walk.
    - The route to the Visiting Area should be checked for trip hazards and other risks.
    - Should include:
        - A **Gazebo** to provide shade;
        - A **Large Plastic Table** and **Chairs** for the **Visitors**;
        - A **Plastic Chair** and **Smaller Table** for the **Resident**;
        - The **Visitors'** and **Resident's Chairs** should be placed to maintain a two-metre distance at all times;
        - **Hazard Tape** should be used to clearly denote the **Access Route** and **Area** for **Visitors** in such a way that there is no ambiguity as to where they should and should not go.
- Ensure there are sufficient **Face Visors** to give one to each **Garden Visitor**. These are for each **Visitor** to keep, and should not be returned as they represent a transmission risk.
- Bearing in mind one **Member of Staff** will be required to supervise each **Garden Visit**, decide what times are best for the **Home** and let **Families** know so they can book during this time. Ideally, advise **Families** by email so everyone has an equal chance to book the slot that is best for them.
- **Garden Visits** will initially be for a maximum of **Thirty Minutes** but maybe extended by agreement with the **Strategic Manager**.
- A **Thirty Minute Window** gap should be allowed between each visit for the **Visiting Area** to be disinfected.
- Each **Visit** should end twenty minutes before the allotted start time of the next visit to allow time to resettle the **Resident** and prepare for the next visit. As this may be an unsettling event for the Resident, it may be best to have a different **Member of Staff** supervising the next **Garden Visit**.

- When a **Garden Visit** is booked, a **Confirmation Email** should be sent stating the date and time of the visit, and attaching a link to the **Garden Visit Declaration** form. The person organising the **Visit** should be advised that this form should be completed the day before the **Visit**, and resubmitted if any of the details change.
- The **Supervising Member of Staff** should ensure the **Resident** is ready in preparation for the visit ahead of the booked time.
- The **Visitors** should phone the **Home's** number when they are ready for the **Visit**, as set out in the **Garden Visit Declaration**. The phone should be answered promptly to avoid the temptation of **Visitors** feeling it necessary to knock on the door.
- The **Supervising Member of Staff**, who should be wearing **Enhanced PPE**, should go out to greet the **Garden Visitors**, and:
    - Check their temperatures are at or below **37.8C** - if greater, the visit should not go ahead;
    - Check the **Visitors** match those on the **Garden Visit Declaration** (maximum of two visitors per visit and no children);
    - Ask each **Visitor** to confirm they are symptom free, have received a clear test if previously infected, have no other infectious condition, and have not been in contact with anyone who is **Covid-19** positive in the last fourteen days;
    - Squirt a dose of **Hand-Washing Gel** into each **Visitors** hands for them to ensure they are clean (**Visitors** should not touch the bottle to minimise transmission risk);
    - If **Visitors** are unable to use **Hand-Washing Gel** they should be given a pair of **Latex Gloves** to wear for the duration of the **Visit**;
    - Give them the required number of **Face Visors** and advise on how to wear them, and;
    - Advise the **Visitors** should keep the **Face Visors** as taking them back represents a **Transmission Risk**.
- Once the **Supervising Member of Staff** is happy that all the **Visitors** comply with the **Guidelines** in the **Garden Visit Declaration**, they should escort them to the **Visiting Area**, making sure they do not touch anything en route. If they do, ensure any touched area is cleaned.
- Ask the **Visitors** to remain seated whilst you assist the **Resident** out to their seat in the **Visiting Area**. They must remain a **Minimum of 2 Metres** from the **Visitors** at all times.
- The **Resident** and **Visitors** must wear **Face Visors** for the duration of the **Garden Visit**.
- The **Supervising Member of Staff** should then either stay close to the **Resident** to support them or retire to a discreet distance if that is preferred, but must remain close enough to ensure the **Garden Visit Declaration Guidelines** are strictly followed.
- **Two Minutes** prior to the end of the **Thirty-Minute Visit** (or longer if agreed), which starts from when the **Resident** sits down, the **Supervising Member of Staff** should advise the **Visit** must shortly end.
- Once the **Visit** has ended, the **Supervising Member of Staff** should escort the **Visitors** to the front of the **Home**, ensuring they take any **Plastic Cups** used and their **Face Visors** with them.
- The **Resident** should be assisted by another **Member of Staff** inside and the time taken to ensure they are not unsettled by the visit.
- The **Supervising Member of Staff** is in charge of the **Visit** at all times, and should give clear, polite guidance if they feel the **Guidelines** are not being followed.
- If the **Resident** needs assistance, this should be given by the **Supervising Member of Staff** or other **Members of Staff**. If necessary, ask the **Visitors** to phone the home to ask for additional support, and ask them to leave if their presence is a distraction during any incident.

Actions on Suspicion of an Infection

Except where otherwise stated below, responsibility for this procedure is the Registered Manager's.

Explanation

If any **Resident** becomes unwell it is important to act cautiously as **Covid-19 Symptoms** in the **Elderly** can be ambiguous. Further, if **Covid-19** does get into either **Home** it is likely to be because of someone who has been into the home, and may therefore have infected a number of **Residents** or **Staff**.

Procedure

General Illness

- If any **Resident** becomes unwell they should be isolated in their room until the nature of their illness is known, and to minimise the chances of their illness weakening the immune system of our other **Residents**;
    - Seek advice from the **Homes GP;**
    - **Staff** should be segregated between **Symptomatic** and **Non-Symptomatic Residents** to minimise the opportunities for **Cross-Infection**;
    - Until the **Resident** has tested **Covid-19 Negative**, any **Staff** caring for them should wear **Enhanced PPE** (see **Personal Protective Equipment** section);
    - Ensure all **Negative Ion HEPA Filters** are on and working;
    - Place a **Humidifier** in the **Symptomatic Resident's Room**;
    - Ensure **Unwell Resident** only uses their own **Toilet**, or a **Commode** when there is no ensuite;
    - Use **Pressure Mats** for all **Residents** where there is a **Risk of Wandering**, for which a **DoLS** is not required during the **Pandemic** (follow **Deprivation of Liberty Safeguards During a Pandemic** section);
    - Keep the **Unwell Resident's Family** informed;
    - **Disinfect** any areas where the **Symptomatic Resident** has been.

Possible Covid-19

- If the **Resident's Initial Symptoms** include being **Withdrawn**, a **Loss of Appetite**, and **Breathlessness**, immediately **Activate Implementation Level Three** (see **Signs and Symptoms** section, above, for fuller details):
    - Seek advice from the **Homes GP;**
    - All **Residents** should immediately be isolated in their rooms for **7 Days**, or until testing proves they are not **Covid-19 Positive Residents** in the **Home**;
    - Establish a **Negative Room Pressure System** in all **Symptomatic Residents'** bedrooms (see **Negative Room Pressure System**, below);

- **Staff** caring for **Symptomatic Residents** should wear **Enhanced PPE** (see **Personal Protective Equipment** section);
- Ensure all **Negative Ion HEPA Filters** are on and working;
- **Residents** should remain in their own rooms as the benefits of grouping infected **Residents** are outweighed by the **Cross-Infecting** risk of moving them, and that they will be more comfortable in their own room;
- Place **Humidifiers** in all **Symptomatic Resident's Rooms**;
- Ensure **Residents** only use their own **Toilet**, or a **Commode** when there is no ensuite;
- Use **Pressure Mats** for any **Residents** where there is a **Risk of Wandering**, for which a **DoLS** is not required during the **Pandemic** (follow **Deprivation of Liberty Safeguards During a Pandemic** section);
- **Disinfect** the whole **Home**.

- Keep **Families** informed;
- Consider whether a **Notification** to **CQC** or **Public Health England** is appropriate.

Staff Issues

- If **Staff** are being segregated to minimize the chances of **Cross-Infection**, consider whether additional **Night Staff** are needed;
- When selecting which **Staff** care for **Symptomatic Residents**, bear in mind:
  - Some **Staff** will be better suited temperamentally to this role, and;
  - Those **Over 70**, from **Ethnic Minorities**, the **Obese**, and **Males** are at risk of **More Severe Symptoms** if they contract **Covid-19**.
- The greatest **Risk of Transmission** is through the incorrect use of **PPE**, and particularly when removing it. Therefore, select **Staff** to care for **Symptomatic Residents** who are best able to follow **PPE Protocols**;
- A **Strict 2 Metre Barrier** should be observed between those performing the two roles;
- **Staff** treating **Symptomatic Residents** will be identifiable through wearing **Respirator Mask**s and **Face Shields**, and have **Right of Way** over all other **Staff** to save confusion about breaching the **Strict 2 Metre Barrier;**
- **Staff** treating **Symptomatic Residents** should not use the **Lift**;
- All **Staff** should place **Dirty Cutlery**, **Crockery** and **Glassware** directly in the **Dishwasher** to save them being a **Cross-Contamination Risk;**
- **Managers** should resist personally caring for **Symptomatic Residents** where possible as it will compromise their ability to lead at what will be a critical time;

- Only **Carers** selected to care for **Symptomatic Residents** should go in their rooms, and should therefore do any **Cleaning** or required **Maintenance** too;
    - If **Equipment** is required, **Another Member of Staff** should bring it to the room, and then **Disinfect** it after use;
    - If the opinion of either the **Manager** or a **GP** is required, it should be done using **Video-Conferencing** over the **Carers Phone** whenever possible, and which should be **Disinfected** after use.
- To maintain distance between the two groups, the **Lounge** should be reserved for the **Sole Use** of **Staff** treating **Symptomatic Residents**, and the **Dining Room** for those treating **Non-Symptomatic Residents**;
- **Staff** caring for **Non-Symptomatic Residents** should get food and drink for **Staff** caring for **Symptomatic Residents** to save them going into the **Kitchen**;
- A **Bathroom** should be set aside for the sole use of **Staff** caring for **Symptomatic Residents**, which should include a **Shower**;
- All **Staff** should wash their **Uniforms** each day at **60 Degrees** and ideally tumble dry them on a **Hot Setting** to ensure any virus is killed;
- All **Staff** should **Shower Daily**, including washing their hair;
- **Staff** caring for **Symptomatic Clients** should be supported to **Live-In** if they wish to do so, with each given their own **Camp Bed** and **Sleeping Bag** to use.

Caring for a Resident with Symptoms of Covid-19

All **Staff** should maintain high standards of **Hand Hygiene** as much of the care delivered will require close personal contact. Where a resident is showing symptoms of **Covid-19**, steps should be taken to minimise the risk of transmission through safe working procedures (see **Personal Protective Equipment** section). **Staff** who are caring for infected **Residents** should not also care for those who are not infected to minimise the risk of cross contamination. **Staff** should use **Personal Protective Equipment** (**PPE**) for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with 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.

Negative Room Pressure System

When there are no symptomatic residents, relative airflow is less important. However, when someone is symptomatic they will be breathing out virus-laden air which may increase the viral load to a level where it is a threat to residents elsewhere in the home.

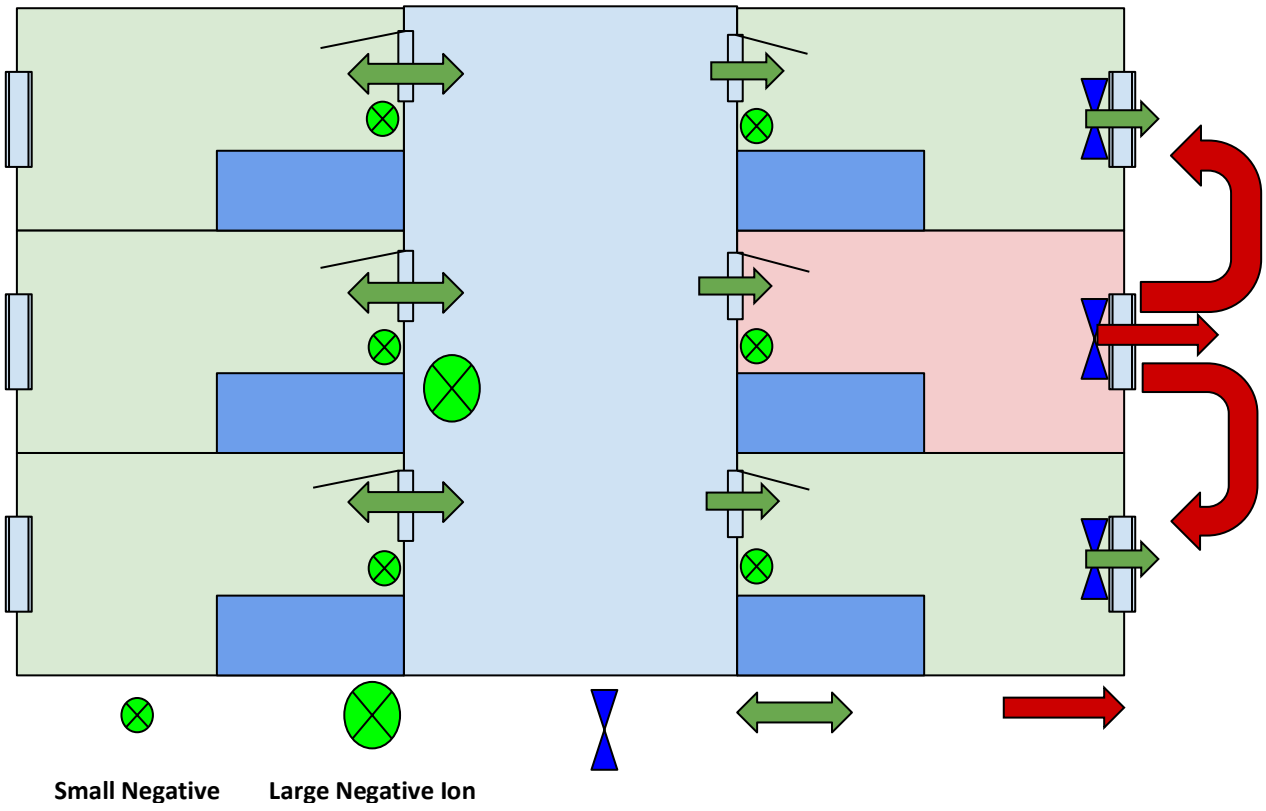
To minimise this risk, the air pressure in any symptomatic resident's room should be lowered so that any airflow is FROM the areas other residents will be, and then out of the building. This is achieved by placing a fan by the symptomatic resident's bedroom's open window set to blow OUT.

The speed of the fan should be set to counteract the effect of any local wind, and the adjacent bedrooms should, if their windows are open, be protected by fans blowing air out also to prevent contaminated air blowing back in.

The symptomatic resident may need additional bedding if this means the bedroom cannot be kept at a temperature that is comfortable to them.

To establish a **Negative Room Pressure System**:

- All bedrooms should have **Small Negative-Ion HEPA Filters** on and by the bed at all times, regardless of if anyone is in the room at the time.
- When a resident is symptomatic, for example in Bedroom 5, they should additionally have a **Fan** by the open window blowing air out. This should be at window height and right by the window, and set to be stronger than any prevailing wind.
- The door to bedroom 5 should be kept closed unless in use in case the wind overpowers the external flow of the fan and blows contaminated air into the hall.
- This in turn will pull clear air into bedroom 5 from the hall and prevent it moving to bedrooms 1, 2 or 3.
- However, bedrooms 4 and 6 are at risk of contaminated air being blown back in their open windows, and they should have fans by their windows if they are open too.



Cleaning

Once a **Person is Symptomatic**, all surfaces that the person has come into contact with must be cleaned with a suitable disinfecting solution, including:

- All surfaces and objects which are visibly contaminated with body fluids;
- All potentially contaminated high-contact areas such as toilets, door handles and telephones;
- Mobility assistance aids such as:
    - Walking frames;
    - Walkers;
    - Sticks;
    - Wheelchairs;
    - Hoisting belts, and;
    - Rota stand patient turners, etc.
- Clothing and linen should be **Washed at 60 Degrees**, and tumble dried on a **Hot Setting** to ensure any virus is killed. Any clothing that is not suitable for washing and drying at these temperatures should be set aside in a bin liner and left for seven days, after which any virus will have died.

Public areas where a **Symptomatic Individual** has passed through should be disinfected.

Laundry

Do not shake dirty laundry. This minimises the possibility of dispersing virus through the air.

- Contaminated items should be washed separately to other items;
- Clothing and linen should be **Washed at 60 Degrees**, and tumble dried on a **Hot Setting** to ensure any virus is killed. Any clothing that is not suitable for washing and drying at these temperatures should be set aside in a bin liner and left for seven days, after which any virus will have died.

Items heavily soiled with body fluids, for example, vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.

Rubbish Disposal

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 yellow bin bag and tied. These should then be placed in the **Clinical Waste Bin**.

DNR's, Treatment Preferences and Final Visits

Except where otherwise stated below, responsibility for this procedure is the Registered Manager's.

Explanation

The nature of a **Pandemic** is that availability of hospital care will go down because the number of people requiring it goes up. The **NHS** is using a **Points-Based Triage System** whereby it is unlikely that any **Residents** will be prioritised for **Hospital Treatment**, and which is appropriate if that treatment is unlikely to be successful, leading to the **Resident Passing Away** in the unfamiliar surroundings of a **Hospital**, rather than in the **Home** where they are known and loved. However, each case should be considered individually, and the **Family** consulted as to their preferences, and advised how they can make representations if they are unhappy with the plan. Where there is an **Advanced Care Plan**, this may also indicate any actions to take.

During a **Pandemic** it is also helpful to know what each **Residents'** wishes are in regard to a **DNR** so that they are not resuscitated if that is not their wish, and that valuable **Healthcare Resources** are not spent on doing something the **Resident** did not want. However, it is important that no **Resident** feels pressured into agreeing to a **DNR** against their wishes. Again, where appropriate, the **Family** should be consulted.

Procedure

DNR's

- Approach any **Resident**, or their **Family** that does not have a **DNR** in place to see if they would like one;
- Make clear it is **Absolutely Their Choice**, and they should not feel pressured into agreeing;
- Make arrangements with their **GP** if they would like a **DNR**.

NHS Treatment

- If a **Resident's Care** becomes **Palliative** ensure the **Family** are aware of this, and the reasons why;
- Make them aware of the **Points-Based Triage System** and the benefit this potentially brings of allowing their loved one to **Pass Away** in the **Home**, but also that they can make **Representations** to the **GP** if they are not happy with this approach;
- Offer the opportunity for a **Final Visit**.

Final Visit

- When a **Resident** is near the end, ask the **Family** if they would like a **Final Visit**;
- Advise them of the risk of contracting **Covid-19** and send each **Visitor** a **Covid-19 Visit Disclaimer Form**;
- Agree as **Small a Number as Possible** without being unkind, but only allow those who have completed the **Disclaimer** to visit;
- Advise them what to expect, and ask them to bring their own **Tissues** and **Waterless Soap**;

- They should enter and exit via the nearest **External Door**, including fire escapes, to the **Resident's Room**;
- The **Accompanying Staff Member** should meet them at this door at the agreed time, and:
    - Have with them a **Yellow Clinical Waste Bag** and **Waterless Soap** in case there's any inadvertent breach of **PPE Protocol**;
    - Should have the **Visitors PPE** to hand;
    - Advise the **Visitors** the only point of contact between the **Visitors** and the **Resident** should be holding hands as further contact places too great a risk of transmission;
    - They should not then touch anything else with that hand until the **Outer Disposable Glove** is removed on leaving the **Resident's** room.
- After **Washing their Hands** with the **Waterless Soap** they will have brought with them, each **Visitor** should put on **Shoe Covers**, a **Full Gown**, **Disposable Apron**, **Respirator Mask** and **Double Disposable Gloves** prior to entering the **Home**;
- Ideally, the **Visit** should not last more than **Ten Minutes** to minimise the **Risk of Infection**;
- The **Accompanying Staff Member** should wait outside the **Resident's Room** to give the **Visitors** privacy;
- The **Accompanying Staff Member** should ask the **Visitors** to place their **Outer Disposable Gloves** and **Apron** in the **Yellow Clinical Waste Bag** immediately on leaving the room;

The **Inner Disposable Gloves** and other **PPE** should be removed when outside the Home.

Staff Shortages

If you anticipate there may be **Staff** shortages beyond our ability to cope, discuss the matter with a **Director** and agree what actions to take, which may include:

- Asking **Clients'** family and friends if they are able to assist;
- Appealing for **Volunteers** to assist (see **Volunteers** section), and;
- As a last resort, restricting **Clients'** care to their essential needs.

A **Director** may agree to suspend the requirement for **DBS** checks, references and other parts of our normal employment procedures for the duration of the emergency. In this eventuality, the **Responsible Person** should write to the **CQC Inspector** for the service, advising them of any actions taken and the reasons why.

Ensure you keep **Families** informed at all times of changes to any **Care Plans**, giving as much notice as possible.

New Residents

Except where otherwise stated below, responsibility for this procedure is the Duty Head of Home's.

Explanation

Whilst it is tempting to pull up the drawbridge during a **Pandemic**, we must continue to play our part in supporting the wider community. Much of this **Procedure** is focused on minimising the risk for our **Residents** and **Clients** contracting **Covid-19**, and this particular section focuses on how we can continue to assist new **Residents** without compromising that effort. Therefore, whatever the **Implementation Level**, additional precautions should be taken to minimise the chances of **New Residents** bringing any infections into the **Home**, including **Covid-19**. Infections other than **Covid-19** risk weakening the immune system of those who contract them, whereas **Covid-19** is known to be a greater threat to the elderly.

Procedure

In addition to our normal **Admission Procedure**:

- Conduct a full **Contacts Assessment** for the last 14 days for possible contacts with symptomatic people;
- Where there has been a contact, take full details and conduct a **Risk Assessment** as to the probability of the **Prospective Resident** being a source of infection:
    - Take into account factors such as to what degree they have been in self-isolation, or been residing in or near to known clusters of infection;
    - Check whether they are symptomatic in any way;
    - Obtain advice from the **Homes GP** in regard to the **Probability** factor (the **Impact** for **Covid-19** should be assumed as **High**);
    - Where it is other than **Low**, the admission must be referred to a **Director** with the presumption that an admittance decision would be deferred for 14 days of **Self-Isolation**, supported by **HomeCare** if appropriate.
- Where a **Prospective Resident** is to be admitted:
    - Take care to ensure they understand why the special procedures are being taken, and they feel welcome;
    - Assist them to wash their hands, and remove any outdoor clothing, including changing their shoes to a pair that have been cleaned;
    - Disinfect the route they take to their room;
    - Arrange for dedicated **Members of Staff** to look after them in their room for a **Fourteen Day Isolation** period;
    - Once they have settled, but within the first 24 hours;
        - Arrange for all their clothes to be laundered, and;
        - Assist them to have a bath.
    - If they show any symptoms during the **Seven Day Isolation**, extend for a further seven days;

- After this time, assist them to join in with other **Residents** as they wish;
- Take their temperature at four-hourly intervals and, if at any time this is shown to be elevated, assist them to return to their room and follow the **Caring for Symptomatic Clients** protocol.

- At the end of the **14 Day Enhanced Checks Period**, presuming they have shown no symptoms, they should be treated in the same way as our other **Residents**.

HomeCare Procedure

Level One Implementation

Except where otherwise stated below, responsibility for this procedure is the Registered Manager's.

Explanation

Level One Activation should be implemented as soon as the **World Health Organisation** advice is to prepare for a pandemic. It is a precautionary level whereby hygiene procedures are increased to mitigate the risk of a virus being transmitted by touch, however, we can only make recommendations to limit access to our **Clients'** homes to people who are either symptomatic or are at a higher risk of carrying the pandemic. We should also make plans for **Level Two Activation** when access to **Staff** and other resources may be limited.

The **Strategic Manager** should be consulted about all changes to **Implementation Levels**, before where possible, or as soon after where time is of the essence.

Procedure

For **Level One Activation** take the following steps in the office:

- Keep up-to-date with **Government**, **World Health Organisation**, and **Centre for Disease Control** advice and recommendations in regard to **Covid-19**, and issue a **PAF** if they impact this **Procedure**;
- Ensure your **Team** and all **Directors** and **Registered Managers** of other services are kept fully informed of any relevant information or **Activation Level** changes using the **Coronavirus** project in **Asana -** ensure **Staff** remain informed also;
- Post the **Door Notice** below by the office door;
- Issue **Staff**, **Volunteers**, **Supervisors** and **Managers** with a laminated A4 **Car Dashboard Notice** for use when travelling to and from work, or taking journeys on behalf of **Nightingales**;
    - These notices must be personalised with the **Person's Name**;
    - The **Person** should carry some form of **Photo ID**, such as their **Driving Licence**, when using this **Notice**;

    - If you are asked to verify the use of the **Notice** is genuine, check the **Person's Name** against the **#voyzu shared Contacts List** if you do not know the **Person** personally;
    - Keep a log of all **Car Dashboard Notice** issued, and ensure they are returned once the **Pandemic** is over;
    - Report any misuse to a **Director**;
- Post the **Wall Notices** (**Coughs and Sneezes**, **Wash Your Hands** and **Social Distancing**) in a visible place in the office;
- Mount a waterless soap dispenser by the notice;
- Issue all **Carers** with a **Infra-Red Thermometer** for taking **Client** temperatures;
- Ask each visitor to confirm that they comply with the notice before allowing them entry to the office;
- Encourage **Staff** and all **Visitors** to keep their **Social Distance** by avoiding:
    - Kissing;
    - Hugging;
    - Handshaking, and;
    - Non-essential physical contact.
- Check no **Clients** have been to a **High Risk Areas** or have been in contact with an infected person, and follow the relevant **Action** guidelines, above.
- Start a **Mini Game** focused on reinforcing **PPE**, hygiene and control of infectious disease procedures;
- Frequently remind **Staff** and **Visitors** of the **Prevention** guidance, above;
- **Wipe Down** all deliveries to the office with an appropriate cleaning solution;
- On a four-hourly basis whilst the office is open, using an appropriate cleaning solution, wipe down the following:
    - All internal and external door handles;
    - Computer keyboards and mice, being careful not to damage them with excess fluid;
    - Cupboard door handles;
    - Any other regularly touched surfaces.
- Complete the **Wipe-Down Form** to record each time the above is completed;
- Install appropriately sized ionising air filters in the office;
- Review all **Risk Assessments** to see if they are impacted by **Covid-19**;

- Proactively consider how **Covid-19** may impact the service, consider putting in place possible mitigations and, given that the NHS may become overwhelmed, look for opportunities to become more resilient;

- All **New Clients** should be checked for possible contact with infected persons prior to any service starting and, where there has been possible contact, a detailed **Risk Assessment** should be completed and discussed with **Nick** prior to agreeing to start the service, and;

- If any **Client** becomes symptomatic:

    - Immediately follow the **Actions on Suspicion of an Infection**, above;

    - Advise **Staff** who have been in contact with the **Client** so they can be extra vigilant with their **PPE** and infection control processes, and if **Covid-19** is confirmed:

    - Arrange for any **Staff** who have been in contact with the **Client** to self-isolate on their normal pay whilst they are checked for **Covid-19**.

And in our **Clients'** homes:

- Ask our **Staff** to advise each **Client** of the measures they can take to limit their exposure to the virus, and;

- On each visit, with an appropriate cleaning solution, wipe down, and record in the **Client Folder** that you have done so:

    - All internal and external door handles;

    - All taps;

    - All toilet flush handles;

    - Fridge and freezer door handles;

    - Mobility aids, and;

    - Any other regularly touched surfaces.

- At the start of each **Visit**, the **Client's** temperature should be taken and, if greater than 37.8C, **Implementation Level Three** should be activated for this Client;

- **Level One Implementation** should continue until agreed with the **Strategic Manager.**

Whilst we can do all we can to mitigate the chances of the virus impacting our **Clients** or **Staff**, external events may also impact our ability to operate. For example, **Staff** becoming infected or fearing infection, being subject to quarantine measures, along with school or transport closures may limit their ability to work. What may be true for us may also be true for other companies we deal with, and therefore their ability to support us. Therefore:

- Draw up a schedule of the minimum care needs for each **Client** so that, if we need to ration the care provided, it can be done according to each person's needs.

- Identify for each **Client** whether there may be family members or friends who could help in an emergency, but without contacting anyone at this stage.
- Identify ways we could reach out to **Volunteers** if needs be, such as local press, Facebook, local radio, Google Ads, leaflet drops etc.

For this **Procedure** to be effective everyone has to fully understand it and follow it. However, it is only human nature that misunderstandings occur, and which is why regular audits help to improve the effectiveness of the **Procedure**. Therefore:

- Each service (**NS**, **PM**, **HC**) should appoint a **Pandemic Auditor** who will report to **Kim;**
- **Kim** should:
    - Alot each **Pandemic Auditor** to audit a service other than their own on a fortnightly basis;
    - Review the findings of the **Pandemic Audits,** and;
    - Make appropriate written recommendations to each **Registered Manager** in regard to their services, and;
    - Submit **PAFs** in regard to any recommended changes to the **Pandemic Procedure**:
- Acting as a critical friend (i.e. not holding back, but telling their truth in a kindly way) the **Pandemic Auditor** should:
    - Prior to each audit, review the **Pandemic Procedure** and make a plan of what you intend to look at, which should include previous exceptions from any of the services, and which should;
        - Check **Staff** understanding of the **Pandemic Procedure;**
        - Check for compliance with the Procedure;
    - Recommend changes to increase compliance to both the person concerned and the service's **Registered Manager;**
    - Immediately complete a **File Note** of what was audited to include detailed findings and recommendations, and which should be copied to **Kim** and the **Duty Manager** of the service.
    - If the **Homes** go to **Level Two Activation**, the **HC Pandemic Auditor** should now audit HC to reduce the chance of cross contamination between services.

Level Two Implementation

Except where otherwise stated below, responsibility for this procedure is the Registered Manager's.

Explanation

Level Two Activation should be activated when the **Risk Assessment** indicates a greater degree of protection is required, and would normally be activated at the same time as **Level Two Implementation** for the homes.

The **Strategic Manager** should be consulted about all changes to **Implementation Levels**, before where possible, or as soon after where time is of the essence.

Procedure

- Continue with all relevant **Level One Implementation** steps:
- On going into a **Client's** home:
    - Remove any outdoor jacket and fold it in on itself before placing it near the entrance door to minimise the risk of cross contamination;
    - Either change your shoes to indoor shoes, or put shoe covers on;
    - Wear only short-sleeve tops once in the home.
- All **Staff** must wear a suitable **Surgical Mask** when within **2 Metres** of a **Client** (this allows for more normal social interaction at distances greater than **2 Metres** which is likely to be helpful to our **Clients'** mental health);
- Upon entering the **Client's Home**, ask if you may take their temperature using your Infrared Thermometer. If this is above **38 Degrees** immediately put on **Enhanced PPE** (see **Personal Protective Equipment** section), and seek advice from the Duty Manager;
- After consulting with the **Strategic Manager**, revert to **Level One Implementation** as soon as it is safe to do so.

Level Three Implementation

Except where otherwise stated below, responsibility for this procedure is the Registered Manager's.

Explanation

Level Three Activation should be activated on a **Client** by **Client** basis according to whether they are symptomatic.

The **Strategic Manager** should be consulted about all changes to **Implementation Levels**, before where possible, or as soon after where time is of the essence.

Procedure

- Continue with all relevant **Level One** and **Level Two Implementation** steps:
- Follow the **Caring for Symptomatic Clients** protocol;
- That **Member of Staff** should wear **Enhanced PPE** consistent with sections **Recommended PPE Types and Rationale for Use** and **Sessional Use of PPE**, above;
- After consulting with the **Strategic Manager**, revert to **Level One** or **Two Implementation** as soon as it is safe to do so.

Staff Shortages

If you anticipate there may be **Staff** shortages beyond our ability to cope, discuss the matter with the **Strategic Manager** and agree what actions to take, which may include:

- Asking **Clients'** family and friends if they are able to assist;
- Appealing for **Volunteers** to assist (see **Volunteers** section), and;
- As a last resort, restricting **Clients'** care to their essential needs.

The **Strategic Manager** may agree to suspend some of the requirements for **DBS** checks, references and other parts of our normal **Employment Procedures** for the duration of the emergency. In this eventuality, the **Responsible Person** should write to the **CQC Inspector** for the service, advising them of any actions taken and the reasons why. **Clients** should also be advised that they may be cared for by people who have not gone through our normal vetting procedures.

Ensure you keep **Families** informed at all times of changes to any **Care Plans**, giving as much notice as possible.

New Clients

Except where otherwise stated below, responsibility for this procedure is the Registered Manager's.

Explanation

Whilst it is tempting to pull up the drawbridge during a **Pandemic**, we must continue to play our part in supporting the wider community. Much of this **Procedure** is focused on minimising the risk for our **Residents** and **Clients** contracting **Covid-19**, and this particular section focuses on how we can continue to assist new **Clients** without compromising that effort. Therefore, whatever the **Implementation Level**, additional precautions should be taken to minimise the chances of **New Clients** introducing new infections, including **Covid-19**, into our service. Infections other than **Covid-19** risk weakening the immune system of those who contract them, whereas **Covid-19** is known to be a greater threat to the elderly.

Procedure

In addition to our normal **New Client Procedure**:

- Conduct a full **Contacts Assessment** for the last 14 days for possible contacts with symptomatic people;
- Where there has been a contact, take full details and conduct a **Risk Assessment** as to the probability of the **Prospective Resident** being a source of infection:
    - Take into account factors such as to what degree they have been in self-isolation, or been residing in or near to known clusters of infection;
    - Check whether they are symptomatic in any way;
    - Assess who would be visiting were they to become a **Client**, and to what degree these contacts may be a risk;

- Obtain advice from the **Homes GP** in regard to the **Probability** factor (the **Impact** for **Covid-19** should be assumed as **High**);
- Where it is other than **Low**, the admission must be referred to a **Director** for consideration as to whether additional protective measures, or deferment is appropriate.

- Where a **Prospective Client** is to be accepted:
  - Take care to ensure they understand why the special procedures are being taken, and they feel welcome as a new **Client**;
  - Arrange for all frequently touched surfaces in the home to be wiped down with a suitable disinfecting solution;
  - For a fourteen-day period, take their temperature on each visit and, if at any time this is shown to be elevated or they are otherwise symptomatic, follow the **Caring for Symptomatic Clients** protocol.
- At the end of the **14 Day Enhanced Checks Period**, presuming they have shown no symptoms, they should be treated in the same way as our other **Clients**.

Draft Communications

Homes' Residents' Families

Subject: Coronavirus Covid 19

Dear [insert name]

According to the latest government advice, the majority of people who become infected by the Coronavirus will only suffer mild symptoms, but it is likely to be more severe for the elderly. We are therefore doing all we can to protect our residents from coming into contact with it. May we ask for your assistance in this regard.

The main means of transmission are believed to be either being close to an infected person, or touching a surface that may have held the virus anytime in the last 72 hours. Unless you have a cough, are showing cold or flu-like symptoms, or have recently travelled to an infected area, please continue to visit as normal. However, as soon as you arrive at the home please wash your hands with either the waterless soap provided at the door or in the bathrooms, making sure not to touch any surfaces until you have. If you are bringing any items into the home that may have been in contact with an infected person in the last 72 hours, please wipe it down with an antiseptic wipe.

If you have been to an infected area please do not come to the home in the first two weeks after your return. We will be happy to arrange regular Skype calls so you don't lose contact during this period.

If you are running a temperature or showing any symptoms that may be the Coronavirus please do not visit the home until you have fully recovered.

Please share this email with any other friends or family members who may visit the home.

Kind regards

[name]

HomeCare Families

Subject: Coronavirus Covid 19

Dear

According to the latest government advice, the majority of people who become infected by the Coronavirus will only suffer mild symptoms, but it is likely to be more severe for the frail or elderly. We are therefore doing all we can to protect our clients from coming into contact with it. We thought you might appreciate having the government's latest recommendations in this regard.

- The main means of transmission are believed to be either being close to an infected person, or touching a surface that may have held the virus anytime in the last 72 hours. Unless the person visiting has a cough, is showing cold or flu-like symptoms, or has recently travelled to an infected area, the risk of transmitting the virus is low. However, as soon as they arrive they should wash their hands, making sure not to touch any surfaces until they have.
- If they are bringing any items with them that may have been in contact with an infected person in the last 72 hours, these should be wiped down with an appropriate cleaning solution.
- Any people who have been to an infected area should not visit in the first two weeks after they return.
- If they are running a temperature or showing any symptoms that may be the Coronavirus it is best they do not visit until they have fully recovered.

Please feel free to share this email with any other friends or family members.

Staff Coronavirus Risk Memo

Memo-Coronavirus Covid 19

To: All Staff

From: [enter name]

Date: [enter date]

According to the latest government advice, the majority of people who become infected by the Coronavirus Covid 19 will only suffer mild symptoms, but it is likely to be more severe for the elderly. We therefore have a responsibility to do all we can to keep it out of our care homes and our client's homes. Can you therefore please be extra thorough about following PPE and infection control procedures, and remind your colleagues to do likewise if necessary.

The main means of transmission are believed to be either being close to an infected person, or touching a surface that may have held the virus anytime in the last 72 hours. Unless you have a cough, are showing cold or flu-like symptoms, or have recently travelled to an infected area, please continue to come to work as normal. However, as soon as you arrive at the home or at the client's home, please wash your hands, making sure not to touch any surfaces until you have. You should continue to wash your hands throughout the day as appropriate.

If any items, such as deliveries, may have been in contact with an infected person in the last 72 hours, please wipe them down with an appropriate cleaning solution.

If you have been to an infected area please do not come back to work in the first two weeks after your return.

If you are running a temperature or showing any symptoms that may be the Coronavirus please do not come to work until you have fully recovered.

Memo-Coronavirus Travel Implications

To: All Staff

From: Nick

Date: [enter date]

I'm sure it will not have escaped your notice that there is a new pandemic threat in the form of Coronavirus **Covid-19**, and that the World Health Organisation have said we should expect it to go worldwide. Accordingly, we are updating and reissuing our Pandemic Procedure to protect our clients, staff and visitors, and which means you may have to take additional time off if you return from an infected area.

The UK Government is categorising infected areas as either Category 1 or 2 - see:

https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas/covid-19-specified-countries-and-areas-with-implications-for-returning-travellers-or-visitors-arriving-in-the-uk

If you return from a Category 1 area you will be required to take an additional two weeks off to minimise the threat of infecting our clients and other staff, and which must be approved in advance of you taking your trip. This can be taken from your remaining holiday allowance or will otherwise be unpaid. If the categorisation of the country you are returning from changes whilst you are away you will be paid your normal money for the two weeks you take off as you could not reasonably have foreseen this.

If you return from a Category 2 area it is ok for you to return to work so long as you are not showing symptoms.

Suppliers

Subject: Coronavirus Covid 19

Dear [insert name]

According to the latest government advice, the majority of people who become infected by the Coronavirus will only suffer mild symptoms, but it is likely to be more severe for the elderly. We are therefore doing all we can to protect our residents from coming into contact with it. May we ask for your assistance in this regard.

The main means of transmission are believed to be either being close to an infected person, or touching a surface that may have held the virus anytime in the last 72 hours. Unless the person intending to come to the home has a cough, is showing cold or flu-like symptoms, or has recently travelled to an infected area, the visit should continue as normal. However, as soon as they arrive at the home they should wash their hands with either the waterless soap provided at the door or in the bathrooms, making sure not to touch any surfaces until they have. If they are bringing any items into the home that may have been in contact with an infected person in the last 72 hours, these should be wiped down with an appropriate cleaning solution, which we will provide.

Any people who have been to an infected area should not come to the home in the first two weeks after their return.

Any people running a temperature or showing any symptoms that may be the Coronavirus should not visit the home until they have fully recovered.

Please share this email with any of your colleagues who may visit the home.

Kind regards

[name]

Door Notice

Coronavirus Covid 19 Precautions

The frail and elderly are at greater risk from Coronavirus. Please help us to keep it out of the home.

Please do not come into the home if you:

- have any symptoms of a cough, cold or flu;
- have an elevated temperature, or;
- have been to a high risk country in the last 14 days.

Please immediately wash your hands on entering the home.

A member of staff will sign you in and out to prevent the Visitors Book becoming a possible source of transmission.

Wall Notice - Coughs and Sneezes

Nightingales
Award winning care in our home or yours

Please help us to keep Coronavirus Covid-19 out of the home.

Adapted from an NHS poster.

Wall Notice - Wash Your Hands

Nightingales
Award winning care in our home or yours

Please help us to keep Coronavirus Covid-19 out of the home.

WASH YOUR HANDS

MORE OFTEN

FOR 20 SECONDS

Use soap and water or a

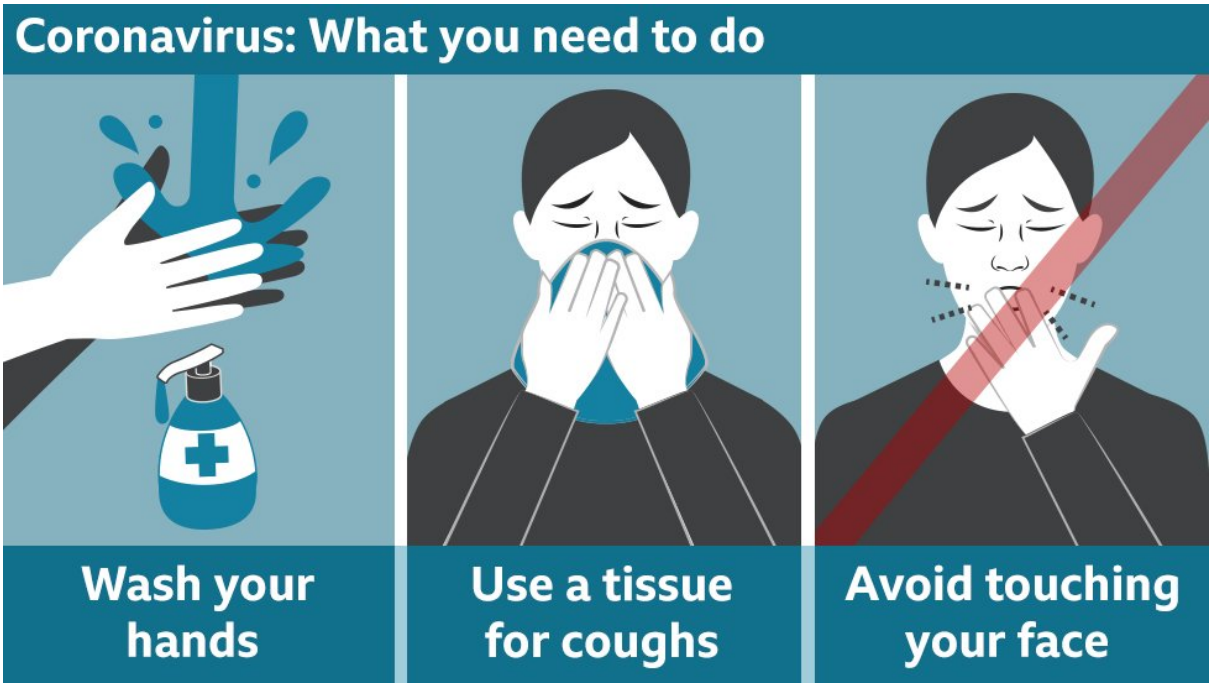
hand sanitiser when you:

Enter the home

Blow your nose, sneeze or cough

Use the toilet

Eat or handle food



Adapted from NHS posters.

Wall Notice - Social Distance

Nightingales
Award winning care in our home or yours

Please help us to keep Coronavirus Covid-19 out of the home

KEEP YOUR SOCIAL DISTANCE

Becoming infected by Covid-19 is most likely to happen if you touch something with your hands that is infected, and then touch your face.

Therefore, minimise the risk of inadvertently transmitting or catching the virus from someone else, please show your love and affection verbally and avoid:

Kissing;

Hugging;

Handshaking, and;

Non-Essential Physical Contact.

Activation Level Three Notice

Covid-19 Risk

Authorised Persons Only

Obtain express authority from the Duty Head of Home before entering please.

Wipe-Down Form

Week Commencing:	

Initial form to confirm Wipe-Down procedure has been completed.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
06:00							
10:00							
14:00							
18:00							
22:00							

Car Dashboard Notice

Nightingales

Award winning care in our home or yours

The driver of this car is an employee or volunteer working on behalf of Nightingale Retirement Care Ltd to support our elderly clients. We would be grateful if due consideration was shown to them in this regard.

To verify their status please call:

Nettlestead Care Home	**020 8460 2279**
Priors Mead Care Home	**01737 224334**
Nightingale HomeCare	**020 8466 9664**

Driver's Name	**[Enter employee or volunteer name]**

This notice should only be used for journeys taken on behalf of the Company or when going to and from work.