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Care-inform > Business Procedures > Emergency Planning in Care: Model Policies

# Coronavirus (Covid-19) Management for Care Homes Policy

## Policy Statement

This policy has been written to cover the operational procedures necessary for the organisation to protect its service users, visitors and staff from the risks presented by coronavirus (Covid-19) infection.

It is written in line with the respective guidance:

* for England, from the Government, Public Health England, the Department of Health and Social Care and the Care Quality Commission
* for Wales, there is corresponding guidance from the Welsh Government, Public Health Wales and the Care Inspectorate Wales. It is noted that most of the public health guidance to support care providers in their management of their services during the outbreak has been produced jointly
* for Scotland, there is specific guidance from Public Health Scotland, *COVID-19 — Information and Guidance for Care Home Settings*.

## What is Coronavirus?

The World Health Organization defines coronaviruses as a family of viruses that cause infectious illness ranging from very mild to very severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). Covid-19 is a new strain which originated in China at the end of 2019. It has since spread worldwide, initiating a global pandemic public health emergency.

## How is Coronavirus Spread?

People can catch Covid-19 from others who have the virus.

It is understood that the virus is highly infectious and moves from person to person in droplets from the nose or mouth which are spread when a person with Covid-19 coughs or exhales. In addition, the virus can survive for up to 72 hours out of the body on surfaces.

People can catch Covid-19 if they breathe in the droplets or touch infected surfaces and then touch their eyes, nose or mouth.

It is known that infected individuals who show no symptoms may still be able to pass on the virus, especially in the early stages of infection. This is described as asymptomatic spread.

## What Are the Symptoms?

The main symptoms of coronavirus infection are fever and high temperature, a new, continuous dry cough and/or loss or change to the sense of smell or taste. Other less common symptoms include aches and pains, nasal congestion, headache, tiredness and fatigue. Symptoms begin gradually and are usually mild.

Most people (about 80%) recover from the disease without needing special treatment. A small percentage can become seriously ill and develop difficulty breathing. This is particularly dangerous for people with weakened immune systems, for older people and for those with long-term conditions, such as diabetes, cancer and chronic lung disease.

Care home residents are clearly vulnerable to being seriously ill if they are infected by the virus.

## Information

This organisation will keep up to date with the latest public health and national Government information about the risk of coronavirus in the UK. The infection control lead for the home will maintain close links with local health protection teams and will be responsible for circulating essential information to staff and residents and their families. They will also update the organisation’s management team.

The home will comply fully with official advice and updates published by the Department of Health and Social Care and Public Health England, and/or the equivalent guidance for Wales and Scottish care homes and social services providers issued by the Care Inspectorate Wales, Public Health Wales and Public Health Scotland.

* *Admission and Care of Residents in a Care Home During COVID-19* (England)
* *Guidance for Providers of Social Care Services for Adults During the Covid-19 Pandemic* (Wales)
* *Guidance to Prevent COVID-19 Among Care Home Residents and Manage Cases, Incidents & Outbreaks in Residential Care Settings in Wales*
* *Personal Protective Equipment (PPE) — Resource for Care Workers Working in Care Homes During Sustained COVID-19 Transmission in England*
* *COVID-19: Infection Prevention and Control (IPC)* (England and Wales)
* *COVID-19 — Information and Guidance for Care Home Settings* (Scotland)

## Infection Control and Prevention Procedures

This home believes that general adherence to high standards of infection prevention and control is the best way to prevent the person-to-person spread of pathogens such as coronavirus and maximise the safely of staff, service users and visitors. To achieve this the organisation’s infection control policies and procedures will be implemented in full, especially those related to effective hand hygiene, sanitisation and environmental cleaning.

Care managers and supervisory staff should make sure that people:

* cover their mouth and nose with a tissue or their sleeve (not their hands) when they cough or sneeze
* put used tissues in the bin immediately
* wash their hands with soap and water regularly for 20 seconds and use hand sanitiser gel (at least 60% alcohol) if soap and water are not available
* try to avoid close contact with people who are unwell
* avoid touching their eyes, nose, and mouth with unwashed hands
* wear face coverings in enclosed situations particularly where two metre physical distancing is difficult to maintain and where the regulations make their wearing compulsory
* clean and disinfect frequently touched objects and surfaces.

Staff should comply fully with hand sanitisation policies and procedures. Managers will ensure that policies are supported by the provision of appropriate resources such as hand sanitiser gels.

Environmental cleaning will be increased while the pandemic continues and there is risk of transmission. Regular cleaning of frequently touched hard surfaces with a suitable disinfectant and cleanser will be carried out.

This organisation will comply fully with all existing infection control and prevention guidance, including:

For England, the *Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections and Related Guidance*.

For Wales, the *National Infection Control Manual (NICM)*, published by NHS Wales/Public Health Wales.

For Scotland, *National Infection Prevention and Control Manual (NIPCM)* published by Health Protection Scotland.

## Staying Home and Social Distancing

During the early stages of the pandemic when infection rates in the community reached their peak, the UK Government imposed a “lockdown” which involved the population being told to stay at home to prevent the spread of the virus.

People were only expected to go outside:

* to shop for necessities, such as food and medicine
* to carry out exercise
* for medical or care needs, for example to help a vulnerable person
* when travelling to and from work, but only where work could not be done from home.

At the height of the pandemic key workers (“critical” workers in Wales) were still free to travel to and from work. This included healthcare and adult social care workers, ambulance and fire personnel, the police and those involved in food production and distribution.

People staying home were told not to have visitors, even from friends or family. In addition to enhanced hand and respiratory hygiene they were told to observe “social distancing” rules, ie keeping a safe distance from others outside of their immediate household. Vulnerable people, including those aged 70 and over, were advised to be particularly stringent in following these measures.

Virus transmission rates were monitored by a scientific group advising the Government and when the risks were sufficiently reduced, a phased relaxation of the lockdown restrictions begun. The care home anticipates that as the pandemic progresses this phased relaxation will be reflected in changes to the coronavirus regulations and guidance for adult social care in all UK countries. The home will keep up to date with the changes and will update its own policies and risk assessments as required. At all times resident and staff safety from the risks of the Covid-19 virus will be our key concern.

Throughout the pandemic period it has been the policy of the home to ensure that all public health messages, including those relating to staying home and social distancing, were passed on to staff, residents and relatives. The home has endeavoured to keep residents safe by temporarily stopping visiting and trips outside and by asking staff and service users to observe social distancing wherever possible when interacting with each other and when not involved in direct personal care.

## Staff Health and Self-isolation

Government strategy is to ask people to self-isolate in their homes where they have symptoms of Covid-19 infection or think that they might have the virus. This policy will continue for the foreseeable future and the care home will continue to implement it where it is required, including any requirements for test and trace.

Staff who are unwell with suspected Covid-19 or who have come into contact with an infected individual or who share a household with someone who is unwell should not come to work but must comply with the latest Government advice about self-isolating themselves in their home.

The guidance states that:

* those who have symptoms of infection and live alone should self-isolate by staying at home and not leaving their house for 10 days from when the symptoms started
* those who live with others and one person has symptoms should self-isolate as a household for 10 days from the day when the first person in the house became ill (if anyone else in the household starts displaying symptoms, they need to stay at home for 10 days from when the symptom appeared, regardless of what day they are on in the original 10-day isolation period).

All staff who are self-isolating must inform their line-manager as soon as possible that they will not be in to work.

In this home the testing and return to work arrangements set out in the Government guidance, *COVID-19: Management of Staff and Exposed Patients and Residents in Health and Social Care Settings*, will be applied.

This home will take all reasonable measures to prevent the transmission of the Covid-19 virus via staff, including:

* ensuring that staff are supported to self-isolate in line with Government guidance if they need to
* ensuring, where possible, that members of staff work in only one care home — this includes staff who usually work across different homes or staff that work on a part-time basis for multiple employers and agency staff
* limiting or cohorting staff to individual groups of residents or floors/wings/units, including segregation of Covid-19 positive residents.

The home is aware that the Government has provided an Infection Control Fund to support homes in ensuring that self-isolating staff are fully paid while doing so. In addition, the home understands that the fund can also be used in the following ways:

* to support active recruitment of additional staff (and volunteers) if they are needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home
* to limit the use of public transport by members of staff
* to provide accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work.

[See also the Coronavirus (Covid-19) Testing in Care Homes Policy and Coronavirus (Covid-19) Test and Trace: Contingency Planning (England) Policy.]

## “High-risk” Individuals

The care provider is fully aware that there is published guidance for England and Wales on the protection of people, which includes many care home residents, who have conditions that make them “high-risk”. *Guidance on Shielding and Protecting People Who are Clinically Extremely Vulnerable from COVID-19* (England and Wales) sets out details of a special “shielding” scheme for high-risk individuals that was in operation prior to the relaxation of lockdown. The home understands that this scheme is currently suspended but may be reinstated if transmission rates increase. Updated guidance will be notified to care staff and its action points incorporated in care planning and care provision as required.

Wales guidance is found on the GOV.WALES website.

For Scotland there is corresponding guidance on the NHS Inform website.

## Residents and Self-isolation

Where a resident develops the symptoms of Covid-19, they will be isolated in their bedroom. Staff should:

* minimise the risk of transmission through safe working procedures and implementation of infection control policies
* 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
* use new PPE for each episode of care
* treat waste as infectious and dispose of it according to the homes hazardous waste policies.

Where required, the home will seek additional advice from the local public health protection teams.

Active “isolation” rooms will be identified with appropriate signage. No member of staff should enter an isolation room without wearing PPE.

The care home is following all official guidance on the use of PPE.

[See Coronavirus PPE guidance for care homes.]

## Care Planning and Referrals

During the outbreak the care home will keep service user care plans under constant review to ensure that their needs are being met. It will also carry out full risk assessments in relation to any new referrals in order to ensure that the prospective service users and their staff are kept safe from cross infection of the coronavirus.

Vulnerable service users will be identified and plans will be put in place to ensure their safety. The care home will communicate with, consult and involve as fully as possible relatives and others involved in a person’s care, particularly where might lack mental capacity over the decisions to be taken.

## Admission of New Residents

The care home is following the respective current Governments’ guidance on hospital discharge arrangements and for new admissions. The default policy should be to ask all new residents to stay in isolation for 10 days from the day of admission unless it can be shown that they have already completed a corresponding period in isolation immediately before admission.

[See Admission policies under the current Covid-19 emergency in the Admissions Management topic.]

## Safeguarding and Protection

The home will continue to apply all measures to keep people safe in line with its current policies and local authority safeguarding authority procedures. It will continue to alert the local authority to any safeguarding issue and comply with its current notification requirements and procedures. The home will continue to exercise its duty of candour where it has made mistakes that have caused serious harm to its residents.

## Mental Capacity and Deprivation of Liberty

The home is aware of the implications of the current situation for residents who lack mental capacity to understand the decisions that are being taken or to act in line with them. The home will do everything it can to ensure that it applies “best interests” principles in communicating with people without capacity and in taking the decisions that are required, including where it is evident that people are being deprived of their liberty.

[See Mental Capacity for further policy guidance.]

## Visiting

This home follows current public health advice that visiting arrangements should be subject to regular review to protect both residents and staff from the risk of visitors bringing the Covid-19 virus into the premises. The care home manager will carry out appropriate risk assessments. Any changes in arrangements will be reflected in the home’s visiting policy and circulated to residents and their families.

The home acknowledges the importance for residents of visits from their families and loved ones.

During the early “lockdown” stages of the pandemic visiting in this home was suspended except for circumstances such as end-of-life visits by next-of-kin. At the current time the home understands that virus transmission rates in the community have decreased. It therefore believes that visiting can proceed with the following risk reduction measures in place.

* Visits should be limited to a single constant visitor per resident, wherever possible.
* Visitors must pre-book — ad hoc visits are not allowed.
* In line with NHS Test and Trace guidance, a record should be kept of any visitors as well as the person and/or people they interact with.
* Visitors should be encouraged to follow social distancing as much as possible while on-site and to keep personal interaction to a minimum.
* Visitors should have no contact with other residents and minimal contact with care home staff — visitors who wish to discuss matters with staff should be spoken to outside or by phone after visits.
* Visitors should be reminded to wash their hands for 20 seconds or use hand sanitiser on entering and leaving the home.
* All visitors should be supported to wear a face covering when visiting.
* All visitors should be screened for symptoms of acute respiratory infection before entering — it should be stressed to relatives that in order to protect our residents anybody who has Covid-19 symptoms or who is self-isolating or feeling unwell in any way must not visit in any circumstances.

This visiting policy will be kept under review and adjusted in line with levels of risk. The home will be informed by local public health and health protection team advice on transmission rates and the safety of visiting. In the event of a Covid-19 outbreak or evidence of community hotspots this home will rapidly review its policy and reimpose visiting restrictions to protect its residents and staff.

While standard face-to-face visiting is disrupted, this home will do all that it can to support alternatives to enable residents to keep in touch with loved ones and friends. This will include staff giving residents support in using digital devices such as mobile phones, tablets and computers to make video calls.

Clear, updated guidance on visiting will be circulated to residents and to relatives. Staff will take time to explain the policy to residents and to support them.

[See the Coronavirus (Covid-19) Care Home (Temporary) Visiting Policy.]

Contractors on site should continue to be kept to essential visits only where the safety of residents is impacted, eg boiler breakdown. In such circumstances, strict physical distancing will be maintained and emergency service personnel asked to comply with all infection control and hand washing guidance.

## Staff and Personal Protective Equipment (PPE)

In this home, staff should use PPE as directed in the following Public Health England/Wales/Scotland guidance.

**England**

* *COVID-19: Infection Prevention and Control (IPC)*
* *Personal Protective Equipment (PPE) — Resource for Care Workers Working in Care Homes During Sustained COVID-19 Transmission in England*

**Wales**

* *Information for Health and Social Care Professionals* (Wales)
* *Guidance to Prevent COVID-19 Among Care Home Residents and Manage Cases, Incidents & Outbreaks in Residential Care Settings in Wales*

**Scotland**

* *Infection Prevention and Control (IPC) Guidance in Healthcare Settings*
* *COVID-19 — Information and Guidance for Care Homes*

The home is aware that *Personal Protective Equipment (PPE) — Resource for Care Workers Working in Care Homes During Sustained COVID-19 Transmission in England* and the equivalent Wales and Scotland publications provide guidance about periods when there is considered to be “sustained transmission” of the Covid-19 virus. This covers periods when the virus is assessed to be common in the community and care staff are likely to come into contact with it during their routine work. At such times, additional safeguards are advised.

The guidance states that, during sustained transmission periods:

* staff providing personal care which requires them to be in direct contact with residents (eg touching, bathing, washing, etc) or requires them to be within two metres of any resident who is coughing, should use single-use disposable gloves, a single-use disposable plastic apron and a type IIR fluid-repellent surgical mask — eye protection such as goggles or a face-shield should be worn if there is risk of contamination to the eyes from respiratory droplets or from splashing of secretions
* staff performing a task requiring them to be within two metres of a resident, but when not delivering personal care or needing to touch them (eg conducting meal assistance and medicine rounds), and where there is no one within two metres who has a cough, only have to wear a type II surgical mask (a fluid-repellent mask is not needed) in addition to any PPE indicated by standard infection control precautions, if any
* staff in any other situation when in the care home should wear a type I mask — this applies to staff in any role in staff only areas such as staff rest rooms, offices, laundry rooms, kitchens, etc
* staff need not wear a mask if working alone in private areas but must don a suitable mask if they leave the private work area to move through the care home building, eg on an errand, or for meal breaks — shared office spaces will be subject to specific risk assessment.

Single-use PPE items must be changed between each episode of care. Masks and eye protectors may be used throughout a session until the member of staff takes a break from their duties. Any PPE should be changed if it becomes soiled or damaged. Once masks are discarded they should never be reused.

All staff will be trained in the safe use of PPE. Usage should be monitored by line managers/supervisors. Posters demonstrating PPE requirements and showing how to put PPE on and take it off will be displayed around the home.

In this home the care management will keep the PPE guidelines under review and complete appropriate risk assessments. The home is aware that PHE recommend the general use of PPE during periods of “sustained transmission” of Covid-19 in the community regardless of whether residents have symptoms.

The care home manager will make every effort to ensure that adequate stocks of appropriate PPE are maintained and that PPE is readily available for staff to use.

## Staff Recruitment

The care home will continue to maintain its safe recruitment policies and procedures in line with its registration requirements. In the event of the home being unable to maintain its staffing complement and levels because of shortages caused by the current situation with staff sickness or having to self-isolate, it will follow the guidance produced by the CQC and Skills for Care (England), CIW and Social Care Wales (Wales) or the Care Inspectorate Scotland and Scottish Social Services (SSSC).

This will enable it to “fast track” its recruitment procedures, including in England and Wales DBS checks (or DVG checks in Scotland), in order to maintain staffing levels that keep residents safe and have their needs met as well as enabling it to employ additional staff that enables it to cope with the additional burdens created by the coronavirus situation and any outbreaks of Covid-19 illnesses.

[See Coronavirus (Covid-19): Staff Recruitment (Temporary) Policy.]

## Induction and Training

This care service will keep all risk assessments of its training arrangements under review. Assessments will include the running of induction training programmes for Care Certificate, the All Wales Health and Social Care Induction Framework or Scottish induction standards’ requirements.

Face-to-face training that is not deemed to be a priority at the current time will be cancelled or rescheduled. Where possible face-to-face training will be replaced by online “e-learning” methods wherever possible. This will include “blended” learning where theory elements are carried out online prior to attending, thus reducing the amount of face-to-face time.

Priority face-to-face training elements that cannot be replaced with online alternatives will proceed with suitable Covid-safe risk mitigation procedures in place, including:

* all attending staff to wear masks, to observe social distancing, and to observe hand and respiratory hygiene guidelines
* all training venues to be set up to enable social distancing, including during arrival and leaving
* all venues to be ventilated and subject to regular cleaning
* no sharing of equipment
* no staff to attend who are feeling unwell
* no refreshments.

Induction of new staff who are new to care work will still follow a Care Certificate/Wales Induction pathways but with an expectation that the usual time period, particularly for work based assessments, might need to be extended and the programme developed more incrementally.

Induction of new staff with experience of care work will focus on ensuring they are competent to carry out their roles and tasks in the current circumstances by ensuring that they implement key policies and procedures regarding residents’ care, and ensuring that it is safe and effective.

Much of the induction for any new staff will be carried out through workplace instruction, support, supervision and guidance from management and experienced staff. The care home’s “safe to leave policy” will continue to apply. No new staff member will be allowed to work completely on their own without sufficient evidence that it is safe for them to do so.

## Testing and Tracing

This home views Covid-19 testing as a vital element in keeping its residents and staff safe during the pandemic. It will therefore take all reasonable actions to support testing and to make tests available to those that need them in line with national guidance and policies.

The home understands that all residents and frontline social care staff and their families are eligible for regular testing. It is aware that these can be arranged in the following ways.

* Staff can book a test directly, selecting a regional test site drive-through appointment or a home test kit.
* Care employers can book tests for self-isolating staff through an employer referral test booking route.
* Care home managers can use a “whole home” referrals route which allows them to arrange testing for all of their staff and residents.

In this home all three routes will be supported as necessary. The care home manager will arrange for “whole home” testing kits to be delivered and will circulate testing details to staff. Care staff who are responsible for administering the tests must complete competency training.

In the UK the NHS Test and Trace system is operative. It involves identifying and isolating people who are infected and then tracing those who may have been in contact with them. These people can then be tested and isolated as required.

This home will fully support testing and tracing. Further information can be found from the online document, *NHS Test and Trace: How it Works*.

[See Coronavirus (Covid-19) Testing in Care Homes Policy.]

## Travel Restrictions

Travelling is now much reduced due to countries around the world closing their borders.

Latest travel advice can be found on the GOV.UK/Welsh/Scottish Government websites.

This organisation requires staff to comply with any advice given and to inform their line manager wherever the guidance may apply to them. People, including healthcare workers, are advised to stay indoors and avoid contact with other people (self-quarantine) for 10 days if they have travelled recently to the UK from specified countries.

## Winter Planning

This home is aware that pressures on health and social care systems are likely to increase through the winter when the ongoing impact of the Covid-19 pandemic may be exacerbated by annual winter illnesses such as Norovirus and the flu. This home will make all possible contingency plans to build resilience for the winter and protect its staff and residents from such pressures. In particular the home will:

* support all staff to have their annual flu jab
* continue to ensure that all relevant Government guidance is implemented and followed
* ensure that both symptomatic staff and symptomatic recipients of care are able to access Covid-19 testing as soon as possible
* review and update its business continuity plans for the autumn and winter with workforce resilience a key component
* co-ordinate with local authority and NHS winter planning
* utilise additional funding available to implement infection prevention and control measures (such as the Infection Control Fund available through local authorities), obtain PPE and mitigate, where possible, winter staffing issues.

The approach of the home will be informed by relevant national planning, including *Adult Social Care: Our COVID-19 Winter Plan 2020 to 2021*.

The home will support national data collection through the NHS Capacity Tracker or other relevant data collection or escalation routes. This will include data relating to occupancy, PPE shortages and winter staffing issues.

## Business Continuity Procedures and Pandemic Recovery Planning

In addition to the organisation’s general business continuity and recovery planning policies, the home recognises the need to have a separate pandemic recovery plan and procedure. This is because a general continuity recovery plan focuses on a short-term recovery programme. In contrast, the effects of the coronavirus pandemic could last many months.

In this organisation the following contingency measures will be implemented.

* A pandemic communications strategy will be developed to ensure that staff, residents and their families are provided with up-to-date and accurate information on the status of the pandemic and on the home’s response.
* Every effort will be made to provide the information to residents in a format that they can understand. The home recognises that the current crisis will be upsetting and worrying for residents and relatives.
* Information will be provided to staff via email and through test where practical and unnecessary face-to-face meetings will be cancelled — where meetings are held social distancing will be observed.
* Training will utilise online e-learning and other electronic forms where possible — any face-to-face training will be conducting conforming to social distancing rules.
* The organisation’s leave and absence policies will be continuously reviewed as the status of the pandemic changes, for instance, it may become necessary to cancel leave in case of serious short staffing.
* Essential staff will be offered “live in” facilities to enable them to stay at the home between shifts and reduce the risk of picking up the virus while travelling to and from the home.
* Staff will be informed of any additional measures to limit the spread of disease in a pandemic situation — this might include:
	+ avoiding unnecessary travel
	+ cancellation of face-to-face meetings
	+ working from home where possible.
* As a contingency measure, staff will be cross-trained in various functions to ensure that adequate cover is provided in different roles should sickness rates rise.
* The communications strategy for the home will be reviewed to enable greater use of Wi-Fi video digital technologies and support virtual contact — this will help to decrease the need for face-to-face contact and enable residents to keep in contact remotely with relatives, remote consultations, etc.
* Staff who perform roles that can be done from home will be encouraged to.

The management of the home will link with any local resilience forums relevant to health and social care provision.

Line managers and supervisors will be responsible for ensuring that staff understand the organisation’s pandemic recovery plan policy and procedure. Staff should familiarise themselves with the procedure and should speak to their line manager if they have any questions or concerns.

The procedure aims to ensure that the home will be able to continue to provide care to its residents during any pandemic.

## Monitoring and Review

This policy will be continuously monitored and updated to take account of any changes to the official advice provided about coronavirus.

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