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| **Information on the virus:**A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new strain of coronavirus first identified in Wuhan City, China in January 2020.The incubation period of COVID-19, is between 2 to 14 days. This means that if a person remains well 14 days after contact with someone with confirmed coronavirus, they have not become a case. 3. Signs and symptoms of COVID-19The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:coughdifficulty in breathingfeverGenerally, 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.**How COVID-19 is spread**From what we know about other coronaviruses, spread of COVID-19 is most likely to happen when there is close contact (within 2 meters) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person.Respiratory secretions containing the virus are most likely to be the most important means of transmission; these are produced when an infected person coughs or sneezes, in the same way colds spread.There are 2 main routes by which people can spread COVID-19:infection can be spread to people who are nearby (within 2 meters) or possibly could be inhaled into the lungsit is also possible that someone may become infected by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching door knob or shaking hands then touching own face). Our current understanding is that the virus doesn’t survive on surfaces for longer than 72 hours.There is currently little evidence that people without symptoms are infectious to others.**How long the virus can survive**How long any respiratory virus survives will depend on several factors, for example:what surface the virus is onwhether it is exposed to sunlightdifferences in temperature and humidityexposure to cleaning productsUnder 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.**Preventing the spread of infection**There is currently no vaccine to prevent COVID-19. The best way to prevent infection is 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. Guidance is available on hand washingcovering your cough or sneeze with a tissue, then throwing the tissue in a bin. See Catch It, Bin It, Kill Itpeople who display symptoms should stay at home and self-isolate along with the rest of the members of their household for 14 days (17.03.2020)employees should wash their hands:before leaving homeon arrival at workafter using the toiletafter breaks and sporting activitiesbefore food preparationbefore eating any food, including snacksbefore leaving workon arrival at homeavoid touching your eyes, nose, and mouth with unwashed handsclean and disinfect frequently touched objects and surfacesIf staff are worried about the severity of their symptoms or those of a family member or colleague, please call NHS 111. They should not go to their GP or other healthcare environment.See further information and the Public Health England Blog and the NHS UK page**Guidance on facemasks**Following the most recent government guidance, staff should wear face masks AT ALL TIMES when in the Care Home or working with cleints.PHE recommends that the best way to reduce any risk of infection for anyone is also good hygiene and avoiding direct or close contact (within 2 meters) with any potentially infected person. | | | |
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| **Service User Assessment – RAG RATING**  Our assessment of service user priority is based on the following (**each call is individually assessed** for RAG Rating)   1. **RED – A client with complex needs, medical support, high level personal care, double staffing calls, time critical medication. TIME CRITICAL – CALL CONNOT BE MOVED OR CANCELLED.** 2. **AMBER – Client MUST have call due to medication, continence needs, personal care needs but call can be moved with consent and risk assessment of service user. Scope of movement to be determined at initial assessment. Calls may be merged if risk assessed as safe.** 3. **GREEN – Call may be cancelled if safe, call may be moved considerably if safe, family/friends may carry out call, domestic calls, shopping calls, companionship calls. Calls may be merged if risk assessed as safe.**   The emergency procedure would be to de-allocate all staff and calls for the required day/area, and then **allocate all RED calls first** as they appear on the planned Rota system. **AMBER calls should then be discussed with Field Care Supervisor and service users** before allocating accordingly. **GREEN calls may then be contacted to inform of the change** to their service and when/if their call is going to take place and contingency plans for this.  In the event of RAG System being activated, Local Authority CQC Notification should be sent. (See below for web details)  [www.cqc.org.uk/guidance-providers/notifications/events-stop-service-running-safely-properly-notification-form](http://www.cqc.org.uk/guidance-providers/notifications/events-stop-service-running-safely-properly-notification-form) | | | |
| **Pre-emptive considerations** | | | |
| **Area** | **Consideration** | **Response** | **Risk Level** |
| 1. **Regulation** | Ensure that we keep up to date and maintain compliance with the changing government guidance.  Working collaboratively with other organsiations in partenrships such as the Commuity Hub haring this information electronically with local partners, if they receive a legitimate request.  Work with local authorities to establish plans for mutual aid, taking account of their business continuity plans, and consider arrangements to support sharing of the workforce between home care providers, and with local primary and community services providers  Providers should note the arrangements that local authorities, CCGs, and NHS 111 are putting in place to refer vulnerable people self-isolating at home to volunteers who can offer practical and emotional support. | * Government has set out guidance for Health and Social care and the general public, ensure that this information is read and disseminated as appropriate. * <https://www.gov.uk/government/publications/guidance-for-social-or-community-care-and-residential-settings-on-covid-19/guidance-for-social-or-community-care-and-residential-settings-on-covid-19> * <https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public> * Ensure that a copy of the local contingency plan for local council or CCG is available for reference * Ensure local emergency contacts are up to date * Ensure that any local plan links into local arrangements * Ensure that regular communication related to issues in the local community are made available across the service * Ensure that a copy of your plan is made available in your service and to commissioners * display infection control information at entry points of clients property (with consent) out of external view. * Limit staff access to office buildings, try to meet in community to hand over PPE etc. | High |
| 1. **People we support** | Due to the nature of the support we provide, we support some of the most vulnerable people in society.  The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:  Cough  Difficulty in breathing  Fever  In general people with a weakened immune system are more susceptible to additional complications from Covid-19, however the vast majority of people will have mild to moderate symptoms. Conditions such as  **Diabetes**  In general people with diabetes face greater risks of complications when dealing with viral infections like flu, and that is likely to be true with COVID-19.  This is because when glucose levels are fluctuating or elevated consistently, they have a lower immune response - meaning less protection against the bug.  **Heart disease & high blood pressure**  Based on early reports, 40 per cent of hospitalised Covid-19 patients had cardiovascular disease.  In particular, someone with an underlying heart issue is more likely to have a less robust immune system - meaning their body's response is not as strong a response when exposed to viruses.  The bug's main target is the lungs but that could affect the heart, especially a diseased heart, which must work harder to get oxygenated blood throughout the body.  That could exacerbate problems for someone with heart failure, where the heart is already having problems pumping efficiently.  **Asthma**  Asthma is a respiratory condition caused by inflammation of the breathing tubes that carry air to and from our lungs, and it currently affects over five million people across the UK.  As coronavirus is an illness that affects the lungs and airways, this means asthma sufferers are more susceptible of getting the bug.  Asthma UK have also urged sufferers to keep taking their preventer inhaler (usually brown) daily as prescribed as this will help cut your risk of an asthma attack being triggered by any respiratory virus, including coronavirus.  Similarly, they say to carry their blue reliever inhaler with you every day, in case you feel your asthma symptoms flaring up.  **Chronic obstructive pulmonary disease (COPD)**  COPD is the name for a group of lung conditions that cause breathing difficulties.  It includes emphysema (damage to the air sacs in the lungs) and chronic bronchitis (long-term inflammation of the airways.)  People with COPD are more prone to get coronavirus as they can have what we call a disruption of their epithelial lining — or damage to the cellular barrier that helps to protect the lungs — making it easier for viruses and illnesses to invade the rest of the body.  **Cancer**  Cancer patients are more susceptible to coronavirus due to their compromised immune system.  In particular, one well-known side effect of chemotherapy is to reduce white blood cell counts and induce a temporary state of reduced immune function.  And, as with any infection, the Covid-19 virus is more likely to progress at a greater speed in a cancer patient.  If a patient develops signs of infection, for example high temperature, coughing or shortness of breath, they should contact their oncology unit.  **Cystic Fibrosis**  Cystic fibrosis is an inherited condition that causes sticky mucus to build up in the lungs and digestive system - this causes lung infections and problems with digesting food.  People with cystic fibrosis are generally more likely to pick up infections, and more vulnerable to complications if they do develop an infection such as coronavirus.  Despite this, advice from the Cystic Fibrosis Trust states that there is currently no need for people with cystic fibrosis to limit their activities.  **Primary Immunodeficiency (PID)**  Primary immunodeficiencies are disorders in which part of the body's immune system is missing or does not function normally.  This leaves them with reduced or no natural defence against germs such as bacteria, fungi and viruses - and that is likely to be true with COVID-19.  **Smoking**  While smoking isn't an underlying health condition, smokers are much more susceptible to getting coronavirus due to their weakened lung function. | * Complete a risk assessment to highlight service users who have additional risk factors * Review all **RAG Ratings** for each call to ensure correct information and classification. * Identify service users in high infectious consequence category (this may be all clients) and implement personalised control measures depending on health, environment, staff allocation and resources. * Identify PPE needed in cases of high-risk service users, and acquire stock at a 10%+ level. * Ensure hand washing provisions are in place in each setting – soap, running warm water etc. * Risk assess any other people living in the household and their impact on our infection control practice and risk factor. * Staff are to be instructed to report any new service user symptoms of **fever or coughing** immediately to the Field Care Supervisor or Care Manager and await instruction on how to proceed. NHS 111 to be contacted if symptoms are severe or client in high risk category. * Admission of new clients: ensure self isolation for 14 days before entering service; negative test result needed. * Testing: all clients(and staff) have been offered Covid 19 tests. Clients with capacity can refuse this. Clinets without capacity will require best interests decision making. If symptomatic, follow measures above regarding isolation and reporting. Testing will be repeated at government /Local Authority directed intervals. | High |
| **3. Visitors** | Visitors are a key consideration and risk of spreading the Covid-19 virus, whilst previously the advice was focused on those who had been outside of the country to key areas, this is no longer such a focus as Covid-19 is spreading within the UK.  Whilst it is very important to the people that we support to continue to see their friends and family, it must also be considered that the level of vulnerability means this could have a significant impact on the lives of many vulnerable people.  Service users being discharged from hospital should be assessed and treated as an isolation case for 14 days to ensure no symptoms appear.  If neither the care worker nor the individual receiving care and support is symptomatic, then no personal protective equipment is required above and beyond normal good hygiene practices. | * Signage (with consent) in each property to remind all visitors to wash hands on arrival. * Increased fluid intake is critical to keep away the virus [Warm water is better] * No shaking hands to greet people * Advise service users to only accept vital visitors and that they should be asking all visitors to wash hands and keep safe distance from them. Current guidelines are 2 meters. * Consider the use of technology such as Skype, WhatsApp, Facetime or Facebook chat for people we support to maintain contact with relatives. * External professional visitors should also be reduced to essential visits and be subject to the same entry protocol. | High |
| **4. Workforce** | Our workforce is a vital part of keeping the vulnerable people we support safe; however, it is also one of the main routes of transmission for Covid-19.  The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:  Cough  Difficulty in breathing  Fever  Generally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.  However, the spread of the virus could take place before symptoms develop or in many cases can be spread by people who do not develop symptoms at all.  Meetings should be reduced to essential meetings only until further notice, any visits from leadership teams into the service should also be delayed unless identified as essential  The mental wellness of our workforce is vial at this time, managers should be mindful of the pressure support staff and front line managers are under, maintaining safe services and dealing with families on a regular basis.  Staff identified as being in the current high risk groups will need to follow up to date government guidelines for their age or condition such as asthma, pregnancy, diabetes, and other illnesses.  If neither the care worker nor the individual receiving care and support is symptomatic, then no personal protective equipment is required above and beyond normal good hygiene practices. | * Infection control procedures and increased frequency of handwashing are the governments primary advice at this stage in combating the further spread of Covid-19 as workforce cannot socially isolate themselves while at work. Face masks sould now be worn at all times when working at Care home and supported living properties. * PPE at this stage (asymptomatic) include masks, gloves, bare arms, single use apron. * Limit personal contact to necessity only. Other times, staff to remain 2 meters away from service users where possible. * Additional time to be allowed for advanced cleaning to take place within the setting. * Staff who live with anyone who is displaying symptoms should refrain from work for an isolation period of 14 days as per current guidelines * If they are advised to self-isolate at home they should follow the [stay at home guidance](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-people-with-confirmed-or-possible-coronavirus-covid-19-infection). * Staff to contact line manager if they become symptomatic, or family member becomes symptomatic. * If a member of staff is concerned they have COVID-19 they should follow [NHS advice](https://www.nhs.uk/conditions/coronavirus-covid-19). * If advised to self-isolate at home, they should not visit and care for individuals until safe to do so. * Staff to be instructed to carry single use tissues to stay in line with governments “Catch it, Bin It, Kill it” guidance. * Regular wellness checks should be made with all staff, to remind them they are not alone in this and we are doing everything we can to support them and the vulnerable people we support. * Care Manager to have daily contact with all key staff such as Field Care Supervisors to support and to keep up to date with developments. | High |
| **5. Consumables** | It is important that we are aware of our current use of consumables such as PPE, Cleaning materials, Soap etc. and plan ahead without stockpiling.  In addition to the purchase of our normal supply of consumables a 10% surplus should be considered.  Home care providers will routinely be procuring personal protective equipment (PPE) such as gloves and aprons. In addition, there will be a free issue of PPE to support adult social care providers (residential care and domiciliary care) to comply with the updated advice on use of PPE to support management of symptomatic patients presenting in these settings. This will be issued from the pandemic influenza stockpile. Arrangements will be put in place for adult social care providers to access further PPE as necessary. | * Establish effective stock levels for all PPE and ensure that stocks do not run low (stock + 10%) * Identify normal use levels of core consumables and ensure effective supplies are maintained * Monitor core suppliers and ensure that they have emergency contingency plans in place * Ensure that adequate supplies or equipment are available (with appropriate training provided), possibly including: * Gloves with long tight-fitting cuffs * Gowns - disposable fluid-resistant full-sleeve gowns and single-use * Eye protection, for example, full face visor or single-use goggles * Fluid resistant surgical masks. Close fitting and fully covering the nose and mouth of the wearer * Disposable aprons * Clinical waste bags * Hand hygiene supplies * General-purpose detergent and chlorine based disinfectant solutions | High |

| **Reactive considerations** | | | |
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| Risk | **Consideration** | **Response** | **Risk Level** |
| 1. **Client contracting covid 19 virus:** 2. **Virus could spread to other cleints/staff/** 3. **Visitors could bring virus to services (82/min support)** 4. **Staff could bring virus to services** | In the event of an individual contracting the Covid-19 virus, it is vital that we react appropriately, with the best interest of all our residents in mind, ensuring that we maintain our duty of care to both the people we support and our staff. | Where an individual we support displays symptoms it is important that we make the appropriate notifications.   * **To Public Health South West : 0300 303 8162** * **Report through to 111 and follow the advice given.** * **CQC** * Manager to liaise with other local partners in order to benefit from sharing information electronically work with local authorities to establish plans for mutual aid, taking account of their business continuity plans, and consider arrangements to support sharing of the workforce between home care providers, and with local primary and community services providers:   **e.g Banes Homeless Partnership; Banes Community Hub; Wilshire Providers Forum; Commissioning Guidance Banes.**  **\* Manager to ensure all updated guidance from CQC, LA and Dept of Health is implemented and cascaded (see COVID 19 file for chronologically filed updated guidance)** | High |
|  | If someone we support does become symptomatic it is vital that we respond appropriately to minimise the risk to our staff and other people we support.  If the individual receiving care and support has symptoms of COVID-19, then the risk of transmission should be minimised through safe working procedures.  Consider a dedicated team to support those who become asymptomatic, those who are low risk, with no immediate family members or close contacts in the at-risk groups who are willing to take this responsibility.  Only essential low-risk staff should enter the individual’s home.  A record should be kept of all staff in contact with a possible case, and this record should be accessible to occupational health should the need arise.  If care workers undertake cleaning duties, then they should 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. | * People with possible or confirmed COVID-19 should be managed within one room if possible ( Supported living tenants can self isolate in their flat). Room doors should be kept closed as much as possible to reduce the airborne particles travelling around the home. * If possible, the person should sleep and use toilet facilities that are not shared by others, including anyone else within the household. (at 82 , Signs to be placed on specified bathrooms). * Symptoms should be monitored very carefully. As a respiratory ailment, COVID-19 has the potential to become life threatening rapidly. If this is the case, call 999 immediately. * Service users to be kept fully informed about their condition in a way and at a level they will understand. Families to be kept informed regularly. * Care plans to be updated regularly in line with government guidance and health changes. * Any infectious waste such as PPE and personal care waste etc should be bagged, tied and bagged again. This should be put separate to all other household waste (preferably in out-building etc) for 72 hours then disposed of as normal. * Laundry that has been in contact with an infected person should be laundered at normal temperatures, ensuring use of suitable detergent. At present, normal laundry detergent is advised as sufficient. | High |
| 1. **Visitors** | Visitors are now following guidance about social distancing . Families can visit in the garden with full masks and social distance measures. Essential maintenance is taking place on day to day basis with PPe/masks measures in place.  Where someone we support becomes symptomatic, notification will be given to any potential visitors.  In some cases, guidance on infection control procedures and how to safely protect themselves and others, in line with current government guidelines. | * Advice should be given to client that visitors to the property should be restricted to essential visitors only. * Advice should be given to client that maintenance visitors should also be restricted to those assessed as able to wear PPE (see risk assessment below). * (With consent) a sign should be visible within the property on entry that a suspected case/ confirmed case of COVID-19 is being managed. This sign should not be visible from the exterior or through windows etc. * Infection control good practice for all visitors should be visible also. * Only essential visitors to buildings. | High |
| 1. **Workforce** | Where a staff member becomes symptomatic, they should now self- isolate for 14 days as per current guidelines.  Staff in high risk groups outlined in government guidelines are encouraged to follow advice given publicly. Should they choose to continue to work, a full risk assessment is to be carried out, so they are aware of the implications of this decision.  Care managers reserve the right to instruct staff to isolate for their own safety.  If a staff members becomes aware that they have had contact with someone confirmed to have contracted Covid-19 they should report this to their line manager immediately and the line manger must review all contact the person has had with staff members and people we support since contact with the infected person.  Our staff are at no more risk than the general public of contracting the virus, these precautions will however assist us to minimise the impact of this virus on our staff and the people we support.  Staff mental health and well being must be closely monitored at this stage.  Following government advice for noon essential staff to work from home, office staff will set up remotely where possible, ensuring access to all relevant IT systems and observing confidentiality at all times.  If this will disrupt the service to an unacceptable level, heightened infection control will need to take place for staff to work from an office building. | * Staff/ client close contact (within two metres) to be kept to a minimum. * Staff MUST wear all PPE instructed when working within 2 metres of clients also be mindful of infection control training when removing and disposing of used PPE. * 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. * New personal protective equipment must be used for each episode of care. It is essential that personal protective equipment is stored securely within disposable rubbish bags * These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being put in the usual household waste bin. * If staff become symptomatic themselves, they must report it immediately to line manager and give a list of all service users and staff they have been in contact with for the previous 72 hours. * If any service is likely to fall below our assessed minimum safe staffing levels the Local Authority & CQC must be notified immediately * Shift length should be considered, and risk assessed; the effects of fatigue at such a critical time could reduce the effectiveness of PPE due to a failure in appropriate application & removal. | High |

**Actions**

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