The COVID-19 Prevention, Incident and Outbreak Management Resource Pack for Care Settings

The guidance is valid and accurate as of June 30th 2020 and is subject to change. Please always refer to latest available guidance.

DRAFT

30th June 2020

Barnet Council on behalf of:

London best Practice Group Network

LondonADASS

London Care Homes Oversight Group

CONTENT

DRAFT

Introduction

COVID-19 has provided an unprecedented challenge to care settings across the country and adult social care. The challenge has been significant in London due to earlier peak of the pandemic, rapid spread of the virus across care settings, local patterns of deprivation, high levels of air pollution and the high proportion of ethnic minority populations in most London boroughs.

Across the Capital, local authorities responded to the challenge and our responsibilities under the Civil Contingencies Act and Public Health Act as the whole system by working together as London Association of Directors of Adult Social Services (LADASS), London Association of Directors of Public Health (ADPH), Public Health England London Corona Response Cell, STP areas, CQC and LAs Chief Executives to identify issues, galvanise responses, support local areas and lead several pan-London initiatives. We brought our response co-ordinated together through the Strategic Co-ordination Group (SCG) and joint governance with NHS London as well as ADPH.

Although London has seen a high number of deaths in care settings, we believe that, given the high rate of infections in London and the fact we were ahead of the national curve when perhaps not all national guidelines were readily available, our concerted effort across London resulted in subsequent slowing down of the infection in care settings and reduction in a number of deaths.

In order to capture some good work at local borough level and across London, Barnet Council, on behalf of London Best Practice Group network, has rapidly developed this resource pack, based on extensive engagement with local care providers, voluntary and community sector, various London's professional networks and review of national and international guidelines, including Public Health England.

The main aim of this resource pack is to provide a range of short and clear tools such as checklists, action cards and hints and tips and brief best practice review aimed at:

- STEP 1: Prevention of COVID-19 infection and spread in care settings and home care
- STEP 2: Management of incidents and outbreaks in care settings
- STEP 3: Wider wrap-around support

IMPORTANT NOTICE

The document reflects the stage of COVID-19 pandemic and the existing guidance as per June 30th 2020. The resource pack will be updated accordingly to national guidance and changes to lockdown restrictions. Further updates will include community settings for people with LD, mental illness and dementia, as they will gradually reopen.

Please always refer to latest available guidance published by PHE.

Some of the information (eg. contacts, pathways) are specific for London Borough of Barnet and should be replaced when used locally.

DRAFT

STEP 1: PREVENTION OF COVID-19 INFECTION AND SPREAD IN CARE SETTINGS AND HOME CARE

1. CHECKLIST FOR PREVENTING SPREAD OF COVID 19 IN CARE AND NURSING HOMES, SUPPORTED LIVING, EXTRA CARE AND DOMICILLARY (HOME) CARE

DRAFT

CHECKLIST
PREVENTING SPREAD OF COVID 19 IN CARE SETTINGS

'General Guidelines' should be followed **at all times** to reduce the risk of contracting COVID-19.

	PLEASE CONFIRM THE ACTIONS BELOW ARE TAKEN:	**Tick**
1.	**Infection prevention and control:**	
	Follow the guidance on handwashing and social distancing	
	Follow the guidance to see if you should be using PPE	
	Wear masks when staff are unable to socially distance with other staff in communal areas, including break rooms	
	Masks can be used continuously, depending on different scenarios **If you take your mask off, it MUST go in the clinical waste bin**	
	Gloves and aprons are for single patient use only	
	Alcohol based hand rub is available in every room and communal area	
	A range of posters are available to increase awareness around handwashing – these can be downloaded HERE. An easy read version is available HERE	
2.	**Personal Protective Equipment**	
	Support workers if assisting someone tested positive use adequate Personal Protective Equipment (PPE) for care of the resident and follow safe working practices. Ensure adequate PPE stock is available for at least 72 hours	
Annex I and II	The latest Public Health England guidance on PPE – resource for care workers working in care homes during sustained COVID-19 transmission in England can be found here. The guidance is regularly updated and providers should check this page regularly.	
	Have up to date supply arrangement in place for PPE. Monitor PPE stock.	
	We do ask that care providers source PPE through their usual supply chains but understand that providers may struggle in the current environment. **If providers cannot access PPE through their usual supply chains, and have less than a week's supply, please contact** (insert contact details) **and a delivery from the council's supply will be arranged at no cost.**	

DRAFT

	The care quality team also contact providers twice weekly to collect information on PPE to help inform procurement and organise deliveries of PPE to care providers. If you have an urgent request out of hours (evenings or weekend) please contact (insert contact details)	
3	**Monitoring residents**	
	Daily monitoring of all residents for symptoms to identify infected residents as early as possible. **Record observations**: Blood Pressure, Oxigenation, Pulse respiratory rate and Temperature, Date of first symptoms.	
	Care home residents may also commonly present with non-respiratory tract symptoms, such as new onset/worsening confusion or diarrhoea and other subtle signs of deterioration.	
4	**Testing**	
Annex III	Know the latest advice on testing in care homes. **All care settings are eligible for testing all their residents and staff, regardless of symptoms.** If you not have had testing for all residents and staff, please contact ASC Care Quality Team (insert contact details) who will assist you.	
	TESTING OF SYMPTOMATIC RESIDENTS AND STAFF **Testing for staff with symptoms of COVID-19:** - Any staff member who has symptoms of COVID-19 should be sent home, given isolation advice, and advised to arrange a test via essential worker portal here or alternatively via NCL CCG testing capacities - If a staff member has symptoms of COVID-19 and tests negative, they can return to work once they have recovered from their illness (as per national guidance)	
	Staff have given their **consent** for manager receiving their test results	
	Testing for residents with symptoms of COVID-19: - If you are eligible for testing through the national portal, please apply for testing here - If you are not eligible for testing through the national portal, please contact please contact ASC Care Quality Team (insert contact details) who will assist you with applying for testing through the NCL CCG testing capacities.	
Annex III	Proceedings **after receiving test results**.	
	Assistance with swabbing Staff who will be swabbing residents in care homes should complete the online care home swabbing competency assessment before carrying out swabbing. Register at www.genqa.org/carehomes. Please contact **Barnet One care home team** if you require support with swabbing.	

	You can watch the videos on taking swabs: Coronavirus test tutorial for care homes with Dr Sarah Jarvis and How to take a coronavirus self-test swab	
5	**Staff Training**	
Annex I and II	All staff and volunteers (if applicable) trained on putting on and taking off PPE Videos (link) on how to put on PPE and take it off in your care home	
	Soap, water and paper towels are available at each sink. Handwashing posters can be downloaded HERE. An easy read version is available HERE	
	Staff responsible for cleaning and helping residents to clean themselves are trained	
	Staff trained to carry out swab testing. Videos on taking swabs here and here	
	Digitally ready to communicate to relevant practitioners and families, where appropriate. Staff received adequate training.	
Annex IV	Have a member of staff trained and nominated to coordinate a guided response to the outbreak	
	Providing training on medical equipment where required.	
6	**Business Continuity**	
	All providers to ensure that they have updated Business Continuity Plan.	
7	**Important numbers**	
Annex V	Have up to date contact numbers for partners if you have suspected COVID-19 case. This should include direct numbers for GPs.	

Who?	**When and What for?**	**Contact details**
Local Authority: Care Quality	For general support on staffing, workforce issues, admissions and information, requesting PPE, requesting support with testing	
Local Authority: Public Health	For health protection and infection control advice	Call 0808 281 3210 (option 5) Public health on call rota is sent to care settings weekly.
Public Health England, London Coronavirus Response Cell (LCRC)	For the purpose of early identification of a possible outbreak, care homes are asked to notify about any **possible** COVID-19 cases (in residents) **except** when there is already an outbreak established at the care home**.**	Call 0300 303 0450 or LCRC@phe.gov.uk

DRAFT

NCL CCG Infection prevention and control support	Advice and guidance regarding Infection Prevention and Control	Mon-Fri 9-5: 020 3816 3403
NHS 111	Urgent clinical advice for care homes concerned about a resident displaying symptoms of COVID-19 if they cannot get through to the resident's own GP.	**NHS 111* Star 6**
One Care Home Team	The One Care Home Team will be led by a clinical lead nurse and 4 community matrons who will be aligned to support all care homes across Barnet, as part of a wider MDT including advanced nurse practitioners, physiotherapists, assistant practitioners and rehabilitation support workers who will work directly within the team.	Single Point of Access on 07500 973395 Opening hours 8am to 8pm, 7 days per week
North London Hospice	Community Palliative Care service providing advice and support to people in care homes. Working closely with Care Home Staff, District Nurses and General Practitioners to support people to remain in their preferred place of care and to support professionals in their roles. They can offer support around End of Life Care and Advance Care Panning and Coordinate My Care Plans.	

DRAFT

STEP 2: COVID-19 INCIDENT AND OUTBREAK MANAGEMENT

1. **ACTION CARD FOR COVID 19 INCIDENT AND OUTBREAK MANAGEMENT FOR CARE AND NURSING HOMES – GENERAL**
2. **ACTION CARD FOR COVID 19 INCIDENT AND OUTBREAK MANAGEMENT SUPPORTED LIVING, EXTRA CARE AND HOME CARE (RESIDENTS WITH LEARNING DISABILITIES AND MENTAL ILLNESS)**
3. **ACTION CARD FOR COVID 19 INCIDENT AND OUTBREAK MANAGEMENT FOR LOCAL AUTHORITIES**

DRAFT

ACTION CARD: COVID 19 INCIDENT AND OUTBREAK MANAGEMENT IN RESIDENTIAL AND NURSING HOMES		
PLEASE CONFIRM THE ACTIONS BELOW ARE TAKEN:		***Tick***
1	**Suspected cases**	
	Have up to date COVID - 19 symptoms information. Check link for any changes • A high temperature – (a temperature ≥37.8°C OR you feel hot to touch on your chest or back) • A new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual) • A loss of or change in your sense of smell or taste this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal	
	Care home residents may also commonly present with non-respiratory tract symptoms, such as new onset/worsening confusion or diarrhoea and other subtle signs of deterioration.	
	Record observations: Blood Pressure, Oxigenation, Pulse respiratory rate and temperature and date of first symptoms. Remember to maintain fluid intake	
Annex VI	Enter the details of symptomatic residents and staff on the **log sheet**.	
2	**Isolation, Infection Control and Monitoring**	
	Under the new COVID-19 Test and Trace system, anyone, including care home staff and residents, who has had a specific 'close contact' with someone who tests positive for COVID-19 will be expected to isolate themselves for 14 days, or for 7 days from developing symptoms of COVID-19	
	Any resident who has symptoms of COVID-19 should be isolated in a single room and have a test arranged in line with the guidance for care homes	
	Residents with symptoms of COVID-19 should complete 14 days of isolation even if they test negative.	
	It is not clear if previous infection gives someone immunity or not, therefore this will apply to anyone (resident or staff) who is a close contact of a confirmed case, whether they have had the virus before or not.	
	Start **infection control procedures** which will help to reduce spread. Use Infection Control guidance	

DRAFT

	Care for resident using PPE (what to use and how to wear and dispose) Due to sustained transmission PPE is to be used with all patients. Additional PPE is required for Aerosol Generating Procedures as described in the table. Use correct Handwashing technique (video)	
	Consider bathroom facilities. If no en-suite available. • Designate a single bathroom for this resident only • Use commode in room **Record observations if concerned to inform health service**	
3	**Urgent support**	
	For more support, call the residents **GP** in the first instance	
	Call **111* Star 6** for urgent clinical advice, or if the GP is not available – this will put you in contact with a Clinician in NHS 111	
	For the purpose of early identification of a possible outbreak, care homes are asked to notify **London Coronavirus Response Cell (LCRC)** about any **possible** COVID-19 cases (in residents) **except** when there is already an outbreak established at the care home **AND** the care home has spoken to LCRC about the outbreak and been provided with guidance. **Call 0300 303 0450 or LCRC@phe.gov.uk**	
4	**Isolation for people who walk around for wellbeing (dementia, learning disabilities, autism)**	
	Use standard operating procedures for isolating residents who walk around for wellbeing ('wandering'). Behavioural interventions may be employed but physical restraint should not be used.	
	When caring for, or treating, a person who lacks the relevant mental capacity during the COVID-19 pandemic, please follow government guidance on looking after people who lack mental capacity.	
Annex VII	Further information on self-isolating and supporting residents with learning disability, dementia and who are unwilling or refusing to self-isolate can be found in Annex VI	
If a resident deteriorates at any stage – Escalate to 111* Star 6 or 999. Be explicit that COVID-19 is suspected and ensure you have easy access to the residents CMC plan		
5	**Managing outbreak**	
Annex 8	**If you have one or more new symptomatic residents and these are the first new cases for over 28 days:** **Contact** the Public Health England London Coronavirus Response Cell (LCRC) on 0300 303 0450 or LCRC@phe.gov.uk **Inform** ASC Care Quality Team on (insert contact details)	

DRAFT

	- LCRC test and trace team will contact you when a person with a positive test is identified as a care home resident, staff or visitor through the NHS Test and Trace system. - LCRC will be able to advise on next steps for contact tracing. - Public Health Team will provide further advice and support - If necessary, the LCRC may convene an outbreak incident management team. - For a large outbreaks the Council may discuss ways to implement mass testing of your staff and residents.	
6	**Staff movement**	
	Staff is working in separate teams - one team caring for affected residents and the other caring for unaffected residents.	
	Agency and temporary staff in contact with residents with symptoms is not work elsewhere (e.g. in a local acute care hospital) until the outbreak is declared over (i.e. 14 days after the onset of the last case).	
	Staff with symptoms are excluded from the home until fully recovered and for at least 14 days after the onset of symptoms.	
	The home is closed to outside visitors for at least 14 days since onset in the last case.	
7	**Hospital discharge and admissions into your home**	
Annex IX	For all admissions to your home, whether returning residents or new residents, from a hospital or from a community setting, the resident should be managed in isolation for 14 days, regardless of a positive or negative swab from hospital, and regardless of whether they are showing symptoms or not. Updated guidance can be found here.	
	For residents being discharged from hospital, most will be swabbed 48 hours before discharge. But where test results are still awaiting provided all Infection Prevention and Control advice is followed, it is safe to accept a resident into your home	
	The Hospital Discharge Service and staff will clarify with care homes the COVID-19 status of an individual and any COVID-19 symptoms, during the process of transfer from a hospital to the care home	
	Discharge can still happen while awaiting results, as a negative result is not required to enable discharge	
	Risk Assessments should be carried out in line with current guidance and recommendations. See example risk assessments and templates	
	Have early conversations with your local Hospital Discharge Services so that you understand how they will be working through this period? This will help you both to understand the expectations that will support a safe and effective discharge for your resident.	

DRAFT

8	**Concerns about accepting a resident**	
	The guidance makes it clear that no care home will be forced to admit an existing or new resident to their care home if they are unable to provide the isolation for the 14 day period and safely manager any subsequent COVID-19 illness for the duration of the isolation period. This means that there may be grounds for a care home to decline admission if the home feels they are unable to manage the resident's isolation needs.	
	If there is a side room with an en-suite, then this is adequate facility for isolation but there may also be staffing challenges which may influence your decision to accept.	
	If you are unable to accommodate a resident in isolation, the national guidance indicates that the Local Authority has some responsibility to help. However, your local CCGs will also support making the necessary arrangements with a joint approach between health and social care in supporting care homes with temporary alternative placements.	
	If alternative provision is required this would be for a period of 14 days.	
	The key is that there is support when you have concerns about accepting a resident and you do still need to complete your assessment to ensure you can safely admit a resident under CQC requirements.	
	Feel confident to raise your concerns – throughout this the safety of care still remains the core priority.	
9	**Care after death if the deceased has suspected or confirmed COVID-19**	
	PPE should be used, consisting of disposable plastic apron, disposable plastic gloves and a fluid-resistant surgical mask. Click on this think link for more information.	
	Ensure that all residents maintain a distance, or are in another room from the deceased person and avoid all non-essential staff contact with the deceased to minimise risk of exposure.	
	If a member of staff does need to provide care for the deceased, this should be kept to a minimum.	
	You should follow the usual processes for dealing with a death in your care home, ensuring that infection prevention and control measures are implemented.	
	Staff in residential care settings are requested to inform those who are handling the deceased when a death is suspected or confirmed to be COVID-19 related as required. This information will inform management of the infection risk.	
	Following Verification of Death, care after death must be performed according to the wishes of the deceased as far as reasonably possible. The deceased should be transferred to the mortuary/funeral directors as soon as practicable. PHE guidance on the care of the deceased with suspected or confirmed coronavirus must be followed. Click on this link for more information.	

DRAFT

10	**Further Communication**	
	Inform the resident's **GP.** (Ensure all residents are registered with a GP and have the practice bypass numbers ready).	
Annex X	The resident's next of kin are informed	
	Inform the hospital in advance if a resident requires admission to hospital during the outbreak.	
	Visiting health professionals are informed of the outbreak and rearrange non-urgent visits to the accommodation.	
	Use Restore2 (a deterioration and escalation tool) if you have been trained to do so	
	Where appropriate please ensure that residents are offered advance care planning discussions and that their wishes are recorded on Coordinate My Care (CMC).	
	If you don't have NHS email Contact hlp.londonchnhsmailrequests@nhs.net to get an **NHS.net email** set up	
	Please register and use **Capacity Tracker** to support hospital discharge planning. Continue to complete the Market Insight tool if you normally do.	
	For Clinical support contact ***One Care Home Team.*** The team will help to improve the direct management of individual patients in homes and improve the knowledge and skill base of staff, particularly for nursing and care home staff in these homes in relation to the Covid-19 response. Call the Single Point of Access **07500 973395.**	

DRAFT

ACTION CARD COVID 19 INCIDENT AND OUTBREAK MANAGEMENT IN SUPPORTED LIVING, EXTRA CARE AND HOME CARE		
PLEASE CONFIRM THE ACTIONS BELOW ARE TAKEN:		***Tick***
1	**Suspected cases**	
	Have up to date COVID - 19 symptoms information. Check link for any changes • A high temperature – (a temperature ≥37.8°C OR you feel hot to touch on your chest or back) • A new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual) • A loss of or change in your sense of smell or taste this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal	
2	**Isolate, Infection Control and Monitor**	
	Under the new COVID-19 Test and Trace system, any resident or care worker, who has had a specific **'close contact'** with someone who tests positive for COVID-19 will be expected to isolate themselves for 14 days, or for 7 days from developing symptoms of COVID-19 in accordance with national guidance.	
	Residents with symptoms of COVID-19 should complete 14 days of isolation even if they test negative.	
	If a person has been living in the same household as someone with COVID-19 symptoms or tested positive, then they need to self-isolate for 14 days from their last contact with the person with symptoms. If they go on to develop symptoms themselves, they should 'restart the clock' and self-isolate for 7 days from the start of their symptoms. This is in line with the stay at home guidance.	
	A risk assessment should be completed to identify which other members in the supported housing accommodation need to self-isolate as a 'household' contact because they have been exposed to the person who has symptoms. Any person in this group will need to self-isolate.	
	It is not clear if previous infection gives someone immunity or not, therefore this will apply to anyone (resident or staff) who is a close contact of a confirmed case, whether they have had the virus before or not.	
	Self-isolation in supported accommodation The best way to self-isolate is in a self-contained room or flat – i.e. one with internal bathroom and cooking facilities.	

DRAFT

	If a self-contained room/flat is not available: • Give the isolating resident a dedicated bathroom • Create rota system • Regular cleaning • Provide facilities to cook in their room • Consider using disposable crockery and cutlery or wash in a dishwasher. If this is not an option, the cutlery/crockery should be washed using washing up liquid and hot water and dried thoroughly, using disposable paper towel. • The individual who is self-isolating should not use any communal areas. • National guidance on cleaning of non-health care settings should be followed.	
	Delivery of medication to individuals who are self-isolating: Care workers should deliver an individual dose using a disposable vessel and deliver this to the individual. If possible, staff should try and practice social distancing, and place the vessel containing the medication on a surface in the individual's room and then step away. If this is not possible and staff need to stay closer to the individual, they should wear Personal Protective Equipment.	
3	**Urgent support**	
	For more support, call the residents **GP** in the first instance	
	Call **111* Star 6** for urgent clinical advice, or if the GP is not available – this will put you in contact with a Clinician in NHS 111	
	For the purpose of early identification of a possible outbreak, notify **London Coronavirus Response Cell (LCRC)** about any **possible** COVID-19 cases (in residents) **except** when there is already an outbreak established. **Call 0300 303 0450 or LCRC@phe.gov.uk**	
4	**Isolation for people who walk around for wellbeing (dementia, learning disabilities, autism)**	
	Use standard operating procedures for isolating residents who walk around for wellbeing ('wandering'). Behavioural interventions may be employed but physical restraint should not be used.	
	When caring for a person who lacks the relevant mental capacity during the COVID-19 pandemic, please follow government guidance on looking after people who lack mental capacity.	
Annex VII	Further information on self-isolating and supporting residents with learning disability, dementia and who are unwilling or refusing to self-isolate can be found in Annex VI	

DRAFT

If a resident deteriorates at any stage – Escalate to 111* Star 6 or 999. Be explicit that COVID-19 is suspected and ensure you have easy access to the residents CMC plan		
5	**Managing outbreak**	
Annex VIII	**If you have one or more new symptomatic residents and these are the first new cases for over 28 days:** **Contact** the Public Health England London Coronavirus Response Cell (LCRC) on 0300 303 0450 or LCRC@phe.gov.uk **Inform** ASC Care Quality Team (insert contact details) - LCRC test and trace team will contact you when a person with a positive test is identified as a care home resident, staff or visitor through the NHS Test and Trace system. - LCRC will be able to advise on next steps for contact tracing. - Barnet Council will be able to provide further advice and support - If necessary, the LCRC may convene an outbreak incident management team. - For a large outbreaks the Council may discuss ways to implement mass testing of your staff and residents.	
6	**Discharge from hospital**	
	If a person has been discharged from hospital into supported housing, then they must continue to self-isolate until their self-isolation period of 14 days is over, regardless of test result. If the patient continues to have a fever after the completion of their self-isolation period, they should continue to self-isolate until the fever has resolved for 48 hours consecutively without medication to reduce their fever.	
Annex IX	See general hospital discharge guidance for extra care facilities and home (domicillary) care.	
7	**Care after death if the deceased has suspected or confirmed COVID-19**	
	PPE should be used, consisting of disposable plastic apron, disposable plastic gloves and a fluid-resistant surgical mask. Click on this think link for more information.	
	Ensure that all residents maintain a distance, or are in another room from the deceased person and avoid all non-essential staff contact with the deceased to minimise risk of exposure.	
	If a member of staff does need to provide care for the deceased, this should be kept to a minimum.	

DRAFT

	You should follow the usual processes for dealing with a death, ensuring that infection prevention and control measures are implemented.	
	Staff in residential care settings are requested to inform those who are handling the deceased when a death is suspected or confirmed to be COVID-19 related as required. This information will inform management of the infection risk.	
	Following Verification of Death, care after death must be performed according to the wishes of the deceased as far as reasonably possible. The deceased should be transferred to the mortuary/funeral directors as soon as practicable. PHE guidance on the care of the deceased with suspected or confirmed coronavirus must be followed. Click on this link for more information.	

DRAFT

ACTION CARD FOR LOCAL AUTHORITIES-			
Responsibility: Public Health-PH/Adult Social Care-ASC/ LCRC			
Prevention of outbreaks			
Holding up to date list of care setting within LA including contacts	PH	ASC	
Monitoring COVID-19 cases in care settings	PH	ASC	
Providing/supporting training on PPE and ICP	PH	ASC	
Established support and communication lines for care settings	PH	ASC	
Up to date contact list of relevant stakeholder/agencies	PH	ASC	
Support for PPE supply established		ASC	
Prioritisation of all residents&staff testing	PH	ASC	
Outbreak management			
When receiving notification from PHE, call care setting to confirm	PH		
LCRC will gather information including details of the setup of the care home, total number of staff and number with possible and confirmed COVID-19, vulnerability of residents, potential number of contacts and current social distancing and IPC measures.			LCRC
LCRC will also discuss how the care home are implementing social distancing and infection, prevention and control (IPC) measures, and provide advice as required.			LCRC
Supporting care homes with PPE supply		ASC	
Arranging on site IPC support where needed		ASC	
Supporting setting on testing (collecting, swabbing)		ASC	
Supporting setting with staffing issues		ASC	
Daily joint sitreps (PH and ASC)	PH	ASC	
LCRC will notify local authorities of any COVID outbreaks via daily listing identifying those that require special management.			LCRC
LCRC will escalate any immediate concerns about a care home to the local authority, including any issues around contact tracing, advising on the need to arrange an incident management team meeting as needed.			LCRC
In liaison with LA calling IMT meeting in case of major or sustained outbreak			LCRC
Communicating any serious concerns they have about individual care homes to LCRC.	PH		
LCRC may advise widespread swabbing of the staff and residents via Pillar 1 when: - the care home has a new suspected coronavirus outbreak or - there has been 28 days or longer since their last case and they have new possible or confirmed resident case.			LCRC
If a care home experiences further cases in residents or staff and request further testing this will need to be arranged via the national Testing Service (pillar 2) or via local arrangements.	PH	ASC	

DRAFT

STEP 3- Wider wrap-around support – sharing good practice from London and locally

The response to a COVID-19 outbreak is not limited only on identifying and isolating cases and tracing their contacts, but also includes actions and services to support resilience of all different care settings, including staff, residents and communities.
Most important areas of wrap around support include:

1. Communication with staff, residents, families and community
2. Staff wellbeing
3. Data, intelligence and insight
4. Supporting care providers with additional workforce
5. Infection prevention and control
6. PPE and equipment
7. Clinical support and health and care integration

Over the last months actions were taken pan-London and within local authorities. The next section gives more details on individual areas of support and examples from London.

1. Communication with staff, residents, families, community

Conversations with relatives about COVID-19 can be challenging. Annex VIII provides poster for tips and hints. Steps you might consider to follow in conversations are:

1. Think
- What information do I need to tell the relative
- How can I keep the language simple

2. Ask
- If the relative is ok to talk
- What the relative already understands about their loved one
- If they have any questions or need any other advice or support

3. Do
- Introduce yourself
- Comfort and reassure
- Allow for silence
- Talk to colleagues afterwards

Examples from London LA:

- Care Home Provider Forum as source of support and networking for Registered Managers who have been contacting each other regularly,
- end of life care - worked with each home to agree an End of Life Care protocol, which not only covers relatives visiting loved ones approaching the end of their life, but also the arrangements for collecting belongings and advising of the Council's commissioned Bereavement Service,

DRAFT

- As part of an NHSX pilot providing tablets that enable residents to contact family and friends, which we have provided to over 250 care settings in NCL.
- welfare call' is made by a Healthcare therapist within 24 hours of discharge to establish further information about the health and social care needs of the adult
- Referring care homes to borough specific initiatives offered by NHS (i.e. the Behaviour and Communication Support Service, bereavement support for residents and staff).
- Care homes have access to a Learning Disabilities liaison nurse. The Learning Disabilities health team have developed online sessions (open forums and structured sessions) for care home staff to support them to: work with residents who are struggling with distancing, understanding government guidance, developing easy read versions.

2. Staff Wellbeing

The COVID-19 outbreak is affecting us all in many ways: physically, emotionally, socially and psychologically. It is a normal reaction to a very abnormal set of circumstances. It is okay not to be okay and it is by no means a reflection that you cannot do your job or that you are weak. Some people may have some positive experiences, such as taking pride in the work, or your work may provide you with a sense of purpose. Managing your emotional well-being right now is as important as managing your physical health. If you are concerned about your mental health, your GP is always a good place to start. If it is outside of working hours, contact the crisis line of your borough which is here or if you are known to services, please call your Care Coordinator or the service responsible for your care.

Below are some things to consider supporting your own wellbeing:

- These times are temporary, and things will get better
- Consider and acknowledge how you are feeling and coping, reflecting on your own needs and limits
- Ask for help if you are struggling. Asking for help when times are difficult is a sign of strength
- Stay connected with colleagues, managers, friends and family. Where possible do check on the needs of colleagues and loved ones
- A lot of things might feel out of your control at the moment. It can help to focus on what we can control rather than what we cannot
- Acknowledge that what you and your team are doing matters. You are doing a great job!
- Choose an action that signals the end of your shift and try to rest and recharge when you are home

To speak to someone (some Barnet Specific examples)

- **Urgent Support:** Good-Thinking's Urgent Support page has numbers and links to help you access urgent support,
- **1:1 Mental health support** 24 hours a day: Text FRONTLINE to **85258** for a text chat or call **116 123** for a phone conversation
- Visit **Bereavement Support Online** or call the free confidential bereavement support line (Hospice UK), on **0300 303 4434,** 8am – 8pm
- **NHS Psychological therapy (IAPT):** Search here to find out how to get access to NHS psychological therapy (IAPT)
- **Finances:** If relatives of staff are financially effected by COVID-19, they can access the Money Advice Service web-chat or **call 0800 138 1677**, from www.moneyadviceservice.org.uk

DRAFT

Evidence-based apps:

- **Worry and anxiety:** The free Daylight phone app teaches you to manage worry and anxiety by offering audio-led guidance tailored to you

Work and well-being:

- **Going Home checklist:** Find simple steps to help you manage your own wellbeing at the end of each working shift in this video.
- **Risk Assessment BAME staff:** Use Risk Reduction Framework for staff at risk of COVID-19 infection (pages 9 and 10) here and assessment here.
- **Preventing work related stress:** Use Health and Safety Executive's talking toolkit for preventing work related stress here.
- **'Mental Health and Psychosocial Support** for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus': Guidance from the British Red Cross for staff, volunteers and communities. Can be found here.
- **Mental Health at work:** Information and resources for managers on taking care of your staff. Learn how to support your staff here.
- **Anxiety and worry:** Access the Guide to managing worry and anxiety amidst uncertainty from Practitioner Health (Psychology Tools) here.

Further resources:

- **One You** is designed by Public Health England here to help to get healthier and feel better with free tips, tools and support. Further information: https://www.nhs.uk/oneyou/
- **The stigma of COVID-19** can cause distress and isolation. Learn how to fight it here.
- Building your own resilience, health and wellbeing website is a resource from Skills for Care
- **Reflective debrief after a death:** Support carers to take time grieving and reflecting together about the person that has passed away, what happened leading up to the death, what went well, and what didn't go so well, what could have been done differently, and what needs to change as a result of the reflection – Resource from 'What's Best for Lily' by UCL Partners. Find out how to do this by downloading resources here.
- **Care Workforce COVID-19 app:** Get information and advice, swap learnings and ideas, and access practical resources on looking after your own health and wellbeing. Signup here or download the app using an Apple or Android phone.

Examples from London LA:

- Development of podcasts to support providers to follow good practices and promote wellbeing for staff and residents when restrictions are in place,
- Wellbeing support - to staff including peer support group, a whatsapp group for registered managers (with clinical input as required) and access to the NCL developed Together in Mind resources. Bespoke support from CANDI.
- community health provider and the CCG offered homes consideration for mental health/psychological support for care home staff,
- free parking for key workers,
- swab testing for care workers commenced in April - prior to the national portal being introduced,
- arranged access for smaller homes to council employee wellbeing programme. ELFT fast tracking care home staff for psychological and therapy services,
- free counselling sessions for frontline staff (including those self-isolating),

DRAFT

- sharing guidance on ways health and wellbeing of the adult social care workforce can be supported through the pandemic,
- promoting the dedicated app for adult social care called “CARE” which supports staff with advice on several subjects including wellbeing.

3. Data, intelligence and insight

Data, insight and intelligence from care providers has been crucial element of rapid and informed response. Local areas established a system of daily data and information monitoring of the care market and providing rapid support and intervention where needed. The Care Quality Team in Adult Social Care has daily contact with providers making regular calls to all care providers to understand current issues and offer support. This includes collecting information on COVID-19 cases, hospital admissions, PPE levels, issues with supplies and any other support needs from either social care, public health and clinical colleagues.

All care homes in some areas have a link officer to contact to raise and talk through issues or access support from the council or our partners. This information, combined with that collected through NHS Capacity Tracker, is used to prioritise our support to care homes and monitor any quality concerns with providers.

Some boroughs used triangulation data and ‘rag rated’ summary of outbreak information from multiple sources (ADASS, PHE, CCG, GP) in order to prioritise response. This system uses personal contact between the Care Quality Team and providers, plus data from the London ADASS Market Insight Tool, Public Health England and the national Capacity Tracker. This produces a daily dashboard including summary on COVID-19 positive and possible cases in residents and staff, deaths in care settings, issues log covering the whole care market, which forms the basis of the work programme for the Care Quality Team, Public Health and Infection Control Team.

- Establishing ‘virtual’ GP and Pharmacy appointments for care and nursing home residents, in partnership with the North London Clinical Commissioning Group
- Established the national model of enhanced clinical support to care homes
- Organising deliveries of basic supplies (toilet rolls etc) where homes report they are having supply issues
- Coordinating information and responses to care providers from a range of organisations including STP level Clinical Commissioning Group, Public Health England and the London Resilience Forum

At London level, support to the provider market and situation reporting into the London Resilience Forum was enabled by our existing London wide Market Information Tool (MIT). The tool was developed by London ADASS to support the delivery of our Care Act duties and was quickly adapted to establish a comprehensive and up-to-date understanding of London adult social care markets (home care and care homes) during the spread of COVID-19 at local, STP/ICS and regional levels.

The daily survey includes information on:

- Prevalence of COVID-19 and associated mortality
- Actual and true availability of supply
- Discharges from and admissions to acute care
- Staff availability
- Details of PPE stock

DRAFT

- Access to testing

The data collected has been used to develop models identifying care home and local characteristics correlated with the spread of COVID-19, associated mortality, impact on care capacity and supply sustainability, access to PPE and care staff availability. These models have informed the targeting of support to care providers and, in partnership with LSE, emerging international evidence has been regularly shared with London DASSs since 04 April.

Overall, this evidence and analysis has underpinned our London-wide strategic and operational decisions and meant key issues were escalated to the highest level as early as possible.

Now that national data collections are established on a temporary basis and the London Strategic Coordination Risk relating to social care is stepped down, we are working with national colleagues to ensure a smooth transition to Capacity Tracker. We plan to do so in a way that does not compromise our responsibilities under the Care Act or the systems set up to support the critical incident response and continues to use the rich longitudinal evidence produced by the MIT to inform strategic social care decision-making across London boroughs.

DRAFT

4. Supporting care providers with additional workforce

Barnet has a strong tradition of volunteering, with thousands of volunteers active in our communities every week. As part of our wider Covid-19 response, we created a volunteer role for residents who would like support and for care providers when capacity is stretched. Volunteers can offer care homes support with the following:

- Cooking and food preparation
- Support with IT and digital skills so people can keep in touch
- General support for residents in shared areas, for example overseeing shared areas during meal times

Placement of volunteers is arranged by the Council's Covid-19 Community Help Hub and Care Quality Team, and in line with safeguarding requirements.

Early identification of the risks to workforce were identified and on 10th April we launched Proud to Care London to support recruitment, DBS checking and basic training of care staff. To date we have had over 1800 registrations across London and of these 180 have passed to councils and providers, with excellent feedback about the calibre of the candidates being connected with work settings. It is also worth noting that we are reaching a new profile of carers – with 1/3 of applicants under the age of 30. We are now in the process of transitioning the Proud to Care initiative from an SCG sponsored workstream to LondonADASS, in order to further develop the model with the ultimate ambition of creating a Social Care Academy for London.

Examples from London LA:

- established a dedicated team within the local authority that operates 7 days a week, and out of hours, of agency and council staff, to enable homes to have exclusive workers that don't move between sites,

- multiagency protocol to support home closures to new admissions in event of significant outbreaks.
- financial support for providers by paying care staff full pay for 14 days for Covid-19 related sickness or self-isolation. LA and CCG also provided additional financial or in kind support
- In anticipation block contract 41 beds from our existing local providers, to implement the discharge pathway and to provide a level of financial stability for the providers.

5. Infection Prevention and Control

Directors of Public Health, LADASS and PHE London worked together to develop consistent and up-to-date on-line training in **infection control** and rolled this out to care homes, supported by local follow up advice and guidance (Annex x). Some local areas adapted PHE pack and delivered weekly webinars including Q&As with panels of GPs, Infection Control staff, Care Quality Teams and Public Health.
Some areas established dedicated *Public Health Helpline* open out of hours and weekends to provide advice on hospital discharges, appropriate PPE use and wider infection control advice. This has been useful channel to get feedback from providers what additional support maybe needed on the ground.

A number of other areas organised Infection Prevention and Control support via helpline or face to face and often via either single CCG or STP level. http://www.northcentrallondonccg.nhs.uk/my-health/covid-19/infection-prevention-and-control/.

National initiative of 'Super trainers' who provide face to face or virtual 'training for trainers' in IPC for Care settings has been received very well by care settings.

Examples from London LA:

- direct 'hand holding' support to care homes with the testing, tracing and isolation of patients in the event of an outbreak via a single point of contact where homes may telephone for immediate support,
- Dedicated infection control nurses and a recent expansion of the enhanced primary care service to now include all older people's care homes which will ensure that all residents have up to date care plans in place,
- exploring options to undertake a review of the design and layout of each care home, as it recognises that the environment is critical to the management of IPC,
- developing a COVID-19 discharge checklist to ensure care homes are provided with the relevant information for discharge including the person's COVID-19 status,
- completing a COVID-19 virus pandemic test exercise that looked at support to Care Homes
- IPC website and helpline, webinars, train the trainer, how to guide, and call line. Weekly webinars run locally (above the PHE ones),
- Homes have received face to face training and electronic training materials,
- Training in donning and doffing of Personal Protective Equipment (PPE), and swabbing of patients and staff members for Covid-19,
- FFP3 and fit testing for care homes,
- 4 block contracts with OP care home to support isolation needs if required,
- mobile testing sites have been set up at Wandsworth Town Hall in Wandsworth and at Pools on the Park in Richmond providing opportunities for keyworkers, care home staff and home care staff amongst others to be tested at a location most convenient to a person's place of residence or work.

DRAFT

- a systematic, pioneering approach to the testing of all residents and staff, both symptomatic and asymptomatic, at the homes without the assistance and collaboration of Imperial College Healthcare NHS Trust (ICHT) and other partners. The group comprised a unique collaboration of GPs, virology, elderly medicine, frailty matrons, infectious diseases teams, academia, and paediatric infectious diseases and epidemiology teams. This is now set up as a four week testing cycle

6. PPE and equipment

The councils across London have ensured that all care settings across the Capital had access to the latest guidance on Personal Protective Equipment (PPE) from Public Health England as well as access to training and webinars to support proper use of PPE. These guidelines often needed to be 'translated' into simpler language and various material has been produced to support dissemination of information.

Many councils, including Barnet, have been procuring PPE and distributing for all care providers since early March 2020 at no cost to providers, as well as reimbursing providers for PPE they have purchased themselves. At London level, Early escalations on the need for a sustainable supply of PPE led to the PPE task group, reporting into SCG on our response and highlighting this a strategic issue for both our own local authority staff and that of the provider market. This supported joined up NHS/Local Authorities systems for accessing PPE and, in addition, a London-wide Local Authority PPE procurement through the West London Alliance in response to unreliable national supply chains. At the local level, where PPE was available, commissioning teams distributed this directly to local providers based on detailed intelligence about infection and PPE supply levels for each care home.

In addition to PPE, medical equipment such as the following, has been distributed to care settings:

- O2 saturation monitor
- Thermometers (in ear) together with single use ear covers
- Blood pressure monitor
- Pen Torch

Examples from London LA:

- PPE emergency supply arrangements were established in late February, moving to seven-day access to PPE supplies, including delivery of PPE to settings by Adult Social Care staff out of hours in response to urgent requests,
- CCG pharmacist and technician providing medicines management support in care homes

7. Clinical support and health and care integration

The risk of inconsistent clinical support to care homes across the Capital and the need for the NHS to support care providers in a more systematic way was identified and led to a joint letter to ICSs and local systems from the Chief Nurse and lead Chief Executive 09th April to galvanise action. A weekly regional Care Homes Oversight group was established 07th May co-led by the Chief Nurse and London ADASS Vice Chair.

The objectives of the Oversight Group are to:

- Oversee roll out of key elements of the primary and community health service-led Enhanced Health in Care Homes programme including, but not limited to, access to weekly clinical reviews, medicines optimisation and advanced care planning
- Identify opportunities to support staffing in the care home sector and coordinate any regional response, which may draw upon initiatives across the NHS and local government (Your NHS Needs You / Proud to Care)
- Continue to ensure that all residents are being safely and appropriately discharged from hospital to care homes
- Have oversight and assurance of care home resilience plans, responding to emergent challenges and supporting the care home community
- Have oversight of Regional improvement support, public health and operational challenges using system wide data sources including, but not limited to, outbreaks, mortality, workforce and access to training and clinical in-reach
- Have oversight of the Regional Test, Track and Trace (TTT) across care home workforce and residents, ensuring that 'hot spots' are identified and targeted in a timely manner
- Implement a 'super' trainer programme in care homes based on PHE's recommended approach to infection prevention and control, PPE and testing

Engagement with residents and user voice is central and Healthwatch are part of the London Oversight Group to reflect people's experiences. However, engagement largely takes place at local system level where the most meaningful relationships are in place.

Some areas have seen rapid digitalisation and establishment of 'virtual GP consultation' and pharmacy rounds and care settings.

Local teams were established to support discharge planning safe pathways and co-ordinated work in STP/ICS sub regions to support development of discharge beds for COVID positive patients to prevent spread of infection.

We have worked in strong collaboration with NHS London and Carnall Farrar to build a demand and capacity model that is intended to support joint planning of health and social care at local authority, STP/ICS and regional levels into the future, populated by our market intelligence with shared understanding of assumptions driving the model. This included capturing additional social care capacity during 'Surge', so that any need for further accommodation could be met on a pan-London and sub-regional (STP/ICS) basis. Happily, as with the Nightingale beds, most of this was not required. However, the model will support tactical planning requirements over an 18 month period to support NHS London to return to its pre COVID-19 position.

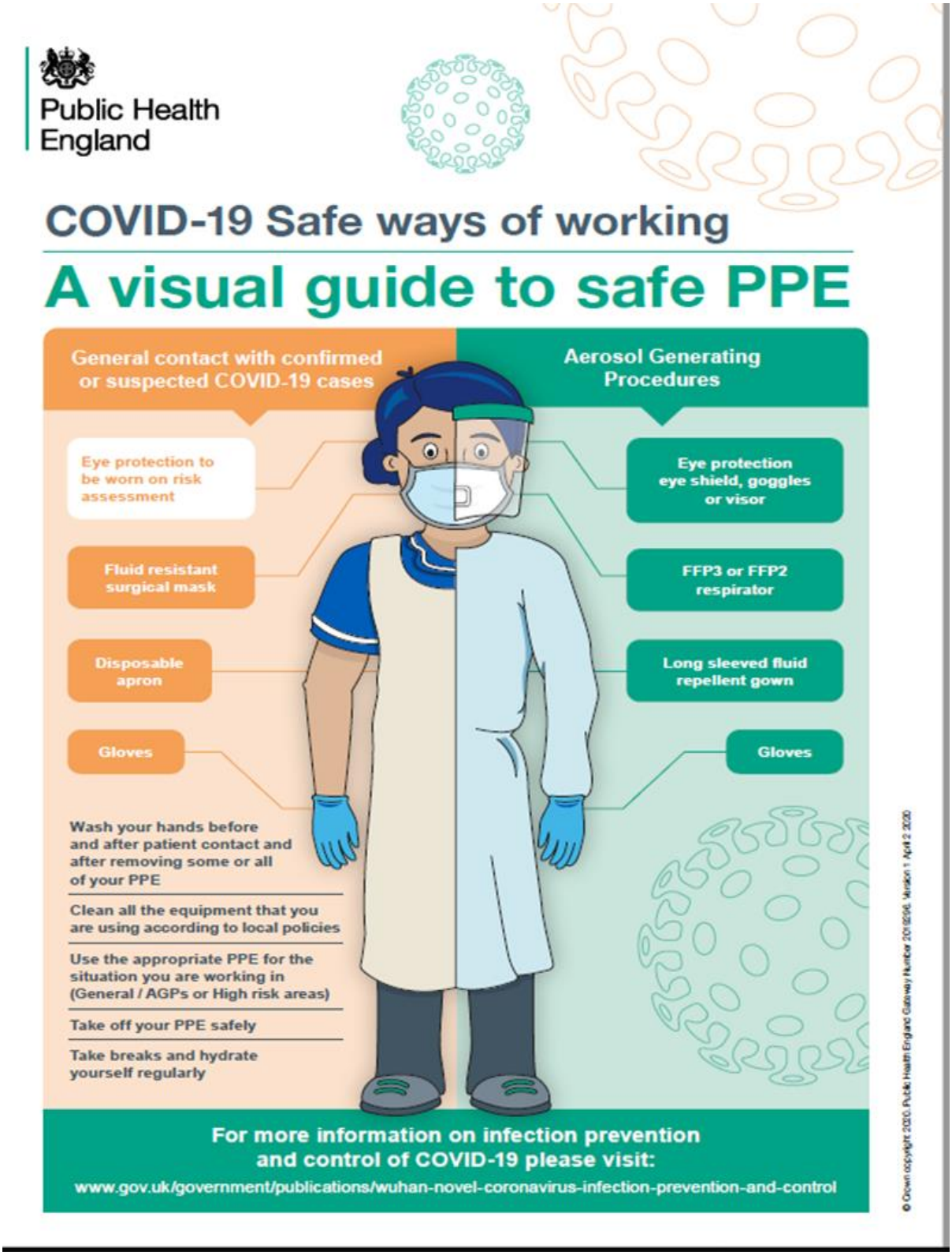
Examples from London LA:

- a weekly 'check in', to review patients identified as a clinical priority for assessment and care,
- in-hours urgent care where GP input is available within 2 hours of a request being made and the ongoing review and updating of personalised care plans,
- re-instating MDT meetings in early June, in virtual form, for each of the homes, with input from GPs, community health services staff, community geriatricians, mental health specialists and medicines management by way of providing additional and ongoing clinical input,
- 7 day week MDT support team for care homes

- Telehealth kits in 22 priority CHs providing remote support, to be rolled out to outhe CHs and a dedicated telehealth service which has seen an overall reduction in ambulance call outs
- 24/7 telemedicine service to selected care homes.

DRAFT

Annex I – Safe use of PPE



Annex II - Donning and Doffing

Guide to donning and doffing standard Personal Protective Equipment (PPE)

for health and social care settings

Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water.
Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.

1. Put on your plastic apron, making sure it is tied securely at the back.

2. Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin.

3. Put on your eye protection if there is a risk of splashing.

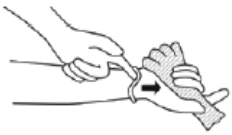
4. Put on non-sterile nitrile gloves.

5. You are now ready to enter the patient area.

Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

1. Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove.



2. Perform hand hygiene using alcohol hand gel or rub, or soap and water.

3. Snap or unfasten apron ties the neck and allow to fall forward.

Snap waste ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.

4. Once outside the patient room. Remove eye protection.

5. Perform hand hygiene using alcohol hand gel or rub, or soap and water.

6. Remove surgical mask.

7. Now wash your hands with soap and water.

Annex III - Testing for care settings and care workers working in client's homes

As per Government's announcement, all care settings are eligible for testing, all their residents and staff, regardless of symptoms. If not done yet, it is vital for care settings to apply for testing though the national portal here.

Who can get tested?

- Anyone over the age of 5 who has **symptoms**
- Care homes both 65+ and under-65s, including those with learning disabilities or mental health problems will be offered testing for all residents and staff, **regardless of whether residents have symptoms**
- NHS workers and patients without symptoms, in line with NHS England guidance

How to access testing – care homes

- The first time there is a suspected case in a care home resident, the care home should contact the London Coronavirus Response Cell (LCRC) to arrange testing for all residents (symptomatic and asymptomatic) and asymptomatic staff only on day 1 of a suspected outbreak.
- by phone (0300 303 0450) or sent by secure email to phe.lcrc@nhs.net using the form on https://www.gov.uk/government/publications/notifiable-diseases-form-for-registered-medical-practitioners
- Thereafter, all Care Homes (including LD and MH) can access mass testing via the national Govt portal.

How to access testing - people living at home / supported living

- For care workers / residents (with symptoms) living at home or in a supported living scheme tests can be accessed via the national portal. More information can be found at the NCL link.
- We recognise the national portal does not always respond within a 3-day window. We are working up a plan with NHS colleagues in NCL to support agile testing of residents at home / supported living schemes using local testing capacity.

Testing: capacity and consent

- Consent should be gained before administering a test. If consent is not given, then a test should not be taken
- http://www.northcentrallondonccg.nhs.uk/testing-for-care-home-staff-and-residents/

What to do if someone refuses a test?

- Testing is one part of a wider COVID management process (all infection prevention control precautions, PPE, Social distancing)
- Consider monitoring those people more closely or more frequently

What to do if someone lacks capacity / will not consent to socially distance?

- Keep service users up to date:
  - service users may not have access to the same range of information as you
  - Allow time to explain changes to the service user's routine. Use supportive tools as necessary
- Plan how best to use the facilities to keep all residents safe
- Ensure regular cleaning of shared spaces that the service user continues to enter
- Limit access to shared spaces where possible

Testing of asymptomatic residents: What to do with the results?

PHE are currently not recommending repeat screening in care homes and are awaiting further national guidance on this matter. PPE / IPC is still the most effective way of preventing spread and protecting staff and residents – even with asymptomatic carriage with proper social distancing, PPE and IPC then spread should not be occurring.

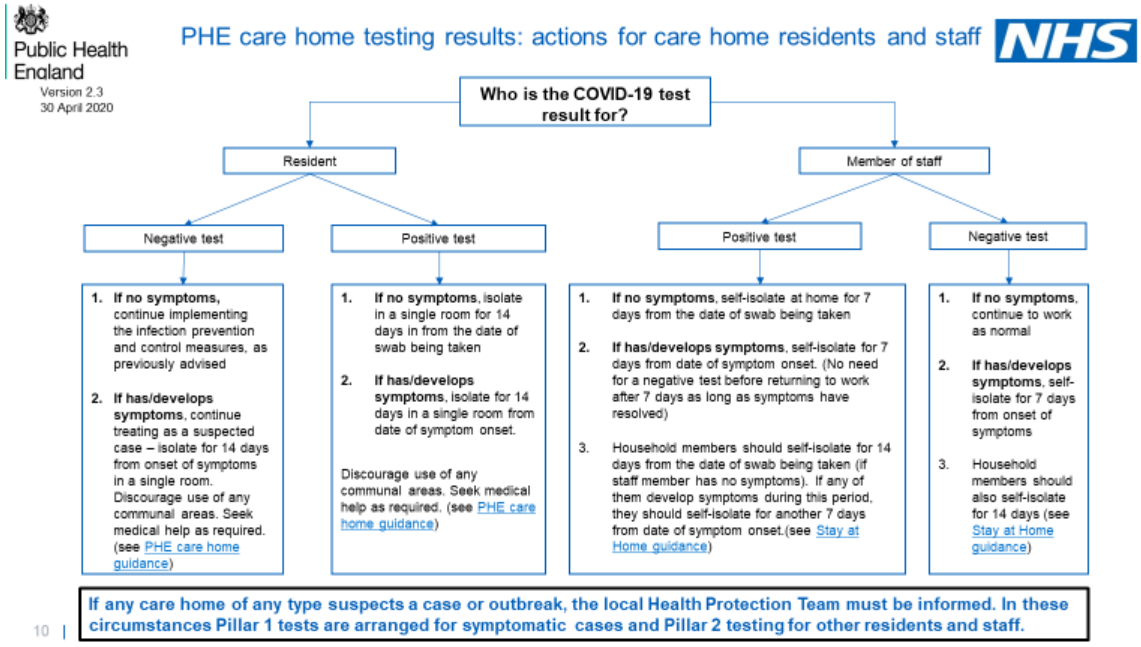
1. Asymptomatic resident tested negative
    a. No actions required, continue as normal following social distancing advice
    b. **If they become symptomatic:** treat as a suspected case, isolate for 14 days from date of symptom onset, follow IPC guidelines and seek medical advice if necessary
    c. Retest if become symptomatic
2. Asymptomatic resident tested positive
    a. Isolate for 14 days from the swab date, follow IPC guidance
    b. **If they become symptomatic:** isolate for 14 days from date of symptom onset, follow IPC guidelines

Assistance with swabbing

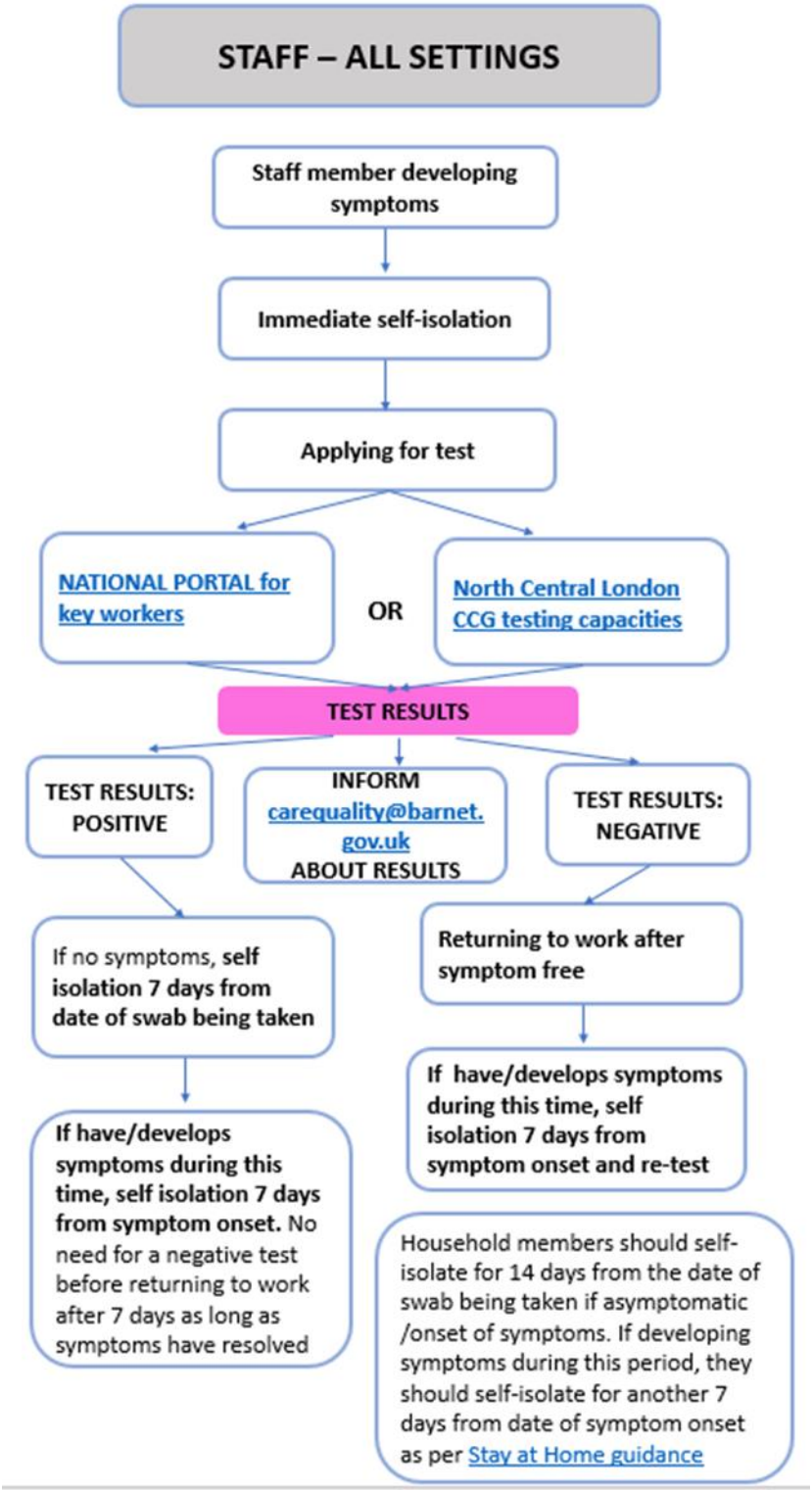
Staff who will be swabbing residents in care homes should complete the online care home swabbing competency assessment before carrying out swabbing. Register at www.genqa.org/carehomes. Assistance with swabbing, either with advice over the phone or in person, is available including guidance, videos on swabbing and local support. Care settings must ensure they are familiar with the available support provided by:

- local commissioning body (LA or CCG) who can source support for your home.
- LA public health team
- Information material, webinars etc. provided by PHE and local STP
- videos on taking swabs here and and here

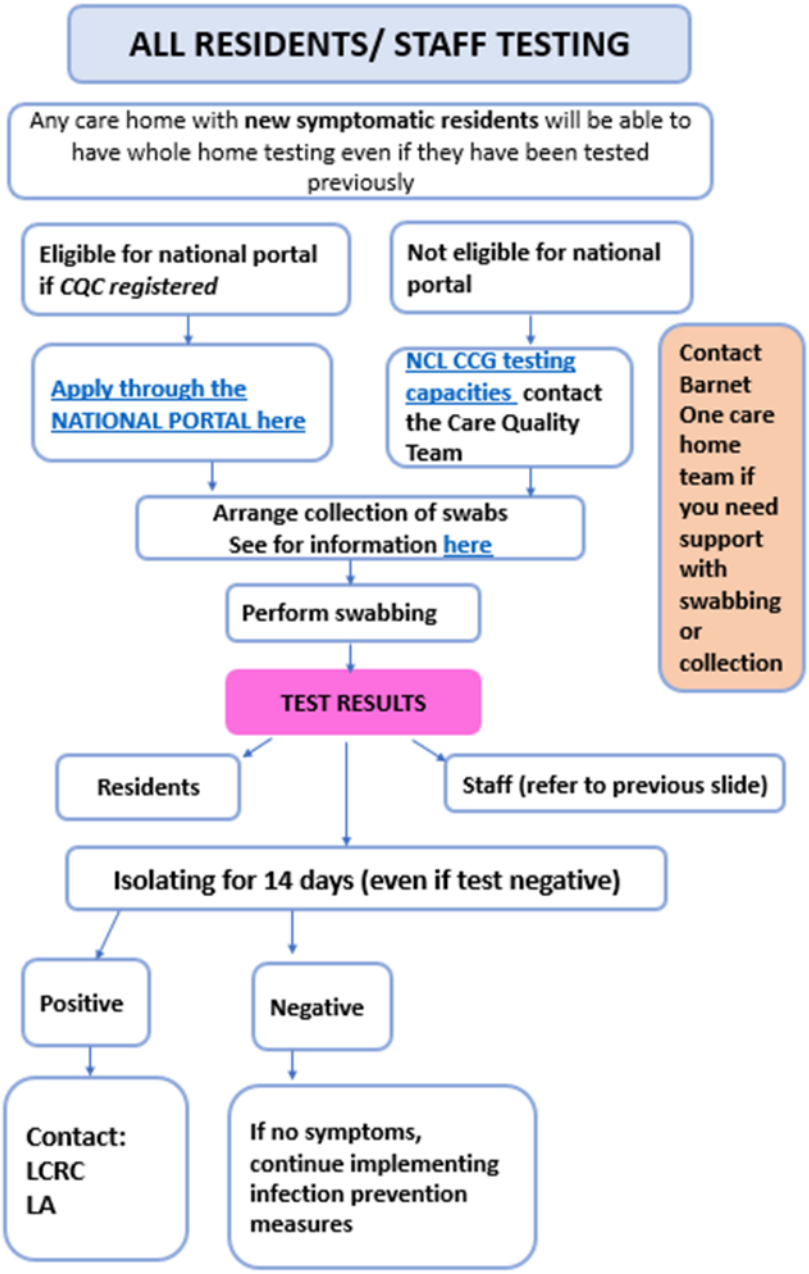
What to do after receiving test results for residents and staff?



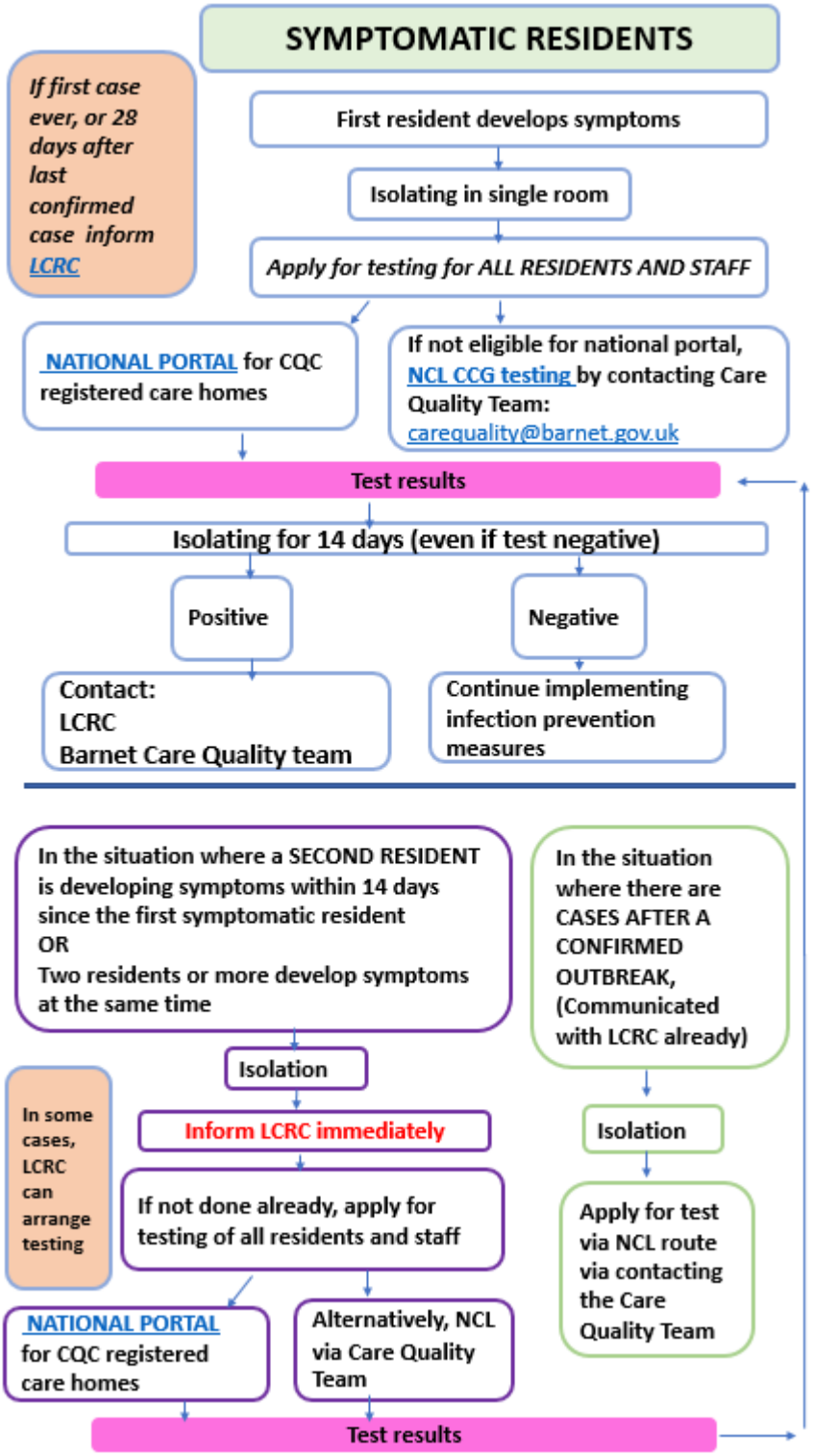
Flowchart: testing for carer



Flowchart: testing for all residents and staff



Flowchart: testing for symptomatic residents



Annex IV - Infection Control Link/outbreak control coordination

All staff in care settings are responsible to contribute to prevention of the spread of COVID-19. Manager need to ensure that all staff are familiar with guidance and have access to adequate PPE and testing.
However, a key member of staff should be nominated for coordinating the outbreak response.

Key roles and Responsibilities:

- Liaises between their team and other infection control teams e.g. the hospital and community
- Act as a resource for colleagues e.g. disseminating information on policies and procedures
- Help to identify local infection control problems/issues
- Ensures infection control is included in induction and regular update sessions
- Ensures local policies are developed, implemented and reviewed.
- Ensures that residents/clients and relatives are informed of infection control practices as necessary
- Regularly attends Infection Control Link meetings or updates
- Updates and extends own knowledge of infection control.

Name of Infection Control Link Person for this Care Home……..

Signature and Date:…….

Annex V - Important Contact Numbers Template

The table below includes relevant reporting agencies and when to contact them. Each care setting and LA should populate the list and update it accordingly. Appendix 7 shows the contact list for Barnet

Who?	**What for?**	**Contact details**
General contact list		
LA adult social care	For general support on staffing, workforce issues, admissions and information, requesting PPE, requesting support with testing	
LA public health support	For health protection and infection control advice	
NHS **111* Star 6**	Urgent clinical advice for care homes concerned about a resident displaying symptoms of COVID-19 if they cannot get through to the resident's own GP.	
Regional PHE health protection team	To report new outbreaks and suspected cases	
CCG Infection prevention and control support	Advice and guidance regarding Infection Prevention and Control	
Clinical lead for care setting	clinical advice and support for care homes having residents displaying symptoms of COVID-19/ tested positive	

Annex VI

Resident and Staff Log Sheet Covid 19

RESIDENTS LOG SHEET										
Room	*Name & Date of Birth*	*GP details*	*Test requested (date)*	*Specimen sent (date)*	*Results*	*Symptoms Yes/No*	*Symptoms (see codes below)*	*Seen by Dr (name and date seen*	*Date symptoms started*	*Date symptoms ended*
STAFF LOG SHEET										
Job Title	*Name & Date of Birth*	*GP details*	*Test requested (date)*	*Specimen sent (date)*	*Results*	*Symptoms Yes/No*	*Symptoms (see codes below)*	*Seen by Dr (name and date seen*	*Date symptoms started*	*Date symptoms ended*

Symptoms code: C=cough (non-productive); CI=cough (producing green or yellow sputum); RN=runny nose; T=temperature; FB=fast breathing/shortness of the breath; CS=audible chest sounds; H=headache; LA=loss of appetite; ST=sore throat; V=vomiting; AP=general aches/pain; ILL=duration of illness of ≥3 day

Annex VII – Self-isolation and Supporting residents with learning disability, dementia and who are unwilling or refusing to self-isolate

Isolation of residents and staff tested positive

All staff tested positive need to self-isolate in line with national guidance.

Isolation for residents tested positive needs to be arranged accordingly with the guidance and capacities of the settings. Self-isolating can be particularly challenging for some residents, including those with dementia, mental ill health and learning disabilities.

Where self-isolation is limited or not possible, risk assessments should be conducted. A number of service users will not understand the national guidelines around social distances, isolating and shielding and will therefore need to link with local service for individual risk assessment/management plans, potentially capacity assessments that may lead on to best interest decision being made to inform risk management. Staff should contact their learning disability service for advice, support and care planning for advice where needed.

Delivery of medication to individuals who are self-isolating.

If someone who is self-isolating requires supervision in taking daily medication, staff should deliver an individual dose using a disposable vessel and deliver this to the individual. If possible, staff should try and practice social distancing, and place the vessel containing the medication on a surface in the individual's room and then step away to a distance of 2 metres or more. If this is not possible and staff need to stay closer to the individual, they should wear Personal Protective Equipment.

Supporting residents with learning disabilities
• People with learning disabilities may be **at greater risk** of infection because of other health conditions or routines and/or behaviours. It is important that staff are aware of the risks to each person and reduce them as much as possible. • **This will mean significant changes to the persons care and support which will require an update in their care plan**. If the resident needs to exercise or access the community as part of their care plan, it is important to manage the risk and support them to remain as safe as possible. • You may need help or remind the resident to wash their hands: o Use signs in bathrooms as a reminder o Demonstrate hand washing o Alcohol-based hand sanitizer can be a quick alternative if they are unable to get to a sink or wash their hands easily • Residents that are high risk may require shielding, this may be difficult in shared accommodation, it is important to ensure that you follow the government guidance as much as possible. • To minimise the risk to people if they need access health care services you should use supportive tools as much as possible such as a hospital passport and/or coordinate my care. • If you are aware that someone is being admitted to hospital, contact your local community learning disability service or learning disability nurse within the hospital.
Supporting residents with dementia
• There will be a **significant change in routine** for people living with dementia. People they love are no longer able to visit and they may not have access to the activities they enjoy • People may behaviour in ways that is difficult to manage such as **walking with purpose** (wandering). Behaviour is a form of communication, often driven by need. Someone could be hungry, in pain or constipated, they might be scared or bored. Ask someone walking if there is something that they need, try activities with them and if possible go for a walk with them

- Some people **ask to go home** – this is often because people want to feel safe a secure. Talking about family that they are missing and looking at photographs can help.
- People might find **personal care frightening** (it might seem like they are aggressive). Giving them time to understand what is happening, showing them the towel and cloth, encouraging them to do what they and keeping them covered as much as possible can help
- People with dementia may need help or reminders to **wash their hands**. Use signs in bathrooms as a reminder and demonstrate hand washing. alcohol-based hand sanitizer can be a quick alternative if they cannot get to a sink or wash their hands easily.
- People with dementia may find being approached by someone wearing **PPE frightening** - It may be helpful to laminate your name and a picture of your role and a smiley face.
- If people with dementia become unwell they might get **more confused** (delirium).

Meeting the needs of people with dementia living in care home video.

Supporting residents who are more confused than normal

- Delirium is a sudden change or worsening of mental state and behaviour. It can cause confusion, poor concentration, sleepiness, memory loss, paranoia, agitation and reduced appetite and mobility.
- **COVID-19 can cause delirium** – it might be the only symptom. Delirium can also be caused by infections, hospital admissions, constipation and medications.
- You can help to **prevent delirium** by:
- Stimulating the mind e.g. listening to music and doing puzzles
- Physical activity, exercise and sleeping well
- Ensure hearing aids and glasses are worn
- Ensuring plenty of fluids and eating well
- Addressing issues such as pain and constipation
- If you are concerned that a resident has delirium speak with their GP or call 111*6 who can try and identify the cause.
- Delirium in people with learning disabilities may indicate a deterioration in the person's physical or mental health. Please contact the individuals lead contact to discuss any changes and seek guidance.
- Reducing noise and distraction, explaining who you are and your role and providing reassurance can help. Residents with delirium may find PPE distressing - having your name, role and picture to show people may help.

Supporting residents with symptoms of Covid 19 who are unwilling or refusing to self-isolate

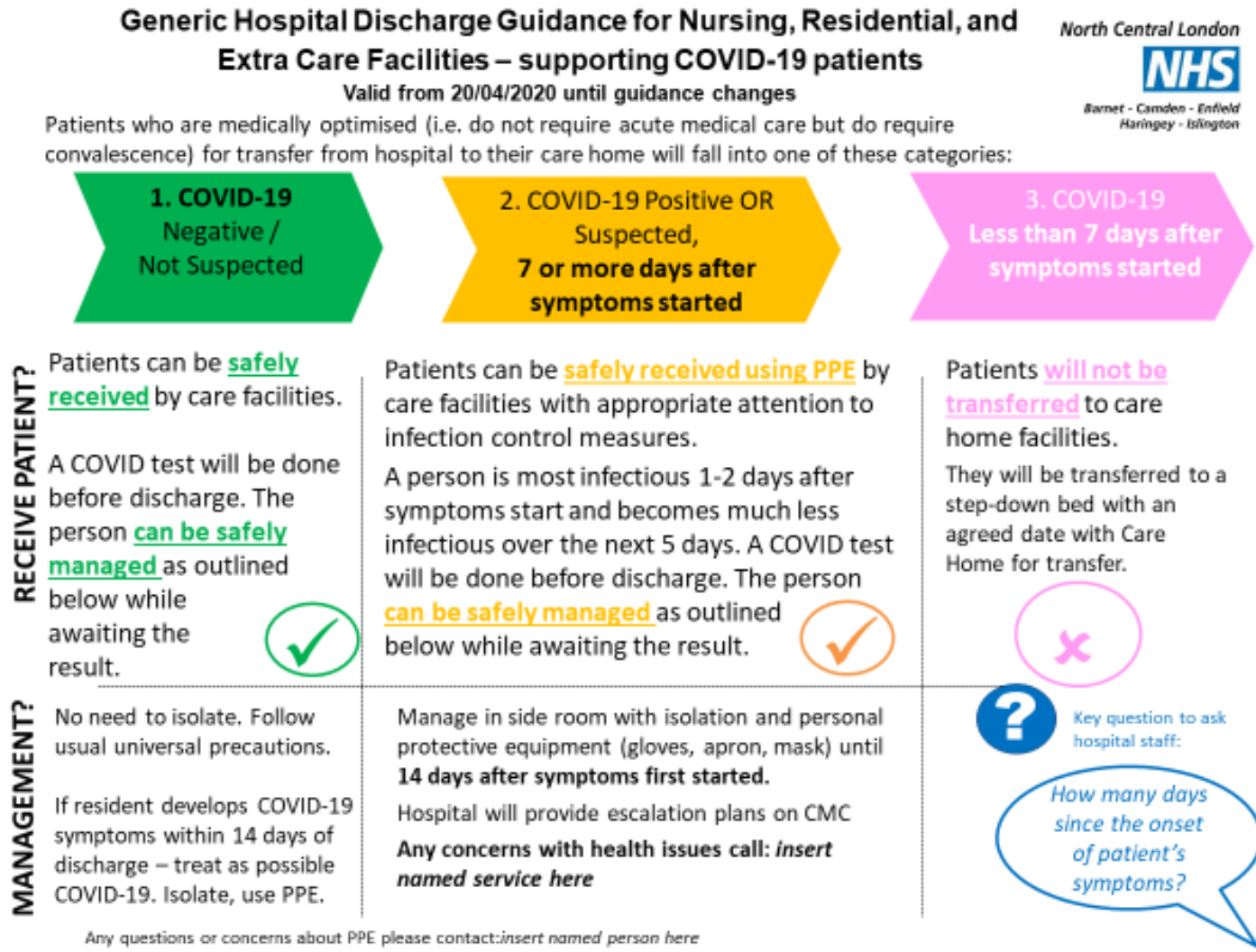
- Try to persuade the resident to self-isolate, understand why they want to leave their room
- Offer incentives – such as food or laundry services
- Think of temporarily re-locating any other residents with underlying health conditions or those over 70 years old be temporarily re-located.
- Assess whether to close part or all of a site to new entries
- If possible, put in place a system to review why the individual left their room, the impacts of this and how a similar event could be avoided in the future.

We recognise there will be capacity issues around decision making and we recommend that the usual processes are applied to support clients with reduced capacity to self-isolate appropriately. Please contact carequality@barnet.gov.uk for additional advice when specific issues are identified. National guidance is also available HERE.

Annex VIII – Outbreak management flowchart (click to see full document)

Annex IX – Discharge protocol

Discharge protocol for care homes:



Discharge protocol for home care:

Generic Hospital Discharge Guidance for Home Care – supporting COVID-19 patients

Valid from 20/04/2020 until next guidance

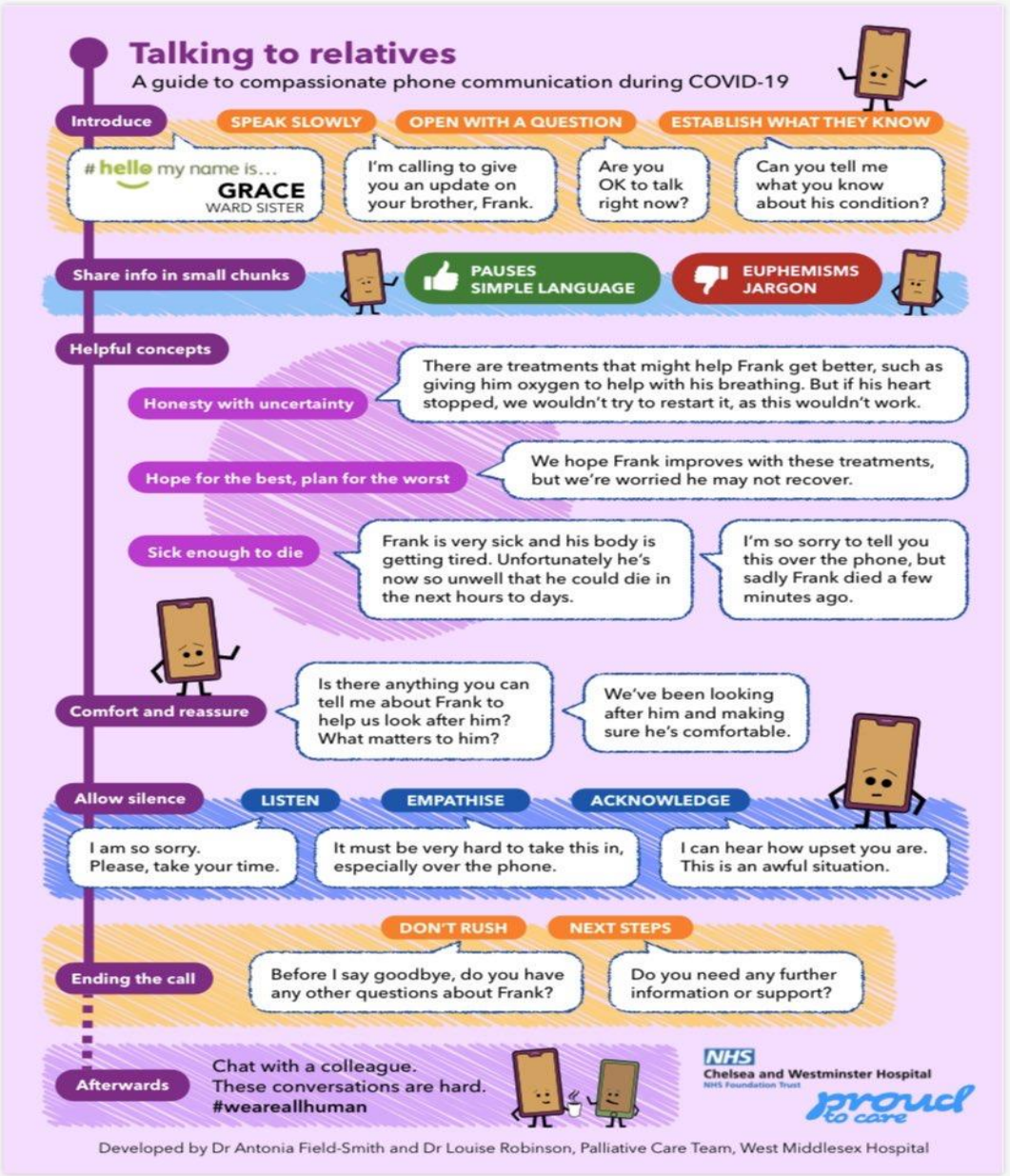
North Central London NHS
Barnet - Camden - Enfield
Haringey - Islington

Patients who are medically optimised (i.e. do not require acute medical care but do require convalescence) for transfer from hospital to their home will fall into one of these categories:

	1. COVID-19 **Negative or Not Suspected**	2. COVID-19 **Positive or Suspected**	3. COVID 19 **Positive or Suspected Special situations**
RECEIVE PATIENT?	People can return home and safely receive care at home. ✓	The patient can be discharged to their own home when they are clinically ready. Self-isolation should continue until **14 days after symptoms started** AND until fever has resolved without medication for 48 hours consecutively. A negative test is **not required** prior to discharge ✓	Longer periods of isolation may be advised for some patients with **severe immunosuppression** or who have received **critical care.** This will be assessed by the clinical team on discharge. **Other people at home** – if any household contacts are in the **shielded group** the patient will not be discharged to their home setting until their isolation period has ended or they have a negative test. Additional advice for other household contacts is available.
MANAGEMENT?	Manage as normal without usual care. If person develops COVID-19 symptoms within 14 days of discharge – treat as possible COVID-19.	Use PPE for direct care (gloves, apron, mask +/- eye protection) and dispose of waste safely until **14 symptoms started** AND the fever has resolved for 48 hours without medication.	

Any questions or concerns about PPE please contact: *insert named person here*
Any concerns with health issues call: *insert local service here*

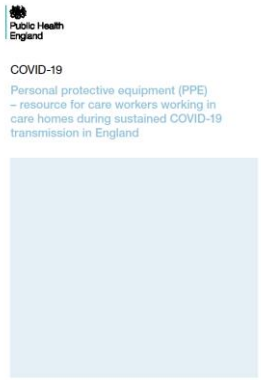
Annex X - Talking to Relatives



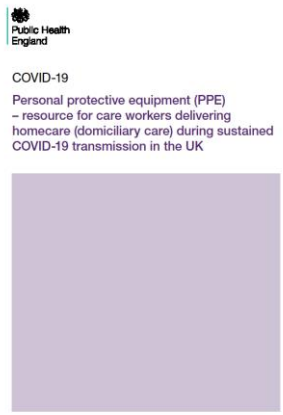
Annex XI – PHE and other relevant materials for care settings

London Care Home Resource Pack

Personal protective equipment (PPE) – resource for care workers working in care homes during sustained COVID-19 transmission in England:



Personal protective equipment (PPE) – resource for care workers delivering homecare (domiciliary care) during sustained COVID-19 transmission in the UK:



Annex XII- Glossary of Terms

a. **Antibody test** means the type of test that looks for the presence of antibodies (produced by people with the virus to counteract the virus) against the COVID-19 virus. These antibody tests are also referred to as serology tests and can be conducted in a laboratory or through point-of-care testing. This test is not widely available yet.
b. **Care Quality Team** is Council's Adult Social Care Team that supports providers of care settings locally. In Barnet, this team is separate from care settings commissioning team.
c. **Confirmed case** means an individual that has taken the PCR swab test and has tested positive for COVID-19, with or without symptoms.
d. **Contact tracing** means a process in which when a person tests positive for COVID-19, they are contacted to identify anyone who has had close contact with them during the time they are considered to be infectious, and these close contacts are also contacted to give them the advice they need.
e. **Incident** means events or situations which warrant investigation to determine if corrective action or specific management is needed. In some instances, only one case of an infectious disease may prompt the need for incident management and public health measures.
f. **Incident management team** means team convened by either LCRC to manage a high risk complex outbreak, or team convened by local authority to manage a community cluster outbreak.
g. **Incubation period** means the period from exposure to the virus to the onset of symptoms. The incubation period for COVID-19 is 5-6 days on average, however it can be up to 14 days.
h. **Infectious period** means the period in which an individual may be contagious to others.
i. **Outbreak** means two or more people that have tested positive for COVID-19, which are linked through common exposure, personal characteristics, time or location; A greater than expected rate of infection compared with the usual background rate for the particular population and period.
j. **Outbreak control team** means team convened by local authority to manage the COVID-19 pandemic.
k. **PCR swab test** means the type of test that looks for the presence of genetic material from the COVID-19 virus within a swab or saliva sample. PCR stands for Polymerase Chain Reaction. Evidence shows that an individual can test positive on a PCR swab test for COVID-19 from 1-3 days before the onset of symptoms. The highest levels of the virus in the nose and throat are in the 3 days following the onset of symptoms. After day 5, levels of the virus are too low for the PCR swab test to reliably detect and infection (the test may not be valid).
l. **Possible case** means an individual that may be presenting with symptoms of COVID-19 but has not been tested or are awaiting their PCR swab test result.
m. **Self-isolation** means when an individual stays at home because they have or might have COVID-19, which helps stop the virus spreading to other people.
n. **Shielding** means extra steps taken by individuals at high risk (clinically extremely vulnerable) from COVID-19 to protect themselves.
o. **Social distancing** means individuals avoiding close contact with anyone that they do not live with.