

## **Coronavirus (Covid 19) Policy**

Abbey Care's number one priority for our Clients is that they all get the care they need throughout the COVID-19 pandemic. As the pandemic progresses, our vital service must remain resilient.

Our care takes on many different forms and helps people of all ages. It is held together by a common purpose: not just helping people with a wide range of needs, but helping people to live the best possible life. The challenges of COVID-19 go far beyond anything we have previously experienced. We are fully focused on trying to protect and preserve life for those individuals supported by us. We know our partners in local government share this focus, with council leaders and social care lead members providing essential local leadership and oversight in our local communities. Workforce absences as a result of our attempts to minimise transmission and the need for additional personal protective equipment both raise issues we have never encountered before and present challenges. Abbey Care supports many different people, including older people, disabled people and those with long-term conditions, those in need of support to maintain good mental health, and those who are mentally unwell, along with their carers.

Great social care can make all the difference to a person's quality of life. It is one of the most important ways we can help support people to stay well, as independent as possible and connected with families and communities in such difficult times. This in turn will also help the NHS to maximise its capacity to treat those most acutely affected by COVID-19, by preventing admissions and supporting discharge from hospital back to people's homes and other care settings with support from social care and the NHS. Clearly the challenges of COVID-19 go far beyond anything we have previously experienced. Our approach is made of three pillars:

1. Controlling the spread of infection.
2. Supporting the workforce.
3. Supporting independence, supporting people at the end of their lives, and responding to individual needs.

### **Controlling the spread of infection in care settings**

Abbey Care works to deliver high quality care centred around the person to promote independence and wellbeing. For most people, COVID-19 is a mild illness from which they will fully recover. But we know that there are certain cohorts of people who are more likely to be seriously impacted by COVID-19 disease. Age is a significant factor, with older people at risk of serious COVID-19 disease. Other groups of people (e.g. some people with learning disabilities) may have conditions (such as respiratory diseases) that tend to be associated with a higher risk. Whilst our approach is to provide care for everyone using our service, we need to be particularly mindful of those who may be most severely impacted.

The guidance sets out advice for those affected on how to minimise the risks of transmission through good infection control practices.

### **Provision and use of Personal Protective Equipment**

Personal Protective Equipment (PPE), such as gloves and aprons, has only historically been needed in adult social care. On very few, if any, occasions have we historically needed facemasks. However, as a result of COVID-19 the latest PPE guidance

recommends wearing facemasks for all care visits. The Government and Public Health England (PHE) have set out a PPE plan, including for the social care sector. This PPE guidance includes guidance for usage in the social care sector.

We have sourced an adequate supply of PPE and if there is a shortage can contact the council for an emergency supply. The first point of contact during business hours (Mon-Fri, 8am-5pm) is the Contracts Team, by sending an email headed "PPE – request for stock" to [contracts@westsussex.gov.uk](mailto:contracts@westsussex.gov.uk). For emergency requests outside of these hours (evenings, weekends and bank holidays), the contact is the Out of Hours Team at [ssoutofhours@westsussex.gov.uk](mailto:ssoutofhours@westsussex.gov.uk).

Another contact is the National Supply Disruption Response (NSDR) system to request emergency PPE. There is a 24/7 helpline for providers who have an urgent requirement (e.g. require stock in less than 72 hours), which providers have been unable to secure through business as usual channels.

## Care Provision

When providing personal care which requires the care worker to be in direct contact with the client(s) e.g. touching OR they are within 2 metres of anyone in the household who is coughing, the care worker will wear a disposable apron and gloves and a surgical face mask. The same mask can be worn between different care visits and changed if the face mask is soiled, damp or damaged. Eye protection may be needed for the care of some clients where there is a risk of droplets or secretions from the client's mouth, nose, lungs or from body fluids reaching the eyes e.g. caring for someone who is repeatedly coughing or who may be vomiting.

When the care visit does not require the care worker to touch the client, but needs to be within 2 metres of the client, e.g. medication administration or food preparation, the care worker needs to wear a surgical face mask but is not required to wear an apron or gloves.

PPE is only effective when combined with

- Hand hygiene (cleaning hands regularly and appropriately)
- Respiratory hygiene and avoiding touching the face with hands
- Following standard infection prevention and control procedures

Hand hygiene must be performed immediately before every episode of care and after any activity or contact that potentially results in the care worker's hands becoming contaminated. Nails should be kept short and moisturiser used regularly to keep the skin on the hands intact. In some client's homes there are no suitable facilities for handwashing and hand sanitiser should be used until the care worker is able to clean their hands.

## Cleaning

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.

Personal waste (for example, used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags.

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

## **Laundry**

If care workers support the individual with laundry, then they should not shake dirty laundry before washing. This minimises the possibility of dispersing virus through the air.

Wash items as appropriate, in accordance with the manufacturer's instructions.

Dirty laundry that has been in contact with an ill person can be washed with other people's items. If the individual does not have a washing machine, wait a further 72 hours after the 7-day isolation period has ended; the laundry can then be taken to a public laundromat.

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

## **Safe discharge from the NHS to social care settings**

Due to concerns about being able to effectively isolate COVID-positive clients, and putting existing clients at risk, we will not be accepting new clients who are Covid-positive. Where a test result of an existing client in a hospital setting is still awaited, the client will be discharged and pending the result, PPE used in the same way as a COVID-positive patient will be. We will also wear PPE for clients for 2 weeks following discharge from hospital.

## **Reporting**

COVID-19 is a notifiable disease. **A manager** must ensure that, if they have a suspected outbreak of COVID-19, they report this to the local Health Protection Team as a priority, which is in line with outbreak control plans that are in place for all infectious diseases.

The CQC must also be notified of the death of a person using the service and their form has been updated to include COVID-19 as a cause of death

RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) reporting should be made when:

- an unintended incident at work has led to someone's possible or actual exposure to coronavirus. This must be reported as a dangerous occurrence.
- a worker has been diagnosed as having COVID 19 and there is reasonable evidence that it was caused by exposure at work. This must be reported as a case of disease.
- a worker dies as a result of occupational exposure to coronavirus.

If a worker dies as a result of exposure to coronavirus from their work and this is confirmed as the likely cause of death by a registered medical practitioner, then we must report this as a death due to exposure to a biological agent using the 'case of disease' report form. We must report workplace fatalities to HSE by the quickest practicable means without delay and send a report of that fatality within 10 days of the incident.

## Testing

Testing for Covid-19 is now available to all social care staff who are displaying symptoms. This takes place at a drive thru centre in Gatwick. The criteria has been agreed by Chief Medical Officers, supported by Public Health England and a national letter dated 12th April 2020 by NHS England and NHS Improvement (NHSE&I) has since validated this.

To meet the testing criteria, that person must either be:

- An individual (adult or child) with COVID-19 symptoms (within 5-day onset symptoms) living in the same household as a member of NHS staff or wider NHS family who has gone off work within the last 3 days.

○OR

- A key worker who has COVID-19 symptoms.

The test needs to happen (of keyworker or household member) within 5 days of onset of symptoms. Within 3 days is better. So they'll need to have informed their organisation as soon as they start isolation in order to ensure a swab takes place by day 5.

Ideally, you should be in the first three days of the onset of your COVID-19 symptoms at the time the swab is taken - although testing is considered effective up until day 5. No testing should be undertaken after day 5, unless it's for a specific reason agreed on a case by case basis by local microbiologists.

If a member of staff tests negative, then they can return to work if they are well enough to do so and should discuss this with their employing organisation. If an individual living in the same household as a member of the NHS/social care family tests negative, then the social care worker can return to work without themselves being tested. If they remain symptom free and the whole household can come out of self-isolation.

- If an individual receives an inconclusive/void result they should contact their organisation/direct line manager and inform them. Individual discussions will then be held. In some situations, a microbiologist may advise that a re-test is required outside of the timings.
- If the decision is made not to re-test, the individual should continue as if no test had been undertaken: If an individual is in household isolation they should continue to self-isolate for the 14 days.
- If it is due to symptoms themselves if, after 7 days isolation, they are fit to return to work they can do so.

Staff need to inform their manager as soon as they are aware they need to isolate informing them if it is themselves or a household member or members with symptoms.

The Care Provider Manager will confirm they meet one of the two criteria set out. They will then complete the spreadsheet with all the information and contacts of each person to be tested (only symptomatic people). The completed spreadsheet should be sent to [Sxccg.Covidtestingreferrals@nhs.net](mailto:Sxccg.Covidtestingreferrals@nhs.net).

The results will be sent back to the person that has been tested. If that person is not the worker but a household member, they will need to inform the worker so they in turn can inform their manager of the result.

A Centralised Booking Hub for key worker testing has been established for Sussex. They will contact the people requiring testing and will manage the booking for swabbing into the various testing services, considering the nearest site and whether an individual can drive or not. They will give instructions on what to do once appointment has been confirmed.

## Shielding

People who are clinically extremely vulnerable should have received a letter telling them they're in this group or been told by their GP.

- The individual has been told that you're clinically extremely vulnerable, they should register online even if they do not need additional support now. They can also call 0800 028 8327

Expert doctors in England have identified specific medical conditions that, based on what we know about the virus so far, place someone at greatest risk of severe illness from COVID-19.

Clinically extremely vulnerable people may include the following people. Disease severity, history or treatment levels will also affect who is in the group.

1. Solid organ transplant recipients.
2. People with specific cancers:
  - people with cancer who are undergoing active chemotherapy
  - people with lung cancer who are undergoing radical radiotherapy
  - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
  - people having immunotherapy or other continuing antibody treatments for cancer
  - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
  - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD).
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe combined immunodeficiency (SCID), homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.

People who fall in this group should have been contacted to tell them they are clinically extremely vulnerable.

Individuals are strongly advised to stay at home at all times and avoid any face-to-face contact if they're clinically extremely vulnerable to protect themselves.

This is called 'shielding' and the general advice for those individuals is:

1. Do not leave your house.

2. Do not attend any gatherings. This includes gatherings of friends and families in private spaces, for example, family homes, weddings and religious services.
3. Strictly avoid contact with someone who is displaying symptoms of coronavirus (COVID-19). These symptoms include high temperature and/or new and continuous cough.

The Government is currently advising people to shield until the end of June and is regularly monitoring this position.

Our care workers will maintain infection control practices through effective handwashing and wearing aprons, facemasks and gloves for those Clients that are clinically extremely vulnerable.

### **Staffing**

We have a strong and loyal team, who are committed to provide a high quality service, including in these challenging times. Whilst the lockdown is in place, many staff are able to do increased hours, due to partners being at home and able to look after children. Some of our care workers are also able to work increased hours as their primary employment is not in operation. Prompt Covid-19 testing for staff has helped to maintain our workforce. We have 6 members of staff based in the office and are all available to provide hands on care where needed. We have implemented working from home, where possible, to minimise the spread of infection, to enable effective support.

### **Prioritising Care**

All our clients are prioritised on Access Care Planning on their need for care. In an emergency situation, we can implement this and see the Clients with urgent care needs first. This is based on whether they live alone, continence, medication, mobility and other health and safety needs.