



consummate  
**care**  
(uk) limited

# COVID-19 POLICY

Updated

11.01.2021

# **COVID-19 POLICY**

## **Policy Statement**

The Coronavirus disease named COVID-19, has been classed by the World Health Organisation as a Pandemic. As the virus has the potential to spread extensively, it's likely to pose a significant challenge for health and social care providers.

In order to mitigate the spread and contain the risk of the virus, providers will need to ensure that they work in a collaborative and multiagency way

The government, Public Health England and all Local Authorities will be responsible for the advice and guidance disseminated to their Local Providers.

As a provider there are several things we need to put in place whilst ensuring that the situation is continually monitored. This will be particularly important, as the spread and breadth of the virus increases.

## **1. The Policy**

This policy is intended to ensure that staff are aware of their responsibilities to inform management of any symptoms of the virus. In order to prepare for any staff shortages, the Business Contingency Plan must be robust and tested to ensure reliability. It is also important that steps are taken to protect and mitigate the spread of the virus to our clients. Therefore, it is important that staff remain calm, diligent and observation will be key to picking up any likely infection source.

## **2. Symptoms**

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

- **Cough**
- **High temperature**
- **Chills**
- **Shortness of breath or difficulty in breathing**
- **Muscle Pain**
- **Sore Throat**
- **New loss of taste or smell**

These symptoms do not necessarily mean that someone has the illness. The symptoms are similar to other illnesses that are much more common, such as cold and flu. The incubation period of COVID-19 is between 2 and 14 days.

If employees exhibit any of the above symptoms, current guidance is that they should self-isolate for a period of 10 days. As the crisis escalates, it will become increasingly difficult for the company to arrange cover for staff absence. Therefore, in order to allow as much notice as possible for alternative staffing arrangements to be made it is absolutely ESSENTIAL that symptomatic staff inform the office, or on call team IMMEDIATELY on realising symptoms.

Office staff should ensure that their workspace, telephones and equipment is regularly cleaned with an antibacterial or degreasing cleaner. Under no circumstances are staff to share workspaces or telephones.

In the event of a sickness management crisis, office staff will be utilised to carry out essential care visits. During this time office-based services will operate as out of hours on call service, with at least one member of staff being responsible for dealing with urgent calls and emails.

In the event of government instruction to lockdown complete or non-essential areas, the decision to continue the staffing the office will be reviewed with a view to full office closure with staff working from home. All office staff have access to secure computers, internet connection and necessary documents to allow them to continue working and all essential software is cloud based, allowing a secure connection from any location.

Upon deescalated, normal opening will resume.

### **3. Care Visits**

#### **During care visits employees should:**

- Ensure that full PPE is worn from the point of entry into all client's homes, up until the point of departure. During care delivery, gloves and aprons should be changed between tasks as detailed above.
- Dispose of all PPE used during routine visits with household waste before returning to their vehicles. Under no circumstances should staff place used gloves or aprons into their uniform pockets or carry them into another client's home.
- When visiting someone who is symptomatic, all staff should ensure that they follow safe working practices including the use of new PPE for every incident of care. Used PPE must then be disposed of inside of two disposable rubbish bags, then tied and put aside for 72 hours in an area that is separate from other waste and other household members. Once 72 hours have passed, the bag may be placed in with usual household waste. When available fluid repellent surgical masks, and eye protection will help to minimise infection risk.
- When washing laundry items may be washed with usual detergent and can be placed with items belonging to other household members.
- Items that are heavily soiled e.g. with vomit, or blood such as bedding, or clothing should be disposed of with the clients permission. The items must then be disposed of inside of two disposable rubbish bags, then tied and put aside for 72 hours in an area that is separate from other waste and other household members. Once 72 hours have passed, the bag may be placed in with usual household waste.
- Personal waste e.g. continence pads, used tissues and other soiled items can be secured within disposable rubbish bags then, put aside for 72 hours in an area that is separate from other waste and other household members. Once 72 hours have passed, the bag may be placed in with usual household waste.
- Staff should increase the amount of cleaning activity during visits. Normal household products such as detergents and bleach can be used with frequently touched surfaces being cleaned more regularly.
- When doing laundry, do not shake items as this may increase the possibility of the virus dispersing through the air.
- Try to keep rooms properly ventilated, where it is safe and appropriate to do so.
- If a client informs you that they or a close family member has symptoms of Covid-19 contact should immediately be made with the office or on call and you must ensure that you

immediately follow all safe working advice when providing care for those diagnosed with the illness.

#### **4. Facemasks**

Facemasks help provide additional protection from COVID-19 and are recommended to be worn by staff at all times while providing close contact care.

Public Health England (PHE) recommends that the best way to reduce any risk of infection for anyone is good hygiene and avoiding direct or close contact (within 2 meters) with any potentially infected person.

#### **5. Employees returning from Annual Leave**

In order to delay the spread of infection to both staff, and clients. All employees returning from certain designated areas must contact NHS 111 before returning to work and inform the office of the advice they have been given.

#### **6. Communication**

During the period of this pandemic, updates will be shared with staff on a weekly basis. In addition, as the situation is developing and changing daily, updates on any critical developments or new advice issued by the government or other statutory bodies will be issued as they occur. The following methods will be used to disseminate this information with those marked with a '\*' being used to share any confidential details.

- What's App Encrypted Messaging\*
- Telephone\*
- Email
- Text message
- Social Media

#### **7. Business Contingency Planning**

As part of Regulation 17 Good Governance every provider will have in place a Business Contingency Plan. This plan will be continually reviewed, amended and tested for its reliability.

As the situation develops those responsible for the contingency plan will meet regularly to review the preparations and ensure they are still fit for purpose. It is important to act early, even if planned contingencies are not then needed.

This organisation has a statutory duty of care for people's health and safety. Looking after our clients & employees, health, well-being and safety is our number one priority during this outbreak.

#### **8. Workforce Planning:**

- Roster's will be planned based on essential calls (RED) prioritised first.

- Rosters will be planned to ensure that where two carers are required that the same staff work together wherever possible and that these staff visit the same group of clients during the crisis period.
- All available staff will be asked to work overtime in accordance with working time regulations
- Family members may be asked to act as the extra staff member on double up calls (subject to risk assessment being carried out) or to take complete responsibility for some planned visits.
- Where possible annual leave may be cancelled
- Where possible incentives to work additional shifts/hours will be offered.
- Office staff will assist where possible
- Agency Staff will be used where possible, if required
- There will be cooperation with other providers. Working with, and sharing / pooling resources where possible
- The office may be closed if necessary, and office staff will be required work remotely.
- Risk assessments will be completed to identify staff who are deemed to be in an at-risk group.
- Consideration will be given to utilising staff who have are required to stay at home but who are not symptomatic; to carry out office or, on call tasks or for them to complete training.
- Risk assessments will be completed to identify staff who may have difficulty working their usual shift due to school closure or other virus-related family emergencies.
- Where possible staff who are unable to work their usual shift will be allocated to alternative shifts.
- Consideration should be given to utilising volunteers to visit clients in order to provide emotional support, and non-regulated activities e.g. help with meal preparation, and shopping.

## **9. Clients**

Close monitoring of clients will be introduced in order that any contagion is picked up as early as possible and appropriately reported in order that the measures identified in the action plan (appendix 1) are put in place. Furthermore, the Company will follow specific government guidance for home care settings.

As part of a risk assessment process, office staff will contact all clients, and their wider support network to assess their wellbeing and to inform them that disruption to the service is highly likely and that it may be necessary for an interruption or change to their normal service to be made. Where possible, families and wider support networks will also be asked to assume responsibility for some aspects of client's care.

It is important that people are reassured during this time and that anyone who particularly alarmed or distressed is offered some support.

## **10. Action Plan & Risk Assessments**

The Covid-19 Action Plan will be put into effect on Monday 16<sup>th</sup> March 2020, alongside this managers will begin process or risk assessing those areas identified in the policy and action plan, ensuring that any risks that are identified are actioned immediately in order to minimise risk to staff and clients and the continuity of the service.

Managers will discuss the action plan weekly and will put into place any newly identified actions or risk assessments.

The registered manager will have overall responsibility for the action plan with, individual tasks being assigned to members of the management team. All assigned tasks must be completed as a priority

within 5 working days and with those identified as being a 'High' risk being completed within 3 days. In the event that a risk assessment identifies a critical issue, this should be reported to the registered manager immediately.

## 11. **Staff Testing**

All staff are required to undergo weekly COVID-19 testing. Test kits will be supplied to each member of staff and advice about how to take the tests will be given. It will be the responsibility of each member of staff to ensure that the test is taken and posted by Priority mailbox on the day the test is taken.

Tests must be completed on a Thursday or Friday and posted ideally on the day it was taken or the following day at the latest.

Each member of staff will provide the office with the Testing Barcode Number and the Royal Mail tracking code. This is extremely important and will enable the tests to be logged on the gov.uk website.

## 12. **Test Results**

All staff will be asked to sign a consent form for the Care Manager to receive a copy of their test results by email. This will be logged on the employees file for reference and allow for a record to be kept.

### **Negative Result**

No action required and the employee can carry on their day-to-day role. Weekly testing to continue.

### **Positive Result**

The staff member **must** self-isolate immediately for 10 days beginning when any symptoms started or the test date if they had no symptoms. The care manager will keep in regular contact and once the isolation period is over and the staff member has no symptoms they will be allowed to return to work.

As COVID-19 can remain in the body for up to 90 days, further weekly test will **not** be required until the 90 days have passed, unless they start to show any additional symptoms or have been confirmed to have been in contact with someone else who has tested positive, which they will then be required to self-isolate and be tested again.

### **Links to further information**

For more information please click the links below:

- <https://www.gov.uk/government/organisations/public-health-england>

- <https://www.gov.uk/government/organisations/department-of-health-and-social-care>
- <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-covid-19#guidance-on-facemasks>
- <https://www.gov.uk/government/publications/guidance-for-social-or-community-care-and-residential-settings-on-covid-19>
- [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/872745/Infection\\_prevention\\_and\\_control\\_guidance\\_for\\_pandemic\\_coronavirus.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/872745/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf)

**Related Policies**

- Contingency and Emergency Planning
- Good Governance
- Infection Control
- Cooperating with other Providers

**Training Statement**

All staff, during induction are made aware of the organisations policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used including one to one, on-line, workbook, group meetings, individual supervisions and classroom sessions.

<b>Signed:</b>	
<b>Job Title / Position:</b>	Care Manager
<b>Date:</b>	11 <sup>th</sup> January 2021
<b>Next Policy Review Date:</b>	<b>11<sup>th</sup> January 2022</b>

## COVID-19 ACTION PLAN

AREA	CONCERN / EVENT	RESPONSE	OWNER	UPDATE / STATUS
<b>1. Regulation</b>	<p>Ensure that we keep up to date and maintain compliance with the changing government guidance.</p> <p>In the event of a service user or a shared household member contracting the virus, it is vital that we react appropriately, with the best interest of all clients in mind, ensuring that we maintain our duty of care to both the clients and our staff.</p>	<p>The government has set out guidance for Health and Social care and the general public, ensure that this information is read and disseminated as appropriate.</p> <ul style="list-style-type: none"> <li>• Ensure that a copy of the contingency plans for local councils and or CCG's are available for reference</li> <li>• Ensure local emergency contacts are up to date</li> <li>• Ensure that any local plan links into local arrangements</li> <li>• Ensure that a copy of policy is made available to commissioners</li> <li>• Where a client or shared household member displays symptoms it is important that we make the appropriate notifications to the local Authority infection control team.</li> <li>• To 111 and follow the advice given.</li> <li>• The CQC</li> <li>• All staff must follow guidance issued to</li> </ul>	<p>Care Manager</p> <p>Care Manager</p>	
<b>2. Clients</b>	<p>The vast majority of people will have mild to</p>	<ul style="list-style-type: none"> <li>• Complete risk assessment to identify service users who are over the 70</li> </ul>	<p>Care Manager</p>	



	<p>moderate symptoms. But those with a weakened immune system are more susceptible to additional complications from Covid-19, including conditions such as:</p> <p><b>Diabetes</b>  <i>People with diabetes face greater risks when dealing with viral infections like flu, and that is likely to be true with COVID-19.</i></p> <p><i>This is because fluctuating glucose levels result in a lower immune response - meaning less protection against the virus.</i></p> <p><b>Heart disease</b>  <i>Those with heart issues are more likely to have a less robust immune system.</i>  <i>The virus's main target is the lungs which can also affect the heart, especially a diseased heart, or someone living with heart failure. As in both cases the heart must work harder to get oxygenated blood throughout the body.</i></p> <p><b>Asthma</b>  <i>Asthma sufferers are more susceptible of getting the virus.</i>  <i>Asthma UK have urged sufferers to keep taking their preventer inhaler as prescribed as this will help cut the risk of an asthma attack being triggered by respiratory virus. Similarly, advice is to carry blue reliever inhalers every day, if they have been prescribed.</i></p>	<p>years of and who classified as at-risk.</p> <ul style="list-style-type: none"> <li>• Contact clients with information about the companies contingency planning and remind those identified as 'at-risk] and their families of the advice to self-isolate for a period of 12 weeks.</li> <li>• Complete risk assessment to identify priority and minimum number of visits that can be provided to each client safely.</li> <li>• Reassess the minimum staffing levels required to deliver each care visit safely.</li> <li>• Risk assess individual's family members suitability to assist with two carer visits</li> <li>• Create a register of family members and extended network; who are able and willing to carry out some or all care.</li> <li>• Encourage symptomatic clients to wear a face mask, during care visits and with all visitors.</li> <li>• Encourage clients to increase their fluid intake which, may help to keep away the virus [Warm water is better]</li> </ul>		
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	<p><b>COPD</b>  A group of lung diseases including emphysema and chronic bronchitis.</p> <p>People with COPD are at more risk as they can have a disruption of their epithelial lining — or damage to the cellular barrier that helps to protect the lungs — making it easier for viruses and illnesses to invade the rest of the body.</p> <p><b>Cancer</b>  A compromised immune system will mean that people with cancer are more susceptible to the virus. This is especially so for those who have had chemotherapy treatment.</p> <p>As with any infection, the virus is also more likely to progress at a greater speed in someone who has cancer.</p> <p><b>Cystic Fibrosis (CF)</b>  Cystic fibrosis causes lung infections and problems with digesting food. Therefore, people with CF are generally more likely to pick up infections, and they are more vulnerable to complication.</p> <p>However, current advice from the CF Trust states that there is currently no need for people with cystic fibrosis to limit their activities.</p> <p><b>Primary Immunodeficiency (PID)</b>  PID are disorders in which part of the body's immune system is missing or does not function normally.</p>			
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	<p><i>This results in a reduced or no natural defence against germs such as bacteria, fungi and viruses.</i></p> <p><b>Smoking</b>  <i>While smoking isn't a health condition. Smokers are more susceptible to getting the virus due to their weakened lung function.</i></p> <p>If a client or a shared household member becomes symptomatic it is vital that we respond appropriately to minimise the risk to our staff and other clients.</p>	<ul style="list-style-type: none"> <li>• Only essential visits as identified by risk assessment should be made to the clients home during the infectious period.</li> <li>• Consider a dedicated team to support those who become asymptomatic.</li> <li>• Where one than more person becomes systematic, consider placing them onto a virus specific 'round', supported by a dedicated team. This approach should mean that the risk of other clients being exposed is reduced.</li> <li>• Ensure PPE is worn for the duration of the visit and that disposal guidance is followed.</li> <li>• Follow latest guidance on safe ways of working and infection control guidance. In particular guidance issued for Covid-19</li> </ul>	<p>Care Manager &amp; Allocations Supervisor</p>	
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<p><b>3. Visitors</b></p>	<p>Visitors to service users present an increased risk of infection as they may spread the virus.</p> <p>Whilst it is very important to the people that we support to continue to see their friends and family, it must also be considered that the level of vulnerability means this could have a significant impact on the lives of many vulnerable people.</p> <p>Visitors to the AliMo office may increase the risk of exposure to the virus to both office and care staff.</p>	<ul style="list-style-type: none"> <li>• Consider advising families and extended network not to visit clients if they have been in contact with someone who has shown symptoms, or if they are showing symptoms themselves.</li> <li>• Visitors should be advised to wash hands on entry. Consider asking the client for permission to place a notice at the door.</li> <li>• Advise clients not to shake hands to greet people.</li> <li>• Staff should not touch clients face unless charring out gloved personal care.</li> <li>• Numbers of staff visiting clients will be kept to the minimum with the same staff completing visits over multiple weeks.</li> <li>• When two carers are required, they will remain working together and visiting the same clients over multiple weeks. This will restrict the number of carers visiting clients, and reduce the risk of infection.</li> <li>• Consider if clients can be helped to access the use of technology such as WhatsApp, Facetime to maintain contact with relatives.</li> <li>• The office will be closed to <b>all</b> visitors</li> <li>• Arrangements should be put in place for field staff to make appointments to collect or have</li> </ul>	<p>Care Manager</p> <p>Admin Manager</p>	
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		<p>delivered replacement PPE / Uniform</p> <ul style="list-style-type: none"> <li>Field staff will be permitted to submit overtime claims and other essential paperwork by email or What's App. When submitting confidential information staff must make sure they use the encryption available via What's App.</li> </ul>		
<b>4. Workforce</b>	Workforce planning	<ul style="list-style-type: none"> <li>Roster's will be planned based on essential calls (RED) prioritised first.</li> <li>Rosters will be planned to ensure that where two carers are required that the same staff work together wherever possible and that these staff visit the same group of clients during the crisis period.</li> <li>All available staff will be asked to work overtime in accordance with working time regulations</li> <li>Family members may be asked to act as the extra staff member on double up calls (subject to risk assessment being carried out) or to take complete responsibility for some planned visits.</li> <li>Where possible annual leave may be cancelled</li> <li>Where possible incentives to work additional shifts/hours will be offered.</li> <li>Office staff will assist where possible</li> <li>Agency Staff will be used where possible, if required</li> </ul>	Allocations Supervisor	

	Recruitment	<ul style="list-style-type: none"> <li>• There will be cooperation with other providers. Working with, and sharing / pooling resources where possible</li> <li>• The office may be closed if necessary, and office staff will be required work remotely.</li> <li>• Risk assessments will be completed to identify staff who are deemed to be in an at-risk group.</li> <li>• Consideration will be given to utilising staff who have are required to stay at home but who are not symptomatic; to carry out office or, on call tasks or for them to complete training.</li> <li>• Risk assessments will be completed to identify staff who may have difficulty working their usual shift due to school closure or other virus-related family emergencies.</li> <li>• Where possible staff who are unable to work their usual shift will be allocated to alternative shifts.</li> <li>• Consideration should be given to utilising volunteers to visit clients in order to provide emotional support, and non-regulated activities e.g. help with meal preparation, and shopping.</li> <li>• The economic crisis caused by the pandemic has created a potential that people may be looking for new or more secure jobs. This opportunity should not be missed and a rolling recruitment campaign should begin.</li> </ul>	Registered Manager	
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	<p>The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:</p> <ul style="list-style-type: none"> <li>• <b>Cough</b></li> <li>• <b>Difficulty breathing</b></li> <li>• <b>Fever</b></li> </ul> <p>Generally, these infections cause severe symptoms in people with weakened</p>	<ul style="list-style-type: none"> <li>• Social Media, Jobs Boards and the Proud to Care website should be utilised to advertise vacancies ensuring that we highlight the social and economic benefit of joining the sector at this time.</li> <li>• During the campaign it will be essential that all expressions of interest or applications are actioned as soon as possible or at the very least within 24 hours of receipt. Consideration should be given to utilising staff who are self-isolating to assist with enquires and processing applications.</li> <li>• The Admin and Care Manager should make themselves aware of the temporary / virus recruitment guidance issued by the CQC.</li> </ul> <p>Due to the nature of our work, and the clients we visit, staff are at no more risk than the general public of contracting the virus, this is particularly so as those over 70 years of age and people in at-risk* groups have been asked to stay at home for a period of 12 weeks from the 20<sup>th</sup> March.</p> <p>The below precautions will however, assist us to minimise the impact of this virus on our staff and the clients.</p>	<p>Registered Manager &amp; Care Manager</p>	
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	<p>immune systems, older people, and those who are considered to be at risk. The spread of the virus could take place before symptoms develop or can be spread by people who do not develop symptoms at all.</p> <p>*at-risk having been defined as those with health conditions where they are usually invited to have a flu jab.</p>	<p>Infection control procedures and increased frequency of handwashing are the governments primary advice at this stage in combating further spread of the virus.</p> <p>Further infection control measures to be implemented are:</p> <ul style="list-style-type: none"> <li>• All staff to revisit infection control training.</li> <li>• All staff to be supplied with a summary of, and link to the publication “Guidance for infection prevention and control in healthcare settings “</li> <li>• During routine visits, where the client is not symptomatic usual PPE is to be worn upon entry to clients home, and for the duration of the visit.</li> <li>• Used PPE must be disposed with normal household waste before the carer returns to their vehicle</li> <li>• Carers should not place used PPE into pockets, and must ensure that it is not carried to their vehicles or another clients home.</li> <li>• Handwashing must take place before and after personal care, before and after food preparation and following touching anything in high traffic areas.</li> </ul>		
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	<p>Staff member has become symptomatic or they share a home with someone who has become symptomatic.</p>	<ul style="list-style-type: none"> <li>• Staff should carry out additional cleaning at clients home, paying particular attention to frequently touched surfaces.</li> <li>• Staff should wear freshly laundered uniforms for each duty.</li> <li>• Catch it, bin it, kill it guidance should be followed at all times with, tissues being flushed were possible.</li> <li>• Until further notice, only essential meetings will be held and where possible these will be conducted by telephone / video call.</li> <li>• Visits from management teams to clients home should be delayed unless identified as essential</li> <li>• The member of staff should report this to the office or on call immediately.</li> <li>• A review of all contact the person has had with staff members and clients should be completed immediately.</li> <li>• Office staff will attempt to cover shifts, or to reduce client visits as necessary and in line with risk assessment findings.</li> <li>• Where possible office staff will be utilised to carry out care visits during a crisis of sickness absence.</li> </ul>	<p>Care Manager</p>	
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	<p>Staff are be kept up to date with information regarding the virus, company policy and any new procedures necessary for the safe continuity of service.</p> <p>Consideration should be given to general staff welfare</p>	<ul style="list-style-type: none"> <li>• Staff who are self-isolating but who are not symptomatic will be asked to work from home in order to assist with office and on call tasks.</li> <li>• Updates will be circulated to all staff, on at least a weekly basis or in the event of new procedures, systems or guidance being issued.</li> <li>• Managers will check staff understanding of any new procedures and working practices.</li> <li>• Managers will ensure that they are available by email or telephone to answer any questions or concerns that staff might have.</li> <li>• The mental wellness of our workforce is vital, especially so at times of a national crisis. Managers should therefore be mindful of the pressure staff are under.</li> <li>• Regular wellness checks should be made with all staff, to remind them they are not alone, and we are doing everything we can to support them and the vulnerable clients.</li> </ul>	<p>Registered Manager</p> <p>Care Manager</p>	
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<p><b>5. Consumables</b></p>	<p>It is important that we are aware of our current use of consumables such as PPE, Cleaning materials, Soap etc. and plan ahead without stockpiling.</p> <p>In addition to the purchase of our normal supply of consumables a 10% surplus should be considered.</p>	<ul style="list-style-type: none"> <li>• Establish effective stock levels for all PPE and ensure that stocks do not run low</li> <li>• Identify normal use levels of core consumables and ensure effective supplies are maintained</li> </ul> <p>Monitor core suppliers and ensure that they have emergency contingency plans in place.</p> <p>Ensure that adequate supplies or equipment are available (with appropriate training provided), including:</p> <ul style="list-style-type: none"> <li>• Disposable aprons</li> <li>• Gloves</li> <li>• Waste bags</li> <li>• Hand hygiene supplies</li> <li>• FFP3 / N95 respirators</li> <li>• Eye protection, for example, full face visor or single-use goggles</li> </ul>	<p>Admin Manager</p>	
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