

Coronavirus Policy and Procedure

Reviewed by	People Director	Date implemented	August 2020
Discipline	People Services	Date of next review	August 2021
		Target Audience	All Staff

	Committees /Groups / individual	Date: 13.08.20
Stakeholder consultation	Clinical/Corporate Group	
Ratified by committees	Clinical/Corporate Group/COVID Task group	

Date	Version	Action	Amendments	Distributed	Related Documents
13.08.20	1	New policy			
02.09.20	2	Updates	Added guidance to visitors sections.		
23.09.20	2.1	Update	Added guidance to household isolation		
28.09.20	2.2.	Update	Added in about legal guidance, test and trace requirement to isolate and young people guidance around isolation.		
07.10.20	2.3.	Update	Additional guidance added about use of PPE		

1. Purpose

1.1 To ensure that Care in Mind remains up to date and is able to respond in the event of a member of staff, Young person or contact, contracting the virus (SARS coronavirus-2 (SARS-CoV-2)) which results in the disease COVID-19.

1.2 To support Care in Mind in meeting the following Key Lines of Enquiry:

SAFE S2- How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?

SAFE S3: How does the service make sure that there are sufficient numbers of suitable staff to support people to stay safe and meet their needs?

SAFE S5: How well are people protected by the prevention and control of infection?

WELL-LED W5: How does the service work in partnership with other agencies?

1.3 To meet the legal requirements of the regulated activities that Care in Mind is registered to provide:

- The Health Protection (Coronavirus) Regulations 2020
- Civil Contingencies Act 2004
- Control of Substances Hazardous to Health Regulations 2002
- Equality Act 2010
- Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015
- Health and Safety at Work etc. Act 1974
- Coronavirus Act 2020

2. Scope

2.1 The following roles may be affected by this policy:

- All staff including bank workers and contractors
- Young people and their families/carers
- Visitors to Care in Mind services

3. Objectives

To ensure that safe, effective procedures are in place with staff and Young People having information in an accessible format.

As the spread of the virus is resulting in response requirements changing daily, Care in Mind will ensure that it stays up to date with reliable sources of information and has the flexibility to respond when required.

4. Responsibilities of the Care in Mind COVID-19 Task group

Care in Mind have established a COVID-19 task group to manage this situation. This group is made up of Directors, Head of Residential Service, Head of People and the Health and Safety Lead for the organisation. The group meets on a weekly basis to review current Government guidance and put actions in place. The group is also monitoring the situation daily.

5. What is Coronavirus

The World Health Organisation define Coronavirus as;

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus.

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

The best way to prevent and slow down transmission is be well informed about the COVID-19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol-based rub frequently and not touching your face.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow).

At this time, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments. WHO will continue to provide updated information as soon as clinical findings become available.

The most important symptoms of coronavirus (COVID-19) are recent onset of any of the following:

- a new continuous cough
- a high temperature
- a loss of, or change in, your normal sense of taste or smell (anosmia)

For most people, COVID-19 will be a mild illness. However, if you have any of the symptoms above you must stay at home and arrange to have a test to see if you have COVID-19 – go to testing to arrange.

6. Process for employees if you have symptoms or test positive for COVID-19

If in work

- If you develop symptoms of COVID-19 then you must immediately inform your manager

- You will be advised to leave work as soon as is reasonably possible and must isolate yourself from the rest of the team if it is safe to do so. You should also put on a surgical face mask immediately.
- You must then arrange to go for a COVID-19 test. These can be booked online by following this link;

<https://www.gov.uk/get-coronavirus-test>

If not in work

- You must not come into work if you are feeling unwell with symptoms of COVID-19
- Please ring your manager and arrange to have a test.

If a positive Test

- From Monday 28 September 2020 people across England will be required by law to self-isolate if they test positive or are contacted by NHS Test and Trace.
- If your test comes back positive, then you must self-isolate for 10 days and follow the additional Government guidance here;

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

- If your symptoms do not get better after 10 days or your condition gets worse, you should contact the NHS 111 online coronavirus service. For a medical emergency you should contact 999. Do not return to work if you are still not well after 10 days.

If a negative test

- If you test negative for SARS-CoV-2 you can return to work when you are medically fit to do so, following discussion with your line manager and appropriate local risk assessment.
- You do not need to self isolate as long as;
 - everyone you live with who has symptoms tests negative
 - everyone in your support bubble who has symptoms tests negative
 - you were not told to self-isolate for 14 days by NHS Test and Trace
 - you feel unwell – if you feel unwell, stay at home until you're feeling better
- However if other members of your household are unwell with COVID-19 symptoms and have not been tested yet or have tested positive for COVID-19 you must continue to isolate as per the guidance below.
- Please note if contacted by Track and Trace

Advice for staff members, or their household contacts, with 'indeterminate' or 'VOID' COVID-19 PCR results

- Some COVID-19 tests yield 'indeterminate' results (a test that cannot be confirmed as positive or negative). If this occurs, a repeat swab should be sent and staff member/household contacts should immediately self isolate (if not already isolated) whilst waiting for the second result
- Some COVID-19 tests yield 'VOID' results, this mean the test was incorrectly taken, erroneously labelled or leaked in transit and should be repeated. Self-isolation should follow until the second result.

Process for Managers if a positive test is confirmed within your service

- You must immediately inform your line manager and the COVID Task Group.
- The forms in appendix 3 or 4 of this document must be completed and submitted to the COVID group. Use the appropriate form to identify if it is a young person or employee.
- The COVID Task group can be emailed via the COVID Reporting contact in the Outlook address book
- You must contact the Local Authority/NHS and the local health protection team for advice including whether the premises need to close and other staff self-isolate. Local Health protection contacts be found here;
<https://www.gov.uk/health-protection-team>
- All staff and young people must be informed that a member of the team have tested positive for COVID-19. Please ensure this is communicated sensitively and do not inform the team and young people who this member of staff is if the staff member has advised that they do not wish for this information to be shared. If in doubt ring the employee to check, they are happy for this to be shared.
- If you are the manager on call then you must liaise with the most senior member of staff on shift to make contact with all staff on shift and due on shift without delay to inform them of a positive case within the house.
- Any staff who have come into contact with the positive case and where there has been a breach of PPE (see Appendix 3) must self isolate for 14 days.
- Instruct all staff and young people to be tested for COVID-19.
- Staff who test negative for SARS-CoV-2 and who were asymptomatic at the time of the test can remain at work or return to work immediately as long as they remain asymptomatic if they were tested as part of routine testing.
- Staff who test positive for SARS-CoV-2 and who were asymptomatic at the time of the test must self-isolate for 10 days from the date of the test. If they remain well, they can return to work on day 11.
- If, during the 10 days isolation, they develop symptoms, they must self-isolate for 10 days from the day of symptom onset. They can:
 - return to work no earlier than 10 days from symptom onset, provided clinical improvement has occurred and they have been afebrile (not feverish) without medication for 48 hours and they are medically fit to return
 - if a cough or a loss of or a change in normal sense of smell (anosmia) or taste is the only persistent symptom after 10 days (and they have been afebrile for 48 hours

without medication), they can return to work if they are medically fit to return (these symptoms are known to persist for several weeks in some cases)

- If you have any staff members who are classed as more vulnerable due to underlying health conditions, advise them to also contact their GP to gain further advice.
- Co-ordinate a deep clean of the house and ensure adequate ventilation.
- Instruct all staff members to wear PPE for the next 28 days or until all tests from staff come back negative if beyond 28 days.
- If there are staffing concerns, then these must be escalated to the Residential Services Managers who will liaise with the COVID Task Group to enact emergency contingency plans. (see point 13).

What to do if a member of your household has symptoms or tests positive for COVID-19

If you have symptoms of COVID-19 or a positive test, remain at home for at least 10 days after the onset of your symptoms (see ending self-isolation below). This will reduce the risk of you infecting others.

If you have symptoms of COVID-19 or a positive test, then you should avoid contact with other household members as much as possible.

Other members of your household, including those who do not have any symptoms, need to stay at home and not leave the house for 14 days. Do not go out even to buy food or other essentials, and any exercise should be taken within your home. This 14-day period starts from the day when the first person in your house became ill or if they do not have symptoms, from the day their test was taken. There is more information in the ending self-isolation section below.

Staying at home for 14 days will greatly reduce the overall amount of infection the household could pass on to others in the community.

Ending self isolation

If you have had symptoms of COVID-19 or a positive test, then you may end your self-isolation after 10 days and return to your normal routine if you do not have symptoms other than cough or loss of sense of smell or taste. If you still have a high temperature, keep self-isolating until your temperature returns to normal and seek medical advice.

After 10 days, if you just have a cough or a loss of, or change in, your normal sense of taste or smell (anosmia), you do not need to continue to self-isolate. This is because a cough or anosmia can last for several weeks once the infection has gone. The 10-day period starts from the day when you first became ill.

If you continue to feel unwell and have not already sought medical advice, you should use the NHS 111 online COVID-19 service. If you do not have internet access, call NHS 111. For a medical emergency dial 999.

Ending household isolation

After 10 days, if the first person to become ill feels better and no longer has symptoms other than cough or loss of sense of smell/taste they can return to their normal routine.

If you live with others, then everyone else in the household who remains well should end their isolation after 14 days. This 14-day period starts from the day the first person in the household became ill. People in the household who remain well after 14 days are unlikely to be infectious.

If anyone in the household becomes unwell during the 14-day period, they should arrange to have a test to see if they have COVID-19 – go to testing to arrange. If their test result is positive, they need to follow the same advice for people with COVID-19 symptoms – that is, after 10 days of their symptoms starting, if they feel better and no longer have symptoms other than cough or loss of sense of smell or taste – they can also return to their normal routine. However, if their test result is negative, they need to continue with isolation as part of the household for the full 14 days.

Should someone develop COVID-19 symptoms late in the 14-day household isolation period (for example, on day 10 or later) the isolation period for the rest of the household does not need to be extended. Only the person with new COVID-19 symptoms has to stay at home for at least a further 10 days and should arrange to have a test to see if they have COVID-19 - go to testing to arrange.

At the end of the 14-day period, anyone in the household who has not become unwell can return to their normal routine.

If any person in the household with COVID-19 symptoms has not had any signs of improvement and has not already sought medical advice, they should use the NHS 111 online COVID-19 service. If they do not have internet access, they should call NHS 111. For a medical emergency, they should dial 999.

A cough or anosmia (a loss of, or change, in the sense of taste or smell), may persist for several weeks in some people, despite the infection having cleared. A persistent cough or anosmia does not mean someone needs to continue to self-isolate for more than 10 days.

If all of the household and support bubble receives negative COVID tests then the isolation period can end sooner.

Test and Trace

Staff who have been notified through the NHS test and trace or other national (Northern Ireland, Scotland or Wales) contact tracing service that they are a contact of a confirmed case of COVID-19 in the community (outside the health or social care setting or their place of work) they should inform their line manager and self-isolate for 14 days, in line with the NHS test and trace guidance.

If someone is instructed to self-isolate by NHS Test and Trace, because they have had close contact with someone outside their household who has tested positive, they are legally required to self-isolate

for the period notified by NHS Test and Trace. Both household and non-household contacts must self-isolate for the full period, regardless of whether they have symptoms and, if they develop symptoms and take a test, regardless of whether any test taken gives a negative result.

This advice should be followed regardless of the results of any SARS-CoV-2 antibody testing. A positive antibody result signifies previous exposure, but it is currently unknown whether this correlates with immunity, including protection against future infections.

If a member is considered to be a contact by Test and Trace, and the recommendation for them to self-isolate would have implications for the provision of the service, Care in Mind will escalate this for a risk-assessment to a Tier 1 contact tracer at the local Health Protection Team (HPT). Advice about whether a risk-assessment is needed may also be sought from the HPT. The risk-assessment should take account of any PPE use (including its type and situational appropriateness) and other mitigating factors that may reduce the risk of infection transmission to such an extent that the individual identified as a contact does not need to self-isolate.

7. What to do if a young person displays symptoms

If a young person complains of symptoms staff must make sure;

- The young person is safe and withdraw from the room
- They immediately wash their hands and avoid touching the face, nose, mouth or eyes
- They contact the online 111 for advice or 999 if an emergency (if they are seriously ill or injured or their life is at risk)
- They contact senior management as soon as possible and advise of the situation. This must be a high priority
- They do not attend any other young people, visit their GP or travel in the community until advice is sought
- Whilst they wait for advice from NHS 111 or an ambulance to arrive, staff should remain at least 2 metres from other people. They should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in a bag then throw the tissue in the bin. If they do not have any tissues available, they should cough and sneeze into the crook of their elbow
- If an emergency and they need to go to the bathroom whilst waiting for medical assistance, they should use a separate bathroom if available. This will apply only to the period of time while waiting for transport to hospital
- If the young person is experiencing mild symptoms, then they should arrange for a test as soon as possible this should be done via the nearest testing station available within the area and within 24 hours
- Young people should be transported for testing using the house car, ensuring appropriate use of PPE
- The house car must be thoroughly cleaned before use
- Whilst in the car, the young person must sit in the back of the car to the testing point
- The windows must be opened to ensure ventilation
- Upon return to the house the house car must be fully deep cleaned

- Test results should be sent through to the Residential Service Manager and Business Development Director
- Test results should also be communicated to the home team and commissioners of the young people
- Young people should be advised to isolate within the home for 10 days if displaying symptoms and if they have not had a test
- If they receive a negative test they will no longer be required to self isolate
- If contacted by Test and Trace young people will be required to isolate for 14 days even if they receive negative test
- The young people should not have any visitors throughout the isolation period
- All home leave must be ceased until the isolation period is complete
- Staff are to ensure that the young people are cared for as per normal procedures when a young person is unwell
- Staff must complete regular temperature checks every 4 hours

8. Isolation Notes

Isolation notes provide Care in Mind with evidence that their staff have been advised to self-isolate due to coronavirus, either because they have symptoms or they live with someone who has symptoms, and so cannot work. As isolation notes can be obtained without contacting a doctor, this will reduce the pressure on GP surgeries and prevent people needing to leave their homes. For the first seven days off work, employees can self-certify so they do not need any evidence. After that, Care in mind may ask for evidence of sickness absence. Where this is related to having symptoms of coronavirus or living with someone who has symptoms, the isolation note can be used to provide evidence of the advice to self-isolate. Isolation notes can be obtained from here;

<https://111.nhs.uk/isolation-note>

9. Shielding at risk groups

The Government advised on 21st March that those who are at increased risk of severe illness from coronavirus (COVID-19) must be shielded and protected. Shielding is a measure to protect extremely vulnerable people by minimising interaction between those who are extremely vulnerable and others. This means that those who are extremely vulnerable should not leave their homes, and within their homes should minimise all non-essential contact with other members of their household.

People falling into this extremely vulnerable group include:

- Solid organ transplant recipients
- People with specific cancers:
- People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
- 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
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD
- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell)
- People on immunosuppression therapies sufficient to significantly increase risk of infection
- Women who are pregnant with significant heart disease, congenital or acquired
- other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions

With effect from **1 August 2020** the Government advised that people who were shielding can now return to work providing the workplace is COVID secure. All staff who have been shielding should have an up to date risk assessment completed prior to their return to work. If staff have anxieties about returning to work then these should be discussed and consideration should be given to alternative duties, additional homeworking, or a temporary change to work pattern if service can accommodate this. Staff who advise that they cannot return to work as they are still shielding will not be eligible for any further statutory or company sick pay and their absence will be treated as unauthorised.

If staff live in areas that have local lockdowns, then they may be advised to shield further until the lockdown is lifted. A shielding extension letter must be provided to your manager in you fall into this category. Normal sick pay provisions will apply for this.

10. Local Restrictions

In the event of further localised restrictions, additional measure may be introduced by Care in Mind to place restrictions on travel and activities for staff and young people. This will be based on Government advice at the time.

11. Workplace Guidance

COVID Secure Workplace Risk Assessments

All the Homes and Head Office have a COVID Secure risk assessment in place. These have been shared with the relevant teams.

Individual Risk Assessments

All staff that are clinically vulnerable will have a risk assessment in place to ensure the risks are addressed and reviewed on a regular basis. Public Health England have released further guidance on this recently in relation to additional groups who may be clinically vulnerable and more at risk from the impact of COVID-19. Therefore all staff who are over age of 60, from a BAME background or have a BMI of 40 or above are more at risk from the impact of Covid-19 and have been advised to speak to their manager to have a risk assessment. This is an advisory process and is entirely voluntary.

Handwashing

All staff should follow the guidance on safe and effective handwashing. Staff should think carefully about ways that they can support young people to be encouraged to participate in regular handwashing:

- washing hands with soap and water for at least 20 seconds is essential before and after all contact with the person, removal of protective clothing and cleaning of equipment and the environment
- where possible, promote hand hygiene and ensure that liquid soap and disposable paper towels are available at all sinks in shared areas
- alcohol-based hand rub can be used, where safe to do so, if hands are not visibly dirty or soiled and where appropriate, it should be accessible and have adequate provision
- Visitors should be encouraged to follow good respiratory and hand hygiene, washing their hands on arrival, during their stay, and on leaving

Social Distancing

Wherever possible social distancing guidance should be observed. This is particularly relevant to meetings, office working and training. Social distancing within the homes is not always possible due to the nature of the work and the support our young people require.

12. Use of PPE

Residential Staff

All Residential staff will be required to wear the appropriate level of PPE in the homes even if there is not a positive case. See **appendix 1** for further information.

When responding to an incident where a young person is at serious risk to themselves, i.e. ligatures, intervention should not be delayed for staff to put on PPE.

Clinicians

Clinicians are required to wear PPE at level 2 when visiting the homes at level 3 unless they are conducting personal care whereby level 1 guidance must be adhered to.

The Technology and Estates Team are responsible for ensuring there is an adequate supply of PPE within the homes and should be contacted if supplies are running low at technology.estates@careinmind.com

Head Office Staff

There is not a requirement for head office teams to wear PPE or Face coverings when working from Hope House or the Hubs.

13. Safe Staffing

Care in Mind have a business continuity plan in place in the event of an outbreak of COVID-19, where staff are moved from other areas to support work on COVID-19 and assessments should be made on the ability to continue to deliver safe and effective care in the services affected. Steps should be taken to mitigate any risks resulting from staff moving to other areas. Care in Mind will assess whether any staff need additional training, support, or require a DBS check.

14. Visitors

To Head Office

- All visitors to Hope House will be advised to wash hands/use the hand sanitiser on arrival and follow social distance guidance.
- Whoever is receiving the visitor should keep of record of their contact details in case required for track and trace.
- If there are any outbreaks within Hope House visitors including contractors/suppliers should be informed not to visit the premises.

To Residential Homes

- All visitors should be screened for symptoms of acute respiratory infection before entering: no one who is currently experiencing, or first experienced, coronavirus symptoms in the last 10 days, should be allowed to enter the premises, nor anyone who is a household contact of a case or who has been advised to self-isolate by NHS Test and Trace. Screening questions will be asked in advance of the visit and also on arrival. The following questions may be asked;
 - Have you been feeling unwell recently?
 - Have you had recent onset of a new continuous cough?
 - Do you have a high temperature? A care home may consider providing a temperature check for all visitors to provide confidence to visitors and to staff.
 - Have you noticed a loss of, or change in, normal sense of taste or smell?
 - Have you had recent contact (in the last 14 days) with anyone with COVID-19 symptoms or someone with confirmed COVID-19 – if yes, should you be self-isolating as a family member or as a contact advised to do so by NHS Test and Trace?
- All visitors to the homes will be advised to wash their hands/ use hand sanitiser on arrival and follow social distancing guidance.
- All visitors must be supported to wear face coverings
- All visitors must use their own pens to sign in the visitor's book upon arrival.
- Visitors should have no contact with other residents and minimal contact with care home staff (less than 15 minutes / 2 metres). Where needed, conversations with staff can be arranged over the phone following an in-person visit
- All young people will be advised as per the visitor's policy that their visitor has arrived within the home and are expected to advise whether they would like the visit to go ahead.
- All visits should be carried out in communal areas where possible and staff should carry out a deep clean of the area used upon leaving the home.

- Visitors will not be offered drinks from communal areas and are advised to bring their own into service.
- Upon a confirmed case, visitors to the home will cease until after the isolation period has ended.
- Where 2 metre distance is not able to be maintained visitors will be advised that they must wear PPE within the home whilst the visit is carried out.
- All visitors are required to leave contact details to ensure they can be contacted via track and trace once they have been within the home.

15.Guidance in relation to face to face activities

Activities with young people

- Activities with young people can be carried out on a 1:1 basis or as a group providing all localised guidance is being followed, this will vary depending on location of the home.
- The use of the house car is to be maintained in line with deep cleaning before and after use, windows are to be opened on every journey with a maximum of 4 people in eth car at any one time.
- Young people are encouraged to spend time outside of the home with staff or within their household groups to carry out meaningful activities that support positive well-being.
- Any venue visited by young people for activities, staff should ensure whilst providing support that guidelines are followed as per the company procedures that are in place such as the use of a face mask whilst inside and must ensure that contact details have been provided for use of track and trace.
- Young people can be supported with the use of public transport ensuring appropriate PPE is worn as per government guidance.
- If young people wish to compete their own activities independent of staff, staff must provide robust information and guidance on all necessary steps to take whilst accessing the community in order to support decision making.
- All activities are to be recorded on the young people's weekly planners and activities forms on clear care once complete.

Staff Support/MDTS and Reflective practice

MDT's, Staff Support and Reflective Practice can be facilitated. These can only take place providing that the clinical teams can socially distance within the home from the rest of the residential staff and young people. Guidance should be followed in relation to hand washing and rooms being used should be large enough and well ventilated.

Training

Any training that takes place face to face will need to comply with social distancing guidance. At present only essential training is taking place face to face. Larger rooms are being used to facilitate training and a COVID-Secure Risk Assessment is in place. More training is being facilitated online to support social distancing guidance.

Interviews

Interviews will take place over Microsoft Teams for the foreseeable future.

Meetings

Meetings are being advised to continue over Teams for the foreseeable wherever possible. Where meetings do go ahead social distancing guidance should be observed and if using the meeting rooms at Hope House the numbers in the room should be restricted to the advice given on each room.

Assessments and Transitions of Young People into the Residential Homes

Assessments

Where there are additional local restrictions in place, we will be reliant on the use of technology to facilitate assessments.

Where face to face assessments are not possible, assessments will be undertaken using video conferencing facilities; our preferred method will be to use Microsoft Teams, although where this isn't possible, we will be flexible in exploring alternative methods for undertaking the assessment.

Pre-assessment

- Our assessors will ensure they speak to key identified stakeholders as part of the assessment process; this may include social worker, care coordinator, named nurse/keyworker, consultant psychiatrist etc. (These discussions may take place as a telephone call rather than a video conference). This is to ensure that any areas requiring additional exploration as part of the assessment can be identified in advance of the assessment date.
- We will also send an "All About Me" pro-forma to the current placement for the young person to complete in advance of the assessment and to be returned to us.

Assessment

- The referrals team will book in a virtual assessment time slot with the young person's current placement.
- Our preferred method for this will be to use Microsoft Teams. This will require access to a computer or a phone with a camera / web cam
- It isn't essential to have a Microsoft Teams account or to have the app downloaded – the invite can also be accessed via the web.
- Our assessments will follow the usual process for the young person as much as possible. There will be two assessors involved, a clinician and a residential manager or deputy

Post-Assessment

If following the assessment, the assessors feel that we need to follow up with a face to face assessment at the appropriate time, for example if it hasn't been possible to build any rapport with the young person, or if they refuse to engage in the process, then the referral will be placed on hold.

Transition processes

Transitions will be reviewed on a case by case basis considering any local restrictions at the time for both the Care in Mind home and the young person's current placement. In taking decisions regarding whether transitions can commence or continue, the MDT should consider the following factors:

- Is the young person currently exhibiting any symptoms associated with COVID-19?

- Would the young person's risk for COVID-19 be classed as low, medium or high?
- Have there been any cases of COVID-19 on the discharging ward or placement?
- What are the current staffing numbers within the home and if staff are off work due to self-isolation when are they due to return?
- Are there any young people identified as high risk within the home?
- What is the current policy for the discharging ward or placement in terms of managing transitions?
- What are the potential other risks for the young person if the transition were not to go ahead?

Transitions of young people will continue as normal at present; this is essential to ensure we support delayed discharges into the community. However, all young people visiting must wear a mask as a visitor until they move into the service. Transition visits can be supported by additional engagement sessions over Microsoft Teams where possible and appropriate to minimise contact between services.

Where there is a positive case in the home the transition will continue virtually until after the isolation period has ended, which is 14 days of onset.

16. Cleaning of the Office/HUBS and Residential Homes

Residential Homes

All homes must ensure that the daily cleaning checklists have been completed and all duties as outlined have been facilitated in accordance with daily cleaning of the homes.

A weekly deep clean of the home is required as per the weekly cleaning checklist currently in place.

A full weekly audit of the cleaning of the homes is required and is undertaken by the quality assurance department and actions required are followed up and escalated to the manager of the home, the residential service manager and head of residential service.

In the event of a Positive Case

The residential manager will be contacted by the Public Health England (PHE) local Health Protection Team to discuss the case, identify people who have been in contact with them and advise on actions that should be taken.

An assessment of each setting will be undertaken by PHE's local Health Protection Team with the lead responsible person.

The local Health Protection Team will provide advice on cleaning. Coronavirus symptoms are similar to a flu-like illness and include cough, fever, or shortness of breath. Once symptomatic, all surfaces that the person has come into contact with must be cleaned including:

- all surfaces and objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as toilets, door handles, telephones
- clothing and linen used by the person should be set aside

- A full deep clean of the house will be carried out by staff as per daily and weekly cleaning checklists in place.
- PPE must be worn when completing cleaning tasks once a confirmed case has been identified
- Staff must wash their clothing after every shift and shower upon arrival at home

Hope House

A clear desk policy has been introduced at Hope so an enhanced cleaning regime can take place. Staff are also advised to wipe their desks and phones after use utilising cleaning products supplied. Staff are also reminded that their wireless keyboard and mouse should be locked in their individual pedestal cupboard at the end of each day.

Hand sanitiser stations are available throughout the workplace alongside cleaning wipes.

The cleaning contractors to Hope House have provided evidence of suitable COVID training for their staff and weekly cleaning continues.

In the event of an outbreak at Hope House we have a contract with an external supplier to complete a deep clean to the office.

17. Working from home

Where staff are able to work from home, there are the following expectations;

- Staff can work independently and on their own initiative
- Staff are able to motivate themselves
- Complete agreed work within set deadlines
- Staff can manage their workload effectively
- Staff can cope well under any new pressure posed by working at home
- Staff will adopt healthy work from home practices which includes compliance with Health and Safety
- Staff will maintain contact with their manager and colleagues with whom they would usually interact with
- Confidentiality will be maintained in line with the Data Protection Act
- Any concerns will be raised immediately with their line manager
- Meeting with Service Users or external organisations will not take place with the employees at home unless teleconferencing facilities are used

Care in Mind understands during the coronavirus outbreak, that where the employee's role makes homeworking feasible, working from home will be supported. The decision to temporarily allow home working is not a contractual change.

Care in Mind has provided the mechanisms to communicate effectively with staff who work from home. Microsoft Team is in place to facilitate meetings and communication and all staff have been provided with appropriate IT equipment and workstation equipment where necessary.

Working from Home - Health and Safety Considerations

Care in Mind has a duty of care for all their employees, and the requirements of the health and safety legislation apply to homeworkers. Managers will ensure that appropriate DSE risk assessments have been completed for all staff that work from home.

For further guidance please see the [Homeworking Policy](#).

18. Travelling and returning from abroad

If staff have holidays booked abroad to any countries where the 14 day isolation period applies when they return, this must discuss this with their manager prior to travel and arrange for additional holidays to allocated for the return or a period of unpaid leave if they cannot work from home.

Government guidance below must be reviewed prior to travel to check if the country they are returning from is exempt from the isolation period. Please note Spain has been removed from the exempt list recently so you will be required to isolate on your return.

<https://www.gov.uk/guidance/coronavirus-covid-19-travel-corridors#countries-and-territories-with-no-self-isolation-requirement-on-arrival-in-england>

19. Annual Leave

During the pandemic staff will be encouraged to take holidays as normal even where some travel plans will have been disrupted. For the annual leave period 2021 staff will be allowed to carry over a maximum of 5 days holidays with their managers agreement and in line with service requirements. Please ensure this is discussed in advance of the new leave year to allow extra allocation to be added.

20. Sick Pay

At the start of the pandemic all staff received enhanced company sick pay for the time they were off due to COVID-19. With effect from 1 July as restrictions and cases began to ease, normal sick pay provisions were applied in line with current contracts.

21. Additional Support for staff

Care in Mind recognises that the current pandemic has caused stress and anxiety for some people. There are additional resources that can be accessed via our Employee Assistance Provider Health Assured via the link below;

https://www.healthassured.org/coronavirus-employee-faq/?mkt_tok=eyJpIjoiTTJVM09XWXdoUV5WldFeClslNQiOiI0WINqNWZYQXhzaW5BMHhLaTZkd3BZUThqdjhFd0FEZ0NcL2FUOG4wWWxDcDVnQ3JNVmVJcTBnN0ZcLzZQY0YxdGxuTUoxXC84YkxtKzRUdUNLWGRzbUJPCpEOGhWRGIObVlBejlkNkVUdUxjb3RjYXc6R3NhemNvY0J1QUlja3RhTSJ9

The Government and NHS have also produced a wealth of tools to support people during this time;

<https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing>

Further support can be provided by your manager and People Services if required.

22.Raising Concerns

Care in Mind has effective procedures in place to allow staff to raise any concerns in relation to equipment, policies and processes for managing COVID-19 at the earliest opportunity. All staff must be aware of the Freedom to Speak up Policy and Procedure at and be able to raise concerns without any fear and receive timely feedback on their concerns.

23.Further Government Guidance

<https://www.gov.uk/coronavirus>

Appendix 1- The use of Personal Protective Equipment

1. The requirements of the use of PPE in a Residential Home

Level 1

***When providing close personal care in direct contact with the resident(s) (e.g. touching)
OR within 2 metres of any resident who is coughing***

The following PPE must be worn:

- **Disposable gloves** -Single use to protect you from contact with residents' body fluids and secretions
- **Disposable plastic apron** -Single use to protect you from contact with residents' body fluids and secretions
- **Fluid-repellent (Type IIR) surgical mask** -Fluid-repellent surgical masks (FRSMs) can be used continuously while providing care, until you take a break from duties (e.g. to drink, eat, for your break time or end of shift). The mask is worn to protect you, the care worker, and can be used while caring for a number of different residents regardless of their symptoms. You should not touch your face mask unless it is to put it on or remove it. You should remove and dispose of the mask if it becomes damaged, visibly soiled, damp, or uncomfortable to use. You need to use a new mask when you re-start your duties after a break.
- **Eye protection (not essential unless in the following cases)**- Eye protection is recommended for care of some residents where there is risk of droplets or secretions from the resident's mouth, nose, lungs or from body fluids reaching the eyes (e.g. caring for someone who is repeatedly coughing). Use of eye protection should be discussed with your manager and you should have access to eye protection (such as goggles or visors). Eye protection can be used continuously while providing care, until you need to take a break from duties. If you are provided with goggles/a visor that is reusable, then you should be given instructions on how to clean and disinfect following the manufacturer's instructions or local infection control policy and how to store them between duties. If eye protection is labelled as for single use then it should be disposed of after removal.

PPE must be worn;

- whether the resident to whom you are providing personal care has symptoms or not, and includes all residents including those in the 'extremely vulnerable' group undergoing shielding and those diagnosed with COVID-19
- whenever you are within 2 metres of any resident who is coughing, even if you are not providing personal care to them
- to all personal care, for example: assisting with getting in/out of bed, feeding, dressing, bathing, grooming, toileting, applying dressings etc. and or when unintended contact with residents is likely (e.g. when caring for residents with challenging behaviour)
- whatever your role in care (i.e. applies to all staff, care workers, cleaners etc.)

Level 2

When within 2 metres of a resident but not delivering personal care or needing to touch them, and there is no one within 2 metres who has a cough

The following PPE must be worn;

Type II surgical masks

- Type II surgical masks can be used continuously while providing care, until you take a break from duties (e.g. to drink, eat, take a break from duties at your break time or at end of shift).
- The face mask can be used while caring for a number of different residents regardless of their symptoms. You should not touch your face mask unless it is to put it on or remove it.
- You should remove and dispose of the mask if it becomes damaged, visibly soiled, damp, or uncomfortable to use.
- You need to use a new mask when you re-start your duties after a break.

Note: surgical masks do not need to be fluid repellent for use in this situation. However, if you are already wearing a fluid-repellent (Type IIR) surgical mask there is no need to replace it, and if only fluid-repellent (Type IIR) surgical masks are available then these may be used.

PPE must be worn;

For tasks such as:

- preparing meals, prompting people to take their medicines, cleaning close to young people, when working in communal areas such as bathrooms, dining rooms, lounges, corridors with young people, offices.
- when working in communal areas such as dining rooms, lounges, corridors with residents
- whatever your role in care (i.e. applies to all staff)

Level 3

Any other situation when in the home and at a distance of 2 metres or more away from residents

The following PPE must be worn:

Type I or Type II surgical mask

Type I or Type II surgical masks can be used continuously until you take a break from duties (e.g. to drink, eat, for your break time if stepping outside of the care home or at end of shift when leaving the care home). You should not touch your face mask unless it is to put it on or remove it. You should remove and dispose of the mask if it becomes damaged, visibly soiled, damp, or uncomfortable to use.

You need to use a new mask and put it on immediately after you have finished eating/ drinking or you are reentering the care home after a break. If you have been providing care duties to residents (wearing PPE as per Table 1 or 2) and now are going to take a break or change duties to be working away from residents/ in staff only areas, you should remove your gloves, apron and FRSM, clean your hands and put on a new Type I or Type II face mask.

Note: if only fluid-repellent Type IIR or Type II surgical masks are available then these may be used in this scenario if stocks are sufficient. Type IR surgical masks can also be used as an alternative.

PPE must be worn ;

- when in a care home and not meeting conditions set out in Tables 1 or 2
- e.g. when working in staff only areas, such as staff common rooms, office, laundry room, kitchen.
- whatever your role (i.e. applies to all staff, care workers, cleaners, receptionists etc.) even if you do not deliver care to residents

Note: this is not considered PPE, i.e. mask use in this scenario is not used for protection of the staff member wearing the mask but is to prevent them passing on COVID-19 from their mouth and nose to other people in the care home. All other measures to protect you and others should continue i.e. hand hygiene (cleaning your hands regularly and appropriately); respiratory hygiene (“catch it, bin it, kill it”), avoiding touching your face with your hands, following standard infection prevention and control precautions <https://www.nice.org.uk/guidance/cg139> and increased cleaning of frequently touched surfaces. Ensure you practice social distancing (at least 2 metres from other individuals including staff members).

2. Application and Safe Removal of PPE

Guidance on the application and safe removal of PPE can be found here;

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>

In addition all staff who use PPE are required to watch the following video;

<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes/covid-19-putting-on-and-removing-ppe-a-guide-for-care-homes-video>

3. When should face masks or eye protection be replaced?

Face masks and eye protection should always be replaced following your break or if you re-enter the home after being outside.

In addition you should discard and replace a face mask and NOT continue to use it in any of the following circumstances:

- if damaged

- if visibly soiled (e.g. dirty, wet with secretions, body fluids)
- if damp
- if uncomfortable
- if difficult to breathe through

You must decontaminate reusable eye protection after each use and NOT continue to use it in any of the following circumstances:

- if damaged
- if soiled (e.g. with secretions, body fluids)
- if uncomfortable

When removing and replacing PPE ensure you are 2 metres away from residents and other staff – see video on putting on and removing PPE.

4. Visitors to Residential Homes

All Visitors to homes should wear a form of face covering (e.g. cloth mask that they are instructed to come with) whenever they are in the home. This is to prevent the spread of infection from the visitor to others.

Appendix 2- PPE Summary table

Level of PPE	Level 1	Level 2	Level 3
Definition	When providing close personal care in direct contact with the resident(s) (e.g. touching) OR within 2 metres of any resident who is coughing	When within 2 metres of a resident but not delivering personal care or needing to touch them, and there is no one within 2 metres who has a cough	Any other situation when in the home and at a distance of 2 metres or more away from residents
What type of PPE should be worn?	<ul style="list-style-type: none"> • Disposable gloves • Disposable plastic apron • Fluid-repellent (Type IIR) surgical mask • Eye protection (only recommended for care of some residents where there is risk of droplets or secretions from residents mouth, nose, lungs or body fluids reaching the eyes e.g. repeatedly coughing) 	<ul style="list-style-type: none"> • Type II surgical masks 	<ul style="list-style-type: none"> • Type I or Type II surgical mask
When should PPE be worn?	<ul style="list-style-type: none"> • whether the resident to whom you are providing personal care has symptoms or not, and includes all residents including those in the 'extremely vulnerable' group undergoing shielding and those diagnosed with COVID-19 • whenever you are within 2 metres of any resident who is coughing, even if you are not providing personal care to them • to all personal care, for example: assisting with getting in/out of bed, feeding, dressing, bathing, grooming, toileting, applying dressings etc. and or when unintended contact with residents is likely (e.g. when caring for residents with challenging behaviour) • whatever your role in care (i.e. applies to all staff, care workers, cleaners etc.) 	<p>For tasks such as:</p> <ul style="list-style-type: none"> preparing meals, prompting people to take their medicines, cleaning close to young people, when working in communal areas such as bathrooms, dining rooms, lounges, corridors with young people, offices. • when working in communal areas such as dining rooms, lounges, corridors with residents • whatever your role in care (i.e. applies to all staff) 	<ul style="list-style-type: none"> • when in a care home and not meeting conditions set out in Tables 1 or 2 • e.g. when working in staff only areas, such as staff common rooms, office, laundry room, kitchen. • whatever your role (i.e. applies to all staff, care workers, cleaners, receptionists etc.) even if you do not deliver care to residents

Appendix 3- Management form for confirmed positive employee case

Confirmed positive Employee COVID case in service

This form should be completed by the manager of the service if an employee has a confirmed positive COVID-19 test and be emailed to the COVID Reporting Group located in the Outlook address book.

Name of staff member	
Service	
Date of positive COVID test	
Date last in service	
Was PPE being worn by the staff member in service? Were there any breaches of PPE?	
What date did the employee start to display symptoms?	
Staff members that had close contact/were on shift with the employee in last 48 hours after onset of symptoms.	
Has the local Health Protection team been contacted?	
Have any further actions been advised?	
Will the absence cause staffing problems in service? Is yes has cover been arranged? If not what is being done?	
Do any young people or staff who have been identified as a contact, have any underlying health conditions that would put them at a higher risk of COVID complications?	

Managers Signature	
Name	
Date	

Appendix 4- Management form for confirmed positive young person case

Confirmed positive Young Person COVID case in service

This form should be completed by the manager of the service if a young person has a confirmed positive COVID-19 test and be emailed to the COVID Reporting Group located in the Outlook address book.

Name of young person	
Service	
Date of positive COVID test	
Was PPE being worn by all the staff members in service? Were there any breaches of PPE?	
What date did the young person start to display symptoms?	
List Staff members and young people that had close contact/were on shift with the young person in last 48 hours after onset of symptoms.	
Has the local Health Protection team been contacted?	
Have any further actions been advised?	
Do any young people or staff who have been identified as a contact, have any underlying health conditions that would put them at a higher risk of COVID complications?	

Managers Signature	
Name	
Date	

	Equality Impact Assessment Tool	Yes /No	Comments
1.	Does the policy affect one group less or more than another based on?		
	Age	no	
	Race	no	
	Ethnic groups	no	
	Nationality	no	
	Gender	no	
	Culture	no	
	Religion of Belief	no	
	Sexual Orientation	no	
2.	Is there any evidence that some groups are affected differently?	Yes	Staff who over 60 and from a BAME background are more likely to be impacted by COVID-19. Risk assessments in place.
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	no	
4.	Is the impact of the policy/guidance likely to be negative?	no	
5.	If so, can the impact be avoided?		
6.	Can we avoid the impact by taking different action?		