BUSINESS CONTINUITY PLAN

Business Continuity Manager:
Telephone:
Mobile:
Email:

Date:
Review:
Owner:
Version:

PLAN AMENDMENTS

The Business Continuity Manager will be responsible for disseminating any updates to this plan to staff within the Service area. It will be the plan holder's individual responsibility to ensure their plan is kept up to date. A full plan review will be carried out on an annual basis or following recommendations from exercise or emergency debriefs or changes in risk assessments.

Amendment Month / Year	Version	Details	Amended by	Date Issued

Any queries or amendments regarding this plan should be directed to the nominated Business Continuity Manager (see plan cover for contact details).

1.0 – INTRODUCTION TO BUSINESS CONTINUITY PLANNING

1.1 – Scope of the Plan

This plan is designed to give an overview of the requirements in relation to activating your Business Continuity Plan. It is not exhaustive and should be used in conjunction with other relevant emergency plans where applicable.

1.2 – Aim of the Plan

The aim of this plan is to detail the procedures and methodology to be implemented by the Service to enable the continued delivery of identified critical functions to a minimum standard in the event of a Service disruption.

1.3 – Objectives of the Plan

- Detail minimum resources required to sustain critical functions
- Detail of control measures in place to ensure continuity of critical functions where reasonably practicable
- Detail of actions to take with reference to each critical function to maintain continuity where appropriate
- Detail the procedures and framework for Service level response
- Detail the roles and responsibilities of those involved in the Service level response
- Detail the procedures and framework for linking in to the wider response

1.4 – Definition of Service Disruption

A Service disruption is defined as:

"an event or situation which overwhelms or has the potential to overwhelm existing response arrangements, and cannot be dealt with within existing resources or procedures, affecting the delivery of critical functions causing business interruption, disruption or loss."

1.5 – Business Continuity Overview

Business Continuity Management is defined in Emergency Preparedness, the statutory guidance for the Civil Contingencies Act 2004 as "a flexible framework designed to help organisations to continue operating in the face of a wide range of different types of disruptions right the way along the spectrum of severity." (HM Government, 2005 p75) or any emergency legislation linked to a specific event.

This Business Continuity Plan is one output of the Business Continuity Management process. It allows the Service to resume and/or maintain critical functions in the event of a Service disruption by providing the framework, procedures and methodology required to sustain the functions to a defined minimum level.

1.6 – Service Overview

Social Care Service comprises of the following service areas:

- Residential & Nursing Care
- Home Support Services
- Day Care
- Extra Care
- Supported Living
- Community and Voluntary Services Support

Service responsibilities

MAKE SURE TO COMPLETE ONE OF THESE FOR EACH SERVICE TYPE YOUR ORGANISATION SUPPORTS.

GIVE DETAILED DESCRIPTION OF YOUR SERVICE, INCLUDING;

- **WHAT THE SERVICE IS**
- **NUMBER OF BEDS/SERVICE USERS/FACILITIES**
- **WHAT CARE OR FRAMEWORK THIS SERVICE RELATES TO**
- **NUMBER OF STAFF/SUPPORT THIS SERVICE HAS**

Service Area:	
Service Area Manager:	
Assistant Service Manager:	

UNIT	UNIT MANAGER	Service

Service Area:	
Service Area Manager:	
UNIT	REGISTERED MANAGER	Service

1.7 – Critical Activities (as identified in your Business Impact Analysis)

YOU WILL NEED TO IDENTIFY POTENTIAL IMPACTS AND THE TIME THAT CAN BE ALLOWED FOR RECOVERY TO TAKE PLACE. (HOW LONG WOULD THE SERVICE BE ABLE TO RUN DURING AN INCIDENT WITHOUT SUPPORT FROM IT, MANAGEMENT, OFFICE, ETC.)

2.0 – INITIATION OF RESPONSE

2.1 – Invoking the Business Continuity Plan

2.1.1 – Response to a Service Disruption

The responsibility for invoking the Business Continuity Plan lies with the Business Continuity Manager (for example Registered Manager or Nominated Individual).

Disruptions will be managed in line with standard arrangements so far as is reasonably practicable. Any disruption to functions experienced should be reported to the Business Continuity Manager in line with established frameworks.

The method of response may vary depending on a variety of circumstances for example whether the disruption occurs within or outside of standard office hours. Disruptions can occur without warning or may be accompanied by a slow onset. For slow onset disruptions, the Business Continuity Manager will maintain a watching brief, evaluate the potential consequences and take action when and if they deem it necessary.

2.1.2 – Assessing action to take

In the event of a disruption the Business Continuity Manager will assess the impacts on the critical functions.

Where a disruption is deemed to have occurred or is expected to occur the Business Continuity Manager will ensure that the appropriate actions detailed in Annexes A, B and C are implemented where applicable. Annex B contains generic actions which can be taken to support critical functions and overall management and co-ordination of a disruption. Annex C contains detailed action to take for individual critical functions in the event of a disruption.

The Business Continuity Manager will oversee and co-ordinate this process. This may include the implementation of established control measures or Business Continuity Planning dependent upon the arrangements in place.

For those functions that it is critical that they are sustained without any disruption, measures should be in place to enable functions to continue to be delivered automatically and with minimum intervention in the event of a disruption. The Business Continuity Manager will ensure that in the event of such disruption these functions continue to be delivered and the appropriate actions have been implemented so far as is reasonably practicable.

2.2 – Response to an Asset disruption

IDEALLY THIS WILL REQUIRE A FLOW CHART OF RESPONSIBILITY AND ACTION IN RELATION TO THE SERVICE.

2.3 – Response to an ICT disruption

IDEALLY THIS WILL REQUIRE A FLOW CHART OF RESPONSIBILITY AND ACTION IN RELATION TO THE SERVICE.

2.4 – Response to other disruptions

IDEALLY THIS WILL REQUIRE A FLOW CHART OF RESPONSIBILITY AND ACTION IN RELATION TO THE SERVICE.

3.0 – ROLES AND RESPONSIBILITIES

3.1 – Generic Roles and Responsibilities

Immediate Response
- Start and maintain a Service disruption log of your actions
- Ensure you have the appropriate Plan(s) and Contacts and Resource Directory (if appropriate)
- Mobile Telephone with relevant chargers/batteries
- Car/house/work keys and money (petrol, refreshments etc.) if appropriate
- Employee identification card
- Appropriate attire (i.e. Personal Protective Equipment (PPE) appropriate to the type of disruption and weather conditions)

General Instructions
- Note the time you start to respond, an accurate assessment of times worked can be calculated
- Sign into alternative premises for health & safety purposes
- Pass these requests to the Registered Manager and/or Nominated Individual as appropriate
- Be aware of your own safety at all times, situations may change
- Keep contact with your line manager or the appropriate nominated officer, reporting back at regular intervals
- Find out who will take over from you and at what time
- Be aware of and discuss with your manager any issues which may affect your ability to respond to a disruption affecting the wider community as a result of implementing business continuity planning arrangements

After the Service disruption has ended or after being stood down
- After you have been informed to stand down ensure you note the time you have finished your shift
- Complete Service disruption logs, with the dates and times of work, as soon as possible and retain the copy for personal records
- Note any learning points relevant to the disruption, which may be important for the debrief

Lone working
Individual risk assessments should be undertaken by the manager as appropriate.

4.0 – SUPPORTING INFORMATION

4.1 – What Arrangement Are in Place During Times of Disruption

THIS WILL REQUIRE DETAILED INFORMATION SPEICIFC TO THE PROVIDER ORGANISATION.

EXAMPLES:
- DIRECTOR
- NOMINATED INDIVIDUAL
- REGISTERED MANAGER
- IT COORDINATOR
- SENIOR ADMINISTRATOR
- OFFICER ADMINISTRATOR
- CARE WORKER

YOU WILL NEED TO COVER:
- SOURCE (OR TEAM)
- WHO THEY REPORT TO
- THEIR ROLES & RESPONSIBILITIES
- THEIR ROLE IN INVOKING/INITIATING THE BUSINESS CONTINUITY PLAN

4.2 – Stand Down Procedure
The Service disruption shall be considered over once standard operating procedures and critical functions have been restored to the appropriate level. The Business Continuity Manager will judge whether this has occurred and stand down staff appropriately.

4.3 – Emergency Debrief
Following the invocation and utilisation of this Business Continuity Plan it may be appropriate to carry out a debrief. The purpose of the debrief is to establish what went well and areas which could be improved. The debriefing process is about the structures and arrangements in place; it is not about an individual's role in responding to a disruption.

The Business Continuity Manager will be responsible for co-ordinating the debrief and gathering the subsequent recommendations and actions ready for the annual review of this plan. A number of separate debriefs may be carried out to differentiate the different aspects of the process for example those involved in implementing the actions detailed in this plan to the customers and stakeholders applicable to the function being delivered. Debriefs should also consider whether the control measures implemented were appropriate, allowing the function to be resumed and maintained.

4.4 – Plan Maintenance and Review

As part of the ongoing Business Continuity Management process this plan will be reviewed on an annual basis. It is the responsibility of the Business Continuity Manager to ensure this is carried out. In reviewing the plan attention will be made to:

- Changes to the functions the Service delivers
- Changes in risks likelihood and impact
- Learning points from training sessions
- Learning points from plan exercise sessions
- Learning points of Service disruption debriefs following a disruption and plan invocation
- Outcomes of self-assessment audit
- Any other recommendations as appropriate

4.5 – Training and Exercises

Training staff who are involved in Business Continuity Planning and response is fundamental to a Service's ability to handle any type of Service disruption. Training is about raising the awareness of key staff about the type of emergencies they may face, giving them confidence in the procedures and the roles and responsibilities detailed in this Plan.

Once sufficient training has been delivered, both the training and the plan will be validated by exercises used to simulate the Service's response to a Service disruption. The outcome of these training and exercise sessions will enable both the plan and the training and exercise programme to be reviewed to improve the response of the Service.

5.0 – RESOURCES INDEX

5.1 – Service Disruption Log

ABOUT YOU	
Name:	
Job Title:	
Date and Time:	

THE PERSON INFORMING YOU OF THE SERVICE DISRUPTION	
Informant's Name:	
Service/Employer:	
Contact Number:	
Informant's Location:	

THE SERVICE DISRUPTION	
Disruption location:	
Type of disruption:	
Time disruption began:	
Area affected or likely to be affected:	
Other responding agencies:	
Assistance requested or general description of event/disruption:	

Time	Action	Notes

5.2 – Situation Report (SitRep)

Those receiving this SitRep should confirm its receipt immediately by contacting the Business Continuity Manager on the phone number detailed below.

FROM:		**JOB TITLE:**	
BUSINESS CONTIUNITY MANAGER:		**JOB TITLE:**	
UNIT/SERVICE:			
TELEPHONE:			
DATE REPORT PREPARED:		**TIME REPORT PREPARED:**	
NEXT UPDATE DUE:		**TOTAL NUMBER OF PAGES:**	

DETAIL OF DISRUPTION
Enter brief details of what/when/where is happening

BUSINESS CONTINUITY IMPLICATIONS
Staff/Skills
Enter brief details of any issues with Staff/Skills which may affect delivery of Critical Functions:
Premises
Enter brief details of any issues with Premises which may affect delivery of Critical Functions:
ICT
Enter brief details of any issues with ICT which may affect delivery of Critical Functions:
Partner/Contractors
Enter brief details of any issues with Partner/Contractors which may affect delivery of Critical Functions:

Others (i.e. Specialist Equipment)

Enter brief details of any other issues which may affect delivery of Critical Functions:

SERVICE RESPONSE

What is being done in response to the emergency i.e. what measures have been implemented to mitigate its effects:

IS THERE AN ADVERSE EFFECT ON CRITICAL FUNCTIONS?

Are Critical Functions being delivered to their minimum levels and is there likely to be any adverse impact:

IS THERE A POSSIBILITY THE SITUATION MAY ESCALATE?

What may cause the situation to escalate at this time and what measures will be implemented as proactive/reactive strategies:

ARE THERE ANY STAFF HEALTH AND SAFETY OR MEDIA ISSUES?

Detail any issues compromising or with the potential to compromise staff safety/welfare and/or where the emergency may be of interest to the media and a Service response is required:

ARE THERE ANY REQUESTS FOR ADDITIONAL ASSISTANCE?

Detail any further requests should assistance be sought – if possible please categorize this into Staff/Skills, Premises, ICT, Partners/Contractors and/or Others:

ANY OTHER COMMENTS?	

NEXT STEPS:-		PHONE/EMAIL
BUSINESS CONTIUNITY MANAGER		

5.3 – Policy Decision Record

Service Disruption:		Page:	of

Date	Policy Decision Sought	Actions Taken	Decision (inc. date if different)

ANNEX A

Annex A Contents

ANNEX A - LIST OF CRITICAL FUNCTIONS

A1 – *EXAMPLE of Home Support; Loss of Systems*

Status	
Statutory	Yes
Critical	Yes

Impact of loss of Critical Function (Usually 1-5, 1 being most critical)	
Threat to staff or public safety and welfare	1
Breach of statutory/regulatory requirements	1
Damage to reputation	3
Damage to financial viability	2
Deterioration to product or service quality	4
Environmental damage	5

Minimum Resource Requirements	
Building / Premises	No requirement, all care is delivered within the community.
Staff / Skills	1 Manager, 2 Care Coordinators, 30 Care Workers (to cover the 24 hours period)
ICT	16 Mobiles
Partners/Contractors	Local Authority, CQC, CCG, etc.
Others (i.e. specialist equipment)	Agency (should some staff be unable to cover)

Recovery Time Objective	24 hours

ANNEX A - LIST OF CRITICAL & STATUTORY FUNCTIONS

A2 – EXAMPLE of providing 24 hr direct care to service users receiving Long Stay Respite, Extra Care,and Day Care services

Status	
Statutory	Yes
Critical	Yes

Impact of loss of Critical Function	
Threat to staff or public safety and welfare	1
Breach of statutory/regulatory requirements	1
Damage to reputation	1
Damage to financial viability	2
Deterioration to product or service quality	1
Environmental damage	4

Minimum Resource Requirements	
Building / Premises	Residential establishments with twenty four hour access and 40 place and bed base to include kitchen and washing facilities. Safe storage of residents personal belongings including the utilisation of a safe for petty cash and service users money.
Staff / Skills	Two unit managers/ one Extra Care registered manager, two assistant managers, 50 care staff to cover the 24 hr period.
ICT	Five laptops,
Partners/Contractors	CCGs, Hospitals, Care Management, Staffing Agency, Suppliers, Housing Associations,The Intermediate Care Hubs, Local Authority
Others (i.e. specialist equipment)	Bespoke moving and handling equipment

Recovery Time Objective	24 hours

A3 – Co ordinating sessions of Sit-in Respite care in service users homes

Status	
Statutory	No
Critical	No

Impact of loss of Critical Function	
Threat to staff or public safety and welfare	4
Breach of statutory/regulatory requirements	4
Damage to reputation	2
Damage to financial viability	3
Deterioration to product or service quality	3
Environmental damage	4

Minimum Resource Requirements	
Building / Premises	Office base with network connections - one desk and chair
Staff / Skills	One Manager
ICT	network access to AIS/commcare (System 1 in 2016)/.
Partners/Contractors	
Others (i.e. specialist equipment)	

Recovery Time Objective	2hours

A4 – Coordinating short breaks or full time placements in carers' homes for adults with Learning Disability

Status	
Statutory	No
Critical	No

Impact of loss of Critical Function	
Threat to staff or public safety and welfare	3
Breach of statutory/regulatory requirements	2
Damage to reputation	2
Damage to financial viability	3
Deterioration to product or service quality	3
Environmental damage	4

Minimum Resource Requirements	
Building / Premises	Office base
Staff / Skills	one senior team member
ICT	one phone and one computer with network access
Partners/Contractors	0
Others (i.e. specialist equipment)	CTLD and Respite units

Recovery Time Objective	2 hours

A5 – *Enablement Service*

Status	
Statutory	Yes
Critical	Yes

Impact of loss of Critical Function	
Threat to staff or public safety and welfare	1
Breach of statutory/regulatory requirements	1
Damage to reputation	1
Damage to financial viability	3
Deterioration to product or service quality	1
Environmental damage	4

Minimum Resource Requirements	
Building / Premises	Office space
Staff / Skills	Three Coordinators and 50 care staff
ICT	Three laptops, 50 mobiles to support care planning and rotas.
Partners/Contractors	Equipment providers, Rapid Response Services
Others (i.e. specialist equipment)	40 cars (non-badged), disposable gloves, plastic aprons, disposable wipes, personal alarms, id badges, fuel card, care management systems

Recovery Time Objective	2 working days

A6 – *Delivery/Collection Service*

Status	
Statutory	No
Critical	Yes

Impact of loss of Critical Function	
Threat to staff or public safety and welfare	2
Breach of statutory/regulatory requirements	2
Damage to reputation	3
Damage to financial viability	4
Deterioration to product or service quality	2
Environmental damage	4

Minimum Resource Requirements	
Building / Premises	Office space for 2 personnel
Staff / Skills	Trained admin personnel
ICT	Access to phones and laptops
Partners/Contractors	Equipment providers. Requests for equipment NHS / PDS
Others (i.e. specialist equipment)	3 large vans. Access to stocked equipment normally held at main store.

Recovery Time Objective	48 hours

ANNEX B

Annex B Contents

ANNEX B - GENERIC ACTIONS

The generic advice contained in this section provides appropriate action to take in the event of a disruption which may have an effect across all identified critical functions. The responsibility for implementing these actions will vary across Services and may lie with more than one person. This should be recognised in officers roles and responsibilities detailed in Section 3.0 of this plan. The response will be co-ordinated within the Services defined response framework detailed in Section 2.0 of this plan. These actions should not be taken in isolation and additional or alternative arrangements may be required for some critical functions. In the event of a disruption the requirements and actions for all critical functions in line with the nature of the disruption should be implemented as detailed in Annex C of this plan.

B1 – Contacting Staff (in hours)

Managers and their deputies should retain contact details including out of hours contacts for their own staff independent of this document.

ACTION:
- **All managers are aware of their staff contact details. Details may be found on the HR system.**
- **A telephone directory is available via organisation intranet and accessible throughout to staff members.**
- **Managers should also keep a secure copy of their own staff telephone numbers in paper format in case of ICT failure, ensuring that the information security processes are stringently adhered to.**

B2 – Contacting Staff (out of hours)

Managers and their deputies should retain contact details including out of hours contacts for their own staff independent of this document.

ACTION:
- **HR system viewable remotely**
- **An out of hours contact list should be developed and be accessible to the Assistant Director and his/her relevant managers. Managers should also keep a secure copy of their own staff telephone numbers in paper format in case of ICT failure, ensuring that the information security processes are stringently adhered to**

B3 – Utility Failure
ACTION:

- To liaise with the maintenance service. To follow set procedures for use in the event of a utility failure. This may result in re-location to alternative premises if the situation dictates, such as loss of water for hygiene facilities.

B4 – ICT Server Failure

ACTION:
- Services cannot be maintained without relevant IT. Paper records to be kept and inputted at earliest opportunity.
- To liaise with ICT partner. Pre–identified lead officer or deputy to log an incident with the IT provider. Provide regular updates to the management team.

B5 – ICT Telephony Failure

ACTION:
- To liaise with ICT partner and provide regular updates to the management team. Use of alternatives such as mobiles or email will allow business to continue. Customers, family members and other professionals should be informed of loss of telephony via alternative channels i.e. company website, social media and any other alternatives.

B6 – External ICT Failure

ACTION:
- Services maintained by email and phones
- Internal service maintained via paper records
- Faults logged via external provider
- To liaise with ICT partner and provide regular updates to the management team.

B7 – Informing Stakeholders

ACTION:
- As and when necessary via mobile phone and email
- Provide regular updates to stakeholders as and when required

B8 – Fire Alarm

ACTION:
- Designated fire wardens to evacuate building, refer to any fire safety training issued to staff as part of their induction and ongoing development.

- **Ensure staff are fully aware of the Emergency Action Plans (EAPs) for the building and also if signing in to alternative premises.**
- **Critical services can be maintained by locating to alternative accommodation with networked PC points (or by Working from Home)**

B9 – Bomb Alert

ACTION:
- **Refer to the building Bomb Procedures issued to staff as part of their induction.**
- **Ensure staff are fully aware of the Emergency Action Plans (EAPs) for the building and also if signing in to alternative premises.**
- **Critical services can be maintained by locating to alternative accommodation with networked PC points or by Working from Home**

ANNEX C

Annex C Contents

EXAMPLE

SPECIFIC INCIDENT THAT CAN CAUSE THE ISSUE BELOW TO OCCUR

RISK TO CONSIDER	CURRENT RISK LEVEL
SPECIFIC ISSUE THAT HAS BEEN CAUSED BY INCIDENT DETAILED ABOVE	**HIGH / MEDIUM / LOW**
EXISTING CONTROL MEASURES: MEASURES YOU ALREADY HAVE IN PLACE TO MITIGATE RISK **PROPOSED CONTROL MEASURES**: MEASURES WE SUGGEST YOU PUT IN PLACE TO MITIGATE AGAINST FUTURE RISK	
ACTIONS IN THE EVENT OF RISK OCCURRING: WHAT YOU SHOULD DO IF THE INCIDENT ABOVE OCCURS	

1) Fire/Arson resulting in total loss of work location and contents/ Loss of IT and Telephone records

RISK TO CONSIDER	CURRENT RISK LEVEL
Not being able to provide 24 hr direct care to service users receiving long stay respite, extra care and day care services	**High**

EXISTING CONTROL MEASURES:
Fire alarms direct linked to Fire Service, weekly fire tests, monthly evacuations, buddy homes to support, relocate.

PROPOSED CONTROL MEASURES:
Move service users to another location, utilise health colleagues

ACTIONS IN THE EVENT OF RISK OCCURRING:
- Make arrangements for place of safety for service users
- Place displaced residents via Access, Assessment and Support/ED to available placements in the district including extra care flats/respite beds
- Team to be identified to manage initial and long term process
- Identify and provide any necessary equipment for service users

2) Loss of Water Supply for up to 24 hours

RISK TO CONSIDER	CURRENT RISK LEVEL
Not being able to provide 24 hr direct care to service users receiving long stay respite, extra care and day care services	**High**

EXISTING CONTROL MEASURES:
Liaise with Yorkshire Water, purchase bottled water

PROPOSED CONTROL MEASURES:
Organise assistance / support from local community

ACTIONS IN THE EVENT OF RISK OCCURRING:
Contact water supplier for water tank delivery and/or purchase bottled water.

3) Industrial Action by Staff

RISK TO CONSIDER	CURRENT RISK LEVEL
Not being able to provide 24 hr direct care to service users receiving long stay respite, extra care and day care services	**High**
EXISTING CONTROL MEASURES: Agency staff, additional shifts, utilise staff on leave **PROPOSED CONTROL MEASURES**: Request volunteers	
ACTIONS IN THE EVENT OF RISK OCCURRING:	

4) Staff Turnover

RISK TO CONSIDER	CURRENT RISK LEVEL
Not being able to provide 24 hr direct care to service users receiving long stay respite, extra care and day care services	**Very High**
EXISTING CONTROL MEASURES: Rolling recruitment programme **PROPOSED CONTROL MEASURES**: Purchase agency cover	
ACTIONS IN THE EVENT OF RISK OCCURRING:	

5) Staff unable to arrive for work for up to 24 hours due to illness, weather etc.

RISK TO CONSIDER	CURRENT RISK LEVEL
Not being able to provide 24 hr direct care to service users receiving long stay respite, extra care and day care services **For planning purposes assume 25% level of absence**	**High**
EXISTING CONTROL MEASURES: Staff work additional shifts, agency staff **PROPOSED CONTROL MEASURES**: Longer working day for staff in attendance, purchase agency cover.	
ACTIONS IN THE EVENT OF RISK OCCURRING:	

6) Influenza type disease/pandemic

Likely to occur in one or more waves, weeks or months apart. Each wave may last 15 weeks. Up to half the population could be affected. Suggested attack rate of 25 to 50% and 2.5% fatality rate. Staff absence rate of up to 15% over 2-3 week peak of a pandemic should be used for planning purposes. Small teams should assume an absence rate of up to 30% over the 2-3 week peak. Considerations: the ill; staying home to look after those ill; scared of becoming infected; parent-worker absence due to school closures and the normal rate of absence due to annual leave and non-pandemic illness.

RISK TO CONSIDER	CURRENT RISK LEVEL
Not being able to provide 24 hr direct care to service users receiving long stay respite, extra care and day care services	**High**
EXISTING CONTROL MEASURES: Staff work additional shifts, agency staff utilise Home Care, liaise with Health Services, Emergency Planning. Coronavirus-refer to Government guidance. For 'known' cases masks to be worn (after training) when deliveing care.	

Ensure to carry out regular communication and engagement sessions with staff, service users and family members to mitigate any risk from national restrictions used to prevent the spread of the pandemic.
Infection, Prevention and Control policies and procedures keeping up to dat with any developments and the national and local guidance.

PROPOSED CONTROL MEASURES:
Incorporate the joint emergency plan
Refer to guidance for social and community care and residential settings on COVID-19

ACTIONS IN THE EVENT OF RISK OCCURRING:

General principles to prevent spread of respiratory viruses including hand washing or gel use (60% alcohol) particularly after taking public transport/covering coughs or sneezes with a tissue then throwing in a bin. Catch it,Bin it,Kill it.
Empolyees should wash their hands before leaving home/arrival at work/after using the toilet and after breaks and sporting activities,before food preparation and before eating food,before leaving work and on arrival at home. Ring 111 if worried about symptoms

If staff, service user/family member have become unwell and has travelled to China or other affected areas keep at least 2 meters away from other people. Isolate, open window if possible for ventilation. The individual who is unwell should call NHS 111 from their mobile, or 999 if an emergency (if they are seriously ill or injured or their life is at risk) and explain which country they have returned from in the last 14 days and outline their current symptoms. If the person affected is not able for any reason to call NHS 111 themselves then a staff member should call on their behalf.

Whilst they wait for advice from NHS 111 or an ambulance to arrive, they 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 don't have any tissues available, they should cough and sneeze into the crook of their elbow.

If 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.

People who have returned from Hubei Province, including Wuhan, in the last 14 days should avoid attending work. They should call NHS 111 for advice and self-isolate.

There is advice in place for what to do if you have returned in the last 14 days from [specified countries or areas](#) which is being updated on an ongoing basis.

All other staff should continue to attend work.

No restrictions or special control measures are required in these settings while a member of staff or resident is waiting for laboratory test results for COVID19. In

particular, there is no need to close or send staff home at this point. As a precautionary measure, the NHS are currently testing a very large number of people who have travelled back from affected countries, the vast majority of whom test negative. Therefore, until the outcome of test results is known there is no action that needs to be taken

What to do if someone with confirmed COVID-19 has recently been in the office, workplace or residential setting

Closure of the office, workplace or residential setting is not recommended.

The management team of the office or workplace or residential setting 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. Advice on the management of staff, members of the public or residents will be based on this assessment.

The Health Protection Team will also be in contact with the case directly to advise on isolation and identifying other contacts and will be in touch with any contacts of the case to provide them with appropriate advice.

Advice on cleaning of communal areas such as offices or toilets will be given by the Health Protection Team and is outlined later in this document.

What to do if someone in the office, workplace or residential setting has had contact with a confirmed case of COVID-19

If a confirmed case is identified in this setting, the local Health Protection Team will provide the relevant people with advice. It is important to follow the advice of the local Health Protection Team

Contacts are not considered cases and if they are well they are very unlikely to spread the infection to others:

- those who have had close contact will be asked to self-isolate at home or in their own room in a care or residential home for 14 days from the last time they had contact with the confirmed case and follow the home isolation advice sheet
- they will be actively followed up by the Health Protection Team

People who have not had close contact with the confirmed case do not need to take any precautions and can continue their routines as usual.

 Advice for people if they have travelled from elsewhere in China (outside Hubei Province) or other specified countries

If they are currently well, they can attend work.

- they are advised to self-isolate only if they develop symptoms
- their family and workplace colleagues do not need to take any precautions or make any changes to their own activities

If they become unwell:

- they (or a family member, colleague or member of staff) should call NHS 111 immediately for them to be assessed by an appropriate specialist in hospital, as quickly as possible. They should not go to their GP or other healthcare environment
- they should stay indoors and avoid contact with other people as they would with other flu viruses (see this home isolation advice sheet)
- see further information and PHEs Blog

Advice for people if they have returned from travel anywhere else in the world within the last 14 days

Currently there are minimal cases outside the listed area and therefore the likelihood of an individual coming into contact with a confirmed case is extremely low.

These people can continue to attend work and go about their daily routine, unless they have been informed otherwise by their local Health Protection Team.

If individuals are aware that they have had close contact with a confirmed case of COVID-19 they should contact NHS 111 for further advice.

For the latest country information please see the list of countries and areas affected.

Cleaning the office, workplace or residential setting where there are confirmed cases of COVID-19

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 pending assessment of the person by a healthcare professional

Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids do not need to be specially cleaned and disinfected.

Rubbish disposal including tissues

All waste that has been in contact with the individual, including used tissues, continence pads and other items soiled with bodily fluids, should be put in a plastic rubbish bag and tied. The plastic bag should then be placed in a second bin bag and tied. It should be put in a safe place and marked for storage until the COVID-19 test result is available, which will be within 24 hours.

If the individual tests negative, this can be put in the normal waste.

Similarly, laundry from the room of a possible case should be stored safely until the result of the test is known Should the individual test positive, the local Health Protection Team advise you what to do with the waste and laundry.

Specific actions for social and community care staff visiting patients at home or providing care to residents

People returning from some areas of the world are being told to self-isolate depending on the location they have visited and their symptoms. People who have been in close contact with a confirmed case of COVID-19 are also being advised by their local Health Protection Team to self-isolate. People who are self-isolating and have no symptoms do not pose a risk to others. They are self-isolating to allow closer monitoring in order to identify early symptoms, and to enable prompt medical action if required.

Social, community and residential care staff should ascertain if a person is in self-isolation and if they are asymptomatic or symptomatic prior to their visit. If they are self -isolating and a visit is deemed necessary, then a full risk assessment should be undertaken with managers and infection control specialist to decide the best course of action.

If during a telephone consultation with a patient or their representative to assess their suitability for a domiciliary visit, it is thought that COVID-19 is possible (based on the PHE criteria for a possible case), then a face-to-face assessment must be avoided. Instead, call NHS 111 and arrange for a clinical assessment to be made before proceeding.

If the person is asymptomatic

As the person is asymptomatic there is no need to change your approach.

If the person is symptomatic

- avoid any further physical contact with the person, if you can. The person should remain in the room with the door closed. Belongings and waste with which they have come into contact should remain in the room
- advise anyone with you not to enter the room. If a travel or clinical history still needs to be obtained or completed, do this by telephoning the patient in the room
- ask the patient or their representative to call NHS 111 from their room

- inform your manager so that a full risk assessment can be undertaken with an infection control specialist to decide the next course of action

If the patient requires urgent medical attention

If the patient is critically ill and requires an urgent medical attention or ambulance transfer to a hospital, inform the ambulance call handler of the potential links to COVID-19.

Following the patient transfer to hospital, the room should be closed and should not be used until further advice is provided by the local Health Protection Team.

If the person has a negative COVID-19 test

If after assessment the person has a negative test, then no further action is required.

If the person has a positive COVID-19 test

If after assessment the person has a positive test, then a contact tracing exercise will be undertaken by the local Health Protection Team. You will be advised on any further actions, depending on your recent exposure to the patient.

What social, community and residential care settings need to do now

Currently there is no evidence of transmission of COVID-19 in the United Kingdom. There is no need to do anything differently in any care setting at present.

If any of your staff do become infected through travel to affected countries you will be contacted by your local Health Protection Team to take you through a risk assessment for your particular setting.

You may find it helpful to know about your local health protection team in advance of any outbreak of disease.

Health Protection Teams are part of Public Health England and will provide advice and guidance on infectious disease and non-infectious environmental hazards, manage and control outbreaks of infectious disease in the community and are a source of expert advice on new infections.

Your local public health team is led by your Director of Public Health. They will link closely with the Director of Adult Social Services in working with partners locally to respond to any cases of this infection.

RISK TO CONSIDER	CURRENT RISK LEVEL
New variants of Covid-19	**High**

EXISTING CONTROL MEASURES:
Ensuring that staff are up to date with Infection Prevention and Control policies and procedures.
Keeping up to date with national guidance.
Updating internal policies and procedures and delivering engagement sessions with staff to feedback any new guidance.

PROPOSED CONTROL MEASURES:
Liaise with partner organisations including Public Health, local CCG, CQC etc.

ACTIONS IN THE EVENT OF RISK OCCURRING:
Ensuring sufficient PPE supply. Regular testing of staff and service users. Regular training on the requirement for staff to follow Infection, Prevention and Control. Follow any restrictions put in place by national government ensuring regular communication with staff, service users and family members to keep them up to date.

RISK TO CONSIDER	CURRENT RISK LEVEL
Loss of Staff	**Low**

EXISTING CONTROL MEASURES:
Re-allocate remaining staff to cover services
Employ agency staff to cover shortfall
Flex integrated services to provide additional capacity

ADDITIONAL CONTROL MEASURES REQUIRED:

ACTIONS IN THE EVENT OF RISK OCCURING:

See above

7) Loss of essential records and/or electronic data not maintained by ICT

RISK TO CONSIDER	CURRENT RISK LEVEL
Not being able to provide 24 hr direct care to service users receiving long stay respite, extra care and day care services	**High**
EXISTING CONTROL MEASURES: Files maintained in fireproof cabinets **PROPOSED CONTROL MEASURES**: Back up through scanning centrally	
ACTIONS IN THE EVENT OF RISK OCCURRING:	

8) Assisting the Emergency Management Team in responding to local emergencies

RISK TO CONSIDER	CURRENT RISK LEVEL
Not being able to provide 24 hr direct care to service users receiving long stay respite, extra care and day care services	**High**
EXISTING CONTROL MEASURES: Liaise with emergency planning utilise vacant bed space **PROPOSED CONTROL MEASURES**: Have an identified internal support system, that is accessible via the units in each area.	
ACTIONS IN THE EVENT OF RISK OCCURRING:	

9) Loss of gas supply lasting for up to 24 hours. Care Management Service not available

RISK TO CONSIDER	CURRENT RISK LEVEL
Enablement Provision impacted	**High**

EXISTING CONTROL MEASURES:
Use electricity for heating

PROPOSED CONTROL MEASURES:
Electric heaters / fan heaters
Safe and Sound Staff trained on viewing Webroster

ACTIONS IN THE EVENT OF RISK OCCURRING:

Staff to access schedule information from Safe and Sound who can view Webroster

RISK TO CONSIDER	CURRENT RISK LEVEL
Loss of building	**Low**

EXISTING CONTROL MEASURES:
Relocation to other available office space and if required consider relocating to working from home.

ADDITIONAL CONTROL MEASURES REQUIRED:
Relocation of equipment/staff

ACTIONS IN THE EVENT OF RISK OCCURING:
Update individual assessments to identify suitable placement
Identify places and facilitate transfer with carer involvement
Arrange necessary equipment

10) Loss of electricity resulting in a power outage lasting for up to 24 hours or in 3-hour rota cuts

RISK TO CONSIDER	CURRENT RISK LEVEL
Loss of building	**Low**

EXISTING CONTROL MEASURES: Relocation to other available office space and if required consider relocating to working from home. **ADDITIONAL CONTROL MEASURES REQUIRED**: Relocation of equipment/staff
ACTIONS IN THE EVENT OF RISK OCCURING: Update individual assessments to identify suitable placement Identify places and facilitate transfer with carer involvement Arrange necessary equipment

11) Loss of IT/Telephony

RISK TO CONSIDER	CURRENT RISK LEVEL
Loss of IT and Telephony	**Low**

EXISTING CONTROL MEASURES: Management to use personal devices to support service. Keep paper records until able to update systems. **PROPOSED CONTROL MEASURES**:
ACTIONS IN THE EVENT OF RISK OCCURING: Care staff to contact at the end of shift to confirm service provided and feedback any issues.

RISK TO CONSIDER	CURRENT RISK LEVEL
Interruption or loss of supply chain	**Low**

EXISTING CONTROL MEASURES:
Back up copy nightly recorded on encrypted memory stick

ADDITIONAL CONTROL MEASURES REQUIRED:
Back up on Care Management System
Back up copy of schedules nightly

ACTIONS IN THE EVENT OF RISK OCCURING:

12) Delayed discharges or unsafe practice without necessary equipment

RISK TO CONSIDER	CURRENT RISK LEVEL
Interruption or loss of supply chain	**Low**

EXISTING CONTROL MEASURES:
Source other providers
Agreement with other Equipment Stores to deliver in emergencies

ADDITIONAL CONTROL MEASURES REQUIRED:

ACTIONS IN THE EVENT OF RISK OCCURING:

As above

ANNEX D

ANNEX D1 – Service disruption form

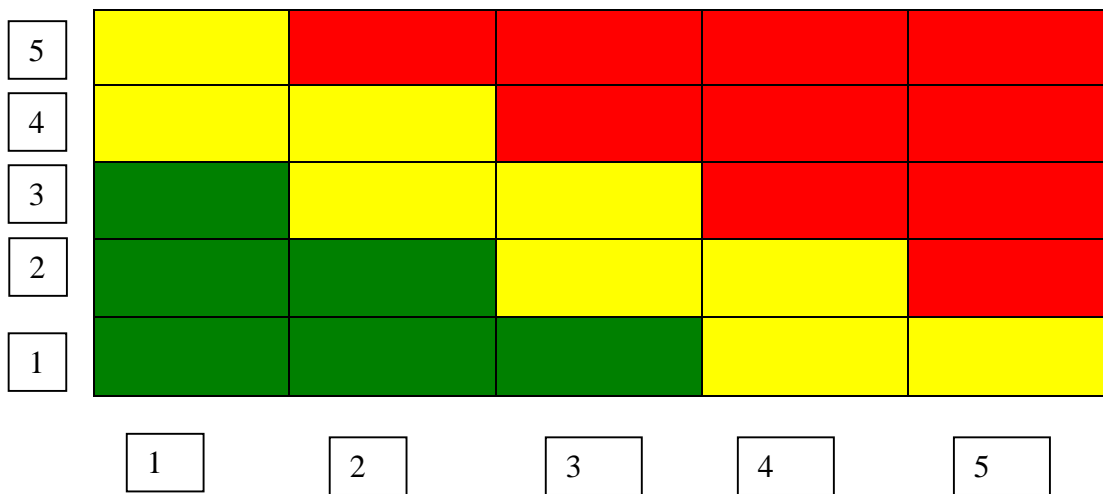|	
Date and time:	
Location (if applicable):	
Nature of disruption:	
Any other information:	
Should this information should be made public (press, website, social media and customer contact) or kept internal?	
Date and time of next update:	
Key contact (include mobile number if possible):	

Please consider whether you also need to inform the Local Authority (CBMDC), Health and Safety Executive, CQC, Public Health, Emergency Services.

ANNEX E

ANNEX E1 – RISK ASSESSMENT MATRIX

A	B	C	D	E	F
ISSUE	LIKELIHOOD (1-5)	IMPACT (1-5)	SCORE (B XC)	TANGIBLE IMPACT	CONTROLS IN PLACE AND/OR CONTINGENCY PLAN

IMPACT RISK MATRIX

KEY

LIKELIHOOD
1 Very Low   **2** Low   **3** Possible   **4** Very Possible   **5** Almost Certainly

IMPACT
1 No Implications
2 Possible Implications
3 Some Implications
4 Significant Implications
5 Serious Implications