Covid-19 communication and considerations for care providers and staff

- **Known risks**

The likelihood transfer is visitor and staff to each other and those we care for, rather than resident to resident. How therefore do we reduce risks to this very vulnerable group of people?

Hand washing is the biggest deterrent – have signage, direction to the nearest hand washing facility and ensure a good supply of anti-bac soap and paper towels for staff, visitors and residents.

Whilst sanitiser is recommended when hand washing is not available, it can be used instead of hand washing. Reduce the risk by encouraging active hand washing, whilst having sanitiser available.

Remember to keep hands moisturised – cracked skin from over washing and using sanitisers, increases infection risks. Hand hygiene audit and video guidance for hand washing attached.

Have thorough and robust cleaning processes in place – see attached posters and put systems in place to ensure these are done more frequently than usual. See further information in this document.

- **Getting diagnosed with Covid-19**

Call / email 111 if you can't manage your symptoms. Your GP and OOH services will also guide you as to what you can do. For people unable to leave their home, 111 will decide next steps.

- **Admissions to your service / to and from hospital.**

There is no reason to reduce /prevent admissions to your service. The risks are no different to usual risks. As ever, any hospital admission avoidance (from your service to hospital) is in the best interests of those we care for, and prevention is better than cure….. Please remember all hospital beds in use by people who have another care facility in your service, means that we are unlikely to get one in the event of needing it ourselves or for our families / staff and people we care for if in genuine need – so please get any of those we care for out of hospital asap.

That said, if there are known cases of covid-19 in that setting, you should consider a risk assessment of what you need to know to assure yourself that patient is safe to enter your environment and not risk unknown spreading.

Nobody can make decisions for you about this matter – it is YOUR care environment, and YOUR risk. No other organisation is superior or better than yours – the DoHSC gives guidance we all have to follow and CQC are the regulator, so despite pressures from hospitals, NHS and contractors, you need to do what is right for your service and not accept pressure from others. They are not your bosses!

- **Contingency / business continuity plans - Considerations and contents:**

We appreciated having to do this is burdensome when we are all trying to 'fire fight' and prepare – but this is simply part of that preparation. It doesn't have to be 50 pages and we have attached some examples as templates for you from other organisations. Some of the areas to include in your plans are:

- Total number of people you care for daily
- Minimum number of staff required each day to continue to care for this number of people
- Communication information, processes and contact details with people you care for, families, staff, contractors, regulators and external stakeholders – what do they want and need to know, how can you do that quickly and easily. Have contact details accessible
- Risk awareness and risk reduction processes
- Potential alternatives
- What if's…. and any potential solutions e.g schools close / staff don't arrive as rota'd.
    - ❖ prepare this in discussion with staff now – you may be surprised by some of their answers!
    - ❖ Prepare if staff are required to stay at work, consider them having 'sleep over' bags prepared in advance, - what might they need if they have to stay at work? E.g. food / laundry / a bed etc. is this possible?
    - ❖ alternatives if and when schools are closed – can partners, parents, friends, neighbours and siblings assist with child care? Can children come to the work environment? (what risks may be associated here too?) can staff help each other?
    - ❖ Can we share staff somehow with other local care organisations with honorary contracts?
    - ❖ Who else might be able to help? Are there any agency staff available?
    - ❖ If agency staff are regularly used, are / will they be available?
    - ❖ What happens if the chef / cleaners / ancillary teams are not at work? Is food accessible and available easily and can others prepare it? consider some easy / quick prep solutions (without stock piling!), and make sure there are instructions on how to use / prepare.
    - ❖ Can families help out with their loved ones? Have you asked who might be able to and how / when?
    - ❖ Are students or other 'bank' staff available if uni's etc. are closed?
- What's the worst case scenario and what might you do?
- What barriers, including regulation that are concerning you e.g. RN or medication trained staff not available? Share these with us so we can get them addressed or at least consider potential solutions.

Are you prepared to share your plans with another similar type service? Please be prepared to share yours with others – they can be shared anonymously.

- **Visits and appointments**

Consider the risk of visitors and appointments to those we care for.

- Are appointments to hospital or elsewhere urgent and absolutely necessary right now? Can they wait?
- Do people really need to come into the environment for assessments etc, or can these be done virtually e.g. by email / phone or post-phoned? Make sure you communicate with those who

may need cancelling or any changes well in advance so their time is also not wasted! Again, this is YOUR risk assessment for YOUR environment.

- Should you consider 'lock down' or reduce to a steady safe stream of visitors? Some care homes have stopped all visitors, others have put restrictions in place e.g. appointment only or specific times and no entering communal spaces e.g. lounge, others have put PPE in place for visitors – you need to put a risk assessment in place for your setting and make your environment as safe as possible. So far, there is overwhelming support from families about action taken – the key is communication and a proportionate approach.
- Communicate CLEARLY your expectations and decisions. It helps people trust you and feel safer. Then stick by it and constantly review procedures – ideally as a team.

Continue to listen to government advice and guidance as and when it arrives.

Remember we care for people – what is right for them and what do they want?

- **Laundry and staff uniforms**

Encourage staff as ever to ensure their uniforms are washed at temperatures above 63 degree Centigrade, and with a bleach based washing detergent (e.g. Ariel original washing powder), and wear a clean uniform on each shift. This may mean considering staff having access to more uniforms. If staff do not wear uniforms, they should wear clothing that can be washed at these temperatures.

With communal laundry in the home e.g. sheets / pillow cases etc, they should be washed above 63C and with a bleach based washing detergent (e.g. Ariel original powder).

- **Sharing resources**

We are working with providers to try form a list of who may have stocks of Masks / equipment etc. If you have some and would be willing to share and receive, can you please let us know so we can compile this accurately.

Sharing staff is always the nightmare, however some reciprocal agreements could be made e.g. through honorary contracts (as is done with students) in the event of a crisis. If you know organisations you would be prepared to share with, we can share the honorary contracts with you. Please let us know. This is something you currently need to organise between yourself and a nearby organisation. We appreciate it may not happen, but preparation is key.

Communicating with those we care for, staff, families and external organisations with who you may contract and need to communicate – PHE / CCG / LA / CQC. Have these contact details accessible. We will send them to you too for each area.

- **PPE**

Do you have enough PPE equipment in stock, including just in case? E.g. gloves / aprons / red bags / clinical waste bags?

Do you have any masks? In the event of emergency would you be prepared to share with others?

Please let us know.

Some homes have prepared painter type disposable all in one suits, builders respiratory masks and have a good supply of gloves. You can watch the don and doffing video for hospitals, but currently this is not being advised for our use.

- **Medication / DNACPR's**

Consider how much paracetamol each person has and how much they may need. Discuss with your GP as they can px per person.

If people in your care are acknowledged as close to End of life care (EoLC), consider what current EoLC meds you have and if you may need more. Do you have enough Madizalom / Hyoscine / Morphine and Levopromazine to manage? Is this written up clearly and safely (e.g. mg and ml's are not always clearly identified for use….) Are staff up to date on managing this situation? Do they need a reminder?

Are DNACPR's insitu for those who want and need them? Are they accessible, checked and correct? Are EoLC care plans in place and have these been updated for any new people in your care or where needs have changed?

If you have people you care for getting coughs, colds and temperatures, isolate them as per government guidance on all people in the country, to as usual and inform your GP and get treatment as you usually would. Key is to reduce the risk of cross contamination.

- **Inform CQC / contractual arrangements with other partners**

Of any changes you make by email to how your service operates, directly to your inspector, and to any contractors who may contractually require this.

Send a notification if anything affects the service not running safely.

- **Cleaning**

Routine cleaning should be 'stepped up' and procedures reviewed. Use disinfectants and consider use of disposable towels / what cloths are in use. Clean regularly touched areas more frequently, particularly frequently touched areas e.g door handles, key pads and telephones. Consider the use of one use disinfectant wipes for ease?

- **Best practice and other infections and care risks**

Use this opportunity to review with your team procedures and events happening in your work environment – but remember best practice in care, infection control measures and people's best interests must not be lost!

Other infection risks, care needs and challenges continue as usual, and should not be overlooked due to this scenario. Preparation, communication, asking questions and continuous review is key – whilst maintaining morale and standards as best we possibly can.

If you are experiencing difficulties, or there are serious areas of regulatory concern for you, please let us

know. Some providers have expressed concern regarding CQC, meeting staffing levels and inspection during this time. Our best advice is to be transparent with your inspector and share your concerns with us so we can attempt to address them with you and for you.