

Purpose

To give guidance and support for the challenges of COVID-19 to all individuals within the care setting.

To guide staff in delivering and maintaining the highest of standards of Infection Control and Prevention procedures to ensure the safety of all individuals

To comply with:

Health and Social Care Act 2008, Regulations 2014 – Notifications

Gov.UK Guidance

World Health Organisation Guidance

Public Health England Guidance

Department of Health

Department of Health and Social Care

To work in collaboration with Local Authorities, Regulators and NHS to ensure protection, safety and well being of all individuals being cared for and staff.

Policy Statement

COVID-19 (previously known as '2019 novel coronavirus') is a disease caused by the virus – Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)

The care setting will provide consistent, high standard of care to all individuals.

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To relieve stress and anxiety and to develop confidence, staff will be kept up to date with information from reliable sources and good communications maintained with all individuals.

The management and staff will communicate effectively with all stakeholders to ensure business

continuity, including suppliers, commissioners, and NHS.

An information point will be provided, accessible to all individuals. This will be kept up to date with all relevant information and changes as they occur.

Adherence to the Infection Control Policy and Procedure with added guidance within this policy, especially in regard to PPE.

Visiting and Social Distancing

Visiting will be restricted to essential medical visits only or exceptional circumstances at the discretion of the Manager. Supporting relatives at this time is paramount and they are to be informed that the decision is to safeguard the health and wellbeing of all individuals as much as possible.

Other forms of communication will be explored and developed. Staff will assist with Applications such as Facetime and Skype to encourage socialisation.

Where possible, Social distancing is also encouraged and therefore individuals are requested to stay in their own rooms. Communal areas are re arranged to maintain the distance of 2 metre separation of individuals.

This policy of social distancing is to be monitored closely and how it is impacting on the emotional well-being of individuals. More support is to be given if needed.

Activities will still take place but at all times being conscious of social distancing where possible.

For individuals with cognitive impairment that 'walk with purpose', behavioural assessments and individual care plans ought to be put in place to try and achieve social distancing.

Mental Capacity and Deprivation of Liberty Safeguards (DoLS) during Pandemic

No changes have been made to Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) legislation in England. Mental Capacity should still be assumed for a wide range of decisions unless there is evidence to suggest otherwise.

The principles of the Mental Capacity Act and the safeguards provided by DoLS still apply, however further guidance has been provided by the Department of Health and Social Care, which is valid during COVID-19 pandemic and until it is withdrawn.

Treatment provided for COVID-19, which would be the same as for anyone without a mental disorder,

does not warrant a DoLS application as that person will not be deprived of their liberty.

Care and treatment should continue to be provided in a person's best interest. When a person's usual care and treatment arrangements need to change and they lack the relevant mental capacity to consent to changes, it may not constitute a new deprivation of liberty. Care and treatment should continue to be provided in the person's best interest.

If a new authorisation is required, decision makers should follow their usual DoLS processes, including urgent authorisations using the shortened forms during the pandemic.

Refer to the Department of Health and Social Care document for further information:

The Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) During Coronavirus (COVID-19) Pandemic

Advance Care Planning

It is imperative that all care plans, and especially Advance Care Plans are person-centred and individualised. The care plan should always be discussed with each individual and when an individual has capacity, it should be discussed with them directly. When a person lacks capacity as defined by The Mental Capacity Act 2005 and is unable to engage with the decision making process, then an advance care plan may be produced with the involvement of family or other appropriate individuals following Best Interest guidelines.

The pandemic does not permit any health or care professional to deviate from that approach by making decisions on a group basis. Therefore, where there is a requirement to complete a Do Not Attempt Resuscitation (DNAR) or a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT), these decisions must be made on an individual basis.

Staff should work with GPs to review Advance Care Plans to include discussions about how COVID-19 may cause individuals to become critically unwell, and a clear decision about whether hospital admission would be considered in this circumstance. A sensitive and caring approach is always to be taken when considering this approach.

Medications

The policies and procedures for Management of Medication must be followed, in that prescription-only medicines (POMs) must only be supplied on prescription to a named person. Once prescribed, the medicines become the property of that named person. Prescribed medicines cannot therefore be used for anyone else. However, during exceptional circumstances during the pandemic, this guidance

is given to help manage situations whereby the best interests of individuals mean that it is not appropriate to follow those recommendations

Multi-compartment Compliance aids (MCAs)

During the Coronavirus pandemic pharmacies may need to withdraw this service. If this occurs, then the situation should be risk assessed with policies and procedures updated, and staff training, and competency assessments, also be completed.

Secondary dispensing must not take place. Medicines are not to be transferred from pharmacy labelled packaging into MCAs.

Repurposing of Medications

Under usual circumstances, the re-use or recycling of another individual's medicine is not recommended by the Department of health and Social Care as the quality of any medicine that has left the pharmacy cannot be guaranteed. Any unused medicines would normally be disposed of by returning them to a contracted external company or community pharmacy.

Re-use of medicines must only be considered under very specific circumstances and only in a crisis situation.

This is time limited and only applies during the period of emergency during the COVID-19 pandemic.

A risk assessment must be carried out on an individual medicine basis and three key indicators should inform the risk assessment and the subsequent decision.

1. No other stocks of the medicine are available in an appropriate timeframe (as informed by the supplying pharmacy) and there is an immediate individual need for the medicine.
2. No suitable alternatives for individuals are available in a timely manner, i.e. a new prescription cannot be issued, and the medicine(s) supplied against it cannot be delivered in the conventional manner quickly enough
3. The benefits of using a medicine that is no longer needed by the person for whom it was originally prescribed or bought outweigh any risks for an individual receiving that unused medicine.

A registered healthcare professional must check and confirm that the medicine is suitable for re-use (this may be done virtually). That person can be either a nurse, pharmacist, pharmacy technician, GP or Community Nurse. Appropriate records should be kept, including the registered healthcare professional who performed the check on suitability for re-use. If the medicine considered for re-use is a controlled drug, then it must remain in the possession of an organisation authorised to do so. The controlled register must be maintained in respect of controlled drugs.

The following criteria is to be considered before medicines can be re-used.

- Is the medicine in an unopened pack or blister that has not been tampered with? Is it in date?

- Has it been stored in line with the manufacturer’s instructions, including any need for refrigeration? Is the medicine a licensed medicine that has either been prescribed by a registered healthcare professional with prescribing rights or bought ‘over the counter’?

If the answer to any question is no, then the medicine should not be re-used.

Minimising the risk of cross-contamination

- Is the medicine for an individual with a diagnosis of COVID-19 or showing symptoms of COVID-19? Medicine that has been retrieved from an individual infected with COVID-19 should be sealed (double bagged) and quarantined for three days. A Do Not Process Before date should be fixed to the bag before the bag is stored safely and away from any other medicines.

If a medicine is thought to be suitable for re-use, permission should, if possible, be obtained for re-use from the individual for whom it was prescribed or (if the individual lacks capacity) from a person with power of attorney, or (if the individual has died) from their next of kin.

Once a decision is made to re-use a medicine then follow the following this process:

- Add entry in CD register if schedule 2 Controlled drug Add
- entry in Reused Medicines Log:
 - Date
 - Original owner
 - Medicine details (generic name, strength, formulation, expiry)
 - Quantity
- Medicine administered:
 - On advice of prescriber (valid prescription) As
 - per MAR or eMAR chart
- Update LOG
- Update CD register if Schedule 2 CD
- Update ‘Re-used Medicines’ Log:
 - Date
 - Individual’s Name Dose
 - and Quantity used Reason
 - for re-using
- Keep records

For further information:

<https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care->

[home-or-hospice](#)

Medicines: information for Adult Social Care Services

<https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services#coronavirus>

Coronavirus (COVID-19): reuse of medicines in a care home or hospice

<https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice>

Admissions and Hospital transfers

Capacity Tracker has been established as the single mechanism across the country to report bed vacancies and thus manage demand effectively during the pandemic.

The Capacity Tracker must be updated as close to real time as practicable at a minimum of once a day.

This crucial data will be included in daily national Situation Reports to support capacity planning and response. It will also be used by localities to understand their capacity and pressures across the care sector to support care providers, system-wide discharge planning and system resilience.

Admission

If an individual has no COVID-19 symptoms or has tested positive for COVID-19 but is no longer showing symptoms and has completed their isolation period, then care should be provided as normal.

The following information will be provided for anyone who is being discharged from hospital and has tested positive for COVID-19:

- The date and results of any COVID-19 test
- The date of the onset of symptoms
- A care plan for discharge from isolation

This information is to be added to the COVID-19 Test Result form Upon

discharge from hospital, staff should follow this guidance: **If an**

individual has no symptoms of COVID-19

- Care required upon discharge should be as normal
- Upon first signs of symptoms then provide care in isolation if symptoms occur within 14 days

- after onset of symptoms or positive test
- Staff wear protective equipment and place in clinical waste after use
- Consult GP to see if re-hospitalisation is required

If an individual has tested positive for COVID-19, is no longer showing symptoms, and has completed an isolation period – The care home should provide care as normal

If an individual has tested positive for COVID-19, is no longer showing symptoms but has not yet completed isolation

- Provide care in isolation
- Individual does not leave the room (including for meals) for 14 days after onset of symptoms or positive test.
- Staff wear protective equipment and place in clinical waste after use.

Hospital Transfer

If an individual shows symptoms of COVID-19 the appropriateness of hospitalisation ought to be considered by checking their Advance Care Plan / Treatment Escalation Plan and discuss with the individual and/or their family or Lasting Power of Attorney to determine if hospitalisation is the best course of action for that individual.

Escalation decisions to hospital will be taken in discussion with paramedics, general practitioners, and other healthcare support staff. Transfer to hospital may not be offered if it is not likely to benefit the individual and if palliative or conservative care within the care setting is deemed more appropriate.

If hospitalisation is required then the receiving healthcare facility must be informed that the incoming individual has COVID-19 symptoms. Infection Prevention and Control guidelines for patient transport are to be followed.

Death of an Individual

As per Regulation 16 and 20, Care quality Commission (Registration) Regulations 2009:

Statutory notification is to be regarding the death of a person using the service and such notifications must be submitted 'without delay'

The form has been revised and now includes the following:

Was the death as a result of:

Confirmed Coronavirus Yes/No

Suspected Coronavirus Yes/No

Checking Symptoms and testing

Daily monitoring of COVID-19 Symptoms is recommended. Symptom checks include:

- Temperature – preferably using a tympanic thermometer (inserted into the ear)
- New continuous cough (coughing a lot for more than an hour or 3 or more coughing episodes in 24 hours)
- Shortness of breath
- Sore throat
- Fatigued
- Headache
- Diarrhoea

Staff should note that individuals with Dementia and cognitive impairment may be less able to report symptoms because of communication difficulties. Therefore, staff should be alert to the presence of signs as well as symptoms of the virus. This could include delirium, which people with Dementia are more prone to suffer from if they develop an infection.

Any individual presenting with symptoms of COVID-19 should be promptly isolated. Instigate full infection control measures to care for the individual with symptoms, which will avoid the virus spreading to other individuals.

Contact NHS 111 COVID-19 service for advice on assessment and testing

If further clinical assessment is advised, contact the GP

If symptoms worsen during isolation or are no better after 7 days, contact the GP for further advice around escalation and to ensure person-centred decision making is followed.

For medical emergencies dial 999

The Health Protection Team (HPT) must be informed of symptomatic individuals and confirmed cases. The HTP will provide advice and support along with Local Authority Partners. The outbreak measures advised of by HTP are to be followed.

The outbreak can be declared over once no new cases have occurred in the 14 days since the appearance of symptoms in the most recent case.

Isolation of individuals symptomatic of COVID-19

It is not always possible to have dedicated isolation areas, however isolation precautions should be applied when someone displays symptoms of COVID-19 in the same way as if an individual had

influenza or diarrhoea and vomiting. Ideally isolation should be in single rooms with en-suite facilities. Where this is not available a dedicated bathroom near to a person's bedroom should be identified for their use only.

Room door(s) should be kept closed where possible and safe to do so. Where this is not possible the bed should be moved to the furthest safe point in the room to try and achieve a 2-metre distance to the open door as part of a risk assessment.

All necessary procedures and care should be carried out within the individual's room. Only essential staff (wearing PPE) should enter the individual's room.

Entry and exit from the room should be minimised during care, specifically when these care procedures produce aerosols or respiratory droplets.

Single Case – isolation of a symptomatic individual:

All symptomatic individuals should be immediately isolated for 14 days from onset of symptoms

More than one case- Cohorting of all symptomatic individuals:

- Symptomatic individuals should ideally be isolated in single occupancy rooms.
- Where this is not practical, cohort symptomatic individuals together in multi-occupancy rooms. Individuals with suspected COVID-19 should be cohorted only with other individuals with suspected COVID-19. Individuals with suspected COVID-19 should not be cohorted with individuals with confirmed COVID-19.
- Do not cohort suspected or confirmed individuals next to immunocompromised individuals
- When transferring symptomatic individuals between rooms, the individual should wear a surgical face mask
- Clearly sign the rooms by placing IPC signs, indicating droplet and contact precautions, at the entrance of the room.
- Staff caring for symptomatic individuals should also be cohorted away from other care home individuals and other staff, where possible / practical.
- If possible, staff should only work with either symptomatic or asymptomatic individuals.
- Where possible, staff who have had confirmed COVID-19 and recovered should care for COVID-19 individuals.
- All staff caring for individuals suspected or confirmed to have COVID-19 must continue to follow the infection control precaution, including PPE usage.

Isolation and cohorting of contacts: Careful risk assessment of the duration and nature of contact should be carried out, to put in place measures such as isolation and cohorting of exposed and unexposed individuals.

There are broadly three types of isolation measures:

- Isolation of contacts individually in single rooms for 14 days after last exposure to a possible confirmed case. This should be the preferred option where possible. These contacts should be carefully monitored for any symptoms of COVID-19 during the 14-day period.
- Cohorting of contacts within one unit rather than individually: Consider this option if isolation in

single rooms is not possible due to shortage of single rooms when a large number of exposed contacts are involved.

- Protective cohorting of unexposed individuals: Individuals who have not had any exposure to the symptomatic case can be cohorted separately in another unit within the home away from the cases and exposed contacts.
- Extremely clinically vulnerable individuals should be in a single room and not share bathrooms with other individuals

Infection Prevention and Control

Hand Hygiene

The washing of hands is a precautionary measure for the prevention of the spread of infections. Germs can spread from other people or surfaces when a person:

- Touches eyes, nose, and mouth with unwashed hands
- Prepares or eats food with unwashed hands
- Blows nose, coughs, or sneezes into hands and then touches other people's hands or surfaces

Significant time to wash hands:

- just before you provide care to an individual
- as soon as you have finished providing care to an individual
- straight after you have been exposed to any body fluids
- straight after touching the person's surroundings (e.g. chair, door handle) if this may have contaminated your hands
- as soon as you take off protective gloves.

Preparation for washing hands:

- expose your forearms so that they are bare from the elbows down
- remove all hand and wrist jewellery, a single plain metal finger ring is permitted; however, it should be removed or must be moved during hand hygiene
- ensure fingernails are clean, short and that artificial nails or nail products are not worn cover all
- cuts and abrasions with a waterproof dressing

Process of handwashing

- do so for 20 seconds, or the time it takes to sing 'Happy Birthday' twice
- wet your hands with water and apply enough soap to cover your hands
- use one hand to rub the back of the other and in between fingers – do the same with the other hand rub hands together and clean between your fingers
- rub fingers against the back of both your palms
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- rub your thumbs using the other hand – do the same with the other thumb
- rub the tips of your fingers on the palm of the other hand – do the same with the other hand
- rinse your hands with water
- dry your hands with a disposable towel
- use the disposable towel to turn the tap off.

Only use alcohol-based hand sanitizer that contains at least 60% alcohol when soap and water are not available

Hand washing posters are visible to ensure full awareness of procedure

Respiratory and Cough Hygiene – “Catch it, bin it, kill it”

To minimise transmission of COVID-19 through respiratory droplets, tissues and waste bins should be available to everyone. All individuals should:

- use disposable tissues to cover the nose and mouth when sneezing, coughing, or wiping and blowing the nose
- dispose of used tissues immediately in the nearest bin
- clean hands after coughing, sneezing, using tissues, after any contact with respiratory droplets or objects contaminated with respiratory droplets
- not touch their eyes, mouth, and nose
- help those people who may need help with containing their respiratory droplets such as the elderly provide those who are immobile with a bag close by for immediate disposal of tissues
- ensure common areas, or during transportation, that people with symptoms wear a fluid resistant surgical face mask to minimise dispersal of their respiratory droplets or contamination of surfaces
- clean frequently touched surfaces
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Other infection prevention and control measures

Dedicate specific medical equipment (e.g. thermometers, blood pressure cuff, pulse oximeter etc) for the use of individuals with possible or confirmed COVID-19. Clean and disinfect equipment before re-use with another individual.

Restrict sharing of personal devices (mobility devices, e-books, electronic gadgets) and other personal effects, with other individuals.

Decontamination

It is preferable, where possible, for staff who are providing care in isolation rooms of individuals with suspected or confirmed COVID-19 to also clean the room. However, if that is not possible then domestic staff should be advised to clean isolation room(s) after all other unaffected areas of the care

service has been cleaned.

Preparation

- Collect any cleaning equipment and waste bags required before entering the room
- Any cloths and mop heads used must be disposed of as a single item
- Before entering the room, perform hand hygiene then put on a Fluid Resistant Surgical Face Mask, disposable apron, and gloves.

Entering the room

- Keep the door closed and the window open to improve airflow and ventilation whilst using detergent and disinfection products
- Bag any disposable items that have been used for the care of the individual as clinical waste

Cleaning process

Use either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.), or:

A neutral purpose detergent followed by disinfection (1000 ppm av.cl)

- Use disposable cloths/paper roll / disposable mop heads, to clean and disinfect all hard surfaces/floor/ chairs/door handles/ reusable non-invasive care equipment/sanitary fittings in the room. Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants

Cleaning and disinfection of reusable equipment

- Clean and disinfect any reusable non-invasive care equipment, such as Blood pressure monitors, thermometers, glucometers that are in the room prior to their removal. Clean all reusable equipment systematically from the top or furthest away point

Carpet flooring and soft furnishings

- For carpeted floors/items that cannot withstand chlorine-releasing agents, consult the manufacturer's instructions for a suitable alternative to use following, or combined with, detergent cleaning.

On Leaving the room

- Discard detergent/disinfectant solutions safely at disposal point
- Dispose of all waste as clinical waste
- Clean, dry and store re-useable parts of cleaning equipment, such as mop handles
- Remove and discard PPE as clinical waste as per local policy
- Perform hand hygiene

Laundry

Any laundry used by an individual in isolation should be treated as infectious and placed in an alginate bag, then a secondary clear bag. This should then be removed from the isolation room and placed directly into the laundry bag. Take the laundry bag as close to the point of use as possible, but do not take it inside the isolation room.

When handling linen do not:

- Rinse, shake or sort linen on removal from beds
- Place used/infectious linen on the floor or any other surface e.g. tabletop Re-
- handle used/infectious linen when bagged
- Overfill laundry receptacles
- Place inappropriate items in the laundry receptacle

Personal Protective Equipment (PPE)

The following guidance is in line with information published by Public Health England to clarify the recommended use of PPE and the links to the full document and poster are below.

This is in the context of Sustained Transmission of COVID-19.

COVID-19 is common in the community and care workers should assume they are likely to encounter people with COVID-19 infection in their routine work. Sustained Transmission is when infection is widespread and that for many people with COVID-19 infection, there is an inability to work out who or where they got it from.

PPE is required in a care home even when none of the individuals have symptoms of COVID-19 due to the fact that there is sustained transmission of COVID-19. The following information is providing recommendations on what PPE is required and when.

PPE is only effective when combined with Hand Hygiene and Respiratory and Cough Hygiene and following infection prevention and control procedures.

Providing personal care requiring direct contact or within 2 meters of an individual who is coughing:

- Whether an individual that is being cared for has symptoms or not, and includes those individuals in the 'extremely vulnerable' group and those diagnosed with COVID-19
- Whenever an individual is coughing and you are within 2 metres of them, even if direct care is not being delivered.
- To all direct care e.g. assistance with getting in/out of bed, feeding, dressing, grooming, toileting etc. and when unintended contact with individuals is likely (e.g. when caring for individuals with behaviours that challenge)

✓ Disposable gloves

Single use to protect from contact with individual's body fluids and secretions

✓ Disposable plastic apron

Single use to protect from contact with individual's body fluids and secretions

✓ Fluid Resistant surgical mask

Fluid-repellent surgical masks can be used continuously while providing care, until a break from duties is taken. The mask is worn for protection and can be used while caring for a number of different individuals. The mask should not be touched unless it is to put it on or remove it.

Remove and dispose of the mask if it becomes damaged, soiled, damp or uncomfortable to use. A new mask should be worn when re-starting duties after a break.

✓ Eye protection

This may be needed for the care of some individuals where there is a risk of droplets or secretions for an individual's mouth, nose, lungs or from body fluids reaching the eyes (e.g. caring for someone who is repeatedly coughing or who may be vomiting)

Eye protection can be used continuously while providing care, until a break from duties is taken.

Performing a task requiring a proximity of 2 metres but no direct contact with individual (i.e. touching)

This could be when performing meal rounds, medication rounds, prompting to take medication preparation of food for those individuals who can feed themselves or cleaning close to individuals.

X Disposable gloves	Not required
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X Disposable plastic apron	Not required
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✓ Surgical Mask

Fluid-repellent surgical masks can be used continuously while providing care, until a break from duties is taken. The mask is worn for protection and can be used while caring for a number of different individuals. The mask should not be touched unless it is to put it on or remove it.

Remove and dispose of the mask if it becomes damaged, soiled, damp or uncomfortable to use. A new mask should be worn when re-starting duties after a break.

A fluid resistant surgical mask may be needed where there is a high risk from respiratory droplets (e.g. when undertaking prolonged tasks close to individuals who are persistently coughing or where it is not certain that a distance of 2 metres can be maintained away from coughing individuals)

- Note: surgical masks do not need to be fluid repellent for use in this situation. However, if a fluid repellent surgical mask is already being worn there is no need to replace it and if only fluid repellent surgical masks are available then they may be worn

✓ Eye protection

Eye protection is not required if there is a distance of 2 metres from someone with a cough.

Eye protection may be needed for the care of some individuals where there is a risk of droplets or secretions for an individual's mouth, nose, lungs or from body fluids reaching the eyes (e.g. caring for someone who is repeatedly coughing or who may be vomiting)

Eye protection can be used continuously while providing care, until a break from duties is taken.

When working in communal areas with individuals – no direct contact though potentially within 2 metres.

This guidance applies for tasks such as working in dining rooms, lounges, corridors etc

If practical, individuals with respiratory symptoms should remain inside their room and encouraged to follow good respiratory hygiene. If unable to maintain 2 metre distance from coughing individual then follow previous guidance.

X Disposable gloves

Not required

X Disposable plastic apron Not required

✓ Surgical Mask

Fluid-repellent surgical masks can be used continuously while providing care, until a break from duties is taken. The mask is worn for protection and can be used while caring for a number of different individuals. The mask should not be touched unless it is to put it on or remove it.

Remove and dispose of the mask if it becomes damaged, soiled, damp or uncomfortable to use. A new mask should be worn when re-starting duties after a break.

A fluid resistant surgical mask may be needed where there is a high risk from respiratory droplets (e.g. when undertaking prolonged tasks close to individuals who are persistently coughing or where it is not certain that a distance of 2 metres can be maintained away from coughing individuals)

Note: surgical masks do not need to be fluid repellent for use in this situation. However, if a fluid

repellent surgical mask is already being worn there is no need to replace it and if only fluid repellent surgical masks are available then they may be worn

✓ Eye Protection – Not Required

Full guidelines:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881329/COVID-19_How_to_work_safely_in_care_homes.pdf

Staff

Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19

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

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

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

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

6. Women who are pregnant with significant heart disease, congenital or acquired.

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

Those staff that fall within this group will not be able to work for 12 weeks.

More detail and advice is available on the following website:

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

Staff who have a symptomatic household member must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the house became ill. If the staff member develops

symptoms during this period, they can return to work 7 days after their symptoms started and they are no longer symptomatic.

Testing Eligibility criteria:

- ✓ All essential workers including NHS and Social care workers with symptoms
- ✓ Anyone over 65 with symptoms
- ✓ Anyone with symptoms whose work cannot be done from home
- ✓ Anyone who has symptoms of COVID-19 and lives with any of those identified above
- ✓ Social Care workers and residents in care homes (with or without symptoms) both to investigate outbreaks and, following successful pilots, as part of a rolling programme to test all care homes

Testing is most effective within 3 days of symptoms developing.

The test involves taking a swab of the inside of the nose and back of throat, using a cotton bud. The test is an 'antigen test' and will identify if the individual being tested currently has Coronavirus. The test to tell if an individual has ever had coronavirus "antibody test" is not available yet.

Self-referral:

A regional test site drive-through appointment or home test kit can be selected via the self-referral portal

Employer referral

The employer referral portal allows employers to refer essential workers who are self-isolating either

because they or member(s) of their household have coronavirus symptoms, for testing.

For most employees, only symptomatic people in the household can be tested. If the employee works in social care, however, the employee can be tested whether symptomatic or asymptomatic.

It is a secure portal for employers to use to upload the full list of names and contact details of self-isolating essential workers.

If referred through this portal, essential workers will receive a text message with a unique invitation code to book a test for themselves (if symptomatic) or their symptomatic household member(s) at a regional testing site.

The duration of the Coronavirus pandemic has been long and stressful and it has never been more vital for providers of care in whatever setting at whatever level, to be supportive and considerate of each other.

Recommended reading and resources

Responding to COVID-19: the ethical framework for adult social care

<https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care/responding-to-covid-19-the-ethical-framework-for-adult-social-care>

COVID-19: Infection prevention and control guidance

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/893320/COVID-19_Infection_prevention_and_control_guidance_complete.pdf

COVID-19 personal protective equipment (PPE)

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

How to work safely in Care Homes

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881329/COVID-19_How_to_work_safely_in_care_homes.pdf

COVID-19: our action plan for adult social care – GOV.UK

<https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan/covid-19-our-action-plan-for-adult-social-care#key-guidance>

Admission and Care of Residents during COVID-19 Incident in a Care Home

<https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes>

Managing the COVID-19 pandemic in care homes for older people

www.bgs.org.uk/COVID-19

Guidance on shielding and protecting people defined on medical grounds as extremely vulnerable

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

Staying at home and away from others (social distancing)

<https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others/full-guidance-on-staying-at-home-and-away-from-others>

Coronavirus (COVID-19): changes to the Care Act 2014

Care Act easements: guidance for local authorities

<https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014>

Coronavirus (COVID-19): scaling up testing programmes

<https://www.gov.uk/government/publications/coronavirus-covid-19-scaling-up-testing-programmes> Aerosol

Generating procedures

<https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/resources/aerosol-generating-procedures.pdf>

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

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879105/PHE_COVID-19_Doffing_gown_version.pdf

Guidance for responding to COVID-19 in supported living settings

<https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan/covid-19-our-action-plan-for-adult-social-care>

Information for Adult social care services during coronavirus (COVID-19) outbreak

<https://www.cqc.org.uk/guidance-providers/adult-social-care/information-adult-social-care-services-during-coronavirus-outbreak#managing-covid-19>

Guidance for employers and businesses on Coronavirus (COVID-19)

<https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-coronavirus-covid-19>

Stay at home: guidance for households with possible coronavirus (COVID-19) infection

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