

# Covid 19 Policy

## Policy Statement

This policy reflects latest government guidance, which further marks the movement away from a regulatory approach to control the impact of Covid-19 to a non-regulatory risk-managed approach. This has been signalled by the removal of mandatory requirements, which have been replaced by guidance and advice on how people should prevent and control any further spread of SARS-CoV-2 and other infectious illnesses.

The care service is aware that it should follow the below:

- *Covid-19 Supplement to the Infection Prevention and Control: Resource for Adult Social Care* (updated 24 August 2022, applicable from 31 August 2022)
- *Infection Prevention and Control: Resource for Adult Social Care* (April 2022)
- *Covid-19 Testing in Adult Social Care* (updated 24 August 2022)
- *Hospital Discharge and Community Support Guidance* (updated 1 July 2022).

## Note:

There is separate guidance for:

- Wales, available from [phw.nhs.wales](http://phw.nhs.wales)
- Scotland, available from [publichealthscotland.scot](http://publichealthscotland.scot).

## Testing

The care service recognises the crucial part that testing plays in measures to protect both people receiving care and staff from infection and to prevent outbreaks of Covid-19.

The care service understands that its responsibilities are, in line with government guidance *Covid-19 Testing in Social Adult Care*:

- to order for and distribute the tests for their care staff where required
- provide instructions on how to use them and to report the results
- to take the appropriate actions in the event of positive results being reported (as described in the section, Staff Health and Stay at Home Procedures).

## A. Infection control and prevention procedures

The care service continues to adhere to high standards of infection prevention and control is the best way to prevent the person-to-person spread of Covid-19 and other infectious diseases in order to keep people receiving care and staff safe.

The care manager and supervisory staff instruct care workers and check that they:

- keep a safe distance of at least one metre from another person in social interactions that do not require close contact (as when delivering personal care)
- wear face coverings in enclosed situations particularly where recommended physical distancing is difficult to maintain
- cover their mouth and nose with a tissue or their sleeve (not their hands) when they cough or sneeze
- put used tissues in a bin immediately
- wash their hands with soap and water regularly for 20 seconds and use hand sanitiser gel (at least 60% alcohol) if soap and water are not available
- try to avoid close contact with people to whom they are not delivering care who are unwell
- avoid touching their eyes, nose, and mouth with unwashed hands
- clean and disinfect frequently touched objects and surfaces.

The care service provides the necessary approved hand sanitiser gels for staff to use during and between their visits.

It also encourages people using the service and other members of their households to follow good infection control practices, including regular cleaning of frequently touched hard surfaces with a suitable disinfectant and cleanser.

The care service policy is to communicate all public health messages, including those relating to staying home and physical distancing, to people receiving care and their families, and care staff so that everyone knows what is permitted and what is not.

## **B. Care of People Who Use the Service**

### **Vaccination policy**

This care service has supported all people who use it to be vaccinated against Covid-19 with one or a combination of the vaccines approved for use in the UK, including boosters. The care service also recognises that several anti-viral drugs have become approved and available to treat in timely ways people who could be seriously ill from Covid-19 because of their clinical vulnerabilities.

The care service will support the vaccination, including boosters, of all current and prospective people who use its service. It will work with local GPs and local NHS and other vaccine delivery teams where necessary.

The care provider will advise people receiving care or anyone in their household who develops Covid-19 symptoms to contact NHS 111 and stay at home. They might test themselves using a lateral flow test, which they can obtain privately.

Care workers should report suspected cases of Covid-19 to their manager. The care service will then work with its partner agencies and professionals to review and assess the impact of risk on the individual's care needs if they have symptoms and when they test positive.

### **Suspending care (by a Covid-19 affected people using the service or third party on their behalf)**

If someone who uses the service (with symptoms or who test positive) wishes to suspend their care, or someone asks this on their behalf, the care provider will alert the service commissioner (if applicable) so that they can work out how best to meet the person's support needs and how to ensure that they can receive all essential items while staying at home until they receive an all-clear.

It is expected that the care service will be involved in any risk assessment that the service commissioner carries out, which will be particularly important if the person receiving care is living in isolated circumstances or who might lack mental capacity to take the necessary decisions to ensure their wellbeing.

The care service will also alert the local safeguarding adults' team if a request to suspend the care service puts the person at risk of harm from any decision taken that appears to have been made without their consent.

### **Suspending care (because of staff shortages)**

The care service will trigger its business continuity plans in the event of it being unable to deliver agreed services because of Covid-19-related staffing shortages.

It will proceed to prioritise its staffing capacity to ensure that those who are most at risk will have some service continuity. It will do this with service commissioners and partnership agencies and professionals.

The care service will assess the risks to the person from a reduction or suspension of visits or care and even if they are self-funded, it could seek advice from the relevant local authority.

(For further information refer to the Emergency Planning in Care [topic](#) and [resources](#).)

### **Delivering services to people discharged from hospital**

The care service will follow the care pathway developed for anyone recently discharged from hospital and help to implement the care plan that has been agreed, including all Covid-19 testing arrangements.

The care service will liaise closely with the person responsible for co-ordinating the hospital discharge arrangements and over any issues arising.

### **Care planning and referrals**

The care service keeps people's care plans under constant review to ensure that their needs are being met. It also carries out full risk assessments in relation to any new referrals in order to ensure that the person who would like to use the service and care staff are kept safe from cross infection of the coronavirus.

The care service ensures that clinically vulnerable people are identified and plans are in place to ensure their safety. The care service communicates with, consults and involves as fully as possible,

relatives and others involved in a person's care, particularly where they might lack mental capacity over the decisions to be taken.

### **Safeguarding and protection**

The care service continues to apply all measures to keep people safe in line with its current policies and local authority safeguarding procedures. It continues to alert the local authority to any safeguarding issue and comply with its current notification requirements and procedures.

The care service will continue to exercise its duty of candour where it has made mistakes that have caused serious harm to the people using the service.

### **Mental capacity and deprivation of liberty**

The care service is aware of the implications of the current situation for people receiving care who lack mental capacity to understand the decisions that are being taken or to act in line with them. The care service will do everything it can to ensure that it applies "best interests" principles in communicating with people without capacity and in taking the decisions that are required, including where it is evident that people are being deprived of their liberty.

## **C. Staffing Matters**

### **Staff vaccination**

The care service supports all its staff and the people using its service to be vaccinated against Covid-19, including boosters. The care service will continue to encourage its staff to be fully vaccinated as the best way of keeping everyone safe from Covid-19 and will follow any new government guidance on the vaccination programme.

### **Staff health and stay at home procedures**

The care service is adjusting its procedures and practices in line with the guidance found in *Covid-19 Supplement to the Infection Prevention and Control: Resource for Adult Social Care*.

To follow this guidance this domiciliary care service is putting the following measures in place.

1. If a staff member develops recognised Covid-19 symptoms:
  - a. they should take a lateral flow test as soon as possible, and a second lateral flow test 48 hours later
  - b. if at home (off duty), they should notify their manager immediately and not attend work until both test results are known
  - c. if at work, they should inform their manager and return home as soon as possible to recover and wait for both their test results
  - d. they should not return to work until feeling well enough, have a normal temperature, and have taken two successive lateral flow tests taken 24 hours apart that are negative with the first test taken at least 5 days after the onset of symptoms

- e. if the second test is negative on day 6 (or any days after) they can return to work immediately.
2. Routine testing of asymptomatic staff is no longer required, but in the event of a staff member receiving a positive lateral flow test, which might be required for other purposes, who has no symptoms:
    - a. they should stay at home and avoid contact with other people (“Day 0” of a standard isolation period of 10 days)
    - b. if they develop symptoms, they might wish to seek medical advice (and possibly take sick leave if there are concerns about them) and in other respects follow the procedures described in section 1
    - c. they should not go to work until they can show that they have tested negative on a lateral flow test for two consecutive days on or after day 5
    - d. if twice negative, they can return to work immediately if their symptoms have largely resolved and on the basis of a risk assessment, they are unlikely to be contagious; they should then test daily until day 10.
  3. Points to consider:
    - a. a positive result before day 10 requires a return to stay at home for at least 24 hours before taking the next test; a return to work can be made after a single negative test result
    - b. when returning to work, a person should take their LFD test as close to their starting work as possible
    - c. the person must comply with all applicable IPC measures and the wearing of the required PPE
    - d. if the person is expected to work with clinically vulnerable people, a risk assessment should be carried out with a possible outcome that the person should be withdrawn or redeployed until it is safe to work with those people (based on negative test results and reduction of any symptoms)
    - e. but if they do not have a high temperature, the manager has the discretion to carry out a risk assessment to decide if it is unsafe to return to work at that point; however, in a high-risk home care situation the benefits of a return to work must significantly outweigh the risk
    - f. a positive test result on day 14 should not prevent the person from returning to work on day 15, though they should only be allowed to work with clinically vulnerable people after a risk assessment indicated that it would be reasonably safe to do so
    - g. risk assessments will routinely be carried out with anyone who returns to work before and after the 10-day stay off work period up to at least day 14 to ensure that it is safe for them to carry out their care work and people are not put at risk.

4. When a symptomatic staff member plans to return to work after a negative test result or period of self-isolation:
  - a. they can return to work providing they are medically fit, it is agreed with their manager and their return is subject to a risk assessment.
5. A staff member is identified as a contact of a Covid-19 case:
  - a. if a staff member is providing care to or is in close contact with an individual with SARS-CoV-2 infection and is wearing the correct PPE appropriately they will not be considered as a contact for the purposes of contact tracing and isolation
  - b. if there has been a breach of recommended PPE when delivering care the staff member could be considered a contact and made subject to a risk assessment
  - c. staff members who are notified that they are a contact of a Covid-19 case should inform their line manager immediately if they are required to work in the 10 days following their last contact with a Covid-19 case
  - d. if the staff member develops symptoms of Covid-19 during this period, they should follow the guidance in section 1.

### **Staff and personal protective equipment (PPE)**

In this care service the use of PPE for infection control purposes is informed by best practice guidance and subject to risk assessment supported by line managers and supervisors. The care service's policy is in line with the protocols set out in *Infection prevention and control resource for adult social care*.

The care service follows protocols that consider the ways that infection might be passed on and how to prevent this through use of PPE in terms of three main "what if" scenarios, when:

- providing direct personal care
- having other contact within 2m of anyone else
- carrying out domestic duties or other activities.

The care service regularly assesses and reviews all risks in line with health and safety and infection prevention and control guidance and best practice to decide the PPE to be used by staff when delivering care.

The care service continues to train its staff in the safe and correct use of PPE, including how to put PPE on and take it off. Line managers and staff supervisors keep a continuous check on its use.

Care managers keep the PPE guidelines under review and complete appropriate risk assessments. The care service is aware that it will need to intensify its use of PPE during periods of "sustained transmission" of Covid-19 or of any other infectious illnesses in the community.

The care service manager will make every effort to ensure that adequate stocks of appropriate PPE are maintained and that PPE is readily available for staff to use.

### **Staff recruitment**

The care service will continue to maintain its safe recruitment policies and procedures in line with its registration requirements. In the event of the care service being unable to maintain its staffing complement and levels because of shortages caused by staff sickness or having to self-isolate, it will follow the guidance produced by the CQC and Skills for Care (England).

### **Travel restrictions**

The care service asks its staff to comply with any current official government advice regarding international travel and to inform their line manager wherever it might affect any return to work.

Latest travel advice can be found on the GOV.UK/Welsh/Scottish Government websites.

### **D. Business Continuity Procedures and Covid-19 Recovery Planning**

The care service continues to review and update as necessary its business continuity and recovery planning policies and procedures and its Covid-19 recovery and resilience plan.

It has found the following contingency measures to be particularly important and will maintain these for as long as necessary.

- Its communications strategy ensures that staff, people receiving care and their families are always provided with up-to-date and accurate information on current situation and on the service response.
- It makes every effort to provide people with the information they need to understand what is happening to them in formats that they can understand and that meet the Accessible Information Standard.
- It makes extensive use of information technology to communicate with staff, including email, texting, etc which is proving to make efficient use of time as well as reducing the risks that come from face-to-face discussions and contacts, though it recognises that these are also very important when conditions allow.
- It has adapted its training to make greater use of online e-learning and other electronic forms with any face-to-face training still being conducted in physically distanced ways and appropriate wearing of masks.
- The care service is continually checking and reviewing its sickness leave and absence policies, including payments, with the changing situation.

Medistaff24 manager is responsible for ensuring that staff understand the care service's Covid-19 recovery plan policy and procedure. Staff should familiarise themselves with the procedure and should speak to their line manager if they have any questions or concerns.

The procedure aims to ensure that the care service will be able to continue to provide care to people during any future infectious disease outbreak.

## Information

The care service will keep up to date with the latest public health and national government information about *Living with Covid*.

The infection control lead for the service will maintain close links with local health protection teams and will be responsible for circulating essential information to staff and, where necessary, to people receiving care and their families. They will also update the management team.

## Monitoring and Review

This policy will be continuously monitored and updated to take account of any changes to the official advice provided about the Covid-19 situation.

## Training

Care staff are trained to follow the operational guidance in respect of Covid-19 infection and control and are fully kept up to date with current policies.

Medistaff24 keeps its training arrangements under review.

It is currently following a “blended” or “hybrid” model, which makes use of e-learning and distant learning methods combined with limited essential face-to-face training.

Any face-to-face training will proceed with suitable Covid-safe risk mitigation procedures in place, including:

- wearing of masks, appropriate physical distancing, and observing good hand hygiene practice
- use of training rooms to enable physical distancing, including during arrival and leaving
- all training rooms be well ventilated and subject to regular cleaning
- no staff to attend who are feeling unwell.

Induction of new staff who are also new to care work will still follow Care Certificate pathways but with an expectation that the usual time period, particularly for work-based assessments, might need to be extended and the programme developed more incrementally.

Induction of new staff with experience of care work will focus on ensuring they are competent to carry out their roles and tasks in the current circumstances by ensuring that they implement key policies and procedures regarding people’s care and ensuring that it is safe and effective.

Much of the induction for any new staff will be carried out through workplace instruction, support, supervision and guidance from management and experienced staff.

Signed: Dimitar Georgiev

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