

Coronavirus (Covid-19) Management for Care Homes Policy

Policy Statement

This policy has been written to cover the operational procedures necessary for the organisation to protect its service users, visitors and staff from the risks presented by coronavirus (Covid-19) infection.

What is Coronavirus?

The World Health Organization defines coronaviruses as a family of viruses that cause infectious illness ranging from very mild to very severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). Covid-19 is a new strain which originated in China at the end of 2019. It has since spread worldwide, initiating a global pandemic public health emergency.

How is Coronavirus Spread?

People can catch Covid-19 from others who have the virus.

It is understood that the virus is highly infectious and moves from person to person in droplets from the nose or mouth which are spread when a person with Covid-19 coughs or exhales. In addition, the virus can survive for up to 72 hours out of the body on surfaces.

People can catch Covid-19 if they breathe in the droplets or touch infected surfaces and then touch their eyes, nose or mouth.

It is known that infected individuals who show no symptoms may still be able to pass on the virus, especially in the early stages of infection. This is described as asymptomatic spread.

What Are the Symptoms?

The main symptoms of coronavirus infection are fever and high temperature, a new, continuous dry cough and/or loss or change to the sense of smell or taste. Other less common symptoms include aches and pains, nasal congestion, headache, tiredness and fatigue. Symptoms begin gradually and are usually mild.

Most people (about 80%) recover from the disease without needing special treatment. A small percentage can become seriously ill and develop difficulty breathing. This is particularly dangerous for people with weakened immune systems, for older people and for those with long-term conditions, such as diabetes, cancer and chronic lung disease.

Care home residents are clearly vulnerable to being seriously ill if they are infected by the virus.

Information

The Downes will keep up to date with the latest public health and national Government information about the risk of coronavirus in the UK. The infection control lead for the home will maintain close links with local health protection teams and will be responsible for circulating essential information to staff and residents and their families. They will also update the organisation's management team.

The Downes will comply fully with official advice and updates published by the Department of Health and Social Care and Public Health England, and/or the equivalent guidance for Wales and Scottish care homes and social services providers issued by the Care Inspectorate Wales, Public Health Wales and Public Health Scotland.

- [*Admission and Care of Residents in a Care Home During COVID-19*](#) (England)
- [*Guidance for Providers of Social Care Services for Adults During the Covid-19 Pandemic*](#) (Wales)
- [*Guidance to Prevent COVID-19 Among Care Home Residents and Manage Cases, Incidents & Outbreaks in Residential Care Settings in Wales*](#)
- [*Personal Protective Equipment \(PPE\): Resource for Care Workers Working in Care Homes During Sustained COVID-19 Transmission in England*](#)
- [*COVID-19 — Information and Guidance for Care Home Settings*](#) (Scotland)

Infection Control and Prevention Procedures

The Downes believes that general adherence to high standards of infection prevention and control is the best way to prevent the person-to-person spread of pathogens such as coronavirus and maximise the safety of staff, service users and visitors. To achieve this the organisation's infection control policies and procedures will be implemented in full, especially those related to effective hand hygiene, sanitisation and environmental cleaning.

Care managers and supervisory staff should make sure that people:

- cover their mouth and nose with a tissue or their sleeve (not their hands) when they cough or sneeze
- put used tissues in the 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 who are unwell
- avoid touching their eyes, nose, and mouth with unwashed hands

- wear face coverings in enclosed situations particularly where two metre physical distancing is difficult to maintain and where the regulations make their wearing compulsory
- clean and disinfect frequently touched objects and surfaces.

Staff should comply fully with hand sanitisation policies and procedures. Managers will ensure that policies are supported by the provision of appropriate resources such as hand sanitiser gels.

Environmental cleaning will be increased while the pandemic continues and there is risk of transmission. Regular cleaning of frequently touched hard surfaces with a suitable disinfectant and cleanser will be carried out.

This organisation will comply fully with all existing infection control and prevention guidance, including:

For England, the [*Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections and Related Guidance*](#).

For Wales, the [*National Infection Control Manual \(NICM\)*](#), published by NHS Wales/Public Health Wales.

For Scotland, [*National Infection Prevention and Control Manual \(NIPCM\)*](#) published by Health Protection Scotland.

Covid-19 Public Health Restrictions

The government response throughout the Covid-19 pandemic has been to take necessary public health action to limit transmission of the virus by imposing a series of restrictions. These have included:

- regional and national lockdowns requiring people to stay at home, including working from home wherever possible
- people observing “social distancing” when they do leave home, keeping at least 2 metres away from others not in the same household
- restrictions on travel, especially trips in and out of lockdown areas and international travel
- restrictions on gatherings and closures of places such as pubs, restaurants, cafes, schools and hairdressers
- “shielding” for the most vulnerable members of society.

After a brief summer respite, at the end of 2020 a “second wave” of infection swept through Europe and the UK as people moved indoors in colder weather and new more infectious Covid-19 variant strains emerged. These included a “Kent” strain (B117) and a virulent strain from South Africa.

As the NHS came under severe pressure the national alert level was raised to Level 5 over the 2021 new year period and another strict lockdown was put in place throughout the UK to halt the spread of infection. The lockdown was considered necessary despite the hopeful sign of vaccines becoming available and being rolled out across the country.

In February the Government in England published a roadmap for gradually easing the lockdown following a reduction in virus transmission rates. The roadmap aims for all legal restrictions on person to person contact to be relaxed by the summer of 2021 if the virus remains under control. The home is aware that details of current restrictions can be found on the GOV.UK webpage, ([COVID-19 Coronavirus Restrictions: What You Can and Cannot Do](#)).

Throughout the pandemic period it has been the policy of the home to ensure that all public health messages, including those relating to staying home and social distancing, are passed on to staff, residents and relatives. Therefore everyone knows what is permitted and what is not.

Staff Health and Self-isolation

Government strategy throughout the UK is to ask people to self-isolate in their homes where they have symptoms of Covid-19 infection or think that they might have the virus. This policy will continue for the foreseeable future and the care home will continue to implement it where it is required, including any requirements for test and trace.

Staff who are unwell with suspected Covid-19 or who have come into contact with an infected individual or who share a household with someone who is unwell should not come to work but must comply with the latest Government advice about self-isolating themselves in their home.

Full details can be found in [Stay at Home: Guidance for Households with Possible or Confirmed Coronavirus \(COVID-19\) Infection](#), published by Public Health England. This guidance states that those who have symptoms of infection and live alone should self-isolate by staying at home and not leaving their place of residence for 10 full days from when the symptoms started. Similar information for Wales can be found on the Welsh Government [Self-isolation](#) webpage. In Scotland the Scottish Government [Coronavirus \(COVID-19\): Test and Protect](#) webpage contains the relevant guidance.

In this home staff who develop symptoms of Covid-19 must:

- not attend work if they develop symptoms while at home (off-duty) — in such cases they should notify their line manager immediately and follow the stay at home guidance
- put on a surgical face mask immediately if they develop symptoms while at work, inform their line manager and return home
- comply with all requests for testing.

The Downes will take all reasonable measures to prevent the transmission of the Covid-19 virus via staff, including:

- ensuring that all staff are aware of the requirement not to come to work when there is a risk that they may spread infection in the workplace
- ensuring that staff are supported to self-isolate in line with Government guidance if they need to
- ensuring, where possible, that members of staff work in only one care home — this includes staff who usually work across different homes or staff that work on a part-time basis for multiple employers and agency staff
- limiting or cohorting staff to individual groups of residents or floors/wings/units, including segregation of Covid-19 positive residents.

The Downes is aware that the Government has provided an Infection Control Fund to support homes in ensuring that self-isolating staff are fully paid while doing so. In addition, the home understands that the fund can also be used in the following ways:

- to support active recruitment of additional staff (and volunteers) if they are needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home
- to limit the use of public transport by members of staff
- to provide accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work.

[See also the [Coronavirus \(Covid-19\) Testing in Care Homes Policy](#) and [Coronavirus \(Covid-19\) Test and Trace: Contingency Planning \(England\) Policy](#).]

“High-risk” Individuals

The Downes is fully aware that there is published guidance for England and Wales on the protection of people, which includes many care home residents, who have conditions that make them “high-risk”. [Guidance on Shielding and Protecting People Who are Clinically Extremely Vulnerable from COVID-19](#) (England and Wales) sets out details of the special “shielding” scheme for high-risk individuals in England. In Scotland [Coronavirus \(COVID-19\): Shielding applies. Guidance on Protecting People Defined on Medical Grounds as Clinically Extremely Vulnerable from Coronavirus \(COVID-19\) — Previously Known as “Shielding”](#) applies in Wales. The guidance includes a list of people who are considered as clinically extremely vulnerable. This home will identify all staff or residents who fall into this category.

Current government guidance is that high-risk individuals no longer have to shield but should continue to take extra precautions to protect themselves and to access their vaccinations, etc. In this home additional precautions may apply to individuals in line with a resident’s personalised plan of care.

Affected staff are advised by the Government to stay at home and to not attend for work. The Downes will have a conversation with and support all such staff to remain at

home, for instance, helping them to work from home where possible, or helping them to access suitable job retention arrangements, etc.

Residents and Self-isolation

Guidance on isolation of residents can be found in:

- [*COVID-19: Management of Staff and Exposed Patients and Residents in Health and Social Care Settings*](#)
- [*Admission and Care of Residents in a Care Home During COVID-19*](#)
- [*COVID-19: Information and Guidance for Care Home Settings \(Adults and Older People\)*](#) (Scotland)

The guidance states that any resident being discharged from a hospital or interim care facilities to the care home, and new residents admitted from the community, should be isolated for 14 days within their own room. Residents in isolation should not attend communal areas, including shared lavatories and bathrooms.

[See [Admission policies under the current Covid-19 emergency](#) in the [Admissions Management](#) topic.]

Where a resident develops the symptoms of Covid-19, they will be isolated in their bedroom. Staff should:

- minimise the risk of transmission through safe working procedures and implementation of infection control policies
- use personal protective equipment (PPE) for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids
- use new PPE for each episode of care
- treat waste as infectious and dispose of it according to the homes hazardous waste policies.

Residents who are known to have been exposed to a person with possible or confirmed Covid-19 should be isolated, or cohorted if not possible with other similarly exposed residents who do not have Covid-19 symptoms, until 14 days after last exposure. If a resident displays symptoms or signs consistent with Covid-19 in the 14 days after exposure then relevant diagnostic tests should be performed.

In this home cohorting of contacts within one unit should only be considered if isolation in single rooms is not possible. Clinically extremely vulnerable residents should always be housed in a single room and should not share bathrooms with other residents.

Residents undergoing isolation will be given all possible support by staff. Staff should be aware that some residents will need additional support, such as those with serious health conditions or with mental health issues, dementia or learning difficulties, etc.

Where required, the home will seek additional advice from the local public health protection teams.

Active “isolation” rooms will be identified with appropriate signage. No member of staff should enter an isolation room without wearing PPE.

The Downes is following all official guidance on the use of PPE.

[See [Coronavirus PPE guidance for care homes.](#)]

Care Planning and Referrals

During the outbreak the care home will keep service user care plans under constant review to ensure that their needs are being met. It will also carry out full risk assessments in relation to any new referrals in order to ensure that the prospective service users and their staff are kept safe from cross infection of the coronavirus.

Vulnerable service users will be identified and plans will be put in place to ensure their safety. The care home will communicate with, consult and involve as fully as possible relatives and others involved in a person’s care, particularly where might lack mental capacity over the decisions to be taken.

Safeguarding and Protection

The Downes will continue to apply all measures to keep people safe in line with its current policies and local authority safeguarding authority procedures. It will continue to alert the local authority to any safeguarding issue and comply with its current notification requirements and procedures. The home will continue to exercise its duty of candour where it has made mistakes that have caused serious harm to its residents.

Mental Capacity and Deprivation of Liberty

The Downes is aware of the implications of the current situation for residents who lack mental capacity to understand the decisions that are being taken or to act in line with them. The Downes 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.

[See [Mental Capacity](#) for further policy guidance.]

Visiting

The Downes acknowledges the importance for residents of visits from their families and loved ones. However, it also acknowledges the potential risk of virus transmission associated with visiting during the Covid-19 pandemic if appropriate safeguards are not in place. The Downes will therefore make every effort to develop and maintain a visiting policy that balances the safety of residents and staff with support for visiting wherever possible. The care home manager will carry out appropriate risk assessments. Any

changes in arrangements will be reflected in the home's visiting policy and circulated to residents and their families.

The visiting policy for this home will be informed by the latest official guidance, including:

- [*Guidance on Care Home Visiting*](#) (in England)
- [*Coronavirus \(COVID-19\): Adult Care Homes Guidance*](#) (in Scotland)
- [*Visits to Care Homes: Guidance for Providers*](#) (in Wales).

In compliance with the guidance the home will take all reasonable steps to support the following forms of visiting:

- every resident will be able to nominate up to two “named visitors” who will be able to enter the care home for regular visits (visiting together or separately as preferred)
- in-person visits for other friends or family members will be offered using Covid-safe arrangements such as outdoor visiting, substantial screens, visiting pods, or behind windows, etc
- visits during exceptional circumstances, such as end of life, will be offered at all times
- residents with the highest care needs will be able to nominate an “essential care giver” where required.

The following rules will apply for the “named visitor” scheme:

- each “named visitor” should be tested for the Covid-19 virus using rapid lateral flow tests before every visit
- visitors must wear appropriate personal protective equipment (PPE) and follow all other infection control measures during visits
- the visitor may hold hands with the resident they are seeing if they wish to but should keep other physical contact to a minimum — at this stage there must not be close physical contact such as hugging.

The following rules will apply for the “essential care giver” scheme:

- an “essential care giver” arrangement may be agreed wherever a resident has care and support needs that cannot easily be met by a member of staff (or not without causing substantial distress) and which could be met by a family member, or another intimate person, instead
- a limit of one essential care giver for one resident should be observed where possible (exceptions may be agreed subject to the assessment of individual circumstances)

- essential care givers will be subject to regular testing similar to that in operation for staff
- essential care givers should observe all care home infection prevention and control safeguards and Covid-19 safety arrangements and wear PPE.

In all cases visitor numbers should be limited to a single constant visitor wherever possible, with an absolute maximum of two constant visitors per resident.

According to [Guidance on Care Home Visiting](#), a resident can have both an essential care giver (where that is agreed with the care home) as well as two named visitors. The essential care giver does not need to be the same person as one of the named visitors.

Visits in exceptional circumstances such as end of life should always be supported and enabled.

Visitors should be screened and tested as required using supplied lateral flow devices (LFD) according to government advice, [Care Home LFD Testing of Visitors Guidance](#).

While the Government strongly recommend that all visitors and residents take up the opportunity to be vaccinated when they are invited to do so through the national programme, the guidance states that it should not be a condition of visiting that the visitor or the resident should have been vaccinated.

This visiting policy will be kept under review and adjusted in line with levels of risk. The home will be informed by local public health and health protection team advice on transmission rates and the safety of visiting. In the event of a Covid-19 outbreak or evidence of community hotspots this home will rapidly review its policy and reimpose visiting restrictions to protect its residents and staff.

The Government has expressed a hope that by the summer of 2021 care home visiting will feel “as relaxed and normal as possible” and retaining only those infection prevention and control measures that are needed to protect the most vulnerable residents from the risk of infection.

While standard face-to-face visiting is disrupted, this home will do all that it can to support alternatives to enable residents to keep in touch with loved ones and friends. This will include staff giving residents support in using digital devices such as mobile phones, tablets and computers to make video calls.

Clear, updated guidance on visiting will be circulated to residents and to relatives. Staff will take time to explain the policy to residents and to support them.

[See the [Coronavirus \(Covid-19\) Care Home \(Temporary\) Visiting Policy](#).]

Contractors on site should continue to be kept to essential visits only where the safety of residents is impacted, eg boiler breakdown. In such circumstances, strict physical distancing will be maintained and emergency service personnel asked to comply with all infection control and hand washing guidance.

Visiting health and social care professionals will also be subject to testing in line with our associated [visiting policy](#).

Staff and Personal Protective Equipment (PPE)

In The Downes, staff should use PPE as directed in the following Public Health England/Wales/Scotland guidance.

England

- [Personal Protective Equipment \(PPE\): Resource for Care Workers Working in Care Homes During Sustained COVID-19 Transmission in England](#)

Wales

- [Information for Health and Social Care Professionals \(Wales\)](#)
- [Guidance to Prevent COVID-19 Among Care Home Residents and Manage Cases, Incidents & Outbreaks in Residential Care Settings in Wales](#)
- [PHW Advisory Note: Use of Personal Protective Equipment \(PPE\) in Social Care Settings \(Care Homes and Domiciliary Care\) in Wales](#)

Scotland

- [Infection Prevention and Control \(IPC\) Guidance in Healthcare Settings](#)
- [National Infection Prevention and Control Manual \(NIPCM\)](#)

The Downes is aware that [Personal Protective Equipment \(PPE\): Resource for Care Workers Working in Care Homes During Sustained COVID-19 Transmission in England](#) and the equivalent Wales and Scotland publications provide guidance about periods when there is considered to be “sustained transmission” of the Covid-19 virus. This covers periods when the virus is assessed to be common in the community and care staff are likely to come into contact with it during their routine work. At such times, additional safeguards are advised.

The guidance states that, during sustained transmission periods:

- staff providing personal care which requires them to be in direct contact with residents (eg touching, bathing, washing, etc) or requires them to be within two metres of any resident who is coughing, should use single-use disposable gloves, a single-use disposable plastic apron and a type IIR fluid-repellent surgical mask — eye protection such as goggles or a face-shield should be worn if there is risk of contamination to the eyes from respiratory droplets or from splashing of secretions
- staff performing a task requiring them to be within two metres of a resident, but when not delivering personal care or needing to touch them (eg conducting meal assistance and medicine rounds), and where there is no one within two metres who has a cough, only have to wear a type II surgical mask (a fluid-repellent mask is not

needed) in addition to any PPE indicated by standard infection control precautions, if any

- staff in any other situation when in the care home should wear a type I mask — this applies to staff in any role in staff only areas such as staff rest rooms, offices, laundry rooms, kitchens, etc
- staff need not wear a mask if working alone in private areas but must don a suitable mask if they leave the private work area to move through the care home building, eg on an errand, or for meal breaks — shared office spaces will be subject to specific risk assessment.

Single-use PPE items must be changed between each episode of care. Masks and eye protectors may be used throughout a session until the member of staff takes a break from their duties. Any PPE should be changed if it becomes soiled or damaged. Once masks are discarded they should never be reused.

All staff will be trained in the safe use of PPE. Usage should be monitored by line managers/supervisors. Posters demonstrating PPE requirements and showing how to put PPE on and take it off will be displayed around the home.

In The Downes the care management will keep the PPE guidelines under review and complete appropriate risk assessments. The home is aware that PHE recommend the general use of PPE during periods of “sustained transmission” of Covid-19 in the community regardless of whether residents have symptoms.

The care home 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 Downes will continue to maintain its safe recruitment policies and procedures in line with its registration requirements. In the event of the home being unable to maintain its staffing complement and levels because of shortages caused by the current situation with staff sickness or having to self-isolate, it will follow the guidance produced by the CQC and Skills for Care (England), CIW and Social Care Wales (Wales) or the Care Inspectorate Scotland and Scottish Social Services (SSSC).

This will enable it to “fast track” its recruitment procedures, including in England and Wales DBS checks (or DVG checks in Scotland), in order to maintain staffing levels that keep residents safe and have their needs met as well as enabling it to employ additional staff that enables it to cope with the additional burdens created by the coronavirus situation and any outbreaks of Covid-19 illnesses.

[See [Coronavirus \(Covid-19\): Staff Recruitment \(Temporary\) Policy](#).]

Induction and Training

The Downes will keep all risk assessments of its training arrangements under review. Assessments will include the running of induction training programmes for Care

Certificate, the All Wales Health and Social Care Induction Framework or Scottish induction standards' requirements.

Face-to-face training that is not deemed to be a priority at the current time will be cancelled or rescheduled. Where possible face-to-face training will be replaced by online "e-learning" methods wherever possible. This will include "blended" learning where theory elements are carried out online prior to attending, thus reducing the amount of face-to-face time.

Priority face-to-face training elements that cannot be replaced with online alternatives will proceed with suitable Covid-safe risk mitigation procedures in place, including:

- all attending staff to wear masks, to observe social distancing, and to observe hand and respiratory hygiene guidelines
- all training venues to be set up to enable social distancing, including during arrival and leaving
- all venues to be ventilated and subject to regular cleaning
- no sharing of equipment
- no staff to attend who are feeling unwell
- no refreshments.

Induction of new staff who are new to care work will still follow a Care Certificate/Wales Induction 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 residents' 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. The care home's "safe to leave policy" will continue to apply. No new staff member will be allowed to work completely on their own without sufficient evidence that it is safe for them to do so.

Testing and Tracing

The Downes views Covid-19 testing as a vital element in keeping its residents and staff safe during the pandemic. It will therefore take all reasonable actions to support testing and to make tests available to those that need them in line with national guidance and policies.

The Downes understands that all residents and frontline social care staff and their families are eligible for regular testing. It is aware that these can be arranged in the following ways.

- Staff can book a test directly, selecting a regional test site drive-through appointment or a home test kit.
- Care employers can book tests for self-isolating staff through an employer referral test booking route.
- Care home managers can use a “whole home” referrals route which allows them to arrange testing for all of their staff and residents.

In this home all three routes will be supported as necessary. The care home manager will arrange for “whole home” testing kits to be delivered and will circulate testing details to staff. Care staff who are responsible for administering the tests must complete competency training.

The Downes will implement a regular testing programme as follows:

- a suitable stock of test kits we be kept (both rapid lateral flow device (LFD) tests and polymerase chain reaction (PCR) tests
- staff will be trained to administer the kits
- the PCR test kits will be used to test staff members on a weekly basis and residents every 28 days
- the LFD tests will be used to test staff twice a week, ideally before starting work, on the same day that they are testing using PCR tests, and mid-week between PCR tests
- the LFD tests will be used to test staff on their first day back to work following a period of leave that has resulted in them missing their weekly PCR test (staff should be tested before they begin their shift).

The following guidance should be followed carefully.

- [*On Site Testing for Adult Social Care Services — Rapid Lateral Flow Test Kits*](#)
- [*Care Home COVID-19 Testing Guidance — For Testing of Staff and Residents*](#)

In the UK the NHS Test and Trace system is operative. It involves identifying and isolating people who are infected and then tracing those who may have been in contact with them. These people can then be tested and isolated as required.

The Downes will fully support testing and tracing. Further information for England can be found from the online document, [*NHS Test and Trace: How it Works*](#). In Scotland the [*Test and Protect*](#) system operates. Health Protection Scotland also publish [*Advice for Social or Community Care and Residential Settings Staff*](#) which includes guidance on staff testing. [*Care homes testing policy*](#) is published by the Welsh Government.

[See [Coronavirus \(Covid-19\) Testing in Care Homes Policy](#).]

Travel Restrictions

Travelling is now much reduced due to countries around the world closing their borders. During the national lockdown in the UK people must not travel abroad unless they have a legally permitted reason to do so.

The Downes requires staff to comply with any current official Government advice and to inform their line manager wherever the guidance may apply to them, especially guidance relating to any need to quarantine after international travel.

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

Vaccination

The Downes will support all staff and residents to be vaccinated against Covid-19.

A number of safe and effective vaccines have so far been approved for use in the UK by the regulator, the Medicines and Healthcare products Regulatory Agency.

The approved vaccines are:

- the Pfizer/BioNTech vaccine
- the AstraZeneca/Oxford University (AZ) vaccine
- the Moderna vaccine.

The Downes understands that the Joint Committee on Vaccination and Immunisation (JCVI) has set out a strategy for who should be vaccinated first. [Priority Groups for Coronavirus \(COVID-19\) Vaccination: Advice from the JCVI](#) states that the most vulnerable groups should be prioritised, along with those that care for them.

The guidance cites clear evidence that those living in residential care homes for older adults have been disproportionately affected by Covid-19 and are most vulnerable. It therefore makes them the highest priority of all, along with those that care for them. Next in the list of priorities is all those 80 years of age and over and frontline health and social care workers, including domiciliary home care staff.

The full priority vaccination list is:

1. residents in a care home for older adults and their carers
2. all those 80 years of age and over and frontline health and social care workers
3. all those 75 years of age and over
4. all those 70 years of age and over and clinically extremely vulnerable individuals
5. all those 65 years of age and over

6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7. all those 60 years of age and over
8. all those 55 years of age and over
9. all those 50 years of age and over.

The care home manager will be responsible for arranging vaccination in collaboration with local GPs and local vaccine delivery teams. This will include making arrangements for staff to attend vaccination hubs (each will need a letter confirming their employment) and for residents to be vaccinated on-site. It will also include informing and preparing residents and their families and making appropriate consent arrangements.

The Downes understands that the Pfizer/BioNTech vaccine was the first to be made available. However, due to stringent requirements to keep it very cold it can only be administered from specially equipped hospital hubs. The AstraZeneca vaccine only requires standard vaccine fridge storage. It is therefore easier to deploy through community hubs, via GP surgeries and in care homes for residents.

All three currently available vaccines are delivered as two injections. JCVI recommend that priority will be given to first doses. They recommend that the second dose of the Pfizer/BioNTech vaccine is given between 3 to 12 weeks following the first dose and the second dose of the AstraZeneca vaccine is given between 4 to 12 weeks following the first dose.

The Downes also understands that concerns have been raised about the safety of the AZ vaccine following reports of an extremely rare adverse event of concurrent thrombosis (blood clots) and thrombocytopenia (low platelet count). The JCVI, the MHRA, the European Medicines Agency and the World Health Organization have all investigated the incidents and concluded that the benefits of vaccination outweigh the small risk for adults aged 30 years and over. Further research is being conducted and the safety information accompanying the vaccine has been updated. Care staff should provide residents and their families full information about the known safety record of the AZ vaccine, including providing latest public health leaflets, etc. For further advice the resident should be referred to their GP.

[See the [Covid-19 Vaccination of Staff and Service Users in Care Homes Policy](#).]

Business Continuity Procedures and Pandemic Recovery Planning

In addition to the organisation's general business continuity and recovery planning policies, the home recognises the need to have a separate pandemic recovery plan and procedure. This is because a general continuity recovery plan focuses on a short-term recovery programme. In contrast, the effects of the coronavirus pandemic could last many months.

In The Downes the following contingency measures will be implemented.

- A pandemic communications strategy will be developed to ensure that staff, residents and their families are provided with up-to-date and accurate information on the status of the pandemic and on the home's response.
- Every effort will be made to provide the information to residents in a format that they can understand. The Downes recognises that the current crisis will be upsetting and worrying for residents and relatives.
- Information will be provided to staff via email and through text where practical and unnecessary face-to-face meetings will be cancelled — where meetings are held social distancing will be observed.
- Training will utilise online e-learning and other electronic forms where possible — any face-to-face training will be conducted conforming to social distancing rules.
- The Downes' leave and absence policies will be continuously reviewed as the status of the pandemic changes, for instance, it may become necessary to cancel leave in case of serious short staffing.
- Essential staff will be offered "live in" facilities to enable them to stay at the home between shifts and reduce the risk of picking up the virus while travelling to and from the home.
- Staff will be informed of any additional measures to limit the spread of disease in a pandemic situation — this might include:
 - avoiding unnecessary travel
 - cancellation of face-to-face meetings
 - working from home where possible.
- As a contingency measure, staff will be cross-trained in various functions to ensure that adequate cover is provided in different roles should sickness rates rise.
- The communications strategy for the home will be reviewed to enable greater use of Wi-Fi video digital technologies and support virtual contact — this will help to decrease the need for face-to-face contact and enable residents to keep in contact remotely with relatives, remote consultations, etc.
- Staff who perform roles that can be done from home will be encouraged to.

The management of The Downes will link with any local resilience forums relevant to health and social care provision.

Line managers and supervisors will be responsible for ensuring that staff understand the organisation's pandemic 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 Downes will be able to continue to provide care to its residents during any pandemic.

Monitoring and Review

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

Signed: _____

Date: _____

Policy review date: _____

Updated 10/05/21 by P Thomas