Business Continuity Plan: Coronavirus – Covid-19

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We all know that coronavirus is spreading and understand this is a challenging time due to the unknown and daily changes/announcements being made. We must however anticipate that COVID-19 will enter out care home and as ever, The Downes Care Home takes the threat to health and safety seriously and continues to minimise any disruption should it become necessary for us to close The Downes Care Home. The risk to business continuity and daily operations continues to be monitored.

We are constantly monitoring Public Health England's, Care England and Local Authorities advice and the possible impact on our working lives and the lives of the service users.

We are in close contact with our staff so that they are familiar with what they should do next.

We must assume that our residents are currently virus free so infection may only have occurred through transmission from a member of staff. The focus will be on the effective and rapid containment of the virus to avoid spread to those more vulnerable. Firm, steadfast leadership from all levels will be key to operational success. It must be noted that this is alive document and continually updated as information changes.

Coronavirus, The Mission

To establish effective, well planned and resourced operational contingency plans in order to deliver effective care to The Downes Care Home service users and protect our staff.

Coronavirus, Information and Commonly Asked Questions

A serious outbreak of the coronavirus around the world has prompted health alerts in the UK and the rest of the world. The World Health Organization (WHO) has declared it “a public health emergency of international concern” and it has been characterised as a ‘pandemic’. The Government has allocated millions of pounds to address the implications of the outbreak in the UK for both employed and self-employed people. The Government has also written off huge debts that the NHS had in order to support them to cope with the pandemic.

As a group, coronaviruses are common across the world. This particular strain of the coronavirus (2019-nCov or Covid19) was first identified in Wuhan City, China. SARS-CoV-2 is the name of the virus and COVID-19 is the name of the clinical disease.

The Department of Health has produced detailed information on coronavirus and its spread.

What are the Signs and Symptoms of Coronavirus in People?

The incubation period of COVID-19, is between 2 to 14 days. This means that if a person remains well 14 days after contact with someone with confirmed coronavirus, they have not become a case.

The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection (these have been placed into six distinct clusters following research and a report in July 2020 by Kings College London)

1. **'Flu-like' with no fever** - Headache, loss of smell, muscle pains, cough, sore throat, chest pain, no fever.
2. **'Flu-like' with fever** - Headache, loss of smell, cough, sore throat, hoarseness, fever, loss of appetite.
3. **Gastrointestinal** - Headache, loss of smell, loss of appetite, diarrhoea, sore throat, chest pain, no cough.
4. **Severe level one, fatigue** - Headache, loss of smell, cough, fever, hoarseness, chest pain, fatigue.
5. **Severe level two, confusion** - Headache, loss of smell, loss of appetite, cough, fever, hoarseness, sore throat, chest pain, fatigue, confusion, muscle pain.
6. **Severe level three, abdominal and respiratory** - Headache, loss of smell, loss of appetite, cough, fever, hoarseness, sore throat, chest pain, fatigue, confusion, muscle pain, shortness of breath, diarrhoea, abdominal pain.
7. **Other** – High temperature, loss of appetite, conjunctivitis, rash /discoloration of fingers and toes.

The King's College report said patient's outcomes varied significantly - from mild flu-like symptoms or a simple rash to severe disease or death.

Generally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

At the moment, symptoms of coronavirus in people are similar to the symptoms of regular flu and include fever and a cough or difficulty breathing. The current evidence is that most cases are mild and that the usual winter flu remains more of a threat than coronavirus.

In some cases, the coronavirus may progress to pneumonia causing shortness of breath and other breathing difficulties.
Coronavirus may cause more severe symptoms in older people or those with underlying medical conditions such as weakened immune systems, diabetes, cancer and chronic lung disease.
In serious cases, infection can cause severe acute respiratory syndrome, kidney failure and even death. Evidence so far indicates that those who have died appear to have had pre-existing health conditions.

SARS-CoV-2 has been detected in blood, stool, urine and tears and all secretions from people with known or suspected COVID-19 should be treated as potentially infectious.
In June and again July, reports published showed that skin rashes can sometimes be the only symptom of **people infected with COVID19.** Three types of rashes were identified in the research by King's College London, leading those behind the study to call for skin rashes to be included as a fourth key symptom of COVID19. The study, drew upon data from the 336,000 regular UK users of the COVID Symptom Study app and researchers found 8.8% of people who tested positive for the virus suffered a skin rash among their symptoms, compared with 5.4% of those who tested negative. Advertisement To investigate further, the researchers looked at self-reported symptoms which covered 19 rashes and information from nearly 12,000

Some 17% of respondents testing positive for coronavirus reported a rash as the first symptom of the disease. And for one in five people (21%) who reported a rash and were confirmed as being infected with coronavirus, the rash was their only symptom.

The study said rashes associated with COVID19 fell into three categories:

Hive-type rash (urticaria):

- The sudden appearance of raised bumps on the skin, which come and go quite quickly over hours, and are usually very itchy.
- It can involve any part of the body, and often starts with intense itching of the palms or soles, and can cause swelling of the lips and eyelids.
- These rashes can present quite early on in the infection, but can also last a long time afterwards.

'Prickly heat' or chickenpox-type rash:

- Areas of small, itchy red bumps that can occur anywhere on the body, but particularly the elbows and knees as well as the back of the hands and feet.
- The rash can persist for days or weeks.

COVID fingers and toes (chilblains):

- Reddish and purplish bumps on the fingers or toes, which may be sore but not usually itchy.
- This type of rash is most specific to COVID-19, is more common in younger people with the disease, and tends to present later on.

In July 2020, it was reported that scientists from the John Hopkins School of Medicine discovered coronavirus in the ears of two dead COVID patients and studies have suggested hearing loss maybe a rare symptom of the infection

What do we know about Coronavirus at this stage and how does it spread?
The virus that causes COVID19 is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet/2 metres). It is likely that the risk increases the longer someone has close contact with an infected person.

You can become infected by touching a surface, object or the hand of an infected person and then touching your mouth, nose, or eyes.

How long can the virus survive and Prevention
A study published in the New England Journal of Medicine in April 2020 revealed plastic is the surface the virus remains viable on for the longest - up to 72 hours (3 days). On stainless steel the virus was detected up to 48 hours after application. For cardboard it was 24 hours, stainless steel 2-3 days, aerosols for up to 3hours and for copper just four hours. The virus may survive on infected surfaces for up to 9 days, but the timeframe is dependent on: what surface the virus is on, whether it is exposed to sunlight, differences in temperature and humidity, exposure to cleaning products

In October 2020, the Australian National Science Agency released their report to suggest that SARS-Cov-2 can survive for far longer than first expected and instead of transmission being just through coughing, sneezing and talking, particles can hang in the air and it is also possible someone could get Covid-19 by touching infected surfaces such as bank notes and up to six days on plastic and stainless steel. The Australian agency (CSIRO) found the virus was extremely robust, surviving for 28 days on smooth surfaces such as glass found on mobile phone screens and both plastic and paper banknotes when kept at 20C (68F) (room temperature) and in the dark.

There is currently no evidence that coronavirus can be transmitted from fabrics. That said, experts advise it would be a good idea to wash your clothes if somebody has coughed on them, or if they have brushed up against someone outside of the household with whom you are isolating.

According to the World Health Organisation, “there is no evidence that companion animals/pets such as dogs or cats can be infected with the new coronavirus” but it's always a good idea to wash your hands with soap and water after contact with pets.

Coronavirus can survive on the soles of shoes for up to five days, an infectious disease specialist warned (March 2020)

How to Prevent the Spread of COVID19
Cleaning all surfaces regularly is recommended to stop the spread of the coronavirus.

To avoid infection, the NHS recommends washing your hands with soap and water before leaving and after arriving home, on arrival at work, after using the toilet, playing sports or food preparation, and before eating any food, including snacks. Use alcohol sanitiser with a minimum of 60% alcohol if washing your hands is not possible. Avoid touching your eyes, nose, and mouth with unwashed hands https://www.cdc.gov/handwashing/when-how-handwashing.html

Catch It, Bin It, Kill It - Cover your cough or sneeze with a tissue, then throw the tissue in a bin

Regular cleaning of frequently touched hard surfaces and hands will help to reduce the risk of infection. Under most circumstances, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 72 hours.

https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html

Stay at least 6 feet away from others whenever possible https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html

Cover your mouth and nose with a mask when around others. This helps reduce the risk of spread both by close contact and by airborne transmission https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html

Avoid crowded indoor spaces (https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/deciding-to-go-out.html) and ensure indoor spaces are properly ventilated by bringing in outdoor air as much as possible. In general, being outdoors and in spaces with good ventilation reduces the risk of exposure to infectious respiratory droplets https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html#ventilation

Stay home and isolate from others when sick https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

Pandemics can be stressful, especially when you are staying away from others. During this time, it's important to maintain social connections and care for your mental health https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html#community

For more information see: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

Is there a Vaccine for Coronavirus?

There are now several vaccines introduced by the government for Covid-19. The Pfizer vaccine & The AstraZeneca Oxford vaccine. All care home staff and residents are eligible to receive the vaccine as the roll out begins for the whole country. The vaccine is given in two individual doses up to 12 weeks apart. You may require a further follow up booster following new scientific development against the different variants as evidence that the virus can mutate.

What does "close contact with someone with a confirmed case of coronavirus" mean?

Close contact with a confirmed case means:

- living in the same house
- contact with their body fluids
- face-to-face contact, for example talking for more than a few minutes
- being coughed on
- being within 2 metres of the person for more than 15 minutes

What are the Health Recommendations for Coronaviruses?

Current medical advice to prevent the spread of infection from coronaviruses includes:

- Regular handwashing
- Avoiding close contact with people who are ill with coughs and sneezes
- Covering the mouth and nose when coughing and sneezing
- Avoiding touching the mouth, nose or eyes with unwashed hands.

COVID-19 clinical features

Case definition

- **Confirmed:** if laboratory test positive
- **Possible:**
  - New persistent cough (coughing for >1 hour, or ≥3 coughing episodes in 24 hours) and/or
  - Fever ≥ 37.8°C
  - *Other symptoms should be considered as possible diagnostics in care homes (atypical presentations)*

Other symptoms

- **New onset of influenza like illness**
- **Worsening shortness of breath**
- **New onset/worsening confusion, particularly in those with dementia**
- Chest tightness
- Fatigue
- Headache
- Muscle or joint ache
- Sore throat
- Runny nose or congestion
- Loss of sense of smell or taste
- Nausea and vomiting

Declaring a suspected outbreak

- Two or more cases which meet the clinical case definition
- Which have arisen within the same 14-day period
- In people who live or work in the care home

Case definition

- **Confirmed:** if laboratory test positive
- **Possible:**
  - New persistent cough (coughing for >1 hour, or ≥3 coughing episodes in 24 hours) and/or
  - Fever ≥ 37.8°C
  - *New onset of influenza like illness*
  - *Worsening shortness of breath*
  - *New onset/worsening confusion, particularly in those with dementia*

If you develop a fever, cough or shortness of breath, and have recently returned from abroad or have had contact with someone who has, do not go into work, do not go to your doctors' surgery and do not leave your home. Call NHS 111 immediately.

People who feel unwell should stay at home and should not attend work

111 - If you are worried about your symptoms or that of a service user, family member or co-worker, in the first instance please use the NHS 111 website for assistance - **111.nhs.uk/covid-19.** They should not go to their GP or other healthcare environment

DO NOT call NHS 111 at this time, unless the person is in persistent difficulty with breathing, as services are very busy with high needs cases. If it is an emergency, then call 999.

A person we support has seen the news and is anxious about COVID19 and that they might not be able to live as they normally do/ see friends and family: what can we tell them?

We know this is a concerning time for everyone as everyone should be minimising social contact, especially those in vulnerable groups such as the people we support. If you support people with underlying health conditions, you should ensure that they, and their relatives or friends, are following Government guidance about social distancing and avoidance of gatherings. People we support are likely to be very confused and anxious, and we should prioritise listening to their concerns and doing all we can to allay their fears.

We support someone with capacity who doesn't want to follow the Government guidance about social distancing: what should we do?

They should be given all the information on the issues and made aware of the risks but also that cafés, bars and other social locations are closed, so if they are going to a specific location it is likely it won't be open. Look out for further Government guidance or even instructions if the pandemic worsens as predicted: the person may simply not be permitted to leave their care setting. Tact and empathy are essential when explaining this to someone.

What is the best way to slow the spread of the virus?

Handwashing with soap for at least 20 seconds frequently remains the best preventative measure; please ensure staff and people we support are washing their hands at regular intervals. Don't forget to: "Catch it, bin it, kill it." Carry tissues and use them to catch coughs and sneezes. Dispose of tissues as soon as possible. Wash your hands.

Does alcohol hand sanitizer kill coronavirus?
Yes, but it needs to be at least 70% alcohol.

Does the temperature of the water matter when washing my hands?
There is no current guidance on temperature of water for washing hands to prevent the spread of Covid-19. However, it is important to use soap.

Do hand dryers kill Covid-19?
No. To protect yourself against the new coronavirus, you should frequently clean your hands with an alcohol-based hand rub or wash them with soap and water.

How often should desks/ surfaces/ door handles be wiped down?
There is no specific guidance but more frequent cleaning should be made routine, ideally with an alcohol-based cleaning product or antibacterial product. Eastern County Care will ensure that thorough cleaning of all frequently touched surfaces will be more regular than normal. Examples of frequently touched objects include:

- Doors
- Bannisters
- work surfaces like desks, platforms and workstations
- handles on doors, windows, rails, dispensers and water coolers
- common areas like toilets, reception, changing rooms, corridors and lifts
- vehicle handles, steering wheel, seat belts and internal surfaces
- control panels for machinery, control pads and switches
- computer keyboards, printers, touch screens, monitors and phones
- taps, kettles, water heaters, fridges, microwaves and cupboards
- shared equipment like tools, machines, vehicles, pallet trucks and delivery boxes
- post and goods coming in or being shopped out

The Downes Care Home has put in place measures to clean surfaces and objects after each use where possible, for example phones and the printer and where this is not practical to clean after each use, for example coded door entry systems to the medication room.

Does the laundry routine need to change?

Yes, do not shake dirty laundry before washing. This minimises the possibility of dispersing virus through the air. Wash items as appropriate in accordance with the manufacturer's instructions. Dirty laundry that has been in contact with an ill person can be washed with other people's items. Items heavily soiled with body fluids, such as vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent. All laundry should be completed on site as we are able to ensure that it is washed at the correct temperature and prevent the spread of the infection from the care home into staff members own homes.

Is it Safe to Receive a Letter or Package?

According to the World Health Organisation, the likelihood of an infected person contaminating commercial goods (post and parcels) is low "and the risk of catching the virus that causes Covid-19 from a package that has been moved, travelled, and been exposed to different conditions and temperature is also low."The NHS says: "It's very unlikely coronavirus can be spread through things like packages or food." What you should be doing is to dispose of any packaging and wash your hands thoroughly after handling your groceries.

You should also reduce the amount of in-person contact by getting deliveries rather than going to the supermarket, and having your order left outside

How to Keep Safe While Travelling

- Consider whether the travel is absolutely necessary: can you achieve the same result with video-conferencing? Can the holiday be cancelled? It is important that the "fly/no fly" decision is based on best available guidance such as government travel recommendations via the Foreign and Commonwealth Office's travel advice website.
- If travel is absolutely necessary, make sure you are involved in assessing the risks and deciding how these are to be controlled.
- Make sure the organisation always knows where you are and where you are going next. Some travel management systems provide tracking and alert functions, and there are also live location tracking products using GPS in either equipment or smartphone apps.
- Ensure there are clear procedures in place in case you are involved in an incident or emergency situation. Travel assistance schemes provided by business insurers or commercial organisations such as International SOS can be useful.

Further Information

Resources on the coronavirus can be found at the following websites.

- UK Government
- World Health Organization
- Map providing real-time updates of coronavirus cases.
- Public Health England
- CQC

Coronavirus, Advice for staff who have children attending school or nurseries

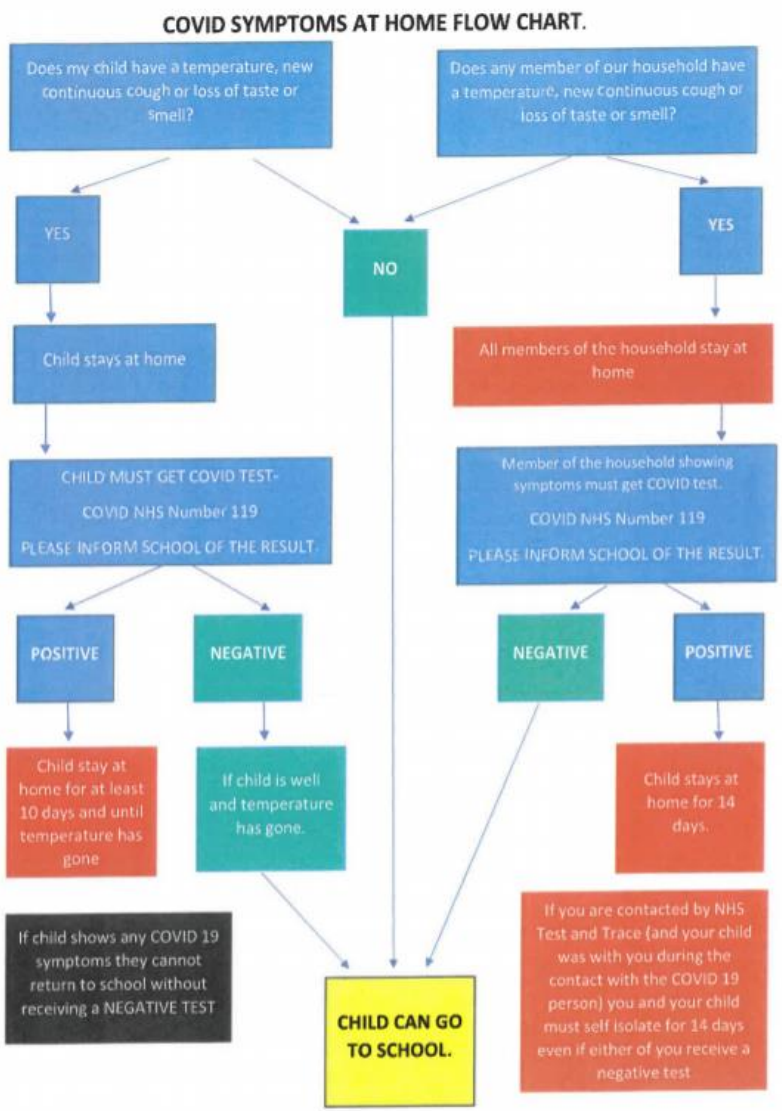
The Downes Care Home is aware that a number of the staff employed have children that attend school or nursery and that some of our employees have more than one child and therefore may attend multiple settings.

It is expected that during the colder periods and as the pandemic continues there will undoubtedly be more coughs and colds and we appreciate that this will be a difficult time as children are often unwell with symptoms that may appear similar/the same to COVID-19 and these guidelines are written to help provide clarity and clear direction should a member of the family develop symptoms of COVID19 and to ensure our main priority of ensuring that the service users remain safe and healthy is maintained at all times.

Staff should look out for anyone displaying the following symptoms should stay at home and must not enter the work premises or send their child to school and/or nursery:

- **A high temperature** - this includes being hot to touch on the chest or back
- **A new, continuous cough** - coughing for more than an hour, all three or more coughing episodes in a 24 hour period (If you usually have a cough, it may be worse than usual)
- **A loss of, or change to, a persons sense of smell or taste** - losing your sense of smell or taste, all things smell or taste different
- Anyone who is unwell with any other symptoms above and/or tests positive for coronavirus will need to self-isolate for the next 10 days. If they do not have symptoms, but are living with someone who does, they will need to self-isolate, whilst the person displaying symptoms is tested. If the person tests positive other household members will need to self-isolate for the next 14 days. You will only require a test if you display symptoms and those who need to self-isolate must not enter the workplace, school and/or nursery.

This flow chart is designed to help parents easily identify actions to take should they, their child or someone in their household develop symptoms. It is important to note that this is one flow chart taken from one school and therefore staff should check their child's individual school and/or nursery for their personalised flow chart). This chart has been designed and rolled out across the



majority of schools within England, however a reminder that it may vary from one education setting to another.

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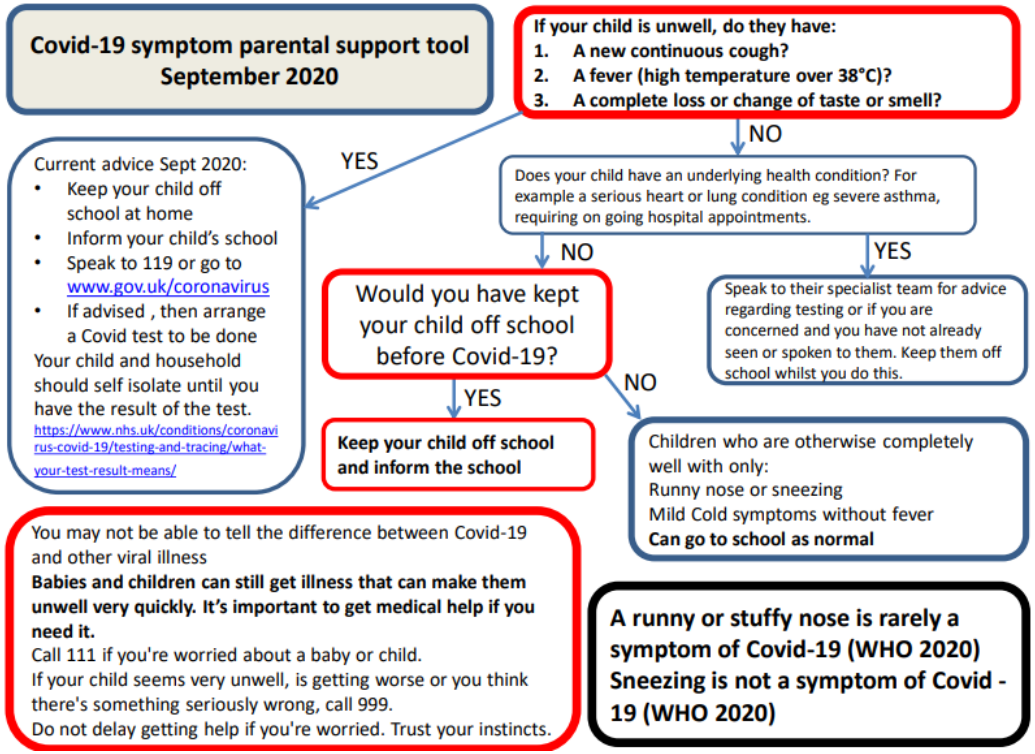


Coronavirus, Childcare Contingency Planning

- Should schools and nurseries be closed we would work on a reduced workforce, reduce the amount of time spent per activity and prioritise the most vulnerable service users.

Coronavirus, Handwashing and Hand Hygiene

The Downes Care Home believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both service users and staff. It also believes that good, basic hygiene is the most powerful weapon against infection, particularly with respect to

handwashing and hand hygiene. Staff should avoid touching your eyes, nose, and mouth with unwashed hands and washing their hands at least once every hour.

Aim

The aim of The Downes Care Home is to prevent the spread of infection among staff, service users and the local community. The goals of this is to ensure:

- Service users, their families and staff are as safe as possible from acquiring infections at the home.
- All staff at the home are aware of and put into practice the basic principles of infection control, including effective handwashing and hand hygiene.

Procurement

Liquid soaps will be procured in preference to bar soaps. The best option is a mild, cosmetically acceptable liquid soap which contains emollients to prevent chapping of the skin from frequent washing. Disposable paper towels are also preferable to the use of linen towels which, like bar soaps, can become soiled and damp.

Effective Hand Washing

The home believes that, consistent with modern infection control evidence and knowledge, handwashing is the single most important method of preventing the spread of infection.

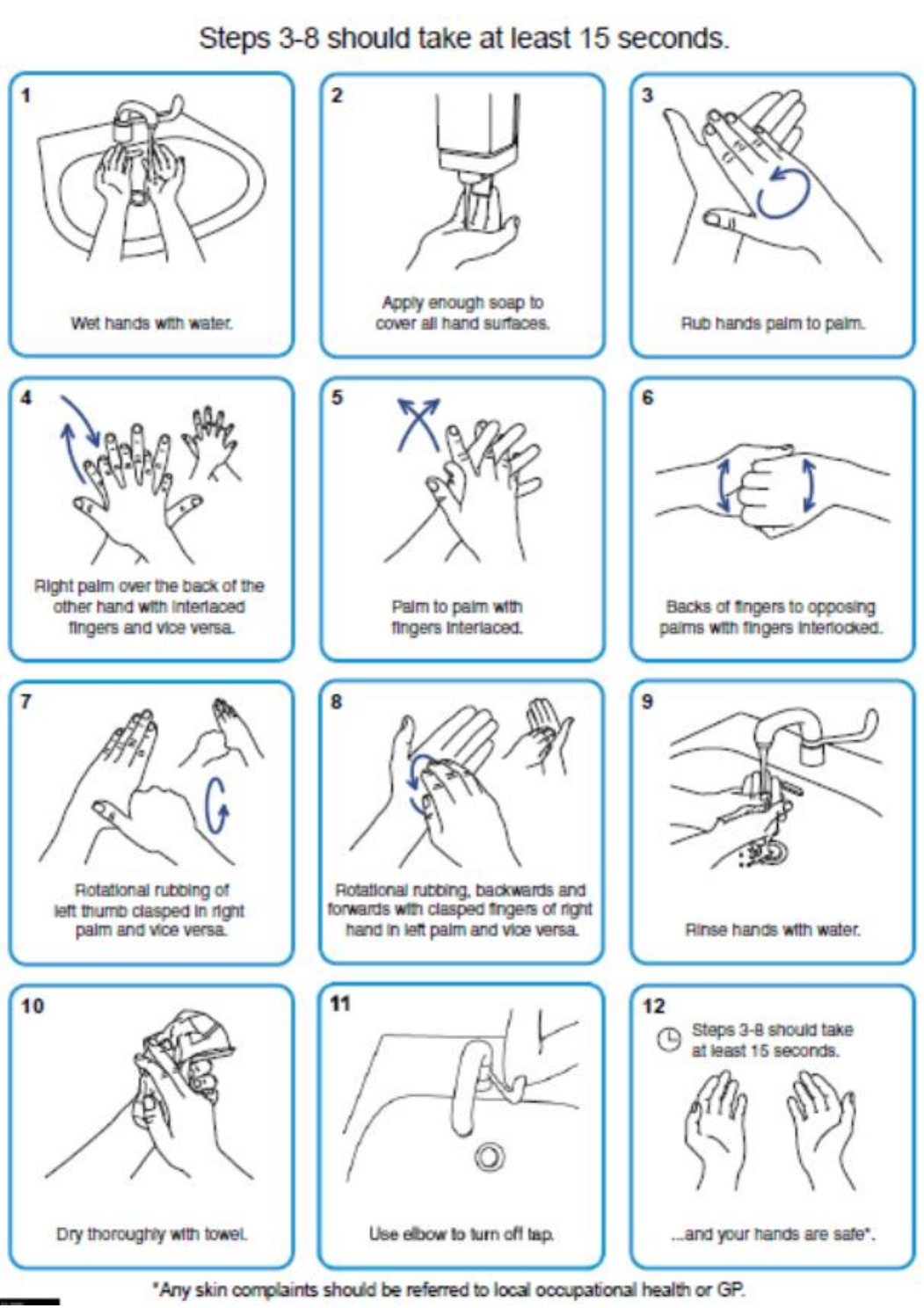
The majority of cross-infection or infection spread in a care setting is caused by unwashed or poorly washed hands, which provide a transfer route for microorganisms. *All staff* should therefore ensure that their hands are thoroughly washed and dried:

a. before leaving home
b. on arrival at work
c. between seeing every service user where direct contact is involved, no matter how minor the contact
d. after handling any body fluids or waste or soiled items
e. after handling specimens

f. after using the toilet
g. after breaks and sporting activities
h. before handling foodstuffs/food preparation.
i. Before eating any food, including snacks
j. Before leaving work
k. On arrival home

At The Downes Care Home the following applies.

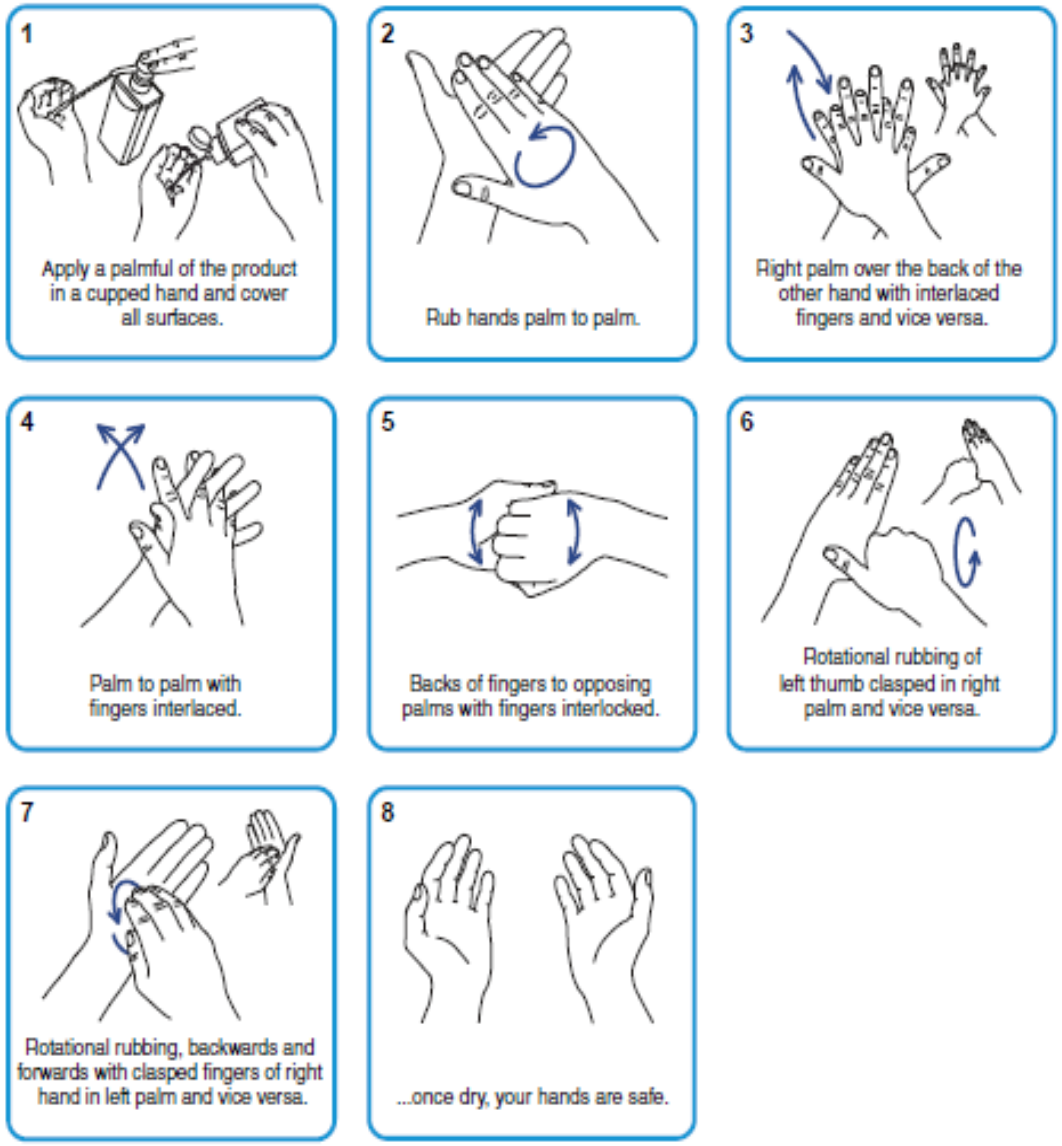
- An adequate number of sinks will be supplied around the home and maintained in good condition.
- All handwashing sinks will be kept in good condition according to a planned preventive maintenance programme and an ongoing programme of home improvement.
- All sinks will be subject to a regular programme of cleaning, which will include the restocking of liquid soaps and disposable paper towels.
- Hands should be washed according to the guidelines posted by each sink.
- Liquid soaps and disposable paper towels will be used rather than bar soaps and fabric towels.
- All cuts or abrasions, particularly on the hands, should be covered with waterproof dressings at all times.
- All wrist and ideally all hand jewellery, including watches, should be removed.



Antiseptic Alcohol Rubs and Gels

Ordinary soap is considered to be effective for routine u

Duration of the process: 20-30 seconds.



skin to acceptably safe levels. Antibacterial alcohol rubs were originally introduced to provide higher levels of infection control for sterile aseptic procedures such as changing dressings, wound care and catheterisation. However, with the advent of MRSA, alcohol rubs or antibacterial gels have become more popular in their use, both by hospitals and by nursing care homes, where they are seen as an additional weapon against the spread of the infection.

In this home, the use of an alcohol rub is therefore indicated in the following circumstances:

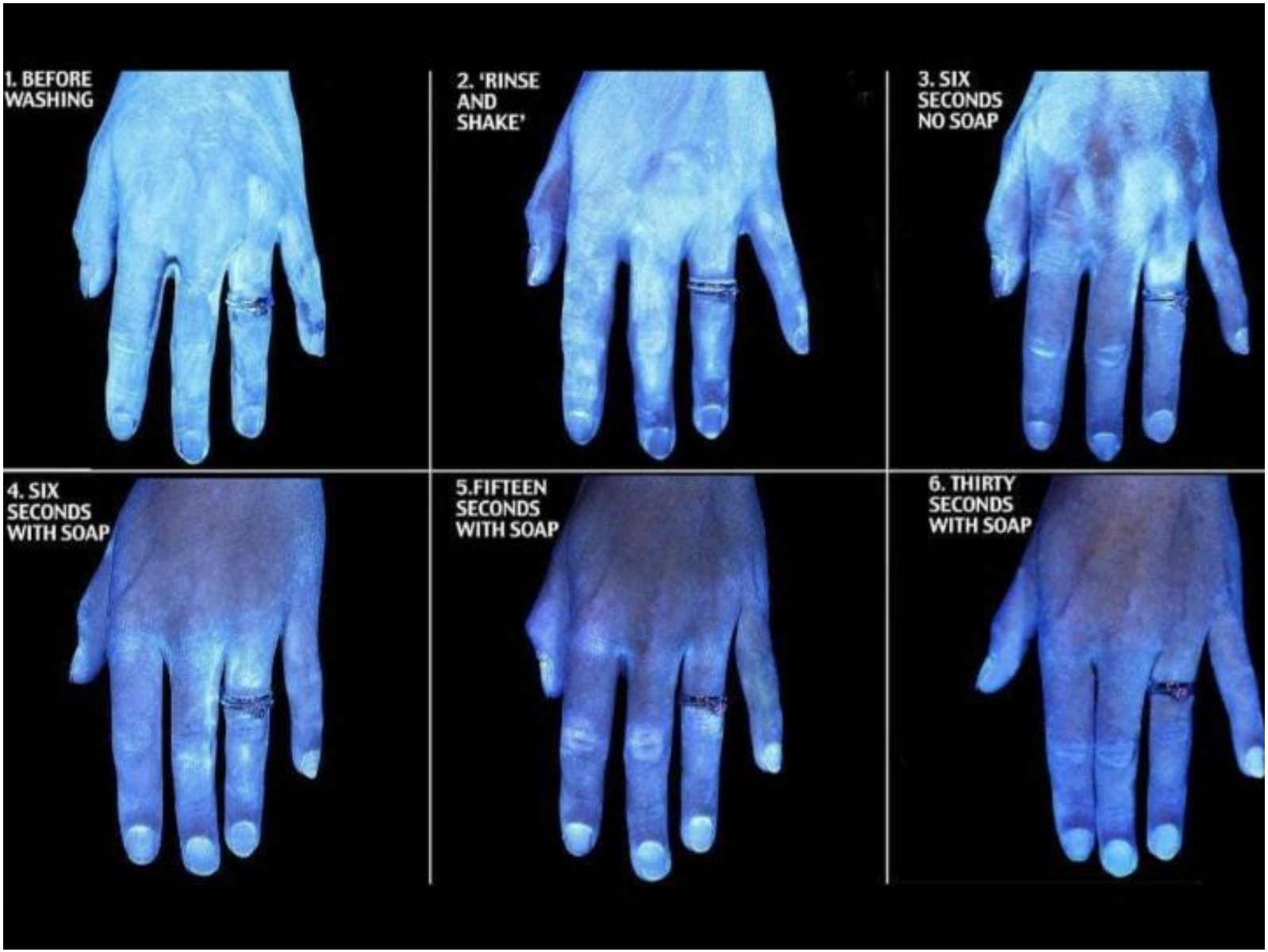
a. when hands are not visibly soiled or contaminated but require additional antibacterial cleansing
b. before, during and after aseptic techniques
c. where soap, water and towels are not available.

Importantly, the use of alcohol rubs for hand decontamination is not intended to replace washing hands with soap and water but rather to supplement handwashing where extra decontamination is required. They are not for general routine use.

All staff are responsible for alerting management of when handwashing supplies run low so that we can ensure an adequate stock control.

Staff should not rely on hand gel and should wash their hands with soap and water after applying 3 hand gel.
When applying hand gel the same process for handwashing should be followed and this should last between 20-30 seconds.

Effectiveness of Hand Washing and Top Tips


1. BEFORE WASHING
2. 'RINSE AND SHAKE'
3. SIX SECONDS NO SOAP
4. SIX SECONDS WITH SOAP
5.FIFTEEN SECONDS WITH SOAP
6. THIRTY SECONDS WITH SOAP

- Remember to wash under bands/rings and avoid wearing stoned rings
- Bare below the elbows (short sleeves or rolled up sleeves)
- No jewellery (one plain wedding ring and watches/bracelets of religious reasons are allowed)
- Simple cut short nails
- Cover cuts and abrasions
- Good skin care routine should be implemented

Hand hygiene ('forearm hygiene')

Soap and water	**Usage**

• Use liquid soap, warm water and paper towels
• Ensure hand washing facilities are available in:
  • each resident's room
  • key areas e.g. kitchen, sluice, laundry, utility rooms, toilets, bathrooms and cleaners' room
	• Between residents and between tasks for same resident
	• When caring for residents with diarrhoea and/or vomiting
	• When hands are visibly dirty
	• When a build-up of alcohol based hand rub can be felt
	• At start and end of shift
	• Before and after eating, drinking or smoking
	• After using the toilet
	• After handling waste or dirty laundry
	• Before and after cleaning duties

Alcohol based hand gel	**Usage**
• Risk assess to ensure safe to use, store or carry • At least 60% alcohol	• Use on hands that are visibly clean • Do not use when caring for residents with diarrhoea and/or vomiting

- Hand hygiene should extend to include washing of **exposed forearms**
- Residents need to clean their hands regularly too. Assist residents or provide suitable wipes / gels (as per risk assessment)

Coronavirus, Infection Control

Increasing our Infection Control Preparedness

Whilst our Infection Control has significantly improved it is considered that much more preparation can be achieved. We will not have time to suddenly upskill our teams to the required level.

Actions:

#	Action
1	One single entry established into care home for staff and one for visitors.
2	Establishing hand washing basin with running water soap, paper towels and hand gel for all staff to wash prior to entry.
3	Door to be enabled to avoid hand contact in order to open where possible
4	All staff now to wear face masks in order to protect the clients from possible contagion whilst delivering personal care and visors for close feeding support if suspected or confirmed case within the care home
5	Temperatures and oxygen sats of staff and service users to be taken daily. Out of range reading to be double checked.
6	Disinfectant 'foot trough' to be established immediately outside front door allowing staff to step in it and disinfect footwear.
7	Staff not permitted to travel via public transport in uniform they must change on arrival in to clean uniform.
8	Shower facilities available for staff wishing to use before leaving for home.
9	Laundry facilities available for staff when scrubs have been worn during a shift.
11	Housekeeping increased / decontamination of handrails and other frequent touchpoints.
12	All service users now to be separated in communal areas by one chair spacing.

13	Staff handovers to be in dining room to allowing for greater social distancing.
14	Individual risk assessment for residents and Monthly PCR testing
15	Individual risk assessments for staff, BAME risk assessments
16	Twice weekly LFD testing and once weekly PCR testing for all staff
17	72hr storage containers for isolation or infectious waste and separate container to hold isolated/ infectious laundry

Operational Monitoring

The Downes Care Hom

be must establish monitoring protocols in order to effectively manage the situation. Critical information required by the Registered Manager includes:

a. Health status of all service users. Identify the earliest opportunity that may indicate that a resident could have COVID-19. This will allow early barrier and containment.
b. Health of staff so that those who may be showing the early signs of COVID-19 may be isolated and monitored at home.
c. Battle critical resources. This could include aprons, suits, facemasks, gloves, hand sanitiser etc and the depletion of which could affect the operational delivery of effective care.
d. Wider acute and community health care. Changes in health protocols that could affect how The Downes Care Home operates.
e. Wider regulatory compliance. The current situation does not permit or negate the importance of ensuring other statutory requirements eg LOLER checks, safety audits.

Health Monitoring of Residents

#	Actions
1	Daily checks and observations are to continue as per normal care delivery. Staff are to be informed to increase daily recording on. Daily temperatures to be taken twice a day and to be logged on MCM.
2	All residents are to be actively monitored
3	Daily liaison with GPs via remote skype/facetime etc will ensure changes are suitably monitored (as required)
4	The End of Life Team are to be kept regularly updated and appraised on vulnerable residents (as required).
5	Registered Manager to draw up 'vulnerable' at risk register of those residents who are at most risk. These residents to be closely monitored

Health Monitoring of Staff

#	Actions
1	Staff are to be continuously made aware about self-monitoring and not placing others at risk. Staff have been issued the COVID-19 monitoring app
2	Slack thread for coronavirus set up to keep staff updated of changes/news on the virus.
3	All staff to be temperature screened and have oxygen sats measured on entry into The Downes Care Home and those who may be of concern will be rescreened for accuracy
4	Management to monitor the staff availability with those on isolation and those due to return to work

Monitoring of Battle Critical Resources

#	Actions
1	Daily stock check to be conducted to ensure all consumables are accurately monitored
2	Daily ordering to retain a 2-week reserve of consumables in the event of disrupted supply or reorder
3	All staff to ensure all room consumables are regularly restocked and available for use
4	Housekeeping to conduct daily walk around to identify any areas not restocked. We cannot afford for sudden resource depletion
5	Ensure all other critical care resources eg catheters, continence aids are monitored and subject to regular audit and resupply (as required)

Monitoring of Health Network

#	Actions
1	Daily updates and notifications to be immediately presented and forwarded to the Registered Manager who in turn will share with all staff via staff intranet and on notice board.
3	Registered Manager to attend any relevant meetings with Care England, Local Authorities etc.
4	NHS capacity tracker set up, to be monitored and updated by management.

Ventilation

In October 2020 scientists stated that poor ventilation is likely to be leading to infections. Natural ventilation requires only that of ventilation openings and not the whole window fully. The Downes Care Home will ensure doors and windows are opened fully or slightly depending on the weather to ensure a well ventilated home and living area.

Coronavirus, Equipment

When to use a **surgical face mask** or **FFP3 respirator**

When caring for patients with **suspected or confirmed COVID-19,** all healthcare workers need to – prior to any patient interaction – assess the infectious risk posed to themselves and wear the appropriate personal protective equipment (PPE) to minimise that risk.

When to use a surgical face mask

In cohorted area (but no patient contact)

For example:
Cleaning the room, equipment cleaning, discharge patient room cleaning, etc

PPE to be worn
- Surgical face mask (along with other designated PPE for cleaning)

Close patient contact (within one metre)

For example:
Providing patient care, direct home care visit, diagnostic imaging, phlebotomy services, physiotherapy, etc

PPE to be worn
- Surgical face mask
- Apron
- Gloves
- Eye protection (if risk of contamination of eyes by splashes or droplets)

When to use an FFP3 respirator

When carrying out aerosol generating procedures (AGP) on a patient with possible or confirmed COVID-19

In high risk areas where AGPs are being conducted (eg: ICU)

The AGP list is:
- Intubation, extubation and related procedures such as manual ventilation and open suctioning
- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Bronchoscopy
- Surgery and post-mortem procedures involving high-speed devices
- Some dental procedures (such as high-speed drilling)
- Non-Invasive Ventilation (NIV) such as Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP)
- High-Frequency Oscillating Ventilation (HFOV)
- High Flow Nasal Oxygen (HFNO), also called High Flow Nasal Cannula
- Induction of sputum

PPE to be worn
- FFP3 respirator
- Long sleeved disposable gown
- Gloves
- Disposable eye protection

Always fit check the respirator

REMEMBER
- PPE should be put on and removed in an order that minimises the potential for self-contamination
- The order for PPE removal is gloves, hand hygiene apron or gown, eye protection, hand hygiene, surgical face mask or FFP3 respirator, hand hygiene

Facemasks are recommended to be worn by all staff, to reduce the risk of transmitting the infection to other people.
PHE recommends that the best way to reduce any risk of infection for anyone is good hygiene and avoiding direct or close contact (within 2 meters) with any potentially infected person and anyone sheilding.
The Downes Care Home has decided for all staff to wear masks at all times when supporting a service user.

Should we be using any additional PPE?
No: the guidance is that no specific additional precautions are required currently but, in line with the Infection Control Policy you should use new PPE for each person you support.

How do I get hold of more PPE?
The manager completes a weekly stock check alone or with the housekeeper. The Registered Manager is responsible to understand what is available locally and to continue to apply for PPE using the PPE portal. The Downes Care Home should communicate with their Local Authorities for their assistance with accessing PPE and asked that they ensure any stock they received from central Government is shared with our services.

Disposal of PPE
New PPE must be used for each episode of care. It is essential that used PPE is stored securely. All used PPE must be discarded in yellow hazardous waste bags.

Should a resident be self-isolating due to being a new admission to the home, returning from hospital or is experiencing symptoms.

These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal. Care homes have well-established processes for waste management.

NHS
Royal National Orthopaedic Hospital
NHS Trust

NHS

Waste management

- All personal waste of COVID suspected or known cases (e.g. used tissues, continence pads, other items soiled with bodily fluids), used PPE, and disposable cleaning cloths should be stored securely within disposable rubbish bags.

- These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hrs before being disposed of as normal.

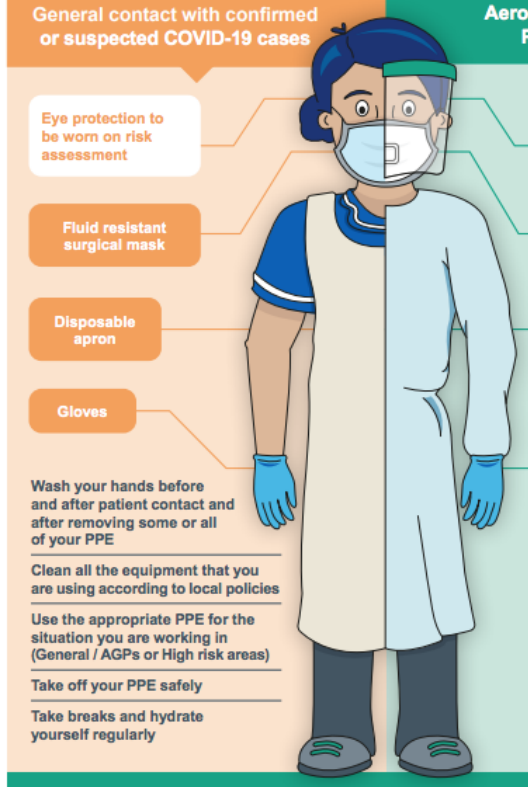
3 categories of waste:
- Black = domestic
- Yellow/black stripe =offensive
- Orange = infectious

9 |

Public Health England

COVID-19 Safe ways of working

A visual guide to safe PPE



Wash your hands before and after patient contact and after removing some or all of your PPE

Clean all the equipment that you are using according to local policies

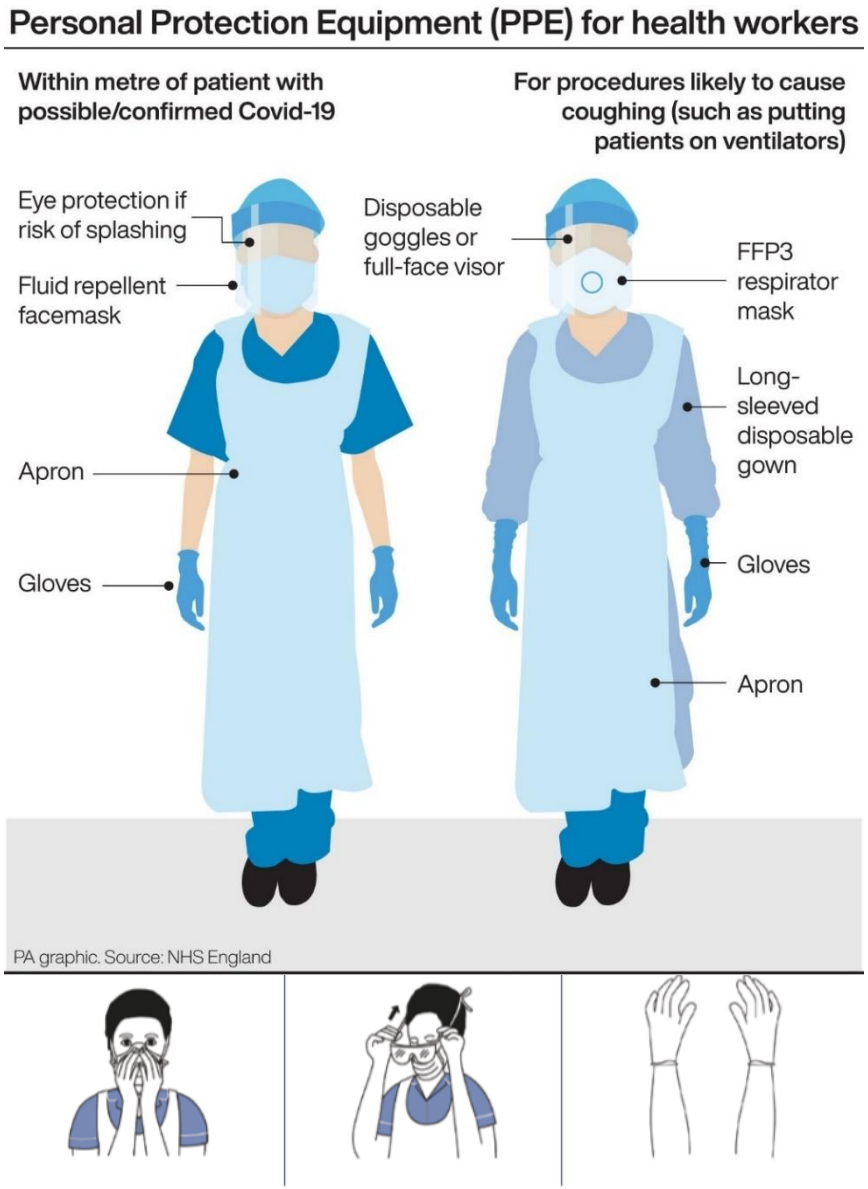
Use the appropriate PPE for the situation you are working in (General / AGPs or High risk areas)

Take off your PPE safely

Take breaks and hydrate yourself regularly

For more information on infection prevention and control of COVID-19 please visit:

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control


Personal Protection Equipment (PPE) for health workers
Within metre of patient with possible/confirmed Covid-19
For procedures likely to cause coughing (such as putting patients on ventilators)
Eye protection if risk of splashing
Fluid repellent facemask
Apron
Gloves
Disposable goggles or full-face visor
FFP3 respirator mask
Long-sleeved disposable gown
Gloves
Apron
PA graphic. Source: NHS England

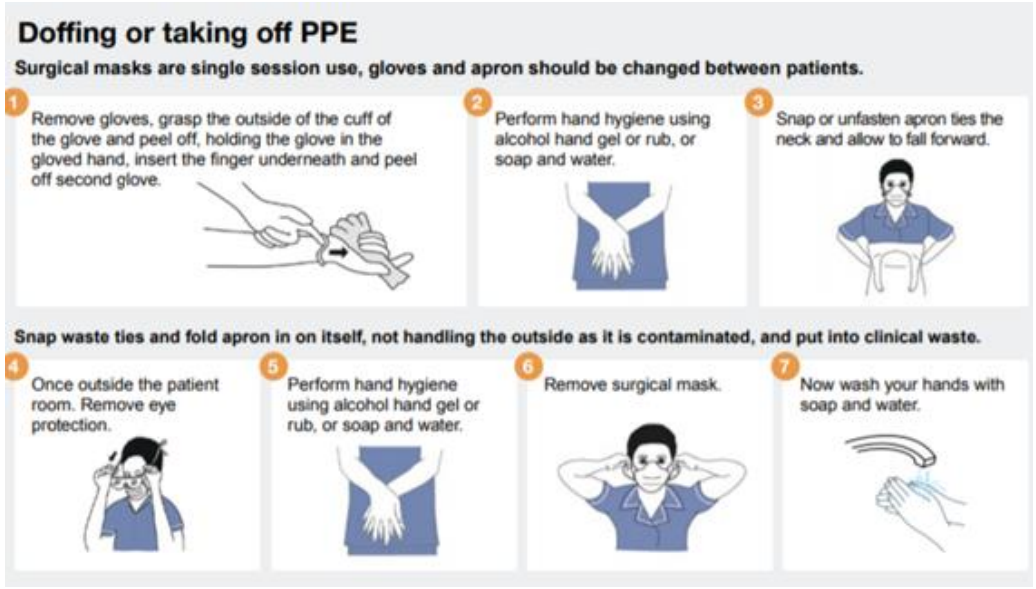
Putting on Personal Protective Equipment (PPE)

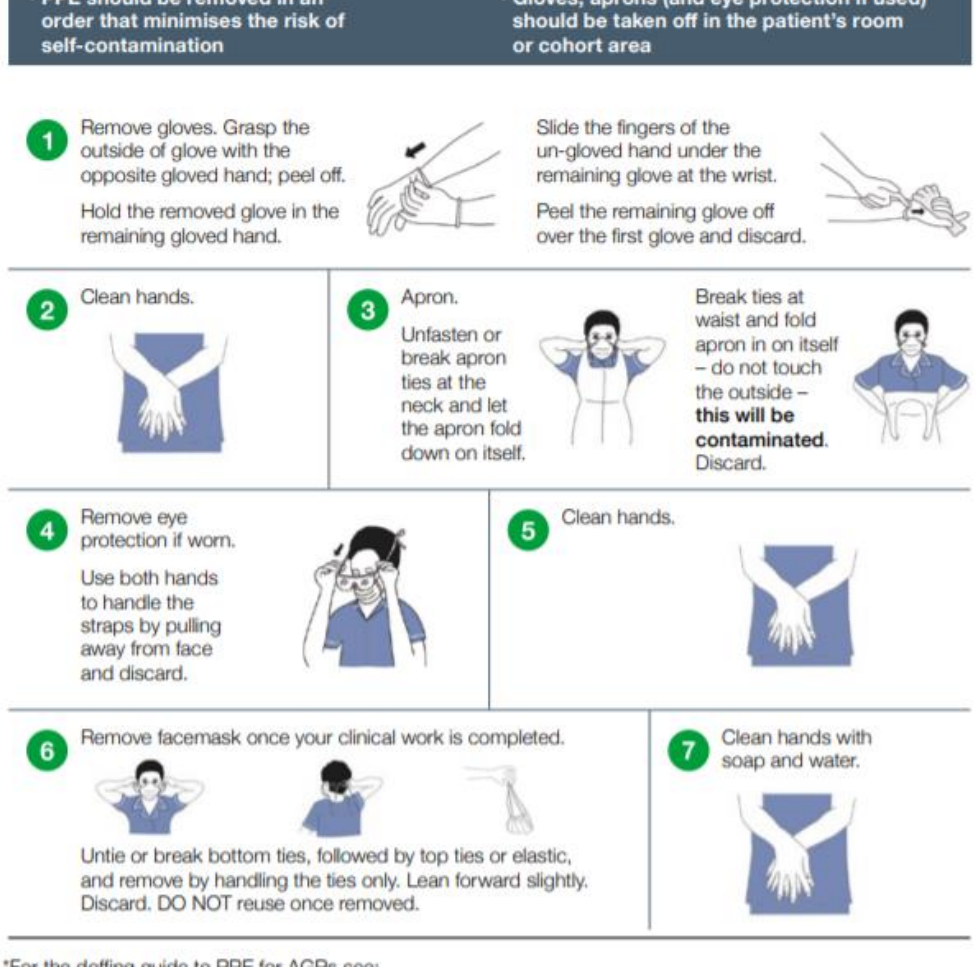
1. Perform hand hygiene 2. Put on disposable apron 3. Place of facemask FPP3 and adjust, using the ties or loops
4. Put on goggles & adjust 5. Cover head with hood/hairnet 6. Place on disposable gloves 7. You're good to GO!!!!

Guidance from How to Work Safely in Care Homes (April 2020) There is no evidence to suggest that replacing face masks and eye protection between each resident would reduce risk of infection to you. In fact, there may be more risk to you by repeatedly changing your face mask or eye protection as this may involve touching your face unnecessarily. We recommend you use face masks and eye protection continuously until you need to take a break or otherwise remove it (e.g. to drink, eat, at your break time or end of shift), both to reduce risk to you and to make it easier for you to conduct your usual work without unnecessary disruption. You can wear the same face mask between residents whether or not they have symptoms of COVID-19. When you take a break or otherwise need to, you should remove your face mask and eye protection and replace it with a new face mask for your next duty period. You must ensure your eye protection it is appropriately cleaned when you remove it/ before next use. There may be circumstances that you would need to remove and replace your face mask or eye protection before your break or you otherwise feel you need to, as described; 1. Damaged, 2. Soiled (e.g. with secretions, body fluids), 3. Damp, 4. Uncomfortable, 5. Difficult to breathe through

Taking off Personal Protective Equipment (PPE)

1. Remove gloves
2. Remove apron and place in bin
3. Remove goggles and place onto clean surface for disinfecting
4. Clean hands
5. Carefully remove washable clothes and place in red laundry bag
6. Clean hands
7. Remove facemask using the ties or loops, carefully so as to not touch the front of the mask, your face or skin and place into bin
8. Remove disposable gloves and place in bin
9. Double bag soiled rubbish
10. Place non disposable equipment (goggles/facemasks) into red bag
11. Exit room and disinfect goggles and facemask (if not disposable)
12. Wash hands
13. Launder soiled clothing
14. Wash hands
15. Dispose of rubbish
16. Wash hands





Coronavirus, First Aid

How to perform CPR during the Covid-19 pandemic and to keep safe

The Resuscitation Council says whenever CPR is carried out, particularly on an unknown victim, there is some risk of cross-infection, associated particularly with giving rescue breaths. However, normally, this risk is very small and is set against the inevitability that a person in cardiac arrest will die if no assistance is given.

But special advice has been issued during the coronavirus pandemic.

The Resuscitation Council said they are aware of concerns regarding risk of transmission of Covid-19, but wish to emphasise the "crucial importance of doing CPR for the person in cardiac arrest." "With no treatment, this person will die, usually within a few minutes. Early CPR and defibrillation give them their best chance of survival."

How to perform CPR?

The advice from St John Ambulance says

- If someone is unconscious, or not breathing normally, do not put your face near theirs.
- Call for an ambulance and shout for help straight away.
- Use a towel, or piece of clothing and lay it over their mouth.
- Do not perform mouth to mouth.
- Start chest compressions to the tempo of "Staying Alive."
- Use a public access defibrillator if there is one available.

Extra advice during the Covid-19 pandemic?

The Resuscitation Council says you can recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing.

They warn not to listen or feel for breathing by placing your ear and cheek close to the patient's mouth.

If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.

Make sure an ambulance is on its way. If Covid-19 is suspected, tell them when you call 999.

If there is a perceived risk of infection, rescuers should place a cloth/towel over the victims mouth and nose and attempt chest compression only CPR and early defibrillation until the ambulance (or advanced care team) arrives.

Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.

If the rescuer has access to personal protective equipment (PPE) (e.g. FFP3 face mask, disposable gloves, eye protection), these should be worn.

After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

Avoid touching your mouth, nose and eyes during and between care. If you are having a drink or snack between caring for residents, make sure you practice hand hygiene both before and after you eat & drink.

Coronavirus, Staff Guidance on Arriving Home Safely

1. Before leaving work, change out of work clothes
2. When you arrive home, disinfect and wipe your steering wheel, controls and door handles
3. At the front door, pause, breath and rest. Take your time
4. Knock on the door – ideally get someone to open the door for you (avoid touching anything)
5. Shout hello to loved ones, no touching or cuddles yet
6. Place all items in a plastic box at the front door; shoes, coat, clothes, keys, pens etc. Wipe clean with warm soapy water where possible. Launder clothes
7. Walk straight to the sink/shower – ask someone to turn taps or shower on. Wash your hands, ideally your whole body and hair
8. You are clean, enjoy the rest of your day

Tips:

Keep your mobile phone in a clear zip lock bag whilst at work. Once home, clean your phone and throw away the bag.

Work bags should be machine washable and washed with clothes after every shift. Ideally don't have a bag.

Coronavirus, How to Manage an Outbreak

This is highly likely to occur so there should not be any surprise when it does. Correctly managed and contained it will not be permitted to spreads to the rest of the home or service users. Staff will be protected and confident in their capabilities.

#	**Action**
1	GP informed and liaised for guidance and advice
2	Staff informed and barrier station & care established
3	All communal areas to be closed and service users to enter into room isolation.
4	Family to be informed and care notes updated [Include all observations]
5	Alert the community infection control team for further advice and Public Health England Health Protection on-call out of hours as per usual contact numbers.
7	If you have 2 or more cases please contact the community infection control team immediately or call the Public Health England Health Protection Team
8	Those service users who are at risk consider entering on to End of Life pathway if serious.

9	Establish Corona teams and clean teams per shift
10	Conduct revision training for support staff if required
11	Closely monitor other service users for signs and symptoms
12	Enable lounge as recreation for CORONA Teams
13	Inform all relatives that COVID-19 is within The Downes Care Home and all contingency planning measures remain in place
14	Inform and updated CQC

Equipment Required for Barrier Nursing

#	Item		#	Item
1	Small Tables		**10**	Hairnets
2	Wash basin to allow for hand washing		**11**	Arm protectors
3	Soap dispenser		**12**	Respiratory FP3/ Fluid Repellent Type IIR
4	Towels (paper)		**13**	Disinfectant Spray
5	Suit or disposable scrubs		**14**	Clothes for disinfectant spray
6	Safety ‘splash’ goggles		**15**	Red bags for laundry
7	Over shoes		**16**	Black bin liners for waste (double bagged)
8	Gloves		**17**	Spare resources for all above

Establishing the Chapel Top Floor as a COVID-19 Ward - In the unlikely event that the outbreak becomes unmanageable within multiple separate rooms then a contingency plan is for the Chapel top floor could be turned into the COVID-19 ward. Service users could be relocated to these areas and treated as a single unit. Considerations could include:

#	Action
1	Remove all unnecessary furniture and items and store externally in shed
2	Relocate any spare beds into the space
3	Carefully relocate service users to new ward
4	Staff will be spoken to and a list created to see who would be willing to move into the service to meet the needs of the service users. Registered Manager and Care Manager have already agreed to move into the home permanently to support if the need arises.

Dealing with Resident's End of Life - **Some of the service users should they contract COVID-19 will regrettably die. Their death is highly likely to be rapid and therefore the following is to occur on immediately suspecting COVID-19.**

#	Action
1	GP immediately informed and discussion on best clinical pathway
2	Family to be informed

3	End of Life Pathway to be considered - discussion with local District Nurse Team
5	If end of life is considered close then notify family to attend bedside
6	Family to meet at door and asked to wear full PPE.
7	Family to have their temperatures taken on entry to the home.
7	Family escorted into room and appropriate PPE
8	On exit family removal of PPE as per protocol

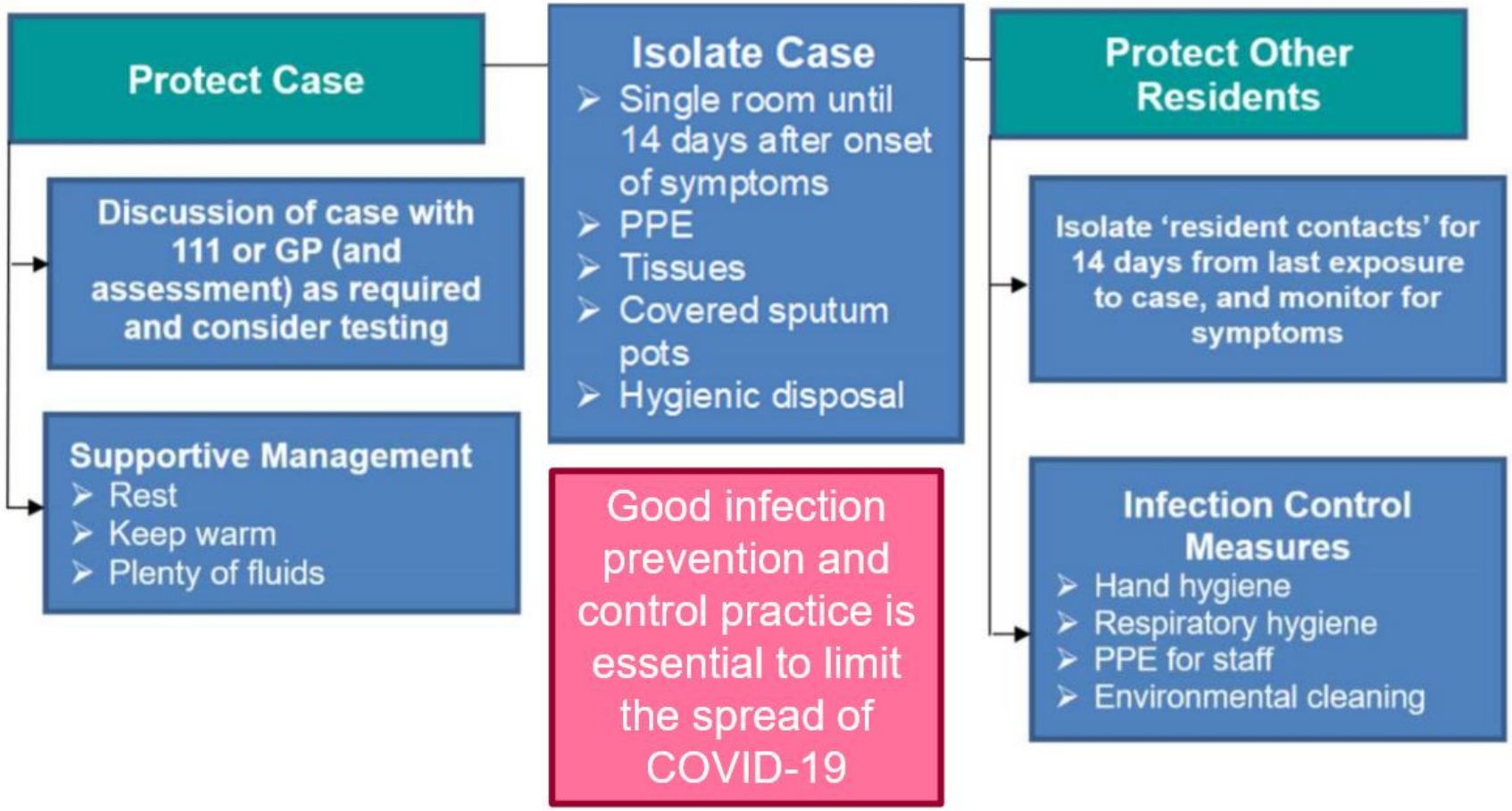
COVID 19 Death Procedure

#	**Action**
1	If not aware or present family informed
2	Ring and notify service users GP
3	Telephone 999 so that death can be pronounced by suitably qualified professional
4	Complete all daily notes
5	Inform undertakers as per instructions following certification of death
7	Wash and position body
8	Body to be released to undertakers.
9	CQC Notification of Death
10	Deep clean room

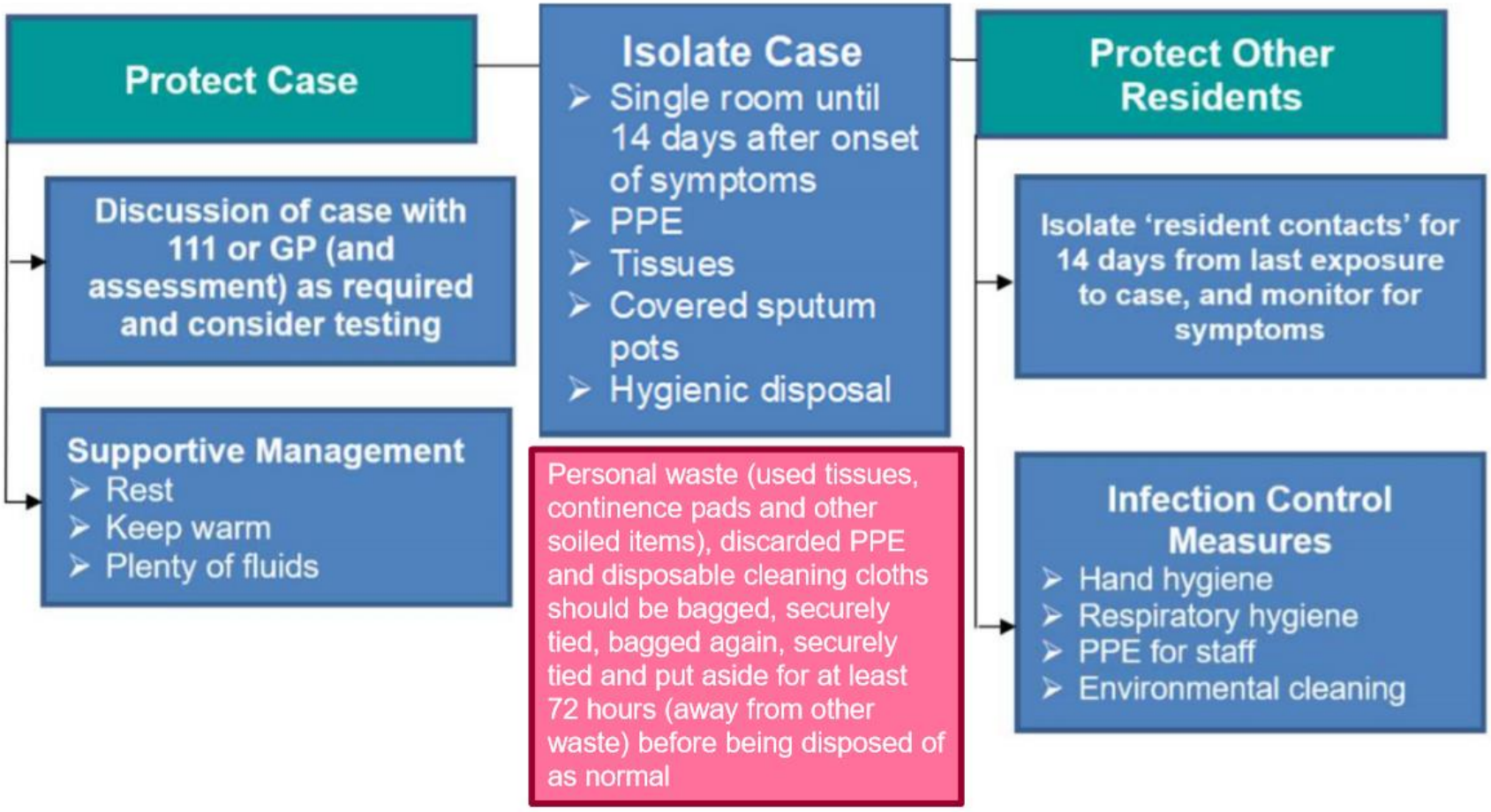
No care workers that fall into the high-risk category will carry out care to any service users symptomatic or confirmed with coronavirus.

See separate section (Care of the Deceased) for more information

Responding to a single case of COVID-19



Responding to a single case of COVID-19



Responding to a single case of COVID-19

Protect Other Residents

Isolate 'resident contacts' for 14 days from last exposure to case, and monitor for symptoms

Infection Control Measures

- Hand hygiene
- Respiratory hygiene
- PPE for staff
- Environmental cleaning

Resident contacts

- Live in the same unit/floor as the infectious case (e.g. share the same communal areas)
  or
- Have spent more than 15 minutes within 2 metres of an infectious case

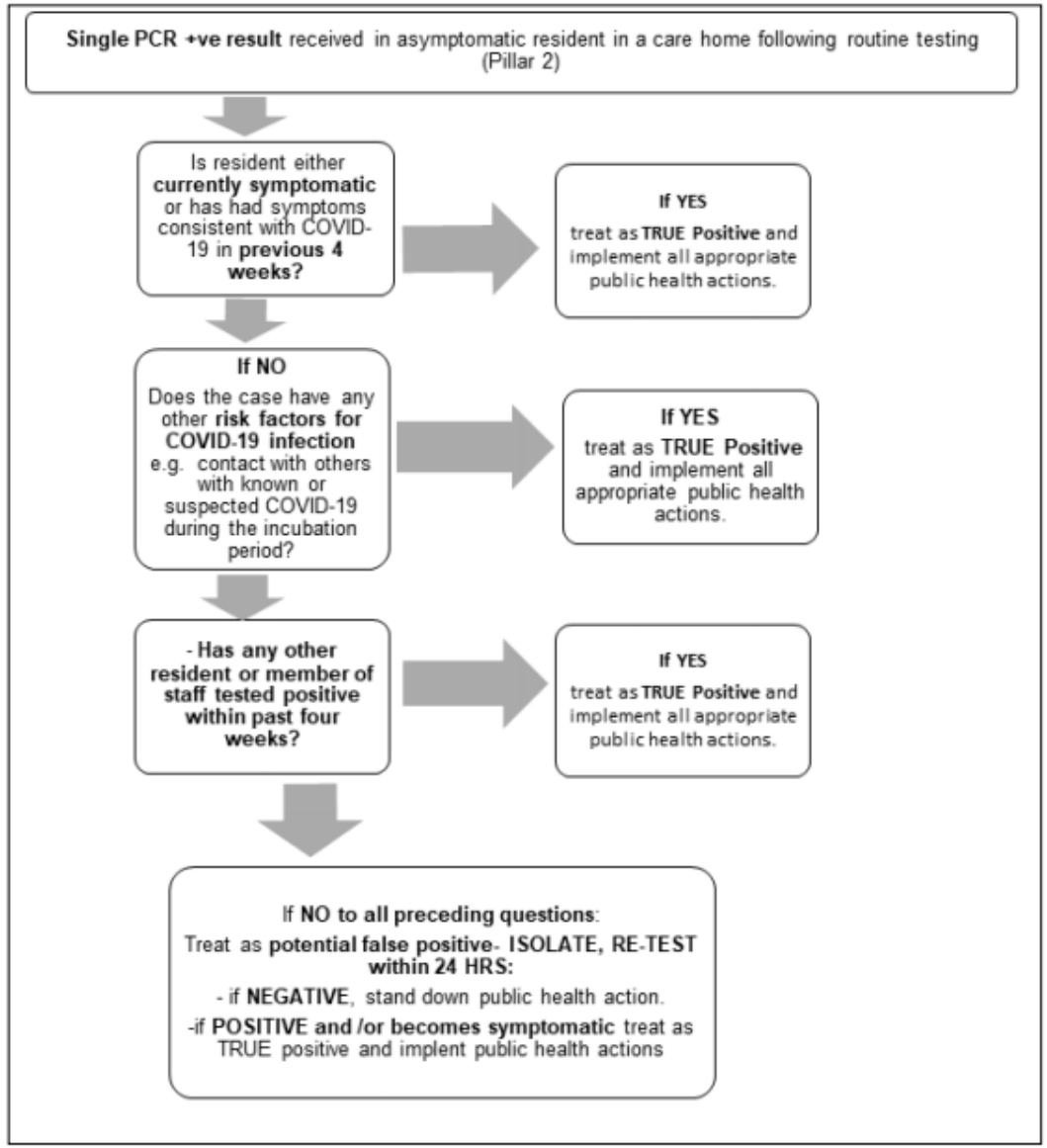
Updated care home testing for suspected outbreaks

Care home testing for suspected outbreaks - further to the changes implemented from 3 July 2020 if a care home resident is suspected of having covid-19:

- The Downes Care home must inform the Health Protection Team (tel: 0300 303 8537)
- The Downes Care Home must arrange retesting between 4 to 7 days after the first-round testing of any residents or staff who tested negative or who were not tested in the first round. This is to minimise the risk of false negatives. There is no retesting of those who tested positive in the first round of testing.
- 28 days after the onset of symptoms in the last case (or the date of their positive test if they did not have symptoms) the care home must request whole care home testing from the on-line care home testing portal.

Regular home testing does not override the need for staff to wear PPE.

PPE must continue to be worn as per government guidance.


Single PCR +ve result received in asymptomatic resident in a care home following routine testing (Pillar 2)
Is resident either **currently symptomatic** or has had symptoms consistent with COVID-19 in **previous 4 weeks?**
If YES
treat as **TRUE Positive** and implement all appropriate public health actions.
If NO
Does the case have any other **risk factors for COVID-19 infection** e.g. contact with others with known or suspected COVID-19 during the incubation period?
If YES
treat as **TRUE Positive** and implement all appropriate public health actions.
- **Has any other resident or member of staff tested positive within past four weeks?**
If YES
treat as **TRUE Positive** and implement all appropriate public health actions.
If **NO to all preceding questions**:
Treat as **potential false positive- ISOLATE, RE-TEST within 24 HRS:**
- if **NEGATIVE**, stand down public health action.
-if **POSITIVE and /or becomes symptomatic** treat as TRUE positive and implent public health actions

The following needs to be done when there is an **isolated (unexpected) positive covid-19 test result in an asymptomatic resident**

A risk assessment must be undertaken to determine proportionate actions. Initially a positive result must be considered as accurate, and appropriate public health measures must be initiated including isolation of the resident and identified contacts

- The resident's health must be assessed. It's harder to recognise COVID-19 infection in people who may not be able to report symptoms they are experiencing.

- Assess if the resident has:

    - 1) Symptoms consistent with COVID-19 such as, a high temperature, cough, or a change in sense of taste or smell
    - 2) Softer indications such as, being short of breath, not as alert, having a new onset of confusion, reduced fluid or food intake, diarrhoea or vomiting

- Other residents who are known to have been exposed to the COVID-19 positive resident during their infectious period (from 48 hrs prior to swabbing until 14 days after) must be isolated until 14 days after last exposure unless the risk assessment indicates a false positive and the subsequent re-test is negative (see algorithm below). The risk assessment algorithm will aid in assessing if re-testing should take place within 24hrs and de-escalation of isolation is possible

Coronavirus, Care and Support of Service Users with COVID-19
Guidance from Care England and NHS local CCG included

Actions if a person supported presents with symptoms of COVID-19

If a person supported complains of, or appears to be presenting with symptoms, staff must make sure:

- The person is safe. Don appropriate PPE and immediately advise and support the person to self-isolate, explaining why, and providing reassurance.

- Minimise staff looking after the person (e.g. As much as is practical, keep the same staff doing personal care, drinks, meals, cleaning etc, for that individual)
- Consider immediately any need for analgesics. Paracetamol is recommended, unless their doctor has told them that paracetamol is not suitable.
- The staff member immediately washes their hands and avoids touching their face, nose, mouth or eyes
- They contact 111 for advice or 999 if an emergency (if the person is seriously ill)
- The staff member contacts their internal senior management or internal support line to inform and seek further advice.
- The staff member does not attend any other service users, visit their GP or travel in the community until advice is sought.
- While the staff member waits for advice from NHS 111, or an ambulance to arrive, both the staff member and the isolated individual should remain at least 2 metres from other people. They should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in a bag then throw the tissue in the bin. If they do not have any tissues available, they should cough and sneeze into the crook of their elbow
- If they need to go to the bathroom whilst waiting for medical assistance, they should use a separate bathroom if available. This will apply only to the period of time while waiting for transport to hospital.

Potential self-isolation processes in place for people supported.

Maintain normality in how you provide services as far as you can, unless isolation related to COVID-19 is advisable. Review people's access to the community in line with Government guidance and the individual's health and vulnerability, while bearing in mind the current requirement to avoid all non-essential contact with other people. Continue to make decisions in accordance with the Mental Capacity Act (MCA). This means work within the five statutory principles, (see *here* for the MCA code of practice https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice) and actively look for the least restrictive options to meet a need, while being aware that the realistically available options are drastically reduced from normal.

Increased vigilance in infection prevention and control measures should be the norm at this time.

All services should have a Health Guidance Protocol to ensure any essential visitors, including agency workers, families, regulators and contractors are working in line with our standards. Visits from other providers for assessment purposes should be limited or cancelled where possible due to the potential risk to the vulnerable people we support.

COVID-19 Infection likely or confirmed

Where a person we support is showing symptoms of COVID-19, or has been tested and its presence confirmed, take steps to minimise the risk of transmission through safe working procedures. Keep checking for Government advice on how to do this at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874316/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf

Staff should 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. Aprons, gloves and fluid resistant surgical masks should be used in these situations. If there is a risk of eye contamination (e.g. splashing to the eye) safety goggles protection will minimise risk. Should eye contamination occur (due to safety goggles not being available) teams should immediately implement established first aid eye wash protocol.

New PPE must be used for each episode of care (safety goggles can be washed and disinfected prior to reuse). It is essential that used PPE is disposed of as clinical waste. Where clinical waste bins are not available, personal waste (such as used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal.

If your service does not have dedicated isolation facilities, the person's own room can be used. Ideally the room should be a single bedroom with en-suite facilities or designated bathroom arrangements.

There may be doubt about whether to admit a person who uses adult social care services to hospital, whether with COVID-19 or including the person or, if the person lacks capacity to be part of decision-making, close relatives or friends who know them well and can advise on what they would probably want. It might be in someone's best interests to remain with their familiar carers, for example, if they live with significant underlying health problems and are not well enough to withstand IC treatment. Managers and other staff should always do everything possible to ensure that decision-makers (doctors or paramedics) do not unintentionally discriminate against people on the basis of their age, diagnosis, or appearance.

Services should follow protocols in line with guidance issued by their Help Desk, if appropriate. In addition, and for awareness, services should continue doing the following:

- Liaise with Boots pharmacy about a 'doorstep delivery' basis.

- Identifying the absolute minimum safe staff levels required.

If you identify that self-isolation of one person within the care setting is essential, risk assess the people they live with and their staff team, with the likelihood that the whole household would need to self-isolate. Consider, in light of ongoing Government guidance, if this isolation could be 'whole house' or 'section' or must be solitary. If individual isolation is necessary, consider how to meet the person's needs for human contact, and how to ensure sufficient staff to care for people in a dignified and humane way.

Additional training and wellbeing support should be provided to staff who are 'self-isolating' with people we support, to ensure their wellbeing too is maintained.

The Downes Care Home should look at the availability of beds for staff in an isolation scenario, including duvets and other supplies required.

It may be difficult for people being supported to understand why they need to self-isolate. It is essential to continue to explain what is happening by all means possible, while seeking to avoid alarming and even terrifying people. Appropriate communication tools should be used which could include pictures and social stories. The Downes Care Home has printed copies of the social stories that can be used to help explain about Coronavirus.

Furthermore with any client who is in isolation has a welcome letter and a pictorial explanation sheet about the need to self-isolate for 14 days on entry to the care home whether this is a new admission or a return from a hospital stay.

Major Incidents

If the provider decides it has had a "Major Incident" due to high rates of infection among people we support and staff, seek additional support from the health community which includes CCGs (including where the person receives Continuing Healthcare Funding) and Public Health England or Public. If NHS-funded people we support are involved, direction and support may also come from NHS England. Primary Care support will also be required if high numbers of staff are affected.

In the event of a "Major Incident", providers should follow their Major Incident Protocol which provides options to support safe minimum staffing levels at which each Service can operate, before the care we provide to people we support is compromised.

The Major Incident Protocol is in place to provide emergency direction around staff deployment in the event of an emergency. If the minimum safe staffing levels are breached, and a Major Incident Protocol is triggered, notify CQC and commissioners, and raise a safeguarding concern, in line with local procedures and our COVID-19 Notifications Checklist.

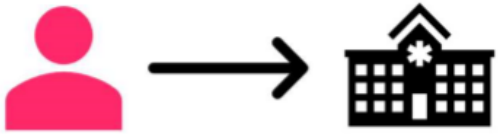
In periods of heightened pressure in the wider health system, providers should be mindful of impacts on partner organisations: all organisations must be prepared to do what they can to support and help each other.

As extra precautions, all staff including housekeepers are upskilled and trained to carers levels so that in the event of a major incident extra staff are on hand to assist with carers roles. This includes extra training for housekeeping and activities staff. All of which have moving and handling training in line with all care staff.

Hospital Admission

Following a conversation with The Royal Cornwall Hospital they have informed us that paramedics are not permitting anyone else to travel within the ambulance and there is no need to escort service users into hospital. They have asked that we make sure that hospital passports are up to date and sent into the hospital with the service user. Red Bag system also still applies and must be sent with any resident being admitted to hospital.

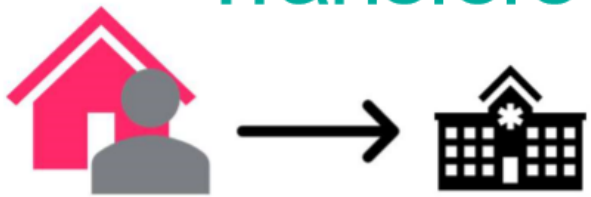
Transfers from care home to hospital



A resident with confirmed or suspected COVID-19 who needs to go to hospital:

- If transfer to hospital is required (e.g. needs urgent admission), inform the hospital and ambulance prior to transfer of suspected / confirmed COVID-19
- Postpone non-urgent hospital appointments / transfers

Transfers from care home to hospital



A resident without COVID-19 who needs to go to hospital, and they are being transferred from a care home with a COVID-19 outbreak:

- If urgent admission required, inform the hospital and ambulance prior to transfer of suspected / confirmed COVID-19 outbreak in the care home
- Postpone non-urgent hospital appointments / transfers

Hospital Discharge

- Management will take the lead on all discharge and will ascertain if a coronavirus test has been completed or not to confirm if someone is a confirmed case or suspected. On discharge from hospital back to The Downes Care Home, it is crucial that we protect and safeguard the other service users and staff.
- It is crucial that prior to discharge that The Downes Care Home has capacity for the service user, establish if the service users condition has changed, is there any additional or different needs, do staff need additional training before the service user is discharged, especially in relation to COVID and does the service user require rehab/recovery support.
- COVID-19 test results must be shared by the hospital prior to discharge. This test must have been conducted within 48 hours prior to discharge - A cough or a loss of, or change in, normal sense of smell or taste (anosmia) may persist in some individuals, and is not an indication of ongoing infection when other symptoms have resolved.
- All discharged service users should be encouraged to self-isolate for 14 days to ensure that they are symptom free before interacting face to face with other service users. All service users during this stage should be supported by staff as barrier nursing.
- Upon discharge the Outbreak Management Policy, Infection Control and Prevention Policy and guidance should be followed and management should ascertain if the service users has any cognitive impairment that may make isolation challenging, that the service has sufficient PPE and that the service is able to cohort resident

Additional Information and Advice

- The staff delivering care should ideally be someone who has a high knowledge of their support needs and how the service users likes and prefers to be cared for. This may not always be possible due to other risk factors, including if this staff member is deemed high risk, however The Downes Care Home will always endeavour to do this where possible.
- Wash hands thoroughly for 1 min before delivering personal care, use alcohol gel and then gloves, and vice versa before leaving the room
- Put a clinical waste bag in that person's room and double bag it when emptying
- Dispose of PPE into clinical waste in the room
- Clean all the areas that the isolated service user has been near or touched with warm soapy water and then a chlorine-based solution

- Decontaminate / deep clean the area immediately twice. Floors to be cleaned with chlorine. Carpets are to be shampooed. Use soapy warm water and then disinfectant to clean surfaces thoroughly, including things like light switches and commonly touched areas.
- Inform the GP of any concerns
- Keep the person isolated until they are symptom free
- The service user and others will be not tested until there are two or more people with the same symptoms.
- Reassure each other and don't panic!
- Call for help / support / questions and reassurance if needed.
- All care is exactly the same as it is usually for that person.
- Keep the Capacity Tracker updated
- Continue to encourage social distancing and good hand hygiene for residents
- Review appointments (medical and non-medical) that would involve service users visiting a hospital or other healthcare facilities and discuss with the healthcare provider whether these can be delivered remotely
- Service users who are known to have been exposed to a person with possible or confirmed COVID-19 (an exposure similar to a household setting), 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

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Looking after the suspected resident

The isolation room for the suspected resident:

- If possible should have its own bathroom
- If this is not possible a room with own sink would be preferable and if possible you should bring a commode into the room for the resident.

Transferring the resident with suspected COVID 19 to another room:

- When transferring symptomatic residents between rooms, the resident should wear a surgical face mask
- Staff should wear Personal Protective Equipment (PPE) – surgical mask, disposable apron and gloves

Looking after the suspected (or positive) resident

Royal National Orthopaedic Hospital NHS Trust

Hand hygiene by resident

Staying in the room

Wearing a mask, if tolerated

Clean surfaces at least daily and frequently touched areas more often

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Orthopaedic Hospital
NHS Trust

Preventing the spread of infection

- Communal should be cleaned regularly with attention to frequently touched areas

'Cohorting'

- Identify people who have had close contact with the person who has symptoms and isolate them for 14 days
- Identify those who have definitely not had close contact with this person and maintain physical separation between the groups as much as possible

What to do if there is more than one suspected case

Royal National Orthopaedic Hospital NHS Trust

'Cohorting'

- Move the symptomatic residents to one area of care, for example along the same corridor.
- If room separation is not possible, put suspected residents together in multi-occupancy rooms. Give face masks to wandering residents.
- Will allow you to use your masks '*sessionally*'

BUT:

- DO NOT mix residents with suspected disease with confirmed cases
- DO NOT put suspected or confirmed residents next to immunocompromised residents
- A person with COVID 19 may need an isolation period after discharge from hospital
  Suggest that a calendar is put on the door to state when the isolation period ends

Further guidance on management of staff and exposed patients in health and social

Coronavirus, Cleaning and COSHH

Coronavirus can transfer from people to surfaces. It can be passed on to others who touch the same surfaces. Keeping The Downes clean and ensuring frequent handwashing reduces the potential for coronavirus to spread and is a critical part of making The Downes 'COVID-secure'.

Handwashing and Sanitiser

The Downes displays signs and posters to promote good handwashing techniques and also posters which remind staff that to catch coughs and sneezes in a tissue or arm and avoid touching their faces.

The Downes provides:

- handwashing facilities with running water, soap and paper towels or hand dryers
- hand sanitiser at locations in addition to washrooms, such as sanitising stations in shops
- hand sanitiser nearby for people getting in and out of vehicles or handling deliveries, if they are unable to wash their hands

Additional Handwashing Facilities

In addition to the standard handwashing facilities and sanitiser points, The Downes has implemented additional items since the Coronavirus pandemic. These include:

- providing handwashing facilities at entry/exit points so people can wash their hands when they arrive and leave work – if this is not possible, provide hand sanitiser.
- where to have extra handwashing facilities so people can wash their hands frequently
- making sure your handwashing facilities have running water, soap and paper towels.
- identifying where extra hand sanitiser points are needed in addition to washing facilities.

Cleaning the workplace

The Downes has COSHH risk assessments in place for all cleaning products that are used within the home. The Downes has increased the cleaning schedule to incorporate touchpoints. The Downes complies with guidance on cleaning regimes and ensures the following:

- Clean frequently
- Keep surfaces clear so that cleaning can be carried out more effectively
- Areas should be regularly cleaned in line with your cleaning plan
- Set clear guidance for the use and cleaning of toilets, showers and changing facilities to make sure they are kept clean and social distancing is achieved as much as possible
- Clean work areas and equipment between uses
- Frequently clean and disinfect objects and surfaces that are touched regularly
- If equipment like tools or vehicles are shared, then clean them after each use
- Identify frequently touched surfaces
- Doors, bannisters, buttons and anything that is frequently touched, especially if it's touched by lots of people, will need more regular cleaning than normal.

Touchpoints
The Downes ensures that all touch points are thoroughly cleaned at different points within the day. Touchpoints can include but are not limited to:

- work surfaces like desks and workstations
- handles on doors, windows, handrails, dispensers and water coolers
- common areas like toilets, reception, corridors and lifts
- control panels for machinery, control pads and switches
- computer keyboards, printers, touch screens, monitors, tv remotes, phones
- taps, kettles, water heaters, fridges, microwaves and cupboards

Cleaning Equipment
The Downes uses products that contain BSEN1276, BSEN13704, EN14476, BN605171 all of which are proven to kill coronavirus. All hoovers have hepa filters. Procedures in place for these to be changed.

Deep Clean following a Positive Case

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You're in safe hands

NHS

COVID-19 Deep cleaning guidance in Care Homes

Deep cleaning is a more enhanced programme of environmental cleaning, which compliments the routine daily cleaning in a care home. It includes the thorough cleaning of all surfaces, floors, soft furnishings and reuseable equipment either within the whole environment or in a particular area, e.g. resident's room.

The deep clean must only be performed by staff whom have been trained in the use of appropriate personal protective equipment (PPE), and in line with the current Public Health England (PHE) and national guidance.

Colour coding

All care home facilities are recommended to adopt the national colour coding scheme for cleaning materials (see below). All cleaning items, e.g. cloths, mops, buckets, aprons, should be colour coded.

Red	Blue
Bathrooms, showers, toilets, basins and bathroom floors	General areas, including lounges, offices, corridors and bedrooms
Green	**Yellow**
Kitchen areas including satellite kitchen areas and food storage areas	Bedrooms when someone has an infection and is cared for in their own room (isolated)

Equipment required for a deep clean

The golden rule for cleaning is to always work from the cleanest area toward the dirtiest area, and from top to bottom, covering all surfaces using a 'S' shaped pattern, taking care not to go over the same area twice. This will greatly reduce the risk of cross contamination. PPE should always be worn, e.g. disposable gloves, apron and eye protection.

- New colour coded cloths and mop heads used for each room and disposed of after use.
- Cleaning and disinfectant products, either:
  - A dual purpose cleaning and disinfectant solution at a dilution of 1000 parts per million available chlorine, e.g. Chlor Clean, Actichlor Plus

  or
  - Warm water and detergent, this should be changed for each episode of cleaning and when moving from one room or environment to another, and when water is visibly dirty or contaminated, followed by a freshly made chlorine-based disinfectant solution, e.g. Milton at 1,000 parts per million (dilution of 1 in 20, e.g. 50 ml of Milton in 1 litre of water)

    Note: Chlorine-based disinfectants may damage soft furnishings, carpets and furniture. Therefore, detergent and warm water, steam cleaner or carpet shampoo machine, should be used as appropriate.
- Vacuum cleaner fitted with a high particulate filter (HEPA filter).
- Steam cleaner or carpet shampoo machine.
- PPE - disposable apron, gloves, fluid resistant face mask and visor/eye protection.
- Laundry hamper/bag/trolley placed as near to the point of use, but do not take into the isolation room.

Before entering the room

- Collect all cleaning equipment and appropriate waste bags. See 'Handling waste during COVID-19' below. Cleaning trollies should not enter the room.
- The person responsible for undertaking the cleaning with detergent and disinfectant should be trained in the process.
- Donning (putting on) PPE as per PHE guidance.
- Follow the 'Procedure for a deep clean of a resident's room'.

Upon completion of the deep clean

- Doffing (removing) PPE as per PHE guidance before leaving the room.
- Ensure all PPE is disposed of in double bagged, tied waste bags
- Dedicated or disposable equipment, e.g. mop heads, cloths, must be used for environmental decontamination.

Handling waste during COVID-19

- All waste must be double bagged, tied and discarded into the clinical waste stream. If there is no clinical waste stream, use domestic black bags, label with date and time, store securely in a designated waste disposal area for 72 hours and then discard as household waste.

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Procedure for a deep clean of a resident's room

	Task	Instructions	Signature	Date
1.	Consumable items	Dispose of all consumables, e.g. flowers, chocolates, waste, PPE, tissues, paper towels, toilet rolls, into appropriate double bagged, tied bags.		
2.	Windows	Open windows to facilitate drying and prevent build-up of fumes from chlorine-based disinfectant solution.		
3.	Re-usable equipment, e.g. glucometer, blood pressure monitor, digital thermometer, commode, wheelchair, walking frame	Clean and disinfect before removing from the room. Equipment should not be returned to the room until the deep clean has been completed.		
4.	Window curtains, soft furnishings, e.g. scatter cushion covers	Launder wherever possible (see 5 below) or if not possible, steam clean.		
5.	Linen, towels and other laundry	Remove and place in a red water soluble (alginate) bag, tie then place in a secondary clear bag and tie. When removed from the room, place directly into the nearby laundry hamper/bag/trolley and transfer as soon as possible to the laundry room. Note: laundry must be stored in a designated safe lockable area whilst awaiting laundering or collection from contractor.		
6.	Lamp shades	Remove shade and if wipeable, clean and disinfect, or steam clean. If not wipeable with disinfectant or unable to be steam cleaned, they should be disposed of with other waste (see 'Consumables' above).		
7.	Curtain tracks	Clean and disinfect.		
8.	Picture rails, ledges, dado rails	Clean and disinfect.		
9.	Light switches, door knobs	Clean and disinfect.		
10.	Windows	Clean and disinfect.		
11.	Furniture	Clean and disinfect.		

Procedure for a deep clean of a resident's room

	Task	Instructions	Signature	Date
12.	Bed frame and mattress, bed rails and bumpers	Clean and disinfect. Both sides of the mattress should be cleaned, checking the cover for visible signs of tears and staining, unzip and check inside cover and foam mattress for stains. If evidence of staining, mattress and cover should be replaced.		
13.	Radiators	Remove radiator cover. Clean and disinfect cover and radiator.		
14.	Skirting boards	Clean and disinfect.		
15.	Carpet	Vacuum followed by steam cleaning or carpet cleaning machine.		
16.	Flooring - washable	Clean and disinfect.		
17.	Ensuite	Clean and disinfect all surfaces, e.g. soap dispensers, paper towel holder, bathroom cabinet, shelving, shower, sink, taps, toilet handle, raised toilet seat, toilet, toilet roll holder, waste bin. Ensure you work from the cleanest area to the dirtiest area.		
18.	Stock	Restock room with consumables, e.g. paper towels, PPE.		
19.	Make bed	Make the bed with clean linen.		
20.	Hang curtains	Hang clean curtains if they have been removed.		
21.	Documentation	Complete, sign and date document.		

Coronavirus, Management of Staff and Exposed Patients or Residents in Health and Social Care Settings COVID-19

Guidance from https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings

1. Scope

This guidance provides advice on the management of staff and patients or residents in health and social care settings according to exposures, symptoms and test results. There may be further information specific to each country in the United Kingdom, as this guidance was written by Public Health England (PHE) primarily for an English health professional audience, and contact tracing arrangements are variable across the 4 nations of the UK.

2. Introduction

Health and social care workers are aware of the recommendation to not come to work when there is a risk that they may spread infection in their workplace.

Managers have a high level of skill in assessing whether individual staff require exclusion from work and should remain the first point of contact for a health or social care worker who is unsure whether they are fit to work.

This guidance sets out general principles and should be considered alongside local risk assessment and local policies. There may need to be an individual risk assessment based on staff circumstances, for example for those who are either immunocompromised or work with individuals who are immunocompromised.

This guidance should be followed regardless of the results of any SARS-CoV-2 antibody testing. A positive antibody result signifies previous exposure, but it is currently unknown whether this correlates with immunity, including protection against future infections.

3. Staff with symptoms of COVID-19

If a health or social care worker develops symptoms of COVID-19:

- they should follow the stay at home guidance
- while at home (off-duty), they should not attend work and notify their line manager immediately
- while at work, they should put on a surgical face mask immediately, inform their line manager and return home

- comply with all requests for testing

If a member of staff develops symptoms, they should be tested for SARS-CoV-2. Testing is most sensitive within 3 days of symptoms developing. Guidelines on who can get tested and how to arrange for a test can be found in the COVID-19: getting tested guidance.
If their symptoms do not get better after 10 days, or their condition gets worse, they should speak to their occupational health department if they have one or use the NHS 111 online coronavirus service. If they do not have internet access, they should call NHS 111. For a medical emergency, they should call 999.

4. Staff who are PCR positive for SARS-CoV-2

Staff who have tested positive for SARS-CoV-2 by polymerase chain reaction (PCR) in the community or at work should self-isolate for at least 10 days after illness onset. If, however, they have been admitted to hospital they should be isolated in hospital (or continue to self-isolate on discharge) for 14 days from their first positive PCR test result. This is because COVID-19 cases admitted to hospital will have more severe disease and are more likely to have pre-existing conditions, such as severe immunosuppression. For the same reasons, the 14-day isolation rule also applies to other (non-staff) COVID-19 cases admitted to hospital.

Asymptomatic staff (i.e. usually not hospitalised) who have tested positive for SARS-CoV-2, should self-isolate for 10 days following their first positive PCR test.

5. Eligibility for PCR retesting in staff

Staff who have previously tested positive for SARS-CoV-2 by PCR should be exempt from being retested within a period of 90 days from their initial illness onset, unless they develop new possible COVID-19 symptoms. This is because fragments of inactive virus can be persistently detected by PCR in respiratory tract samples for some time following infection. If a staff member is found to be positive for SARS-CoV-2 by PCR within 90 days from their initial illness onset, depending on their symptoms and advice from an infection specialist, they may need to self-isolate again. Additional consideration should be given to staff who are immunocompromised regarding retesting for SARS-CoV-2 by PCR.

If staff are tested for SARS-CoV-2 by PCR after 90 days from their initial illness onset and are found to be positive, this should be considered as a possible new infection. If they have developed new possible COVID symptoms, they would need to self-isolate again and their contacts should be traced. If, however, they are asymptomatic, further management should be discussed with an infection specialist (e.g. Microbiology, Virology, Infectious diseases) before a decision is made regarding another self-isolation period.

6. Contact risk assessment and exemption criteria

The NHS Test and Trace service has been established to minimise community transmission of COVID-19. It is designed to:

- ensure that anyone who develops symptoms of COVID-19 can quickly be tested to find out if they have the virus

- help trace close recent contacts of anyone who tests positive for COVID-19 and, if necessary, notify them that they should self-isolate at home to help stop the spread of the virus

If health and social care staff are providing direct care to a patient or a resident with COVID-19 and are wearing the correct PPE in accordance with the current IPC guidance, they will not be considered as a contact for the purposes of contact tracing and isolation, and will not be required to self-isolate for 14 days (the standards for PPE specification, fit testing and regimes of use for clinical and care activities will be agreed and delivered by organisations).

It is important to note that the effectiveness of the use of face masks, face coverings, or other PPE for prevention of transmission or acquisition of coronavirus infection cannot be guaranteed in settings other than the provision of direct care with patients or residents. Therefore, the use of PPE in other settings (such as a staff room or canteen) will not necessarily exclude an individual from being considered a close contact. In addition, if health and social care staff have been in contact with a COVID-19 case and are not following appropriate IPC, including wearing correct PPE, they will be considered as a contact for the purposes of contact tracing and isolation.

If a health or social care worker is considered to be a contact, and the recommendation for them to self-isolate would have implications for the provision of the service, their employer will need to escalate this for a risk- assessment to a Tier 1 contact tracer at the local Health Protection Team (HPT). Advice about whether a risk-assessment is needed may also be sought from the HPT. The risk-assessment should take account of any PPE use (including its type and situational appropriateness) and other mitigating factors that may reduce the risk of infection transmission to such an extent that the individual identified as a contact does not need to self-isolate.
All staff who come into contact with COVID-19 cases, whether or not they are protected by the use of PPE or by other factors, should remain vigilant to the possibility of contracting infection and should self-isolate immediately if they develop relevant symptoms.

7. Staff return to work criteria

7.1 If staff are symptomatic when tested
Staff who test negative for SARS-CoV-2 can return to work when they are medically fit to do so, following discussion with their line manager and appropriate local risk assessment. Interpret negative results with caution together with clinical assessment.

Symptomatic staff who test positive for SARS-CoV-2 or who have an inconclusive test result, and symptomatic staff who have not had a test, can:

- return to work no earlier than 10 days from symptom onset, provided clinical improvement has occurred and they have been afebrile (not feverish) without medication for 48 hours and they are medically fit to return
- if a cough or a loss of or a change in normal sense of smell (anosmia) or taste is the only persistent symptom after 10 days (and they have been afebrile for 48 hours without medication), they can return to work if they are medically fit to return (these symptoms are known to persist for several weeks in some cases)

All members of a household shared with the individual should self-isolate for 14 days from the day the individual's symptoms started. However, if any household member develops symptoms of COVID-19, they should isolate for at least 10 days from the onset of their symptoms, in line with the stay at home guidance.

7.2 If staff are asymptomatic when tested

Staff without symptoms may also be tested where there is a clinical need to do so, in line with NHS England, PHE, Department of Health and Social Care.

Staff who test negative for SARS-CoV-2 and who were asymptomatic at the time of the test can remain at work or return to work immediately as long as they remain asymptomatic if they were tested as part of routine testing. If they were tested as part of contact tracing investigation then they should follow instructions from the local Health Protection Team.

Staff who test positive for SARS-CoV-2 and who were asymptomatic at the time of the test must self-isolate for 10 days from the date of the test. If they remain well, they can return to work on day 11.

If, during the 10 days isolation, they develop symptoms, they must self-isolate for 10 days from the day of symptom onset. They can:

- return to work no earlier than 10 days from symptom onset, provided clinical improvement has occurred and they have been afebrile (not feverish) without medication for 48 hours and they are medically fit to return
- if a cough or a loss of or a change in normal sense of smell (anosmia) or taste is the only persistent symptom after 10 days (and they have been afebrile for 48 hours without medication), they can return to work if they are medically fit to return (these symptoms are known to persist for several weeks in some cases)

All members of a household shared with the individual should self-isolate for 14 days from the day the individual's test was taken. However, if any household member develops symptoms of COVID-19, they should isolate for at least 10 days from the onset of their symptoms, in line with the stay at home guidance.

7.3 If staff have been notified that they are a contact of a confirmed case in the community

Staff who have been notified through the NHS test and trace contact tracing service that they are a contact of a confirmed case of COVID-19 in the community (outside the health or social care setting or their place of work) they should inform their line manager and self-isolate for 14 days, in line with the NHS test and trace guidance.

This advice should be followed regardless of the results of any SARS-CoV-2 antibody testing. A positive antibody result signifies previous exposure, but it is currently unknown whether this correlates with immunity, including protection against future infections.

7.4 If staff have been notified that they are a contact of a co-worker who is a confirmed case

If a staff member has been notified that they are a contact of a co-worker who has been confirmed as a COVID-19 case, and contact with this person occurred while not wearing PPE, the 14-day isolation period also applies (as in section 5.3 above).

8. Risk assessment for staff exposures in the workplace

If a health or social care worker has come into close contact with a confirmed COVID-19 patient, resident or service-user or a symptomatic patient, resident or service-user suspected of having COVID-19 while not wearing PPE, or had a breach in their PPE while providing personal care to a patient, resident or service-user with confirmed or suspected COVID-19, then the staff member should inform their line manager.

For appropriate PPE resources for care home workers, see how to work safely in care homes

In assessing whether a health or social care worker has had a breach of PPE, a risk assessment should be undertaken in conjunction with local infection prevention and control (IPC) policy. Take into consideration:

- the severity of symptoms the patient/resident has
- the length of exposure
- the proximity to the patient/resident
- the activities that took place when the worker was in proximity (such as aerosol-generating procedures (AGPs), monitoring, personal care)
- whether the health or social care worker had their eyes, nose or mouth exposed

If the risk assessment concludes there has been a significant breach or close contact without PPE, the worker should remain off work for 14 days.

Examples that are unlikely to be considered breaches include if a health or social care worker was not wearing gloves for a short period of time or their gloves tore, and they washed their hands immediately, or if their apron tore while caring for a resident and this was replaced promptly.

This would also apply to other individuals present in a care environment (such as an allied health visitor, visitor or family member) if they are following instructions from that institution.

9. Patient exposures in hospital

In-patients who are known to have been exposed to a confirmed COVID-19 patient while on the ward (an exposure similar to a household setting), should be isolated or cohorted (grouped together) with other similarly exposed patients who do not have COVID-19 symptoms, until their hospital admission ends or until 14 days after last exposure.

If symptoms or signs consistent with COVID-19 occur in the 14 days after exposure then relevant diagnostic tests, including for SARS-CoV-2, should be performed. These patients should be isolated or cohorted with other suspected cases while results are pending.

To get patients ready for discharge, the guidance for stepdown of infection control precautions and discharging COVID-19 patients should be followed. On discharge, patients should be advised to stay at home and referred to the stay at home guidance if less than 14 days has elapsed since their exposure.

10. Resident exposures in care settings

Residents who are known to have been exposed to a confirmed COVID-19 patient (an exposure similar to a household setting), should be isolated or cohorted only with residents who do not have COVID-19 symptoms but also have been exposed to COVID-19 residents, until 14 days after last exposure.

If symptoms or signs consistent with COVID-19 occur in the 14 days after last exposure then relevant diagnostic tests, including for SARS-CoV-2, should be performed. If they have been cohorted with other individuals, the other residents' follow-up period recommences from the date of last exposure.

11. Additional considerations

Currently it is not known how long immunity to COVID-19 may last. This is being reviewed as evidence emerges. In the current state of knowledge, should staff develop new COVID-19 symptoms, they should self-isolate, even if they have already had a positive SARS-CoV-2 antibody test, for example as a research study participant.

Further advice on return to work of staff with complex health needs, including immunosuppression, and of staff working with clinically extremely vulnerable individuals can be received from designated infection control leads in clinical commissioning groups (CCGs), from local health protection teams in PHE and/or from directors of public health, according to local arrangements.

For more information on interpreting test results and the actions required for both symptomatic and asymptomatic individuals, see the flowcharts illustrating the return to work process.

Testing for COVID-19

What is a PCR test?

A polymerase chain reaction (PCR) test is performed to detect genetic material from a specific organism, such as a virus. The test detects the presence of a virus if you are infected at the time of the test. The test could also detect fragments of virus even after you are no longer infected.

What is a COVID-19 PCR test?

A PCR test for COVID-19 is a test used to diagnosis people who are currently infected with SARS-CoV-2, which is the coronavirus that causes COVID-19. The PCR test is the “gold standard” test for diagnosing COVID-19 because it’s the most accurate and reliable test.

Frequency of Testing

All staff complete PCR tests on a Monday or Tuesday each week.

All residents complete a PCR test every 28 days.

Couriers are booked in advance prior to testing days. All tests are picked up on the same day. PCR tests are then registered and uploaded to the gov website. Test results will be sent by email and text within 72 hours of the test arriving at the laboratory.

Taking the test

The test is very quick and it should not hurt.

Before you take the test, wash your hands with soap and water.

If you have a runny nose, you should blow your nose with a tissue before taking the test.

When you are ready, pick a clean, dry surface for the test kit. Unpack everything from the kit onto the clean surface.

You will take the test from your throat and nose using a swab.

A **swab** is like a large cotton bud.

Open the package and gently take out the swab.

You will use the same swab for both your throat and your nose

Do not let the tip of the swab touch anything except your throat and nose or it could mix up your results.

Throat swab

Use the swab to take a sample from your throat.

Look inside your mouth and find your tonsils. Your tonsils are the soft part at the back of your throat.

You need to open your mouth and stick out your tongue.

Gently rub the swab over the soft part at the back of your throat for 10 seconds.

You may gag, but it will not hurt. It may be a bit uncomfortable.

Nose swab

Use the same swab to take a sample from your nose.

Put the swab into your nose and push it gently upwards. It should not hurt so stop pushing it up further if it starts to hurt.

Gently turn the swab for 10 to 15 seconds. This will not hurt but may be a bit uncomfortable.

Put the swab into the **vial**. A **vial** is a small plastic jar filled with a little liquid.

Snap off the end of the swab so that it fits into the vial without bending.

Screw the lid of the vial back on tightly.

That's it, well done. Now you need to pack up the test and giving it to the staff member.

Getting your results

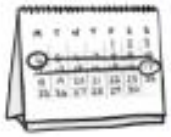
You will not be told the results straight away. The staff member will send your test off to the lab for testing.

You will have to wait for your test results. This might take up to 5 days.

The results will come back by email or text.

If you do not have coronavirus

If the test shows that you do not have coronavirus, you do not need to do anything.



If you do have coronavirus

If the test shows that you do hav
u must **isolate** for
10 days

Isolate means:

- you must stay in your home

- you cannot go near other people

- you cannot go out

LFD Testing

Many people with Covid-19 have mild, or even no symptoms, but can still spread the virus. With regular self-testing we can slow the spread of the virus and help protect the most vulnerable. The LFD test requires swabs from nose and throat.

In addition to the PCR tests, care home staff should self-test using the LFD tests twice a week. In the case of a positive result found either LFD or PCR, there will be an additional 7 days of daily LFD testing for staff required.

Staff will be required to complete training and observations for LFD testing. There is an NHS training portal which is available for all staff who will be carrying out LFD testing.

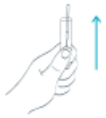
The Downes will provide each member of staff with a box of 25 LFD tests. The test kits should be stored at room temperature or in a cool dry place.

In the event of an outbreak within the home, staff must complete LFD testing for 7 consecutive days following positive case.

Open the package and gently take out the swab. Do not touch the fabric end of the swab.

Put the swab gently into one nostril, you may feel a slight resistance (insert about 1.5cm or about half an inch). Roll the swab 10 times slowly along the inside of the nostril. Remove the swab and repeat 10 times in the other nostril.

Now put the fabric end of the swab into the bottom of the extraction tube. Press the swab head against the edge of the tube with force, while rotating the swab around the tube for 10 seconds to squeeze as much fluid out as possible.



Take out the swab while squeezing the tube and fabric end of the swab. Place the swab back into the wrapper and dispose of it at home in your household rubbish bin.

Press the nozzle cap tightly on to the tube to avoid any leaks.

Turn the tube upside down and lightly squeeze two drops onto the specimen well.

Reading your results

Leave your test for the full development time to get an accurate result. Do not read your results until **30 minutes**. If the test device is left to develop longer you may receive a false positive result and you will need to repeat the test.

Positive result

Two lines – even faint lines – indicate the test is positive.

Negative result

This indicates the test is negative.

Invalid result

The test has failed and should be retaken.

LFD Test Registration

You must report your results to the NHS within 24 hours of testing.

Report your result so the NHS can monitor the spread of the virus, support communities across the UK, combat the virus and save lives. You can also find out more about the result and what you need to do.

You need the QR code, or the ID number under it, on the test strip to report your result.

Report online (fastest)

Visit: www.gov.uk/report-covid19-result

Or report by telephone

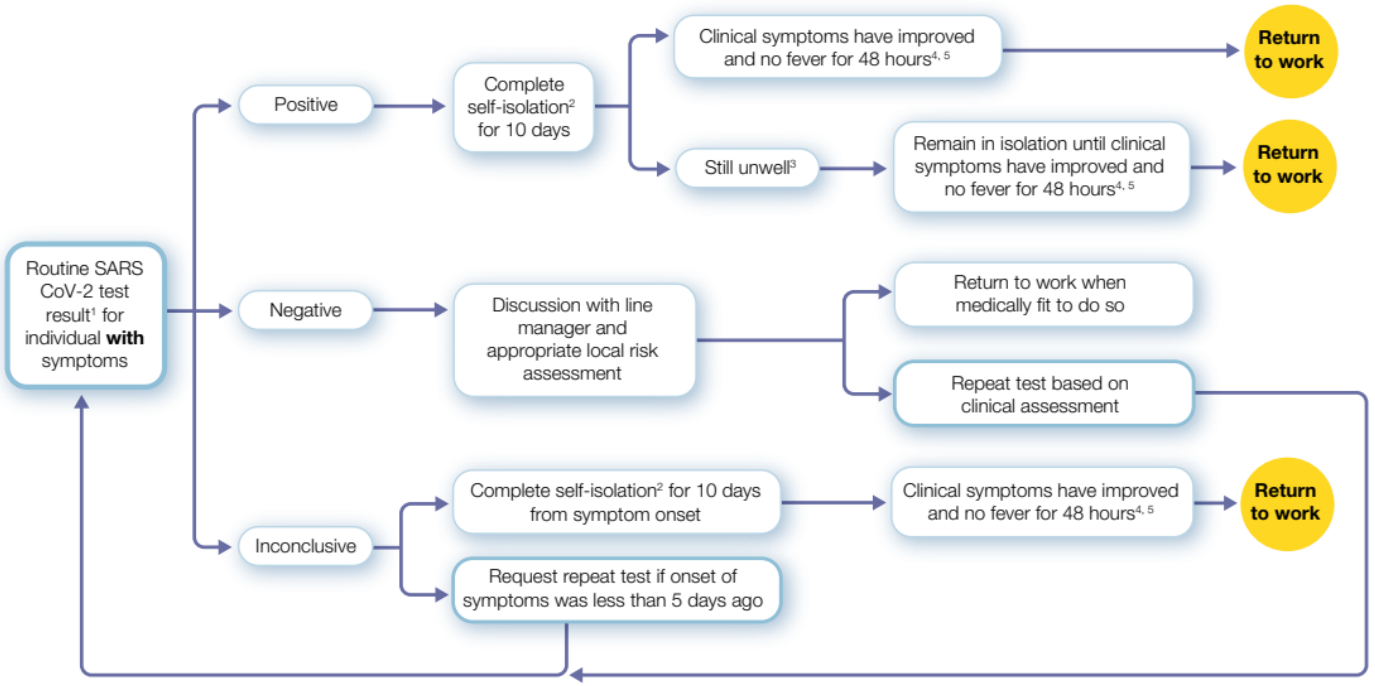
Lines are open every day, 7am to 11pm.

England, Wales and Northern Ireland: **119**
(free from mobiles and landlines)

Scotland: **0300 303 2713**
(charged at your standard network rate)

Public Health England

Symptomatic worker: flowchart describing return to work following a SARS-CoV-2 test

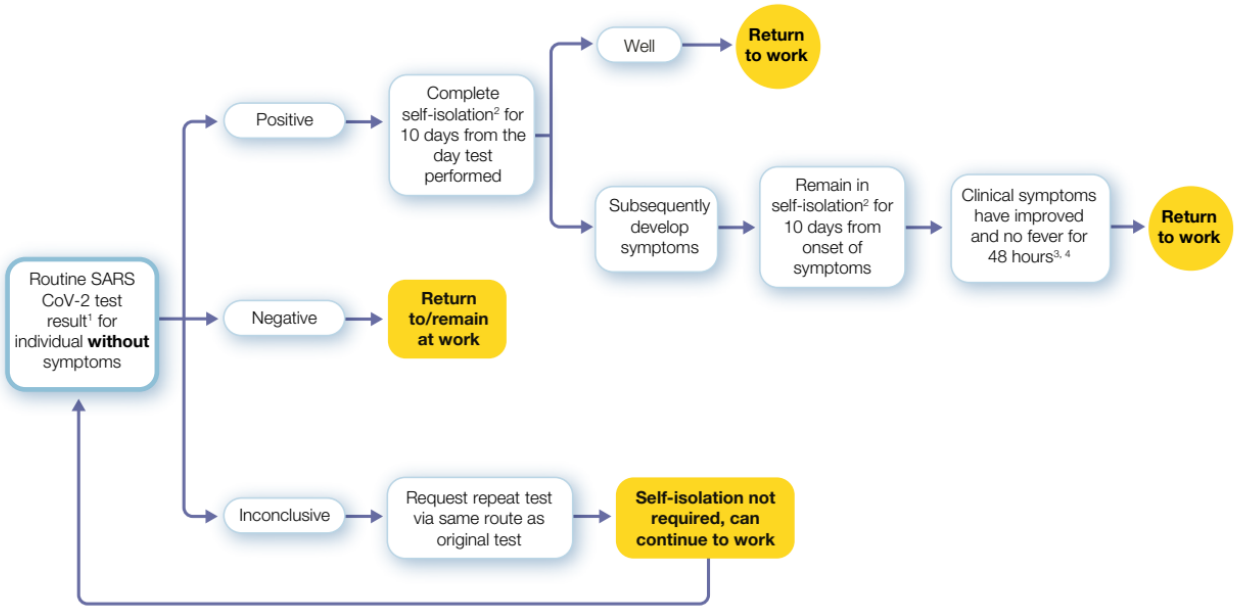


1 If the testing was done because the individual was identified as a contact via the test and trace system refer to Test and trace guidance
2 Refer to Stay at Home Guidance
3 Consider contacting the NHS online coronavirus service, or in a medical emergency dial 999
4 Without medication
5 If a cough or a loss of or change in normal sense of smell (anosmia) or taste is the only persistent symptom, workers can return to work if they are medically fit to return as these symptoms are known to persist for several weeks in some cases

Version 3.3 30 July 2020

Public Health England

Asymptomatic worker: flowchart describing return to work following a SARS-CoV-2 test



1 This flow chart is not relevant to workers identified as a contact via the test and trace system (refer to Test and trace guidance)
2 Refer to Stay at Home Guidance
3 Without medication
4 If a cough or a loss of or change in normal sense of smell (anosmia) or taste is the only persistent symptom, workers can return to work if they are medically fit to return as these symptoms are known to persist for several weeks in some cases

Version 2.3 30 July 2020

Coronavirus, Care of the Deceased
Source: gov.uk

Main principles

Advice primarily designed to assist people who are required to manage the bodies of deceased persons infected with coronavirus (COVID-19).

This guidance has been developed to ensure that:

- the bodies of those people who have died as a result of coronavirus (COVID-19) and the bereaved family of the deceased are treated with sensitivity, dignity and respect
- people who work in these services and mourners are protected from infection

This guidance remains under review and may be updated in line with the changing situation as required.

What you need to know

The risk from people who have died from a SARS-CoV2 infection arises as a result of aerosols generated in the post-mortem handling of the deceased. Management of this hazard will substantially reduce the residual risk as the virus will rapidly degrade when not sustained by living tissue. As a result, there is no requirement for body bags, but there may be other practical reasons for their use.

Communities, organisations and individuals are strongly advised to take action to reduce the risk of spreading the infection among mourners who are gathered to pay their respects, with a particular focus on protecting vulnerable people. This includes:

- restricting the number of mourners who attend so that a safe distance of at least 2 metres (3 steps) can be maintained between individuals
- only the following should attend:
  - members of the person's household
  - close family members
  - if the deceased has neither household or family members in attendance, then it is possible for a modest number friends to attend
- mourners should also follow the advice on social distancing when travelling to and from the funeral gathering.
- individuals who have symptoms of coronavirus (COVID-19), or who are part of a household where someone has symptoms, or who are vulnerable to severe infection should not participate in rituals or religious gatherings

- mourners should not take part in rituals or practices that bring them into close contact with the body. Contact with the body should be restricted to those who are wearing PPE and have been trained in the appropriate use of PPE

If a resident dies of suspected coronavirus (COVID-19) in a residential care setting:

- ensure that all residents maintain a distance of at least 2 metres (3 steps) or are in another room from the deceased person
- avoid all non-essential staff contact with the deceased person to minimise risk of exposure. If a member of staff does need to provide care for the deceased person, this should be kept to a minimum and correct PPE used as set out in the guidance on residential care provision (gloves, apron and fluid resistant surgical mask)
- you should follow the usual processes for dealing with a death in your setting, ensuring that infection prevention and control measures are implemented as set out in the guidance on residential care provision

Funeral Arrangements

Sources of Information: gov.uk & Public Health England

There is an increased risk of transmission of coronavirus (COVID-19) where families and communities come together following the death of a loved one, from any cause. While recognising the importance of these rituals and gatherings, it is strongly advised that the actions detailed in the following sections are taken to reduce the spread of infection, particularly to vulnerable people who are at risk of developing a severe infection.

It is recognised that household members of the deceased person may have already been exposed to the virus during the course of the preceding illness. However, steps should be taken to minimise further exposure, and these should be rigorously applied in cases where individuals who are not part of the household and those at risk of severe illness would otherwise come into contact with the virus.

To ensure organisations managing funerals are able to cope with the increased number of deaths, it is important that people do not delay funerals. We understand how difficult this will be for the families and friends of lost loved ones, however the current guidance will be in place for the foreseeable future for public safety reasons.

Those organising a funeral should adhere to the following:

- restrict the number of mourners who attend so that a safe distance of at least 2 metres (3 steps) can be maintained between individuals
- only the following should attend:
- members of the person's household
- close family members
- if the deceased has neither household or family members in attendance, then it is possible for a modest number of friends to attend
- at no point should mourners mix closer than 2 metres apart from each other
- mourners should follow the advice on social distancing when travelling to and from the funeral gathering
- mourners should avoid any direct face-to-face or physical contact, for example, hugging each other unless they are part of the same household, that is, they have already been living in the same house as each other
- mourners in attendance, should follow the general advice on hand hygiene and preventing the spread of infection:
- wash your hands more often than usual, for 20 seconds using soap and hot water, particularly after coughing, sneezing and blowing your nose, or after being in public areas where other people are doing so. Use hand sanitiser if that's all you have access to and wash your hands with soap and hot water as soon as you can
- to reduce the spread of germs when you cough or sneeze, cover your mouth and nose with a tissue, or your sleeve (not your hands) if you don't have a tissue, and throw the tissue away immediately. Then wash your hands or use a hand sanitising gel
- before and after each service, clean and disinfect the area in which the service has taken place, as well as frequently touched objects and surfaces using your regular cleaning products to reduce the risk of passing the infection on to other people
- mourners who are unwell with symptoms of coronavirus (COVID-19), or are part of a household with possible coronavirus (COVID-19) infection, should not attend any gatherings
- in many situations the household members of the deceased person will be the next of kin; they may be having to self-isolate in line with household guidance. Where the funeral is scheduled to take place before the period of household isolation has been completed (14 days from the first case in that household), there should be no mixing between mourners who are self-isolating and those who are not mourners who are symptomatic should not attend in any circumstance

We understand deaths are an emotional time for both staff and service users and we will continue to provide support to manage emotions and wellbeing however we must also take into account the pandemic of Covid-19 and the additional risks funerals can bring to the service users and staff within the home and therefore The Downes Care Home has put into place additional measures to ensure that we can keep them and our staff as safe as possible.

Service users requesting to attend funerals will be risk assessed prior to being supported. This risk assessment will take into account their capacity to understand the virus, the guidance above which is taken from gov.uk, the risk to themselves and their understanding of the risk to others after they return to the home. Our risk assessment will also include whether staff are happy to support the service user with attending a funeral due to the additional risk placed upon them within their roles. Service users attending a funeral and that breach any of the above measures put into place by gov.uk will be encouraged to self-isolate for 14 days so that we can be sure there is no risk of the virus spreading to other service users and staff.

Staff requesting to attend funerals should do so with as much notice as possible. We ask that staff only attend funerals for their immediate family, for example parent, sibling, spouse, child to reduce the risk of spreading the virus into the care home. We understand that staff may wish to attend funerals of other family and friends and we respect this choice.

Any member of staff attending a funeral will be asked to self-isolate for 14 days at home to prevent any risk of the virus entering the care home.

Coronavirus, Sharing a Car with Colleagues and/or Service Users and using Taxi and Public Transport

Guidance taken from: https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers#private-cars-and-other-vehicles

Walking and Cycling

Walk or cycle if you can.

You must observe social contact rules whilst walking or cycling in England.

Where possible, keep a suitable distance from other people. For example, when waiting at crossings and traffic lights. Take precautions where this is not possible.

Wash your hands for at least 20 seconds or sanitise your hands before and after cycling.

Consider making a list of items to take with you

Private cars and other vehicles

Plan your journey

Plan your route, including any breaks, before setting out. Routes may be different as local areas make changes to enable social distancing.

Download the NHS COVID19 app, if possible.

Check that your vehicle is safe and roadworthy if you haven't used it for several weeks.

People from a household or support bubble can travel together in a vehicle.

You should wear a face covering in an enclosed space where social distancing isn't possible and where you will come into contact with people outside your household or support bubble. Take care to use face coverings properly.

Consider making a list of items to take with you

Car sharing

It is difficult to socially distance during car journeys. You should avoid sharing a car with someone from outside your household or your support bubble unless you can practise social distancing. You can reduce the risk of transmission by:

- opening windows for ventilation
- travelling side by side or behind other people, rather than facing them, where seating arrangements allow
- facing away from each other
- considering seating arrangements to maximise distance between people in the vehicle
- cleaning your car between journeys using standard cleaning products - make sure you clean door handles and other areas that people may touch
- asking the driver and passengers to wear a face covering

Wash your hands for at least 20 seconds or sanitise your hands often, and always when exiting or re-entering your vehicle.

When finishing your journey wash your hands for at least 20 seconds or sanitise your hands as soon as possible

When car sharing, all persons must ensure that they wear a face mask for the duration of the journey.

If people from different households use a vehicle, you should clean it between journeys using gloves and standard cleaning products.

Make sure you clean door handles, steering wheel and other areas that people may touch.

Taxis and private hire vehicles

You must observe social contact rules relevant to the local COVID alert level when using taxis and private hire vehicles in England.

You must wear a face covering when using taxis or private hire vehicles. You will be breaking the law if you fail to do so and could be fined. A taxi driver or private hire vehicle operator will be entitled to refuse to accept you if you do not wear a face covering.

The risk of transmission is small at 2 metres and where possible, you should maintain 2 metres distance.

If you cannot keep a 2 metre distance, reduce the risk to yourself and others by maintaining a 1 metre distance where possible, and taking suitable precautions.

Follow the advice of the operator and driver. For example, you may be asked to sit in the back left-hand seat if travelling alone. You may want to check with your taxi or private hire operator before travelling if they have put any additional measures in place.

You should use contactless payment if possible or find out if you can pay online in advance.

Be aware of the surfaces you touch. Be careful not to touch your face. Cover your mouth and nose with a tissue or the inside of your elbow when coughing or sneezing.

When finishing your journey wash your hands for at least 20 seconds or sanitise your hands as soon as possible.

Checklists for Safer Travel

Plan your journey

- can you walk or cycle to your destination?
- have you checked the local COVID alert level for your area and the area you are travelling to?
- have you checked the latest travel advice from your transport operator?
- have you booked your travel ticket online, bought a pass or checked if contactless payment is possible?
- have you planned your journey to minimise crowded areas and allow for delays?
- are you taking the most direct route to your destination?
- have you downloaded the NHS COVID-19 app, if you have a smartphone?

What to take with you

- a face covering -for longer journeys, take more than one face covering and a plastic bag for used face coverings
- a plan for the journey
- tickets, contactless payment card or pass
- phone, if needed for travel updates, tickets, contactless payments
- hand sanitiser
- essential medicines
- tissues

If you are car sharing with a member of another household there is a series of steps you should take to lessen the risk of transmitting the coronavirus.

The advice recommends sharing with the same people each time and keeping to small groups.

You should ensure there is good ventilation, ideally by opening the car windows, keep journey times as short as possible and avoid physical contact between you and other passengers. Air con should be turned off.

Coronavirus, Admission Guidance

It is expected that 4% of those people who will be discharged from hospital under the NHS's new Covid-19 Discharge Service will require on-going care and will be discharged therefore to appropriate care homes with vacant beds. It is possible that people will be placed 'out of area' due to demand and availability of beds. People

who require discharge to a care setting will either not have Covd-19 or will be recovering from Covid-19 but not considered to need acute care.

The Downes Care Home does not currently have any vacant beds however we must ensure that provision is in place should a service user return to our service after hospital admission. The Downes Care Home has one room that is designated for an isolation room should any service user come down with any symptoms of COVID-19.

All service users being admitted to a care home would undergo the normal assessments, although in the case of someone with Covid-19, there is a risk that they could possibly infect any person in the care home that they come into close contact with. There are a number of actions that can be undertaken to prepare for Covid19 admissions, as well as procedures that can be followed. These are not significantly different from procedures usually undertaken when there is an outbreak of flu in a care home or another transmissible sickness.

The person admitted will need to be isolated until they have fully recovered from the virus. That does mean they are unlikely to be able to move around the home and go outside, unless their room or part of the building has a separate entrance to a garden for example.

In the sad, but hopefully unlikely event that the person admitted may die, ensure you follow the guidance from the Government.

Preparation:

Training - All staff need to receive up to date training on Covid-19, its symptoms, methods of transmission, effects, impact and duration. A set of accurate guidance notes that portray only facts about the disease is essential.

Staffing rotas - should be adjusted so that as few different staff members as possible provide care for the person, thus limiting the number of people exposed to possible infection

Service Users Bedroom – All our bedrooms are single en-suite which is what has been recommended. The bedroom would be meticulously cleaned ahead of admission and throughout the person's stay. Ensure it is clearly identified from the outside to anyone passing it, by labelling the door. Ensure that no-one enters the room unless authorised to do so and that all staff are clear

what the room's purpose is. A separate risk assessment may be required for anyone who wanders around the home, as they may inadvertently wander into the quarantine room.

PPE - Try to order more than normal amounts of full PPE, including gloves, aprons, masks, visors etc. This may not be easy to get hold of, however. As a registered service, you can try the hotline also: The National Supply Disruption line Tel: 0800 915 9964 Email: supplydisruptionservice@nhsbsa.nhs.uk

During the Stay:

Cleaning – The Downes Care Home has developed a more stringent than normal infection control procedure. During the person in isolation, all furniture, cutlery, crockery, clothing or laundry etc will be deep cleaned. All crockery and cutlery to be soaked in

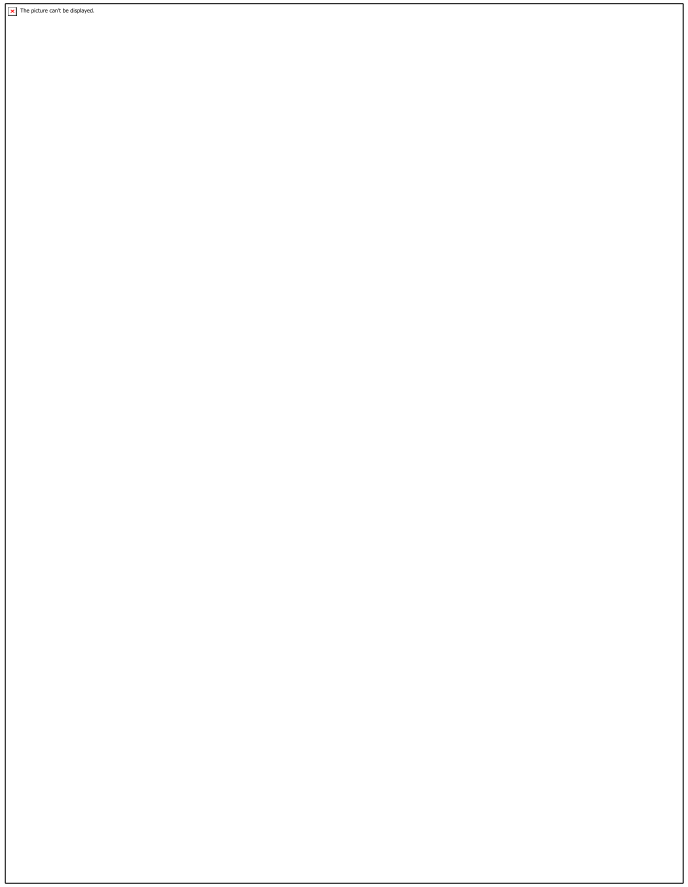
Milton to disinfect before washing. Anything touched by the person or anything worn by staff must be bagged and disposed of or scrupulously washed after every intervention with the person.

Personal Protective Equipment (PPE) – any person entering the room must have appropriate PPE – mask, gloves, apron and shoe covers and eye protection if necessary (i.e. Type IIR masks). Personal care should only be undertaken with full PPE. All PPE must be bagged and safely disposed of after every intervention as if it were clinical waste.

Visitors - to the home should only be allowed by exception and in the most urgent of circumstances.

Meals - for the person infected should be taken into the room by PPE protected staff. All PPE should be bagged and disposed of afterwards and the implements used during the meal washed separately from any others in a machine at the highest possible temperatures. Ensure only the person infected uses those implements.

Coronavirus, Visiting Guidance



The Downes Care Home wants nothing more than for the service users to live a fulfilled life and one that is as normal as possible during this pandemic and we are continuously following advice from government, local authorities (both our funding authorities and others), Care England and other sources for social care providers to review visiting and family involvement. Although we use guidance from a range of sources, we strive to welcome families and visitors and therefore we have:

- Promoted the use of Skype and telephone calls for all our residents to have contact with their loved ones.
- Built a brand new visiting pod – this is due for completion mid November. The visiting pod will have two separate entrances for service users and visitors. It has a partitioned wall running through the middle with a Perspex screen inbuilt within the wall. This allows the visiting pod to be split into two separate rooms so that there is no risk of service users and visitors coming into close contact. This will allow families to see their loved ones in a setting that is COVID secure. We are aware that family and friend contact and involvement is key to good mental health and to prevent social isolation.
- Provided the right to privacy - We are fully aware that some of our service users enjoy their privacy and this is one of their basic rights and therefore we are not following guidance that visits should be chaperoned unless there is an increased risk that a service user may not understand social distancing rules or that being left unattended may increase the risk of them harming themselves or others.

- Special arrangements will continue to be made individually with families for any residents at End of Life.

Coronavirus, Visiting Guidance continued

Visiting Pod

The procedure for visiting pod:

- Visits will be by pre-booked appointment only.
- Visitors are not required to have had the vaccine.
- Please use the hand sanitiser provided
- You will be required to fill out relevant forms including a risk assessment and details for track and trace.
- The visiting pod can be used by multiple visitors.
- Please leave gifts and goodies outside in the porch, these will need to be quarantined or sanitised.
- You may remove your mask during your visit once door is closed and strictly no staff present for their safety.
- Unfortunately, no refreshments or food will be able to be consumed during your visit.
- Sit back and enjoy some quality time with your loved one.

In house visits & garden visits

The procedure of internal & garden visiting:

- Book visit a minimum of 24 hours in advance.
- You will need to arrive 40 minutes before your appointment to allow time for testing protocols.
- Please do not use public transport to get to the visit.
- Please wear clean/freshly laundered clothes and do not stop on the way to the visit so as not to contaminate yourselves in a public space - no nipping out for petrol or flowers.
- On arrival at The Downes please stay in the car and call 01736 754400, a staff member will meet you at the car.
- You will be required to fill out relevant forms including risk assessment and details for track and trace.

- Please leave gifts and goodies outside in the porch, these will need to be quarantined or sanitised.
- A swab will be taken of your throat and nose and tested on site. Results take 30 minutes. Please either wait in the porch or the car for results.
- Once a negative result has returned, we will give you a fresh mask, apron and gloves and take you inside. Do not enter the home until your result has returned.
- Once your mask is applied please do not remove it or touch it until your visit is completed and you are outside the home.
- We will show you to the bathroom. Wash your hands, following instructions provided, using provided disposable towels to dry your hands.
- Visiting, for the time being, will be within the designated visiting room.
- Five named representatives per resident for all indoor visits.
- Please remember to regularly sanitise your hands; there are lots of opportunities to do this within The Downes.
- DO NOT remove your mask.
- Unfortunately, no refreshments or food will be able to be consumed during your visit.
- Sit back and enjoy some quality time with your loved one.

Coronavirus, Outside Support and Wellbeing Management

We are working in unprecedented times and we understand that this is an extremely tough and stressful time, both for the service users and the staff team and each of us have our own anxieties to manage and deal with. The Downes Care Home accepts that staff may not have their usual channels to offload anxiety and stress onto and have sourced three external support lines for staff to access, these can be found below. Of course, our open door policy remains at all times and we urge you to look out for your colleagues, friends and encourage them to ask for support if they need it. Below are some useful tips and websites which may be of use to you:

1. Care Sources – 0800 048 8618 - https://www.caresourcer.com/providers/behind-every-care-worker/ - offer telephone support
2. Samaritans – 116 123 - https://www.samaritans.org/how-we-can-help/contact-samaritan/talk-us-phone/ - they offer support for any worries or concerns.
3. Wellbeing support line for NHS and social care workers - the Samaritans and NHS, working in partnership, have launched the new confidential support line: **0800 069 6222** available **7am-11pm, 7 days a week**. Whether you've had a tough day, are feeling worried or overwhelmed, or just have a lot on your mind.
4. A Free & Confidential HELPLINE to provide Emotional Support Service For Workers On The Frontline of COVID-19 www.Frontline19.com
5. Coronavirus and your wellbeing www.mind.org.uk

Government Guidance - Coronavirus (COVID-19): health and wellbeing of the adult social care workforce - Advice for those working in adult social care on managing your mental health and how employers can take care of the wellbeing of their staff during the coronavirus outbreak.

- Wellbeing support and building resilience
- Support for registered managers

- Support for those who work alone

6. Mental Health at work- offers ‘our frontline’ round the clock one to one support, by call or text from trained volunteers, plus resources, tips and ideas to look after your mental health https://www.mentalhealthatwork.org.uk/
7. Mental Health UK- have a dedicated website with information, stories and blogs which maybe helpful to read and you can sign up to a newsletter https://mentalhealth-uk.org/
8. Every mind matters- offers expert advice and practical tips to help you look after your mental health and wellbeing including access to an app based plan https://www.nhs.uk/oneyou/every-mind-matters/
9. Care app- this is a great App resource that has just been released by the government giving up to date information and a platform for carers to get together and discuss issues and feeling. There are also a lot of offers and such like on wellbeing applications that can be used by carers who sign up https://www.gov.uk/government/news/dedicated-app-for-social-care-workers-launched
10. Various apps including; Headspace, TalkWords, Diary Pro
11. Mindfulness Initiative download- Mindfulness practices can help people who experience emotional exhaustion, burnout, stress, psychological distress, depression, anxiety, and other problems. They can help improve self compassion, the quality of sleep and improve relaxation https://www.themindfulnessinitiative.org/Handlers/Download.ashx?IDMF=d83f9973-dae4-4267-a67f-f11a83502f8d
12. Have regular drinks, water is particularly good for you
13. Make time to nourish, fruit, vegetables and unprocessed food are best
14. Find ways to spoil yourself- a favourite chocolate bar, packet of crisp or drink
15. Connect with others when you are not able to meet with others
16. Take notice of everyday things as you go about your daily routines
17. Be active-get outside and enjoy the outdoor space (remembering the 2m distance from others)
18. Get the help you need
19. Staff wellbeing documents to help during the current crisis

    Health & Wellbeing Information for Care Staff (PDF) - how to manage stress and emotions

    EMPLOYERS' GUIDE Managing the Wellbeing of Social Care Staff During Covid-19 (PDF)

Coronavirus, Pre-Emptive Decisions

Summary: Our assessment is based on the following

1. **Impact of the virus on the vulnerable people we support**
2. **A robust action plan is being effectively managed to minimise potential impacts.**
3. **We are working closely with external partners to keep abreast of changing environment, respond to updated advice and guidance.**

We continue to monitor this potential risk through our Executive and Trustee Committees.

Area	Consideration	Response	Risk Level
Regulation	Government guidance on the COVID-19 coronavirus is changing as the situation progresses. Ensure that your contingency plans are up to date with existing regulations and guidance.	Government has set out guidance for Health and Social care and the general public, ensure that this information is read and disseminated as appropriate. • https://www.gov.uk/government/publications/guidance-for-social-or-community-care-and-residential-settings-on-covid-19/guidance-for-social-or-community-care-and-residential-settings-on-covid-19 • https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public • Ensure that a copy of the local contingency plan for local council or CCG is available for reference • Ensure local emergency contacts are up to date • Ensure that any local plan links into local arrangements • Ensure that regular communication related to issues in the local community are made available across the service • Ensure that a copy of your plan is made available in your service and to commissioners In service, display patient information posters at entry points	**High**

People we support	Due to the nature of the support we provide, we support some of the most vulnerable people in society. In general people with a weakened immune system are more susceptible to additional complications from Covid-19, however the vast majority of people will have mild to moderate symptoms. Conditions such as: **Diabetes** In general people with diabetes face greater risks of complications when dealing with viral infections like flu, and that is likely to be true with COVID-19. This is because when glucose levels are fluctuating or elevated consistently, they have a lower immune response - meaning less protection against the bug. **Heart disease** Based on early reports, 40 per cent of hospitalised Covid-19 patients had cardiovascular disease. In particular, someone with an underlying heart issue is more likely to have a less robust immune system - meaning their body's response is not as strong a response when exposed to viruses.	Complete a risk assessment to highlight service users who have additional risk factors Consider a risk assessment to highlight staff who have additional risk factors (this may have a detrimental on staff morale and lead to staff choosing to self-isolate) Consider discussing with staff their immediate networks/family to highlight if they have people within the high-risk categories. Risk assess the very minimum staffing that a person or service needs to function safely, this should be RAG rated against available staffing levels.	**High**

	The bug's main target is the lungs but that could affect the heart, especially a diseased heart, which must work harder to get oxygenated blood throughout the body. That could exacerbate problems for someone with heart failure, where the heart is already having problems pumping efficiently. **Asthma** Asthma is a respiratory condition caused by inflammation of the breathing tubes that carry air to and from our lungs, and it currently affects over five million people across the UK. As coronavirus is an illness that affects the lungs and airways, this means asthma sufferers are more susceptible of getting the bug. Asthma UK have also urged sufferers to keep taking their preventer inhaler (usually brown) daily as prescribed as this will help cut your risk of an asthma attack being triggered by any respiratory virus, including coronavirus. Similarly, they say to carry their blue reliever inhaler with you every day, in case you feel your asthma symptoms flaring up.		

	Chronic obstructive pulmonary disease (COPD) COPD is the name for a group of lung conditions that cause breathing difficulties. It includes emphysema (damage to the air sacs in the lungs) and chronic bronchitis (long-term inflammation of the airways.) People with COPD are more prone to get coronavirus as they can have what we call a disruption of their epithelial lining — or damage to the cellular barrier that helps to protect the lungs — making it easier for viruses and illnesses to invade the rest of the body. **Cancer** Cancer patients are more susceptible to coronavirus due to their compromised immune system. In particular, one well-known side effect of chemotherapy is to reduce white blood cell counts and induce a temporary state of reduced immune function. And, as with any infection, the Covid-19 virus is more likely to progress at a greater speed in a cancer patient. If a patient develops signs of infection, for example high temperature, coughing or shortness of breath, they should contact their oncology unit.		

	Cystic Fibrosis Cystic fibrosis is an inherited condition that causes sticky mucus to build up in the lungs and digestive system - this causes lung infections and problems with digesting food. People with cystic fibrosis are generally more likely to pick up infections, and more vulnerable to complications if they do develop an infection such as coronavirus. Despite this, advice from the Cystic Fibrosis Trust states that there is currently no need for people with cystic fibrosis to limit their activities. **Primary Immunodeficiency (PID)** Primary immunodeficiencies are disorders in which part of the body's immune system is missing or does not function normally. This leaves them with reduced or no natural defence against germs such as bacteria, fungi and viruses - and that is likely to be true with COVID-19. **Smoking** **While smoking isn't an underlying health condition, smokers are much more**		

	susceptible to getting coronavirus due to their weakened lung function.		

3. Visitors	Visitors are a key consideration and risk of spreading the Covid-19 virus, whilst previously the advice was focused on those who had been outside of the country to key areas, this is no longer such a focus as Covid-19 is spreading within the UK. Whilst it is very important to the people that we support to continue to see their friends and family, it must also be considered that the level of vulnerability means this could have a significant impact on the lives of many vulnerable people.	• Reduction of visitors to pre-determined times with a maximum number of two visitors in the visiting pod at any one time. • No entry for anyone who has been in contact with someone who has shown symptoms • All visitors now to enter via one route into the service • All visitors must be asked on entry if they have been in contact with anyone showing the symptoms of Covid-19 • All visitors to wash hands on entry (supervised) • All visitors to have their temperature and oxygen sats taken prior to visit. • All visitors must complete the visitors book. • No shaking hands to greet people • All visitors coming into the home should have the 'Visitors Risk Assessment Form' completed. • Any concerns should be reported to the Registered Manager Consider the use of technology such as Skype, WhatsApp, Facetime or Facebook chat for people we support to maintain contact with relatives. Externally managed activities or activities managed by people who have frequent access to high traffic areas should be risk assessed and where possible reduced/removed temporarily. External professional visitors should also be reduced to essential visits and be subject to the same entry protocol.	**High**

		Contact details for all members of staff should be reviewed to ensure they are current and accurate.	

4. Workforce	Our workforce is a vital part of keeping the vulnerable people we support safe; however, it is also one of the main routes of transmission for Covid-19. The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection: **Cough** **Difficulty in breathing** **Fever** Generally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease. However, the spread of the virus could take place before symptoms develop or in many cases can be spread by people who do not develop symptoms at all. Meetings should be reduced to essential meetings only until further notice, any visits from leadership teams into	Infection control procedures and increased frequency of handwashing are the governments primary advice at this stage in combating the further spread of Covid-19 Further actions should include: • All staff to revisit infection control training • Senior staff should ensure that handwashing takes place hourly, before and after personal care, before and after food preparation and following touching anything in high traffic areas. • Additional cleaning protocol to be implemented • Staff should come to work, change into a set of clean clothing. Before leaving shift, staff should remove clothing and replace with a clean set of clothing. Staff are encouraged to wash all dirty clothing as soon as possible once home. • Staff who experience, or live with family who are displaying the symptoms should refrain from work for a period of 14 days • All staff to fill in the symptom questionnaire before beginning shift • Staff to contact line manager immediately if symptoms occur, or if immediate family become asymptomatic • Staff to be issued tissues and Catch it, bin it, kill it guidance. Consider training key members of staff in using FFP3 respirator conforming to EN149, and that fit testing has been undertaken before using this equipment.	**High**

	the service should also be delayed unless identified as essential **The mental wellness of our workforce is vial at this time, managers should be mindful of the pressure support staff and front line managers are under, maintaining safe services and dealing with families on a regular basis.**	Regular wellness checks should be made with all staff, to remind them they are not alone in this and we are doing everything we can to support them and the vulnerable people we support.	

5. Consumables	It is important that we are aware of our current use of consumables such as PPE, Cleaning materials, Soap etc. and plan ahead. We will try to make sure the home is stocked with at least 10% more than the supplies you would normally use during this time - PPE, cleaning materials, soap are vital. Consider how you will get enough food supplies for the service if suppliers stop deliveries.	• Establish effective stock levels for all PPE and ensure that stocks do not run low • Identify normal use levels of core consumables and ensure effective supplies are maintained Monitor core suppliers and ensure that they have emergency contingency plans in place Ensure that adequate supplies or equipment are available (with appropriate training provided), including: • FFP3 respirators • Gloves with long tight-fitting cuffs • Gowns - disposable fluid-resistant full-sleeve gowns and single-use • Eye protection, for example, full face visor or single-use goggles • Fluid resistant surgical masks. Close fitting and fully covering the nose and mouth of the wearer • Disposable aprons • Clinical waste bags • Hand hygiene supplies • General-purpose detergent and chlorine based disinfectant solutions	**High**

Coronavirus, Reactive Decisions

Area	Consideration	Response	Risk Level
Regulation	In the event of an individual using the service contracting the Covid-19 virus, it is vital that we react appropriately, with the best interest of all our residents in mind, ensuring that we maintain our duty of care to both the people we support and our staff. In the event staff contracting the Covid-19 virus, it is vital that we react appropriately, with the best interest of all our residents in mind, ensuring that we maintain our duty of care to both the people we support and our staff. Reacting swiftly and appropriately in case of infection is vital in preserving the health and wellbeing of staff, residents or service users.	Where an individual we support displays symptoms it is important that we make the appropriate notifications. • **To the local Authority infection control team** • **Report through to 111 and follow the advice given.** • **Inform CQC** Where an individual employed by Eastern County Care displays symptoms it is important that we make the appropriate notifications. • **Report through to 111 and follow the advice given.** • **Inform CQC**	**High**

People we support	In the unfortunate circumstance that someone we support does become symptomatic it is vital that we respond appropriately to minimise the risk to our staff and other people we support. Consider a dedicated team to support those who become asymptomatic, those who are low risk, with no immediate family members or close contacts in the at-risk groups who are willing to take this responsibility. Only essential staff should enter the isolation room. A record should be kept of all staff in contact with a possible case, and this record should be accessible to occupational health should the need arise. Where more than one person becomes symptomatic, consideration should be given to sectioning homes and moving affected people where possible into areas that are more effectively able to contain the virus, such as wings where access can be controlled better and the risk of other people we support being exposed is reduced.	• People with possible or confirmed COVID-19 should be managed in negative pressure single room if available. If this is not possible then a single room with en-suite facilities should be used. Room doors should be kept closed • Positive-pressure, single rooms must not be used • If there is no en-suite toilet, a dedicated commode (which should be cleaned as per local cleaning schedule) should be used with arrangements in place for the safe removal of the bedpan to an appropriate disposal point • Avoid storing any extraneous equipment or soft furnishings in the person's room **Display signage to control entry into room**	**High**

Visitors	Where someone we support becomes symptomatic consideration should be made with regards to visitors, a risk assessment should be completed re the potential risk of stopping all visitors. Where it is assessed that this would be too detrimental to the care of the person additional precautions should be implemented in regard to visitors and PPE Particular thought should be given to those receiving EOL care and the potential restriction of visitors, where possible the option for the person we support to be supported at the family's home during this time should be considered.	• Visitors should be restricted to essential visitors only. • Visiting should also be restricted to those assessed as able to wear PPE (see risk assessment below). • Visitors should be permitted only after completion of a local risk assessment which includes safeguarding criteria as well as the infection risks. • Visitors should be advised not to go to any other areas within the service. • The risk assessment must assess the risk of onward infection from the visitor to staff, or from the patient to the visitors. • The risk assessment should include whether it would be feasible for the visitor to learn the correct usage of PPE (donning and doffing under supervision) and should determine whether a visitor, even if asymptomatic, may themselves be a potential infection risk when entering or exiting the unit. • It must be clear, documented and reviewed. If correct use of PPE cannot be established, then the visitor must not proceed in visiting. **The service should be mindful of its responsibilities to persons who are not employees, under the Health and Safety at Work etc Act 1974.**	**High**

Workforce	Where a staff member becomes symptomatic they should contact 111 and self-isolate, if a staff member becomes aware that they have had contact with someone confirmed to have contracted Covid-19 they should report this to their line manager immediately and the line manger must review all contact the person has had with staff members and people we support since contact with the infected person. Where staff refuse to attend work, they should be met with to discuss expectations, team work and reminded that we all have a duty of care. Continuous failing to attend work should be treated as unauthorised absence and disciplinary procedures should be considered. **Our staff are at no more risk than the general public of contracting the virus, these precautions will however assist us to minimise the impact of this virus on our staff and the people we support.**	The use of staff who regularly visit multiple sites such as bank or agency staff should be discouraged, unless via risk assessment it is assessed that this is essential. We will avoid using agency staff where possible. Staff employed by The Downes Care Home will ensure hand-washing and infection control within the service. Closely supervised adherence to hand-washing and infection control within The Downes Care Home. Shift length should be considered, and risk assessed; the effects of fatigue at such a critical time could reduce the effectiveness of PPE due to a failure in appropriate application. We will always ensure that the correct staffing levels are provided to service users, however, during the COVID-19 crisis, it may be necessary to provide lower staffing levels if there are insufficient staff available. We will ensure that we have safe minimum staffing levels during this time and this will be documented and, every time the service is unable to provide safe staffing levels, it will be recorded and the situation shared with senior colleagues as a matter of urgency and reported to the regulator, care quality commission and to the Local Authority.	**High**

		On call staff should consult with Registered Manager to ensure they have the most up to date protocol should staff phone in sick with coronavirus symptoms, however the should: • Advise the staff member to contact 111 who will decide if the individual needs to self-isolate – if they do they will be tested. • If it is positive we will call the local health protection team who will take the lead and offer advice, tracking who they have been in contact with	

Health Visits	A significant number of people with learning disabilities are receiving regular input from health services and have underlying health conditions in addition to their learning disability.	Where people are receiving non-critical interventions, the registered manager will liaise with the relevant health professionals to agree how that input can be provided. This could include professional or clinical advice being provided by the appropriate personnel by video link, telephone or e-mail. In some cases, interventions may have to be temporarily suspended. Where interventions are critical, the registered manager should agree with the relevant health professional how continuity of care can be ensured. If the health professional is unable to provide the input themselves, the registered manager should discuss with them suitable alternative approaches. This could include the intervention being delegated to support staff. This would need to be agreed with the relevant health professional with appropriate training and competency assessment provided. Any situations where there is a change to health interventions as outlined above should be documented in the risk assessment. If a service user is discharged from hospital following an admission for COVID-19, they should also have a COVID-19 risk assessment documenting the measures being implemented to minimise the risk of infection to other service users and staff, including clarity about their current infection status.	

		In situations where critical health interventions cannot be provided by health care staff and alternative arrangements aren't feasible, for example by delegating the intervention to support staff, the issue should be raised immediately with the service user's GP. If the GP is unable to facilitate a resolution, the issue should be reported to the local authority safeguarding team using locally agreed procedures. Registered managers must ensure that all discussions with health professionals are recorded, including the date and time of any telephone calls, for retrospective reflection.	

Coronavirus, Post COVID Recovery

Visiting Church: Church of England Guidance on Face Coverings in Church (21st July 2020)

We strongly advise that face coverings should be worn by all those attending a place of worship where there may be other people present; remembering that they are mainly intended to protect other people, not the wearer, from coronavirus (COVID-19) and that they are not a replacement for social distancing and regular hand washing

What is a face covering? A face covering is something which safely covers the nose and mouth. You can buy reusable or single-use face coverings. You may also use a scarf, bandana, or hand-made cloth covering but these must securely fit round the side of the face.

Why should we wear face coverings? Coronavirus (COVID-19) can spread predominantly by droplets and perhaps aerosols from coughs, sneezes and speaking. The best available scientific evidence is that, when used correctly, wearing a face covering can reduce the spread of coronavirus droplets in certain circumstances, helping to protect others. Because face coverings are mainly intended to protect others, not the wearer, from coronavirus (COVID-19) they are not a replacement for physical distancing and regular hand washing.

How should I wear a face covering? A face covering should:

• cover your nose and mouth while allowing you to breathe comfortably

• fit comfortably but securely against the side of the face

• be secured to the head with ties or ear loops

• be made of a material that you find to be comfortable and breathable

• ideally include at least two layers of fabric

• unless disposable, it should be able to be washed with other items of laundry according to fabric washing instructions and dried without causing the face covering to be damaged.

When wearing a face covering you should:

• wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on

• avoid wearing on your neck or forehead

• avoid touching the part of the face covering in contact with your mouth and nose

• change the face covering if it becomes damp

When removing a face covering:

• wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser before removing

• only handle the straps, ties or clips

• do not share with someone else to use

• if single-use, dispose of it carefully in a residual waste bin and do not recycle

• if reusable, wash it in line with manufacturer's instructions at the highest temperature appropriate for the fabric

• wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser once removed

Exemptions from wearing face coverings?

You do not need to wear a face covering if you have a legitimate reason not to.

This includes:

• young children under the age of 11

• not being able to put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability

• if putting on, wearing or removing a face covering will cause you severe distress

• if you are travelling with or providing assistance to someone who relies on lip reading to communicate

• to eat or drink

• to take medication

- If speaking with people who rely on lip reading, facial expressions and clear sound.

Coronavirus, Long COVID

The National Institute for Health Research report

Long COVID may be affecting people in four different ways, according to a review into the long-lasting impact on COVID19 Infection and the report suggested that this could explain why some people have persistent symptoms and are not being believed or treated. The National Institute for Health Research have stated that living with long term coronavirus could be a huge psychological impact and can affect people months after having coronavirus. The report found that some people are still suffering symptoms seven months after infection, some people start with a mild illness but can worse ongoing symptoms than patients who needed intensive care treatment and that long COVID can affect both children and adults from all backgrounds. The report stated that it cannot be assumed that people who are at lower risk of severe illness and death from COVID19 are also at low risk of long COVID.

Ongoing symptoms can include:

- Breathlessness
- Hearing Loss
- Protracted loss of taste/smell
- Brain fog
- Anxiety
- Stress
- Chronic fatigue
- Intermittent fevers
- Chest pains
- Mental health problems
- Living with a "rollercoaster of symptoms" that "move around the body"
- Permanent organ damage, mainly to the lungs and heart
- Some have reported "floating" symptoms whereby they suffer an illness linked to one part of the body - such as the respiratory system, the brain, cardiovascular system and heart, the kidneys, the gut, the liver or skin - which later abates only for new symptoms to arise in a different part of the body.

Such a wide range of symptoms, and different presentations of illness, mean that it is hard for doctors to diagnose, which means that it is equally difficult for patients to access the appropriate care the report added.

Long COVID has been split into four groups of which some may suffer from these simultaneously

1. Post intensive care syndrome
2. Post viral fatigue syndrome
3. Permanent organ damage
4. Long term, continuing COVID19 symptoms

Other Sources:

In October 2020, it was announced the NHS will officially recognise Long COVID and advise doctors on how to treat for long-lasting symptoms and to reduce inconsistencies in care for those with persistent symptoms. The National Institute for Health and Care Excellence (NICE) and the Scottish Intercollegiate Guidelines Network (SIGN) have said that new guidance is being drawn up to help guide the care for people who suffer long-term complications and these two health bodies will work with the Royal College of GPs to draw up the guidelines, which will be published later this year. They said that there could be as many as 60,000 people in the UK who probably have long COVID.

A study from King's College London, used data from the COVID Symptom Study App highlighted that one in 20 people with COVID19 are likely to have symptoms for 8 weeks or more. The study suggests long COVID affects around 10% of 18 to 49 year olds who become unwell with COVID-19.

Public Health England have found that around 10% of COVID19 cases who were not admitted to hospital have reported symptoms lasting more than four weeks and a number of hospitalised cases reported continuing symptoms for eight or more weeks after discharge.

The government is committed to supporting people suffering long-term symptoms of COVID-19. The NHS recently announced £10 million to run designated long COVID clinics in every area across England where respiratory consultants, physiotherapists, other specialists and GPs will all help assess, diagnose and treat thousands of people who have reported symptoms ranging from breathlessness, chronic fatigue, "brain fog" to anxiety and stress.

The COVID Symptom Study App has released key findings on long-COVID that show that older people, women and those with a greater number of different symptoms in the first week of their illness were more likely to develop long COVID. Around one in seven had COVID19 symptoms lasting for at least 4 weeks, with around one in 20 staying ill for 8 weeks and one in fifty suffering for longer than 12 weeks

The Department of Health and Social Care released a video to raise awareness of the impact of long COVID:

- Video without subtitles
- Video with subtitles

Long COVID Q&A via Professor Garner and https://www.mirror.co.uk/news/uk-news/long-covid-your-questions-lingering-22797416

Long COVID could become a more serious public health problem than excess deaths caused by coronavirus, a leading academic has warned.

Prof Tim Spector of King's College London said the illness behaved like an autoimmune disease, affecting multiple systems even after the virus had gone.

Around one in 50 infected people still have symptoms such as breathlessness and chronic fatigue three months later, according to data gathered from four million patients via an app.

Prof Spector, whose team launched the app with health-science firm Zoe in March, said: "This is the other side of COVID: the long-haulers that could turn out to be a bigger public-health problem than excess deaths from COVID19."

An increasing number of sufferers find the virus they thought they had beaten is still affecting their health months on.

They include Paul Garner, professor in infectious diseases at the Liverpool School of Tropical Medicine.

He tested positive in mid-March, but symptoms including sweats, exhaustion and severe headaches lasted until until September, and he still experiences debilitating bouts of fatigue.

He said: "I had these bouts of illness that lasted about three days with a few days in between when I felt like a ragdoll. And it just didn't stop. One day my speech went and I lost my vision for a minute. It was terrifying. I'll be happy if I'm fully recovered by April."

What is Long COVID?

COVID usually starts with feeling unwell, exhaustion and a host of different symptoms – and Long COVID is when people don't get better after a few weeks.

The acute illness is when the virus is circulating – Long COVID is the after-effects of the virus.

There may be bits of virus still in the body with Long COVID but mostly it is not caused by the virus itself but by the damage it has inflicted to our organs and to our delicate immune and nervous systems.

Some people seem to have damage to their heart muscle, which is seen with other viruses, and appears to improve over time. Given the scale of the pandemic, with many people infected, this is a particular worry. If you have some Long COVID symptoms, it is a good reason to see your doctor before you start running or doing vigorous exercise.

How long has it been known about?

Since May, when there were reports on blogs, in self-help groups and in the press. In early June, it was reported that many people had been wrestling with symptoms for at least a month. Early on it was called the "long tail" of the infection, and the patients "long haulers". Long COVID is now recognised by both doctors and patients as the best term.

Is it now accepted by the medical/scientific community?

Yes. Initially, government and health authority public health messaging stated that having COVID would be over within a few weeks. When people went to the doctors with lingering symptoms, some were dismissed as having anxiety. Patient groups were prompt to respond. In the early days patients knew more about the disease than the doctors but the advocacy has meant now Long COVID is recognised.

Doctors and patients have known about post-viral syndromes for decades. In the early 18th century they were described as neurasthenia. Doctors thought we were powered by electricity through our nerves, and when people spent their energy too quickly, they developed neurasthenia. Many of these were probably post-viral syndromes.

Post-viral syndromes are widely known, with the virus that causes glandular fever, for example. People have exhaustion, muscle pain and headache that can go on for months or longer.

Viruses are also one cause of long-term illness termed myalgic encephalitis and chronic fatigue syndrome. While Covid-19 is a new virus that causes a wide variety of life-threatening illnesses, many of the symptoms of Long COVID have been seen before in other post-viral conditions. What is new here is the sheer volume of people now suffering, and doing so at the same time.

What are the main symptoms?

Exhaustion, severe fatigue, breathlessness, headaches, muscle aches, joint pain, “brain fog”, memory loss, sensation of pressure on the chest, palpitations, diarrhoea, nausea, dramatic mood swings. These come and go.

What other symptoms have people reported?

For some, the virus causes disorders of their heart, with rapid pulse rates, and these effects can limit walking.

Others have postural tachycardia syndrome, so when they stand up their heart rate goes up, they feel dizzy and have to sit down again. Some people have mood swings, and depression is not uncommon, caused by Long COVID rather than just feeling down because you are still unwell.

Do symptoms come back later or just simply remain?

Symptoms come and go, appear random, but sometimes can be avoided by being careful to rest and convalesce. Some people have post-exertional malaise – so if they over-extend themselves with housework, walking, working on the computer or other activities, the original illness bounces the following day.

Moderate exercise, particularly if it pushes your heart rate up, can bring on severe “busts” in some people. People with brain fog should be careful with driving and returning to work.

Do we know why it is happening?

Many of this wide spectrum of conditions has been seen before. This includes viral damage to the heart, severe post-viral exhaustion, post-exertional malaise and brain fog. Specialists are looking at whether this is due to the immune system, due to disorders in the brain related to the nervous system and its control over our defence and healing systems, and disorders of how we perceive threats to our health.

Sadly, research on the biological and neurological mechanisms of ME/chronic fatigue syndrome have been marred over the years by doctors and society believing the symptoms were imaginary.

Now, with such huge numbers of people suffering these illnesses there will be a boost to research to people with Long COVID and post-viral illnesses.

Does it affect people who have had "mild" COVID at home, or just those who had a bad case?

People who have been severely unwell are likely to need a long recovery but Long COVID is common across everyone. Some have a mild illness and then Long COVID kicks in – with symptoms far worse than the initial illness.

Does it affect a particular age group more than another?

It seems to affect all age groups, including children. It sometimes appears to be more common in athletes but this may be because they have higher levels of fitness and immediately notice that they cannot go back to what they were doing before.

What's the likelihood of getting it? Why does it affect some and not others?

There are few studies but it might be as common as 20% of all people infected are ill for at least 12 weeks.

Could it affect sufferers for the rest of their lives?

What we know from other post-viral syndromes is that it could, in some people, go on longer than a year. However most people notice some improvement after a few months, so fingers crossed, most of us fully recover.

How is it best treated?

Convalescence. People need to rest to let their bodies and minds heal. Eating healthy foods, avoiding alcohol and being careful not to overdo things.

Your doctors may be able to provide advice but much of the rehabilitation will be about you working out how best to manage this – and some people find forming small self-help groups with others who have Long COVID to be very supportive and helpful – "getting by with a little help from our friends".

If you have any questions, please call Natalie Hudson Registered Manager or Peter Thomas Deputy Manager on 01736 754400 or email thedowneshayle@gmail.com

For the most reliable ongoing source of information around coronavirus, please visit the NHS Website;
https://www.nhs.co.uk/conditions/coronavirus-covid-19/

Vaccinations for Covid-19

The NHS is currently offering the COVID-19 vaccine to people most at risk from coronavirus. Currently there are two vaccinations available for certain people to have in the UK.

In England, the vaccine is being offered in some hospitals and pharmacies, at local centres run by GPs and at larger vaccination centres. More centres are opening all the time.

It's being given to:

- people aged 55 and over
- people at high risk from coronavirus (clinically extremely vulnerable)
- people who live or work in care homes
- health and social care workers
- people with a condition that puts them at higher risk (clinically vulnerable)
- people with a learning disability
- people who are a main carer for someone at high risk from coronavirus

The order in which people will be offered the vaccine is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI).

Pfizer Biontech

Pfizer Biontech is a vaccine used for active immunisation to prevent COVID19 disease caused by SARS-CoV-2 virus. The vaccine triggers the body's natural production of antibodies and stimulates immune cells to protect against COVID-19 disease.

Oxford Astrazeneca

COVID-19 Vaccine AstraZeneca is made up of another virus (of the adenovirus family) that has been modified to contain the gene for making a protein from SARS-CoV-2. COVID-19 Vaccine AstraZeneca does not contain the virus itself and cannot cause COVID-19.