Blu- Ray House, Suite 3, 62 Alexandra Road, Enfield, EN3 7E
Tel/ Fax: 020 3620 8833
Email: info@athomesupportservices.com
www.athomesupportservices.com

Coronavirus (Covid-19) Management for Domiciliary Care Policy

Policy Statement

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

What is Coronavirus?

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

How is Coronavirus Spread?

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

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

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

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

What are the Symptoms?

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

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

Some domiciliary care service users will clearly be vulnerable to being seriously ill if they are infected by the virus.

Information

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

The organisation will comply fully with official advice, including *Coronavirus (COVID-19): Provision of Home Care*, published by Public Health England and/or the equivalent guidance for Wales care homes and social services providers issued by the Care Inspectorate Wales and Public Health Wales. Public Health Scotland has issued guidance *https://www.hps.scot.nhs.uk/web-resources-container/covid-19-information-and-guidance-for-social-community-and-residential-care-settings/* ..

Infection Control and Prevention Procedures

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

Care managers and supervisory staff should make sure that people:

• cover their mouth and nose with a tissue or their sleeve (not their hands) when they cough or sneeze

• put used tissues in the bin immediately

• wash their hands with soap and water regularly for 20 seconds and use hand sanitiser gel (at least 60% alcohol) if soap and water are not available

• try to avoid close contact with people who are unwell

• avoid touching their eyes, nose, and mouth with unwashed hands

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- wear face coverings in enclosed situations particularly where two metre physical distancing is difficult to maintain and where the regulations make their wearing compulsory

- clean and disinfect frequently touched objects and surfaces.

Staff should comply fully with hand sanitisation policies and procedures. Managers will ensure that policies are supported by the provision of appropriate resources such as hand sanitiser gels that contain at least 60% alcohol for home care staff.

The advice should be passed on to service users. It is important that care staff adhere to high standards of infection control practice while in services users' homes and that they ask service use users to do so too. Regular cleaning of frequently touched hard surfaces with a suitable disinfectant and cleanser should be carried out.

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

- for England, the *Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections*

- for Wales, the *National Infection Control Manual (NICM)*, published by NHS Wales/Public Health Wales and other guidance from NHS Wales

- for Scotland, *National Infection Prevention and Control Manual (NIPCM)*, published by Health Protection Scotland.

Covid-19 Public Health Restrictions

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

- regional and national lockdowns requiring people to stay at home, including working from home wherever possible

- people observing "social distancing" when they do leave home, keeping at least 2 metres away from others not in the same household

- restrictions on travel, especially trips in and out of lockdown areas and international travel

- restrictions on gatherings and closures of places such as pubs, restaurants, cafes, schools and hairdressers

- "shielding" for the most vulnerable members of society

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

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

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

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

Workplace "Covid-secure" Measures

This organisation is aware that the Government has recommended a number of "Covid secure" measures for the workplace designed to protect staff and support social distancing at work.

In this organisation "Covid-secure" measures will be implemented in the domiciliary care office and in the way that care staff are asked to operate.

Measures will include:

- reviewing and updating workplace risk assessments

- increasing the safety of agency offices by rearranging desks and workstations, installing shields and adjusting office processes to enable staff to maintain a safe working distance of two metres between each other wherever possible

- allocating maximum occupancy limits to office areas

- increasing workplace cleaning and ventilation

- ensuring the provision of hand hygiene resources, including supplies of soaps and paper towels in toilets, sensor tap and toilet flushing systems, and the provision of hand sanitisers where needed

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- creating "one-way" routes in corridors and limiting numbers of people using toilets or rest rooms

- staggering office staff arrival and leaving times

- supporting office and care staff to "work from home" wherever possible, reducing any need to have to attend offices or community bases to a minimum

- limiting "hot-desking" and the sharing of equipment

- reducing the need for face-to-face meetings by using digital communication methods wherever possible

- reorganising training and recruitment processes to reduce face-to-face elements to a minimum

- encouraging staff not to car share or use public transport at the current time

- displaying appropriate Covid-19 safety signage.

Measures will be kept under review.

Staff Health and Self-isolation

Government strategy throughout the UK is to ask people to self-isolate in their homes where they have symptoms of Covid-19 infection or think that they might have the virus.

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

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

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

- not attend work if they develop symptoms while at home (off-duty) — in such cases they should notify their line manager immediately and follow the stay at home guidance

- put on a surgical face mask immediately if they develop symptoms while at work, inform their line manager and return home

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- comply with all requests for testing.

This organisation will take all reasonable measures to prevent the transmission of the Covid-19 virus via its care staff, including:

- ensuring that all staff are aware of the requirement not to come to work when there is a risk that they may spread infection

- ensuring that care staff are supported to self-isolate in line with Government guidance if they need to

- ensuring, where possible, that members of staff work with only an identified cohort of clients — this includes staff who usually work on a part-time basis for multiple employers and agency staff.

The organisation is aware that the Government has provided an Infection Control Fund to support both residential and domiciliary adult social care providers in ensuring that self-isolating staff are fully paid while doing so. The organisation will liaise with the local authority in accessing the fund where it is available.

"High-risk" Individuals

This organisation is aware that there is published guidance on the protection of people who have conditions that make them "high-risk" or "clinically extremely vulnerable".n*Guidance on Shielding and Protecting People Who are Clinically Extremely Vulnerable from COVID-19* sets out details of a special "shielding" scheme for high-risk individuals in England. In Scotland *Coronavirus (COVID-19): Shielding* applies. *Guidance on Protecting People Defined on Medical Grounds as Clinically Extremely Vulnerable from Coronavirus (COVID-19) — Previously Known as "Shielding"* applies in Wales.

The shielding scheme was originally introduced during the March 2020 lockdown. In the summer it was suspended as virus transmission rates decreased. However, it was reintroduced as part of the January 2021 national lockdown.

The guidance includes a list of people who are considered as clinically extremely vulnerable. This organisation will identify all staff or service users who fall into this category. Affected staff are advised by the Government to stay at home and to not attend for work. This organisation will have a conversation with and support all such staff to remain at home, for instance, helping them to work from home where possible, or helping them to access suitable job retention arrangements, etc.

Previously "shielded" individuals who wish to attend the workplace should only do so after a risk assessment to ensure that adequate adjustments are in place. Where necessary the organisation will access occupational health support.

Everyone on the NHS "shielded" list should have been offered a vaccine in the first phase of the Covid vaccination programme.

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Care Planning and Referrals

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

Vulnerable service users will be identified and plans will be put in place to ensure their safety. The organisation will work closely with relatives/carers and with care and health partners and charities/community support groups. Where necessary arrangements for mutual aid will be established with reference to our existing information sharing and adult safeguarding policies. Plans for mutual aid may be agreed which reduce the number of different people visiting a certain individual, especially those who are considered at risk or subject to shielding arrangements.

Providing Care

This organisation will follow relevant guidance on the care of people during the pandemic, including *Coronavirus (COVID-19): Provision of Home Care* published by PHE and equivalent guidance for Wales found from Public Health Wales and the Care Inspectorate Wales. For Scotland, see *COVID-19 — Guidance for Domiciliary Care*.

According to the guidance:

- if anyone being cared for by a home care provider reports developing Covid-19 symptoms they should be supported to contact NHS 111 via telephone, or online

- home care workers are advised to report suspected cases of Covid-19 to their managers who should work with community partners, commissioners and the person involved to review their care needs

- the risk of virus transmission will be reduced by managers and staff working together to divide service users into "care groups" with a specific staff team allocated to provide care to each group

- this will include identifying "high-risk" shielded service users as a specific group and allocating staff who only provide care for that group

- risks will also be reduced by reducing contact between staff, including replacing face-to-face meetings with remote communications, and by staggering times of entry to community bases.

In all cases care staff must follow infection control best practice, desanitising/washing hands frequently and using personal protective equipment (PPE) appropriately. Frequently touched surfaces should be cleaned regularly with household detergent and/or bleach. All

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care staff working in people's homes will be supplied with stocks of PPE as well as alcohol hand sanitiser and surface wipes.

Safeguarding and Protection

The care service will continue to apply all measures to keep people safe in line with its current policies and local authority safeguarding authority procedures. It will continue to alert the local authority to any safeguarding issue and notify CQC/CIW/Care Inspectorate Scotland in line with its current notification requirements and procedures. The service will continue to exercise its Duty of Candour where it has made mistakes that have caused serious harm to its service users.

Mental Capacity and Deprivation of Liberty

The care service is aware of the implications of the current situation for its service users who might lack mental capacity to understand the decisions that are being taken or to act in line with them. The service will do everything it can to ensure that it applies "best interests" principles in communicating with people without capacity and in taking the decisions that are required in line with the current public health requirements.

See Mental Capacity for further policy guidance.

Personal Protective Equipment (PPE)

In this organisation, care staff should use all personal protective equipment (PPE) as directed in the organisation's infection prevention and control policies. The organisation will also comply with the following Public Health England (PHE) and Public Health Wales guidance.

England:

- *COVID-19: Personal Protective Equipment (PPE) — Resource for Care Workers Delivering Homecare (Domiciliary Care) During Sustained COVID-19 Transmission in England*

Wales:

- *Information for Health and Social Care Professionals — Wales*

- *PHW Advisory Note: Use of Personal Protective Equipment (PPE) in Social Care Settings (Care Homes and Domiciliary Care) in Wales*

Scotland

- *COVID-19: Infection Prevention and Control (IPC)*

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- *COVID-19: Information and Guidance for Social, Community and Residential Care Settings*

In this organisation the use of PPE for infection control purposes will be informed by best practice guidance and subject to risk assessment supported by line managers and supervisors. Risk assessments will be regularly reviewed and will indicate the PPE to be used, largely with reference to the tasks that home care staff are carrying out and whether social distancing rules can be maintained in clients households.

This organisation is aware that Personal protective equipment (PPE): resource for care workers delivering domiciliary care during sustained COVID-19 transmission in England and the equivalent Wales and Scotland publications provide guidance about periods when there is considered to be "sustained transmission" of the Covid-19 virus. This covers periods when the virus is assessed to be common in the community and care staff are likely to come into contact

The guidance states that, during sustained transmission periods:

- when within two metres of a client and carrying out direct personal care or domestic duties (for example, giving physical care where there is a risk of contact with body fluids) staff should wear single-use disposable gloves, a single-use disposable plastic apron and a type IIR fluid-repellent surgical mask — eye protection such as goggles or a face-shield should be worn if there is risk of contamination to the eyes from respiratory droplets or from splashing of secretions or body fluids

- the above requirement applies to all personal care, for example, assistance to use the toilet and when unintended contact with clients is likely (ie when caring for clients with challenging behaviour) - it also applies to all staff, no matter what their role, and to all clients, regardless of whether a client has tested positive or not for Covid-19 or if they have had a Covid-19 vaccine

- when more than two metres from a client while undertaking domestic duties and not delivering personal care, domiciliary care staff are advised in the guidance to wear a type II surgical mask (a fluid-repellent mask is not needed) and disposable gloves (in addition to any PPE indicated by standard infection control precautions, if any, eg a disposable apron or eye protection where there is risk from body fluids and or coughing) — note that this requirement applies where there is no personal care being given, but domestic tasks are being undertaken such as removing medicines from their packaging, prompting people to take their medicines, preparing food for clients who can feed themselves without assistance or cleaning, etc

- in the above requirement to wear a type II mask, if a member of staff is already wearing a fluid repellent mask from a previous task there is no need to replace it — in addition, if only type IIR masks are available then these may be used

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- where a member of care staff has been giving personal care to clients and is changing their work duties, for example, going to a staff only area or an office, they should remove and dispose of their face mask, clean their hands, and then put on a new type l or ll face mask — a type IIR mask could also be used if lower specification masks are not available.

PHE recommend that household members, especially those with respiratory symptoms should, wherever possible, remain outside the room or rooms where a member of staff is working. They should be instructed to follow good hand and respiratory hygiene and remain 2 metres away at all times. Staff who are unable to maintain 2 metre distance from anyone in the household who has respiratory symptoms, or who has had a positive Covid-19 test within the past 14 days, should follow the recommendations for direct personal care.

The PHE guidance states that single-use PPE items such as gloves, aprons and fluid-repellent surgical masks (Type IIR) must be changed between each episode of care and between each client. Reusable eye protection should be cleaned and decontaminated according to the manufacturer's instructions. Any PPE should be changed if it becomes soiled, contaminated, damaged or uncomfortable to wear. Once masks are discarded they should never be reused. If eating or drinking staff are required to remove their mask, dispose of it and clean their hands. Once they have finished eating or drinking they should put on a new mask.

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

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

The care service manager will make every effort to ensure that adequate stocks of appropriate PPE are maintained and that PPE is readily available for staff to use. Office areas will be organised so that care workers collecting PPE are able to remain at least 2 metres apart from office staff, for example, by having a designated area for collection and drop-off point for equipment.

The PHE guidance confirms that car sharing is not permitted with someone from outside a person's household or their support bubble (unless the journey is undertaken for an exempt reason). If a vehicle has to be shared occupants must wear a face mask, clean the vehicle before and after use and open windows or car vents for ventilation. Care staff driving alone in their car between clients do not need to wear a mask.

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Staff Recruitment

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

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

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

Induction and Training

This care service will keep all risk assessments of its training arrangements under review. Assessments will include the running of induction training programmes for Care Certificate, the All Wales Health and Social Care Induction Framework or Scottish induction standards' requirements.

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

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

- all attending staff to wear masks, to observe social distancing, and to observe hand and respiratory hygiene guidelines

- all training venues to be set up to enable social distancing, including during arrival and leaving

- all venues to be ventilated and subject to regular cleaning

- no sharing of equipment

- no staff to attend who are feeling unwell

- no refreshments.

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

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

Much of the induction for any new staff will be carried out through workplace instruction, support, supervision and guidance from management and experienced staff. The care service's "safe to leave policy" will continue to apply. No new staff member will be allowed to work completely on their own without sufficient evidence that it is safe for them to do so.

Testing and Tracing

This organisation will support staff and their families to access coronavirus testing in line with the respective UK countries policies. All frontline social care staff are classified as "essential workers" and are eligible for such tests. Those who are self-isolating can book a test directly, selecting a regional test site drive-through appointment or a home test kit. Employers can book tests through an employer referral test booking route.

This organisation is aware that access to testing has been progressively increased throughout the pandemic and that the COVID-19: our action plan for adult social care makes the ramping up of testing for care workers and service users a key priority. The organisation will take all reasonable steps to support this strategy and comply with local and national testing programmes.

It is the understanding of the organisation that all people admitted to hospital to receive care will be tested for Covid-19, and hospitals should share care needs and Covid status with relevant community partners when planning subsequent community care, including domiciliary care. Where a test has been performed in hospital, but the result is still awaited, the guidance states that the patient will be discharged as planned and, while the result is pending, home care providers should assume that the person may be Covid positive for a 10-day period and follow guidance on the correct use of PPE.

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

This organisation will fully support testing and tracing. Further information can be found from the online document, *NHS Test and Trace: How it Works*. In Scotland the *Test and Protect* system operates. Health Protection Scotland also publish *Advice for Social or Community Care and Residential Settings Staff* which includes guidance on staff testing.

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Travel Restrictions

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

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

Vaccination

This organisation will support all staff and service users to be vaccinated against Covid-19.

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

The approved vaccines are:

• the Pfizer/BioNTech vaccine

• the AtraZeneca/Oxford University vaccine

• the Moderna vaccine (not immediately available in the UK).

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

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

The full priority vaccination list for Phase 1 of the vaccination programme is:

1. residents in a care home for older adults and their carers

2. all those 80 years of age and over and frontline health and social care workers (including domiciliary home care staff)

3. all those 75 years of age and over

4. all those 70 years of age and over and clinically extremely vulnerable individuals

5. all those 65 years of age and over

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6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality

7. all those 60 years of age and over

8. all those 55 years of age and over

9. all those 50 years of age and over.

All those in Phase 1 should have been offered a vaccine by the end of spring 2021. Phase 2 consists of all other adults being offered a vaccine by the end of the summer. Clients will be written to and invited for vaccination as their turn arrives.

The care manager will be responsible for co-ordinating vaccination of staff in collaboration with local GPs and local vaccine delivery teams. This will include making arrangements for staff to attend vaccination hubs (each will need a letter confirming their employment). Every effort should be made to facilitate and support access to vaccination for all staff and clients. Full records will be kept of vaccine status.

Service user care plans will be reviewed and those who require support to access vaccination will be provided with help from home care staff.

The organisation understands that the Pfizer/BioNTech vaccine was the first to be made available. However, due to stringent requirements to keep it very cold it can only be administered from specially equipped hospital hubs. The Moderna vaccine does not need to be kept so cold while the AstraZeneca vaccine only requires standard vaccine fridge storage. They are therefore easier to deploy through community hubs and via GP surgeries.

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

The organisation also understands that concerns have been raised about the safety of the AZ vaccine following reports of an extremely rare adverse event of concurrent thrombosis (blood clots) and thrombocytopenia (low platelet count). The JCVI, the MHRA, the European Medicines Agency and the World Health Organization have all investigated the incidents and concluded that the benefits of vaccination outweigh the small risk for adults aged 40 years and over. Further research is being conducted and the safety information accompanying the vaccine has been updated. Clients who are concerned about the safety of vaccines should be referred to their GP. JCVI recommend that all those aged under 40 should be offered an alternative to the AZ vaccine.

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Business Continuity Procedures and Pandemic Recovery Planning

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

In this organisation the following contingency measures will be implemented.

- A communications strategy will be developed to ensure that staff, service users and their families are provided with up-to-date and accurate information on the status of the pandemic and on the organisation's response.

- Every effort will be made to provide the information to service users in a format that they can understand. The organisation recognises that the current crisis will be upsetting and worrying for service users and relatives.

- Information will be provided to staff via e-mail and through test where practical and unnecessary face-to-face meetings will be cancelled — where meetings are held social distancing will be observed.

- Training will make use of online e-learning and other electronic forms where possible — any face-to-face training will be conducting conforming to social distancing rules.

- The organisation's leave and absence policies will be continuously reviewed as the status of the pandemic changes, for instance, it may become necessary to cancel leave in case of serious short-staffing.

- Staff will be informed of any additional measures to limit the spread of disease in a pandemic situation — this might include:

    – avoiding unnecessary travel

    – cancellation of face-to-face meetings

    – plans to reduce the impact of absentees

    – working from home where possible for managers and office staff

    – systems to lessen the impact of supply chain disruption.

- Essential services will be prioritised.

- Advice will be provided for vulnerable service users on steps to take to protect themselves.

- Care plans will be reviewed to identify service users most at risk in case of service disruption.

Blu- Ray House, Suite 3, 62 Alexandra Road, Enfield, EN3 7E
Tel/ Fax: 020 3620 8833
Email: info@athomesupportservices.com
www.athomesupportservices.com

- As a contingency measure, staff will be cross-trained in various functions to ensure that adequate cover is provided in different roles should sickness rates rise.

- Staff who perform roles that can be done from home will be encouraged to.

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

Line managers and supervisors will be responsible for ensuring that staff understand the organisation's pandemic recovery plan policy and procedure. Staff should familiarise themselves with the procedure and should speak to their line manager if they have any questions or concerns.

The procedure aims to ensure that the organisation will be able to continue to provide care to its service users during any disruption caused by a pandemic.

Monitoring and Review

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

Signed: _____

Date: _____

Policy review date: _____

Source URL: https://app.croneri.co.uk/topics/emergency-planning-care/coronavirus-covid-19-management-domiciliary-care-policy