Covid-19 Update

Remember - 'Hands. Face. Space':

- hands – wash your hands regularly and for 20 seconds
- face – wear a face covering in indoor settings where social distancing may be difficult, and where you will come into contact with people you do not normally meet
- space – stay 2 metres apart from people you do not live with where possible, or 1 metre with extra precautions in place (such as wearing face coverings or increasing ventilation indoors)

Further to the recent national restrictions November 5th through December 2nd 2020, we continue to be able to make positive changes and provide a partial service to our clients.

Provision of our services and support for our clients continues to be a high priority for us, in that most services and support cannot be deferred to another day without potential risk of harm, something that has made our existing decisions all the more difficult. It is therefore vital that our services are prioritised and we begin a road to normality. This guidance hopefully will support us in doing this.

New recommendations for primary and community health care providers in England as of 20th October 2020

The continued priorities for NHS providers of community services during this pandemic, which we feel are relevant to our services are:

1. Support home discharge of clients from acute and community beds.
2. Ensure clients cared for at home receive urgent care when they need it.
3. Prioritise support for high-risk clients.
4. By default, use digital technology to provide advice and support to clients wherever possible.
5. Apply the principle of mutual aid with health and social care partners, as decided through collaboration.

Guidance on Service Provision

As a company, we continue to feel able to review how our visits continue to operate over the existing national lockdown and beyond. Our services continue to pay full attention to infection prevention and control as the guiding principle. We have measures in place so that all settings are, where practicable, COVID-secure, using social distancing, optimal hand hygiene, frequent surface decontamination, ventilation and other measures where appropriate.

In addition, we now work across the company and with our trusted partners to make judgements on whether we and you have capacity for **urgent / necessary visits**. Provisional

plans factor-in the availability of partners, associated PPE, consumables, equipment and other needed supplies.

Our working environment and procedures convey a higher risk of transmission and the potential for coming into contact with Covid-19. The updated guidance here seeks to set out clear and actionable recommendations on the use of PPE, as part of the safe systems of working set out by Government and Public Health England. Incidence of COVID-19 varies across the UK and risk is not uniform and so elements of the updated guidance are intended for interpretation and application dependant on your assessment of risk.

This guidance is also updated to reflect the need for enhanced protection of patients in vulnerable groups undergoing shielding.

Children & Adult Service Review

We continue to provide the following services as a whole:

1. Therapy interventions
a. We should continue to withhold services unless

   i. We have a concern of increased risk of harm from social isolation
   ii. We have a safeguarding Risk i.e. Risk of pressure damage
   iii. We are providing initial assessments

2. Looked after children
   1. We should continue to withhold services unless
      i. We have a concern of increased risk of harm from social isolation
      ii. We have a safeguarding Risk i.e. Risk of pressure damage
      iii. We are providing initial assessments
   2. We should in the first instance consider the use of Microsoft Teams to facilitate attendance from other key members i.e. Case Manager, Social Worker, GP
3. Long Term Conditions
   1. We should continue to withhold services unless
      i. We have a concern of increased risk of harm from social isolation
      ii. We have a safeguarding Risk i.e. Risk of pressure damage
      iii. We are providing initial assessments
   2. We should monitor the risk of deferring work if further disruption continues
   3. We should continue to provide services to support to clients within the care

      home setting if able

4. Wheelchairs, Orthotics and associated prosthetics

a. We should continue to withhold services unless

   i. Concern of increased risk of harm from social isolation
   ii. Safeguarding Risk i.e. Risk of pressure ulcer damage
   iii. We are providing initial assessments

iv. Risk of vascular compromise
v. Risk of progression of clinical presentation without face to face contact

5. End of Life

a. We should provide services where clients require therapeutic support

Risk assessment

We make attempts, where appropriate, to ascertain whether a client or individual or a member of their household or care team meet the case definition for a possible or confirmed case of COVID-19 before any visit. At the present time we still consider that only visits deemed necessary should happen in a face to face manner. Refer to the current COVID-19 case definition.

If they answer "yes" to any of the case definition questions, a clinical decision is made whether a face-to-face intervention is necessary. If a face-to-face intervention is essential Personal Protective Equipment (PPE) guidance and good infection control precautions should be followed. If the visit can be safely clinically deferred ensure there is regular and supportive communication to explain this.

Initial risk assessment takes place by phone, or other remote triage, prior to entering the premises or home and/or at 2 metres social distance on entering. Where we assess that a client or individual in the household is symptomatic and meets the case definition, appropriate PPE is worn prior to entering only if the appointment has been deemed essential.

Where the potential risk to us/you cannot be established prior to face-to-face assessment or delivery of care (within 2 metres), the recommendation is, in any setting, to have access to and where required wear aprons, FRSMs, eye protection and gloves.

We should consider the need for contact and droplet precautions based on the nature of the task being undertaken. Risk assessment on the use of eye protection, for example, should consider the likelihood of encountering a client and the risk of droplet transmission (risk of droplet transmission to eye mucosa such as with a coughing patient) during the care episode. Sessional use of surgical masks (type IIR – fluid resistant) and eye protection is indicated if there is perceived to be close or prolonged interaction with patients in a context of sustained community COVID-19 transmission.

Ultimately, where we consider there is a risk to yourself or an individual or household we are visiting, we should wear a fluid repellent surgical mask with eye protection.

Some clients may have mental health needs (whether pre-existing or emerging as a result of the COVID-19 outbreak), dementia, learning disability or autism or other needs. There may also be additional strain for parents, carers, children and vulnerable families. Their needs may be exacerbated by the impact of socially isolating or shielding and subsequent reduction in social contact and support. Social isolation, reduction in physical activity, unpredictability and changes in routine can all contribute to increasing stress and subsequently mental health needs. We should therefore provide appropriate additional support, where able to them so they can continue receiving access to care and contact their case manager if applicable.

Digital technology for client support by default

To minimise risk of transmission, we continue to adopt virtual triage as the default and deliver therapy and advice remotely where appropriate and based on clinical judgement. In practice, this means we should be using telephone, video and online consultation technology.

The use of virtual consultations should be done with Microsoft Teams in the first instance in order to preserve business integrity and company security measures. Microsoft Teams forms part of the suite of applications available to associates and employees in order to provide safe, efficient and effective services. Other platforms are available however haven't been vetted or invested as part of company policy. Any responsibility then will be fully transferable to the individual clinician and/or their company in line with ICO and GDPR policies.

NHSX has recently published COVID-19 Information Governance guidance to support health and care professionals, social care and IG professions and provide further clarity into the safety of various digital methods of communication with patients. This includes using Microsoft Teams, Skype, Zoom, WhatsApp and FaceTime where there is no alternative. Practical advice can be found within the support guide for the implementation of remote consultations.

Visiting Face to Face

In order to provide our services, there is an element or need to provide hands on care. In order to protect yourselves and clients we advise where necessary, you follow the national guidance on transport, Social Distancing, Risk Assessment, PPE.

We advise you to follow these guidelines as far as is practical.

Steps to maintain delivery of care

We feel that we should, along with your help:

1. Continue to review your list of clients, and ensure that it is up to date, including levels of informal support available to individuals. We should consider how they could benefit from sharing this information electronically with partners.
2. Work with partners, authorities and equipment suppliers to establish plans for mutual aid, taking account of their business continuity plans, and consider arrangements to support sharing of the workforce between home care providers, and with local primary and community services providers; and with deployment of volunteers where that is safe to do so.
3. Note the arrangements that local authorities, CCGs, and NHS 111 are putting in place to refer vulnerable people self-isolating at home to volunteers who can offer practical and emotional support.

PPE

Safe ways for working for all health and care workers

- You should follow the recommendations regarding donning and doffing of PPE. Videos are available showing how to don and doff PPE for AGPs and how to don and doff PPE for non-AGPs.
- You should know what PPE you should wear for each client and in what setting.
- You should have access to the PPE that protects you for the appropriate setting and context.
- Gloves and aprons will be subject to single use with disposal after each client or contact.
- Fluid repellent surgical masks and eye protection can be used for a session of work rather than a single client contact.
- Gowns or coveralls can be worn for a session of work in higher risk areas.
- Hand hygiene should be practiced and extended to exposed forearms, after removing any element of PPE.
- Please ensure you take regular breaks and rest periods if you are wearing PPE for a protracted period of time.

See Summary Appendix One

Sessional use of PPE

Aprons and gloves are subject to single use with disposal and hand hygiene after each client contact. Respirators, fluid-resistant (Type IIR) surgical masks (FRSM), eye protection and disposable fluid repellent coveralls or long-sleeved disposable fluid repellent gowns can be subject to single sessional use in circumstances outlined in Table 1 and section 7.

A single session refers to a period of time where you are undertaking duties in the home setting or another exposure environment. For example, a session might comprise a review in the clients home setting. A session ends when you leave the home setting or exposure environment. Once the PPE has been removed it should be disposed of safely. The duration of a single session will vary depending on the activity being undertaken.

While generally considered good practice, there is no evidence to show that discarding disposable respirators, facemasks or eye protection in between each client reduces the risk of infection transmission to you or the client. Indeed, frequent handling of this equipment to discard and replace it could theoretically increase risk of exposure in high demand environments, for example, by leading to increasing face touching during removal. The rationale for recommending sessional use in certain circumstances is therefore to reduce risk of inadvertent indirect transmission, as well as to facilitate delivery of efficient clinical care.

PPE should not be subject to continued use if damaged, soiled, compromised, uncomfortable or in other circumstances outlined in section 10, and a session should be ended. While the duration of a session is not specified here, the duration of use of PPE items should not exceed manufacturer instructions. Appropriateness of single versus sessional use is dependent on the nature of the task or activity being undertaken.

Appendix One

Recommended PPE for primary, outpatient, community and social care by setting, NHS and independent sector

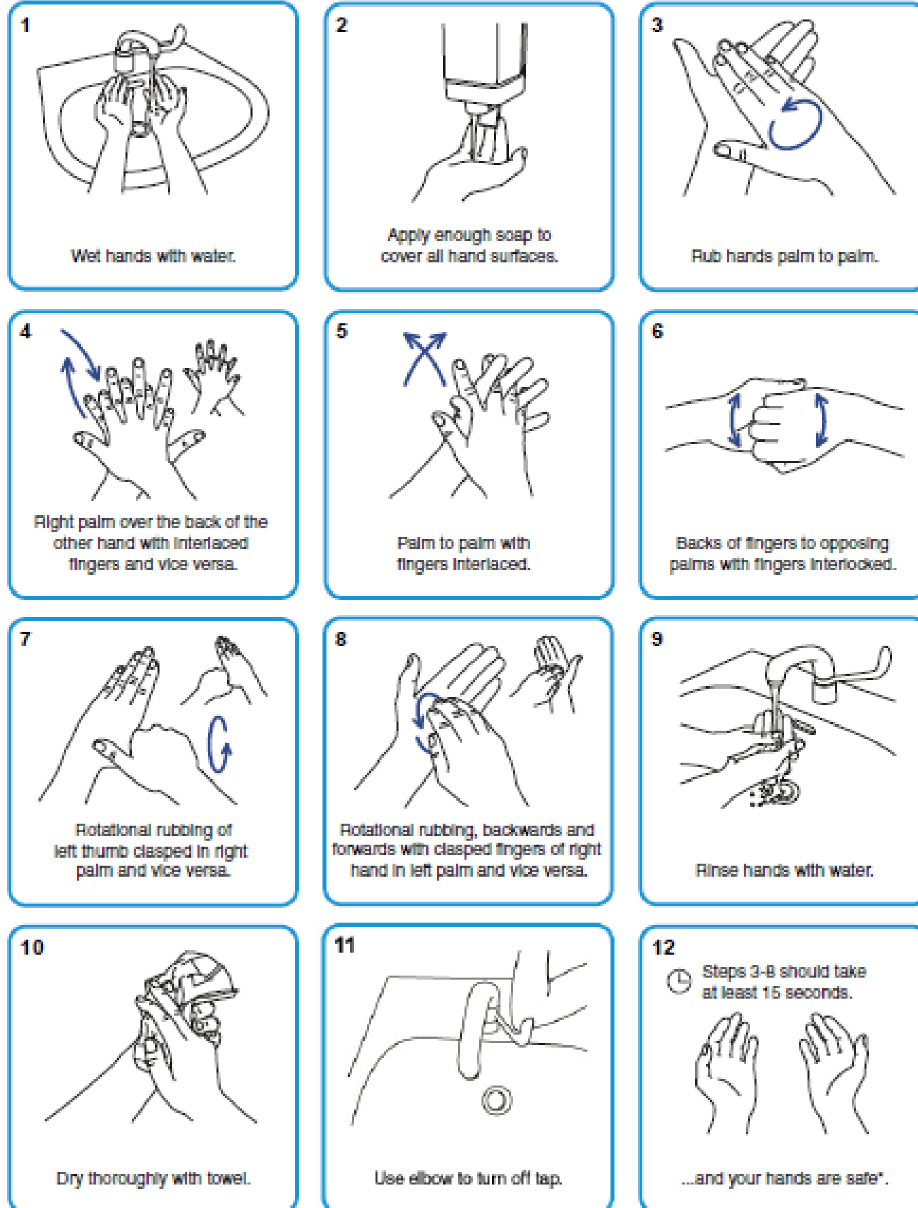
Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection[1]
Any setting	Performing an aerosol generating procedure[2] on a possible or confirmed case[3]	✓ single use[4]	✗	✓ single use[4]	✗	✗	✓ single use[4]	✓ single use[4]
Primary care, ambulatory care, and other non emergency outpatient and other clinical settings e.g. optometry, dental, maternity, mental health	Direct patient care – possible or confirmed case(s)[3] (within 2 metres)	✓ single use[4]	✓ single use[4]	✗	✗	✓ single or sessional use[4,5]	✗	✓ single or sessional use[4,5]
	Working in reception/communal area with possible or confirmed case(s)[3] and unable to maintain 2 metres social distance[6]	✗	✗	✗	✗	✓ sessional use[5]	✗	✗
Individuals own home (current place of residence)	Direct care to any member of the household where any member of the household is a possible or confirmed case[3,7]	✓ single use[4]	✓ single use[4]	✗	✗	✓ single or sessional use[4,5]	✗	✓ risk assess single or sessional use[4,5,8]
	Direct care or visit to any individuals in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding[9]	✓ single use[4]	✓ single use[4]	✗	✓ single use[4]	✗	✗	✗
	Home birth where any member of the household is a possible or confirmed case[3,7]	✓ single use[4]	✓ single use[4]	✓ single use[4]	✗	✓ single or sessional use[4,5]	✗	✓ single or sessional use[4,5]
Community and social care, care home, mental health inpatients and other overnight care facilities e.g. learning disability, hospices, prison healthcare	Facility with possible or confirmed case(s)[3] – and direct resident care (within 2 metres)	✓ single use[4]	✓ single use[4]	✗	✗	✓ sessional use[5]	✗	risk assess sessional use[5,8]
Any setting	Collection of nasopharyngeal swab(s)	✓ single use[4]	✓ single or sessional use[4,5]	✗	✗	✓ single or sessional use[4,5]	✗	✓ single or sessional use[4,5]

Table 2

1. This may be single or reusable face/eye protection/full face visor or goggles.
2. The list of aerosol generating procedures (AGPs) is included in section 8.1 at: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe. (Note APGs are undergoing a further review at present)
3. A case is any individual meeting case definition for a possible or confirmed case: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection
4. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
5. A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round; providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and considered where there are high rates of hospital cases. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
6. Non clinical staff should maintain 2m social distancing, through marking out a controlled distance; sessional use should always be risk assessed and considered where there are high rates of community cases.
7. Initial risk assessment should take place by phone prior to entering the premises or at 2 metres social distance on entering; where the health or social care worker assesses that an individual is symptomatic with suspected/confirmed cases appropriate PPE should be put on prior to providing care.
8. Risk assessed use refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets or blood or body fluids.
9. For explanation of shielding and definition of extremely vulnerable groups see guidance: https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

Appendix Two

Best Practice: how to hand wash



*Any skin complaints should be referred to local occupational health or GP.

From: COVID-19. Guidance for infection prevention and control in healthcare settings