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Review date:	On-going as changes to guidance from Public Health changes

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.

It is written in line with the respective guidance:

- for England, from the Government, Public Health England, the Department of Health and Social Care and the Care Quality Commission
- for Wales, there is corresponding guidance from the Wales Government, Public Health Wales and the Care Inspectorate Wales. It is noted that most of the public health guidance to support care providers in their management of their services during the outbreak has been produced jointly.
- for Scotland, there is specific guidance from Public Health Scotland, [COVID-19 — Guidance for Domiciliary Care](#).

What is Coronavirus?

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

How is Coronavirus Spread?

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

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

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

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

What are the Symptoms?

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

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

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 [COVID-19 — Guidance for Domiciliary Care](#).

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 safety 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
- 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 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.

Staying Home and Social Distancing

At the height of the pandemic, the Government announced a countrywide "lockdown" with the temporary closure of places where people gather and meet. People were urged not to travel and to stay at home. They were permitted to go outside only when shopping for necessities, such as food and medicine, for medical or care needs, for example to help a vulnerable person, and to exercise once a day. While out they were asked to observe "social distancing" rules which involves keeping a safe distance of at least two metres from others not in the same household.

Vulnerable people, including those aged 70 and over, were advised to be particularly stringent in staying at home and following social distancing measures when outside.

The lockdown was considered essential to halt the spread of the virus. Once infection rates were low enough it was progressively eased but on the basis that people still follow current "social distancing" rules. Restrictions may be reimposed on a regional basis if transmission rates increase.

This organisation will ensure that all current public health messages relating to staying home and social distancing are passed on to staff, service users and relatives. Staff and service users should observe social distancing where possible when not providing direct personal care and when interacting with each other.

The organisation anticipates that as the pandemic progresses the phased relaxation of restrictions will be reflected in further changes to the coronavirus regulations and guidance for adult social care in all UK countries. The organisation will keep up to date with the changes and

will update its own policies and risk assessments as required. At all times the safety of service users and staff from the risks of the Covid-19 virus will be our key concern.

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
- 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 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.

The guidance states that:

- those who have symptoms of infection and live alone should self-isolate by staying at home and not leaving their house for 10 days from when the symptoms started
- those who live with others and one person has symptoms should self-isolate as a household for 14 days from the day when the first person in the house became ill (if anyone else in the household starts displaying symptoms, they need to stay at home for 10 days from when the symptom appeared, regardless of what day they are on in the original 14-day isolation period).

All staff who are self-isolating must inform their line-manager as soon as possible that they will not be in to work.

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

- 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 for England and Wales on the protection of people who have conditions that make them “high-risk”. [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 that was in operation prior to the relaxation of lockdown. The organisation understands that this scheme is currently suspended but may be reinstated if transmission rates increase. Updated guidance will be notified to care staff and its action points incorporated in care planning and care provision as required.

High-risk individuals are subject to special “shielding” arrangements.

Wales guidance is found on the [GOV.WALES website](#).

For Scotland there is corresponding guidance on the [NHS Inform website](#).

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 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: Infection Prevention and Control \(IPC\)](#)

Wales:

- [Information for Health and Social Care Professionals — Wales](#)

Scotland

- [COVID-19: Infection Prevention and Control \(IPC\)](#)
- [COVID-19 — Guidance for Domiciliary Care](#)

This organisation is aware that [COVID-19: Personal Protective Equipment \(PPE\) — Resource for Care Workers Delivering Homecare \(Domiciliary Care\) 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 encounter it during their routine work. At such times additional safeguards are advised.

The guidance states that, during sustained transmission periods:

- home care staff should wear disposable gloves, a disposable plastic apron and a fluid-repellent type IIR surgical mask whenever providing personal care which requires them to be in direct contact with a client (eg touching) or where they are within two metres of anyone in a household who is coughing
- the recommendations apply whether the client being cared for has Covid-19 symptoms or not, and includes all clients, including those in the “extremely vulnerable” group
- eye protection may also be needed where there is risk of droplets or secretions from the client’s mouth, nose, lungs or from body fluids reaching the eyes (eg caring for someone who is repeatedly coughing or who may be vomiting)
- staff only need to wear a type II surgical mask when a visit requires them to work within two metres of a client or household members but when not delivering personal care or needing

to touch them, and there is no one within two metres who has a cough — they should also wear any PPE indicated by standard infection control precautions, if any

- if practical, household members with respiratory symptoms should be asked to remain outside the room or rooms where the care worker is working
- in any other work situation, such as when in a client's home, when in work premises (eg the domiciliary care office) or with other staff members, staff should wear a type I mask
- staff need not wear a mask if working alone in private areas such as an office — shared office spaces will be subject to specific risk assessment
- staff need not wear a mask when alone in their car.

Disposable gloves and aprons are “single-use” only and should be disposed of after every episode of care. Hands should be washed or sanitised after PPE removal. Masks and face protection may be worn on a “continuous” or “sessional” basis between breaks. Masks need not be changed between clients unless they are soiled or damaged. They should be changed at breaks for the next duty period. Once masks are discarded, they should never be reused.

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.

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.

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 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.

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](#).

Travel Restrictions

Travelling is now much reduced due to countries around the world closing their borders.

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.

Winter Planning

This organisation is aware that pressures on health and social care systems are likely to increase through the winter when the ongoing impact of the Covid-19 pandemic may be exacerbated by annual winter illnesses such as Norovirus and the flu. This organisation will

make all possible contingency plans to build resilience for the winter and protect its staff and service users from such pressures. In particular, the organisation will:

- support all staff to have their annual flu jab
- continue to ensure that all relevant Government guidance is implemented and followed
- ensure that symptomatic staff can access Covid-19 testing as soon as possible
- review and update its business continuity plans for the autumn and winter with workforce resilience a key component
- co-ordinate with local authority and NHS winter planning
- utilise additional funding available to implement infection prevention and control measures (such as the Infection Control Fund available through local authorities), obtain PPE and mitigate, where possible, winter staffing issues.

The approach of the organisation will be informed by relevant national planning, including [Adult Social Care: our COVID-19 Winter Plan 2020 to 2021](#).

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 text 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 staff shortages.
- 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.
 - 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.