

CORONAVIRUS POLICY

OCTOBER 2021 (V18)

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

It includes:

- Information provision
- Infection control and prevention procedures
- Staying home and Social Distancing
- Staff Vaccinations
- Staff Health and Self-isolation
- Visiting
- Personal Protective Equipment
- Reporting
- Testing
- Residents Isolation
- DoLS
- Admissions to the Home, including from Hospital
- Business continuity procedures & Pandemic recovery planning
- Monitoring & Review

Other related Policies & Procedures

- CCSL Infection Control Management Policy & Procedure
- CCSL Infection Prevention & Control – Isolation and barrier nursing
- CCSL Referrals & Admissions Policy
- CCSL Visitors & Visits Policy
- CCSL Testing Policy
- CCSL Training Policy
- CCSL COVID-19 Manager's Information Pack

What is Coronavirus?

COVID-19 (coronavirus) is an infectious disease which causes respiratory flu-like symptoms ranging from very mild to very severe. The infection originated in China at the end of 2019 and has since spread to other countries initiating a global public health emergency. It is now classed as a pandemic.

How is Coronavirus Spread?

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

It is understood that the virus 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 a certain amount of time 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.

What Are the Symptoms?

The most common symptoms are fever, tiredness, **loss of taste and smell** and **continuous** dry cough. As the virus mutates many more symptoms have become associated with the condition.

COVID-19 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.

Updated information and guidance can be found at <https://www.gov.uk/coronavirus>

If you have coronavirus symptoms:

- a high temperature
- a new, continuous cough
- a loss of, or change to, your sense of smell or taste

Get a test and stay at home

Information

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

The home will comply fully with official advice, including *Guidance for social or community care and residential settings on COVID-19*, published by Public Health England.

Infection Control and Prevention Procedures

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

Care managers and supervisory staff should make sure that:

- all staff take and record a temperature reading prior to entry to the Home
- **all staff are doubly vaccinated or have official medical exemption notes**
- all staff are aware of the covid-19 symptoms and know what to do should they, or anyone they know, present with one or more symptom.
- all staff change into uniform on arrival at the Home and remove uniform on leaving the Home. Uniforms should be washed after each shift and NEVER worn between home and work.
- any staff member presenting with symptoms informs the Home Manager immediately and takes a test. They MUST NOT enter the home but should phone in for advice.
- 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 often 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 PPE as directed
- 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.

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Environmental cleaning will be increased while the danger of a pandemic exists. Regular cleaning of frequently-touched hard surfaces with a suitable disinfectant and cleanser will be carried out.

See CCSL Infection Prevention & Control Isolation and Barrier Nursing document

Social Distancing

- Avoid face-to-face seating
- Meet in outdoor areas or well-ventilated areas
- Use protective screens and face coverings
- Continue to wash hands regularly

This home will ensure that all public health messages relating to staying home and social distancing are passed on to staff, residents and relatives.

Staff Vaccinations

Regulations were approved by Parliament on 22 July 2021 to make vaccination a condition of deployment for individuals working in CQC-registered care homes in England, unless exempt. A 16-week grace period was put in place to ensure individuals who hadn't been vaccinated could take up the vaccine before the regulations come into force on 11 November 2021.

Since 1 October, individuals working or volunteering in care homes can apply for a formal COVID19 medical exemption by calling 119 and requesting an NHS COVID Pass medical exemption application form, as set out in this guidance. The possible reasons for exemptions are identical to the ones for the existing temporary process (see details below). Each application will be clinically reviewed by a doctor, specialist clinician or midwife. Individuals applying for a medical exemption will automatically get the results of their application by post 2 to 3 weeks after applying. This notification letter can be used by an individual to prove their exemption status, pregnant women can also use MAT B1 certificates.

The launch of this new system means that anyone who has self-certified as exempt on medical grounds will have to obtain confirmation of this exemption through the formal process above (or use a MAT B1 certificate if pregnant) no later than Friday 24 December.

By 24 December, anyone working or volunteering in a care home (even if they have previously self-certified as exempt on medical grounds) will need to be able to prove one of the following:

- That they have obtained a clinically reviewed medical exemption (or they can use a MAT B1 certificate if pregnant)
- That they are fully vaccinated
- That they have self-certified as exempt because they have been vaccinated overseas (see below for more details).

See Vaccination Policy

Staff Health and Self-isolation

If a staff member is identified as a contact of a COVID-19 case

Exemptions from self-isolation if a staff member is fully vaccinated and is identified as a contact of a case

Staff members notified that they are a contact of a COVID-19 case are not required to self-isolate if they are fully vaccinated. They should inform their line manager or employer immediately if they are required to work in the 10 days following their last contact with a COVID-19 case.

If the staff member develops symptoms of COVID-19 during this period, they should remain at home/go home immediately, and arrange for a PCR test.

The majority of fully vaccinated health and social care staff will be able to continue in their usual role. The following apply to staff returning to work following this exemption:

- the staff member should not have any COVID-19 symptoms
- the staff member should immediately arrange for a PCR test, either through their workplace arrangements or via the NHS Test and Trace service, and the result of this PCR test should be negative prior to returning to work
- following the negative PCR result, the staff member should undertake an LFD antigen test every day for the 10 days following their last contact with the case (even on days they are not at work)
- if a staff member has had a SARS-CoV-2 infection in the past 90 days, they should not have a PCR test and should only undertake daily LFD antigen tests
- on days the staff member is working, the LFD antigen test should be taken before starting their shift, and the result should be negative
- the staff member should comply with all relevant infection control precautions and PPE should be worn properly throughout the day
- if the staff member works with patients or residents who are highly vulnerable to COVID-19 (as determined by the organisation), a risk assessment should be undertaken, and consideration given to redeployment during their 10 day self-isolation period

Additional mitigations may be put in place by employers in different settings for fully vaccinated staff who are identified as household contacts. Refer to organisational guidance as necessary.

If an unvaccinated or partially vaccinated staff member is identified as a contact of a COVID-19 case

If an unvaccinated or partially vaccinated staff member is notified as a contact of a COVID-19 case, by NHS Test and Trace or their workplace, they must self-isolate as advised unless they are exempt (because they are under 18, unable to be vaccinated due to medical reasons or are taking part or have taken part in a clinical trial for a COVID-19 vaccine).

If they are unvaccinated and are exempt from self-isolation they should not attend work, or should be redeployed for the period of time they would be required to self-isolate.

The following general principles continue to apply to all unvaccinated or partially vaccinated staff who have been identified as a contact of a COVID-19 case:

- if they are providing care to or are in close contact with an individual with SARS-CoV-2 infection and are wearing the correct PPE appropriately in accordance with the current infection prevention and control (IPC) guidance, they will not be considered as a contact for the purposes of contact tracing and isolation

- if there has been a breach of recommended PPE during the care episode then the staff member would be considered a contact and should self-isolate as advised
- in non-patient facing areas, IPC precautions may unintentionally be less stringently adhered to. If IPC precautions have been compromised, or PPE has been worn incorrectly or breached, the staff member should be considered a contact and should self-isolate as advised

Please Vaccination Policy for more information.

Testing

All frontline social care staff are classified as 'essential workers' and are eligible for such tests.

All staff who are self-isolating must inform their line-manager, by telephone, text or email, as soon as possible that they will not be in to work. They should book a COVID-19 test within 24hrs of isolating (this can be done online). Only if the employee does not have accessibility to book the test themselves, will CCSL book their test through the employee referral route. Staff must provide test results to their Manager. Please refer to CCSL Testing Policy.

- Staff who are self-isolating must inform their line-manager as soon as possible, by telephone, text or email, that they will not be in to work
- Staff who are self-isolating, including those from homes without confirmed COVID-19 cases, must book a COVID-19 test within 24hrs of isolating.

At present, ALL staff must undergo a COVID-19 test. The following applies:

- Those staff members who remain working will be placed onto a schedule for weekly PCR and LFD testing: 1 PCR and 2 LFD per week (please see testing Policy for more information) The employee must provide all information needed for the Manager to refer the employee and attend the selected date and location for testing.

Following guidance from Public Health England, staff after having had a positive test result, should be exempt from routine re-testing by PCR or LFD antigen tests within a period of 90 days from their initial illness or test (if asymptomatic), unless they develop new COVID-19 symptoms. This is because fragments of inactive virus can be persistently detected by PCR in respiratory tract samples following infection – long after a person has completed their isolation period and is no longer infectious.

Any potential resident coming from the community via a Social Worker or District Nurse, must produce a covid-19 test result before admission is agreed. It is the responsibility of the SW and/or DN to obtain a swab and produce the test result to the Home.

Resident Testing

The Company is working closely with all Authorities to implement the necessary actions to ensure a safe, caring and effective environment. Resident testing takes place monthly, with PCR tests. In the event of a resident testing positive, other residents within the Home may

undergo additional two tests over a 14 day period to check for infection spread. (Please see Testing Policy for further details)

Following guidance from Public Health England, residents after having had a positive test result, should be exempt from routine re-testing by PCR or LFD antigen tests within a period of 90 days from their initial illness or test (if asymptomatic), unless they develop new COVID-19 symptoms. This is because fragments of inactive virus can be persistently detected by PCR in respiratory tract samples following infection – long after a person has completed their isolation period and is no longer infectious.

Visitor Testing

Testing visitors is an added tool in the fight against Covid-19 but is not a failsafe option to preventing its spread. We will include the testing as part of our visiting procedures, but feel it is important to continue with our current infection prevention & control guidelines, i.e., socially distanced, full PPE, etc. We must continue to take a safety-first approach.

See Testing Policy

Residents and Isolation

Where a resident develops the symptoms of COVID-19, they will be isolated in their bedroom in the same way as if they had influenza. Staff should:

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

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

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

DoLS

COVID-19 Testing

The principles of the Mental Capacity Act are legal requirements and providers may find they form a useful framework for decision-making in demanding circumstances. CCSL will still seek consent on all aspects of care to which the person can still consent.

This will include a COVID-19 test. The following should be sought:

- Consent of resident, and/or
- Consent of Lasting Power of Attorney (Personal welfare)

The resident's family should be kept informed of all decisions made and in advance of all procedures to be carried out.

The latest guidance from the Department of Health and Social Care (DHSC) explains that the pandemic may lead to changes to the care and treatment of people who lack relevant mental capacity. It explains that where life-saving treatment is being provided in a care home or hospital, including for the treatment of COVID-19, then the person will not be deprived of liberty as long as the treatment is the same as would normally be given to any patient without a mental disorder.

DoLS will therefore not apply.

CCSL will apply the principles set out in the MCA and follow the relevant codes of practice before deciding to apply for a DoLS. Manager's decisions about applying for a DoLS must be taken specifically for that person and not for groups of people.

Resident Isolation

Imposed isolation (for example, confinement to a room) may not constitute a deprivation of liberty either because it meets the criteria for life saving treatment set out above or because it does not meet the acid test. Managers will consider the MCA and appropriate guidance in deciding what is a deprivation. This type of isolation may be covered for people with an existing DoLS or other authorisation (e.g. through Court of Protection) for deprivation that was given prior to the COVID-19 emergency.

Managers will consider whether a person with a DoLS may have capacity to consent to isolation even if they lack capacity to consent to other arrangements that gave rise to the need for a DoLS in the first place.

Managers will consider the least restrictive option and avoid depriving someone of their liberty unless it is absolutely necessary. If the reasons for the isolation are solely to prevent harm to others or in relationship to public health, then Public Health Officer powers may be more appropriate than using the Mental Capacity Act.

If proposed or imposed restrictions do not reach the level of depriving someone of their liberty - see the 'acid test' - then the wider provisions of the MCA should be followed if a person lacks capacity to consent to the isolation- following the principles of the MCA best interests process as a matter of priority and ensuring any arrangements are the least restrictive option.

DHSC -The Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) During the Coronavirus (COVID-19) Pandemic

Visiting

Following Governments guidance in the document 'Visiting Arrangements in Care' 23 August 2021 and the most recent document 'Visits out of care homes' 23 August 2021, CCSL will:

- endeavour to facilitate face-to-face visits, wherever it is safe and appropriate to do so,
- continue to prioritise end of life and mental deterioration cases,
- continue to prioritise the maintaining of a covid secure environment within the Homes,
- facilitate visits out of the care home, on an individual basis, where deemed safe and appropriate to do so, following thorough planning and risk assessment.

All visits remain at the discretion of the Home Manager.

Some residents will have particular needs (for example, those who are unable to leave their rooms or those living with advanced dementia) which will make COVID-secure visits challenging. Where a resident requires individualised visiting arrangements CCSL Home Manager's will work with the resident, and their family/friends to develop a tailored visiting policy within the principles outlined above.

The factors relevant to decisions about particular individuals or groups of residents include the following, as described in the document 'Visiting Arrangements in Care Homes for the period of National Restrictions':

- the benefits to a person's wellbeing by having a particular visitor or visitors
- the extent of the harm that will be experienced by the resident from a lack of visitation or whether the individual is at the end of their life
- whether residents or staff or visitors are in the extremely clinically vulnerable group (see latest government [guidance on shielding](#))
- whether the resident's state of physical health is such that they may be more seriously affected if they develop COVID-19
- the provisions and needs outlined in the person's care plan
- the level and type of care provided by external visitors and the ability of care home staff to replicate this care
- the appropriate duration of any visit for the particular resident
- the appropriate level of staff to enable safer visiting practices
- the extent to which remote contact by telephone and/or video addresses any wellbeing issues above and is available and reduces any distress or other harm caused by the absence of visits. When developing visiting policies, care homes should consider how they will support remote contact (for example, wifi access for all residents).

Family visits will be regularly reviewed, and remain dependent on a number of factors, including the individual Home having no suspected or positive COVID-19 cases, the local rate of infection remaining low and on Government updates. Face to face visits may be closed/cancelled at short notice for the safety of everyone.

Clear guidance on visiting will be circulated to residents and to relatives. Staff will take time to explain the policy to residents and to support them through this difficult period. This should include giving residents support in using devices such as mobile phones, tablets and computers to stay in touch with family.

Other Visitors to the Home

Other visitors (including CCSL Management, other outside Health and Social Care agencies, etc) to the Home must follow the current Government Guidance and CCSL Infection Control Procedures. This includes taking a LFD test, with a negative result, **and proof of full vaccination or exemption, prior to entering the building.**

Contractors

Contractors on site should be kept to essential visits only where the safety of residents is impacted, eg boiler breakdown. In such circumstances strict social distancing will be maintained and emergency service personnel asked to comply with all infection control, including the taking of a LFD test with a negative result, **and proof of full vaccination or exemption, prior to entering.**

It is expected that all contractors coming onto site will come with their own infection control & prevention equipment, including hand sanitiser, disposable gloves, apron and facemasks.

Personal Protective Equipment (PPE)

In this home staff should use PPE as directed in the following Public Health England guidance.

- [COVID-19 personal protective equipment \(PPE\)](#)
- [COVID-19: How to work safely in care homes](#)

Single-use items must be changed between each episode of care. Masks and eye protectors may be used throughout a session until the member of staff takes a break from their duties. Any PPE should be changed if it becomes soiled or damaged.

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

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

The care home manager will make every effort to ensure that adequate stocks of appropriate PPE are maintained and that PPE is readily available for staff to use.

PPE must be worn, when providing personal care which requires you to be in direct contact with the resident(s) (e.g. touching) OR within 2 metres of a resident who is coughing.

The following recommendations apply:

- whether the resident you are caring for has symptoms or not, and includes all residents including those in the ‘extremely vulnerable’ group and those diagnosed with COVID-19.
- whenever you are within 2 metres of any resident who is coughing, even if you are not providing direct care to them.
- for all direct care, for example: assisting with getting in/out of bed, feeding, dressing, bathing, grooming, toileting, applying dressings etc. and or when unintended contact with residents is likely (e.g. when caring for residents with challenging behaviour).

These recommendations assume that care workers are not undertaking aerosol generating procedures (AGPs).

| Recommended PPE items | Explanation |
|--|---|
|  Disposable gloves | Single use to protect you from contact with resident’s body fluids and secretions. |
|  Disposable plastic apron | Single use to protect you from contact with resident’s body fluids and secretions. |
|  Fluid-resistant surgical mask | <p>Fluid-repellent surgical masks can be used continuously while providing care, until you take a break from duties (e.g. to drink, eat, for your break time or end of shift).</p> <p>The mask is worn to protect you, the care worker, and can be used while caring for a number of different residents. You should not touch your face mask unless it is to put it on or remove it.</p> <p>You should remove and dispose of the mask if it becomes damaged, soiled, damp, or uncomfortable to use. You need to use a new mask when you re-start your duties after a break.</p> |
| Eye protection | <p>Eye protection may be needed for care of some residents where there is risk of droplets or secretions from the resident’s mouth, nose, lungs or from body fluids reaching the eyes (e.g. caring for someone who is repeatedly coughing or who may be vomiting).</p> <p>Use of eye protection should be discussed with your manager and you should have access to eye protection (such as goggles). If you are provided with goggles, then you should be given instructions on how to clean and store them between duties.</p> <p>Eye protection can be used continuously while providing care, until you need to take a break from duties.</p> |

When performing a task requiring you to be within 2 metres of resident(s) but no direct contact with resident(s) (i.e. no touching)

The following recommendations apply for tasks such as: performing meal rounds, carrying out wellbeing activity, medication rounds, prompting people to take their medicines, preparing food for residents who can feed themselves without assistance, or cleaning close to residents.

If practical, residents with respiratory symptoms should remain inside their room, they should be encouraged to follow good respiratory hygiene. If unable to maintain 2 metre distance from a coughing resident then follow recommendations above.

| Recommended PPE items | Explanation |
|----------------------------|---|
| ✘ Disposable gloves | Not required. |
| ✘ Disposable plastic apron | Not required. |
| ✔ Surgical mask | <p>Surgical masks can be used continuously while providing care, until you take a break from duties (e.g. to drink, eat, take a break from duties at your break time or at end of shift).</p> <p>The mask is worn to protect you, the care worker, and can be used while caring for a number of different residents. You should not touch your face mask unless it is to put it on or remove it.</p> <p>You should remove and dispose of the mask if it becomes damaged, soiled, damp, or uncomfortable to use. You need to use a new mask when you re-start your duties after a break.</p> <p>Note: surgical masks do not need to be fluid repellent for use in this situation. However, if you are already wearing a fluid-repellent surgical mask there is no need to replace it, and if only fluid-repellent surgical masks are available then these may be used.</p> <p>A fluid-resistant surgical mask may be needed where there is high risk from respiratory droplets (e.g. when undertaking prolonged tasks close to residents who are persistently coughing or where it is not certain you can remain 2 metres away from coughing residents).</p> <p>Use of fluid-resistant masks should be discussed with your manager and be informed by a risk assessment in your care home.</p> |
| Eye protection | <p>Eye protection is not required if you are not within 2 metres of someone with a cough.</p> <p>Eye protection may be needed for care if you cannot maintain a 2 metre distance and is needed for certain tasks where there is risk of droplets or secretions from the resident's mouth, nose, lungs or from body fluids reaching the eyes (e.g. prolonged tasks near residents who are repeatedly coughing or who may be vomiting).</p> <p>Use of eye protection should be discussed with your manager and you should have access to eye protection (such as goggles). If you are provided with goggles, then you should be given instructions on how to clean and store them between visits</p> <p>Eye protection can be used continuously while providing care, until you need to take a break from duties.</p> |

When working in communal areas with residents- no direct contact with resident(s) though potentially within 2 metres of resident(s)

The following guidance applies for tasks such as: working in dining rooms, lounges, corridors etc. during wellbeing activity.

If practical, residents with respiratory symptoms should remain inside their room, they should be encouraged to follow good respiratory hygiene. If unable to maintain 2 metre distance from a coughing resident then follow recommendations above.

| Recommended PPE | Explanation |
|----------------------------|---|
| ✘ Disposable gloves | Not required. |
| ✘ Disposable plastic apron | Not required. |
| ✔ Surgical mask | <p>Surgical masks can be used continuously while providing care, until you take a break from duties (e.g. to drink, eat, take a break from duties at your break time or at end of shift).</p> <p>The mask is worn to protect you, the care worker, and can be used while caring for a number of different residents. You should not touch your face mask unless it is to put it on or remove it.</p> <p>You should remove and dispose of the mask if it becomes damaged, soiled, damp, or uncomfortable to use. You need to use a new mask when you re-start your duties after a break.</p> <p>Note: surgical masks do not need to be fluid repellent for use in this situation. However, if you are already wearing a fluid-repellent surgical mask there is no need to replace it, and if only fluid-repellent surgical masks are available then these may be used.</p> <p>A fluid-resistant surgical mask may be needed where there is high risk from respiratory droplets (e.g. when undertaking prolonged tasks close to residents who are persistently coughing or where it is not certain you can remain 2 metres away from coughing residents).</p> <p>Use of fluid-resistant masks should be discussed with your manager and be informed by a risk assessment in your care home.</p> |
| ✘ Eye protection | Not required. |

Note: PPE is only effective when combined with: hand hygiene (cleaning your hands regularly and appropriately); respiratory hygiene <https://coronavirusresources.phe.gov.uk/hand-hygiene> and avoiding touching your face with your hands, and following standard infection prevention and control precautions. www.nice.org.uk/guidance/cg139

Reporting

The Manager/infection control lead for the home will inform the Managing Director immediately if any member of staff or resident is suspected to be infected with coronavirus or comes into contact with someone suspected to be infected with coronavirus. The Managing Director will liaise with the local health protection team. In such cases the individual who is unwell should call NHS 111 from their mobile, or 999 if an emergency (if they are seriously ill or injured or their life is at risk). A staff member should call on their behalf if the person affected is not able to comply.

This home will comply fully with all existing infection control and prevention guidance, including the *Health and Social Care Act 2008: Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance*.

Admissions to the Home, including from Hospital

For all admissions to the home, whether returning residents or new residents, from a hospital or from a community setting, the resident should be managed in isolation for 14 days, regardless of a positive or negative swab from hospital, and regardless of whether they are showing symptoms or not.

- For residents being discharged from hospital, most will be swabbed 48 hours before discharge. Provided all Infection Prevention and Control advice is followed, it is safe to accept a resident into your home.
- The Hospital Discharge Service and staff will clarify with care homes the COVID-19 status of an individual and any COVID-19 symptoms, during the process of transfer from a hospital to the care home.
- Discharge can still happen while awaiting results, as a negative result is not required to enable discharge.
- Risk Assessments should be carried out in line with current guidance and recommendations.

Admission following a Positive Result:

1. **If no symptoms**, isolate in a single room for 14 days from the date arrival.
2. **If has or develops symptoms**, isolate for 14 days in a single room from date of symptom onset. Discourage use of any communal areas. Seek medical help as required.

Admission following a Negative Result:

1. Isolate in a single room for 14 days from date of arrival.
2. **If develops symptoms**, isolate for 14 days in a single room from date of symptom onset. Discourage use of any communal areas. Seek medical help as required.

Following guidance from Public Health England, residents after having had a positive test result, should be exempt from routine re-testing by PCR or LFD antigen tests within a period

of 90 days from their initial illness or test (if asymptomatic), unless they develop new COVID-19 symptoms. This is because fragments of inactive virus can be persistently detected by PCR in respiratory tract samples following infection – long after a person has completed their isolation period and is no longer infectious.

Business Continuity Procedures and Pandemic Recovery Planning

In addition to the CCSL's general business continuity and recovery planning policies, the home recognises the need to have a separate pandemic recovery plan and procedure.

The following procedure sets out contingency measures to be introduced in the event of a coronavirus pandemic:

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

The Management of the home 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 home will be able to continue to provide care to its residents during any pandemic.

Monitoring and Review

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

| | |
|---------------------|----------------|
| Signed: | Nicola Hemsley |
| Date: | 8 October 2021 |
| Policy review date: | January 2021 |

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