

# COVID-19 RESPONSE PLAN (ADULTS)

## KEEPING FOCUSED ON SUPPORTING OUR ADULT SERVICE USERS AND STAFF

ADULT SERVICE	SENAD COMMUNITY TEAMS
COVID LEADER OF CLUSTER	NINA SHARPE
REGISTERED MANAGER	ANNA GOSCOMBE DAVID REYNOLDS
AREA MANAGER	LAURA WARD
NI FOR ADULTS	NINA SHARPE
SENAD COVID LEADER	DR MARK FLYNN
DATE OF THIS VERSION	9 <sup>TH</sup> MARCH 2020
VERSION NUMBER	1
DOCUMENT REFERENCE:	209.5COM
ACCESS	OPEN – WEBSITE

## Table of Contents

Coronavirus: COVID 19 background.....	2
The Three Phases: Contain, Delay, Mitigate .....	3
Leadership of the School’s COVID-19 Response Plan .....	4
Three Risks: Staffing, Infection & NHS Access .....	5
Planning principles: managing the three risk factors in three phases .....	6

## Coronavirus: COVID 19 background

**COVID-19 is a new strain of coronavirus** first identified in Wuhan City, China in January 2020, but it is now worldwide. Due to its incubation period of between 2 and 14 days, high infection rate and the absence of an inoculation or drugs to deal with a virus, the UK Government has identified that organisations need to be prepared for the following scenario:

- Up to 80% of the population being infected over 6 months
- Up to 20% of the workforce being off work during the peak period
- That it may take up to 3 months for the virus infection to peak
- And then for the virus to remain around for up to 3 months
- NHS (hospitals and GPs) being over stretched so NHS services will be affected
- That the majority of people will have a mild version of the virus
- Those with pre-existing health conditions (diabetes, cancer and chronic lung, heart and immune issues) are at greater risk, especially those over age 75
- Young adults and in particular, children, are at lower risk
- That the majority of people will have to self-manage the illness with 'over the counter remedies' as antibiotics will not work with a virus

The UK government have been planning an initial response based on information available at the time, in a context of uncertainty that can be scaled up and down in response to new information to ensure a flexible and proportionate response.

The plan takes steps to **Contain, Delay and Mitigate** any outbreak, using HM Government leadership to inform policy development. This Covid-19 Response Plan is the framework of how the service will manage the inevitable escalation of the Coronavirus (COVID-19).

### **Social Care**

<https://www.gov.uk/government/publications/guidance-for-social-or-community-care-and-residential-settings-on-covid-19/guidance-for-social-or-community-care-and-residential-settings-on-covid-19>

We have followed the framework set out by the Government in the [HM Government Action plan](#) published on 3<sup>rd</sup> March 2020. Our response will change, that is evolve, as the COVID-19 virus outbreak unfolds over time in line with Government advice.

The Head of Service will review the action plan each Monday

## The Three Phases: Contain, Delay, Mitigate

The Home supported by the SENAD Group will monitor local, national and international guidelines. This helps us set policy which reflects government guidelines. The home *may* be at a different phase compared to the UK.



### **Contain** and prepare to delay the spread of infection

- In the event of the expected pandemic arriving, infected residents (and service users from the community) would typically be cared for away from the home by hospitals and Health Care facilities
- Infected staff would not come into the home/service as directed by the NHS
- Infection control protocols and training enhanced
- Service users' families and visiting professionals asked to also play their part with infection control
- Reduce discretionary activities to reduce infection opportunity

### **Delay** and prepare to minimise the impact of next phase

If the virus spreads as is predicted NHS facilities will soon become overwhelmed.

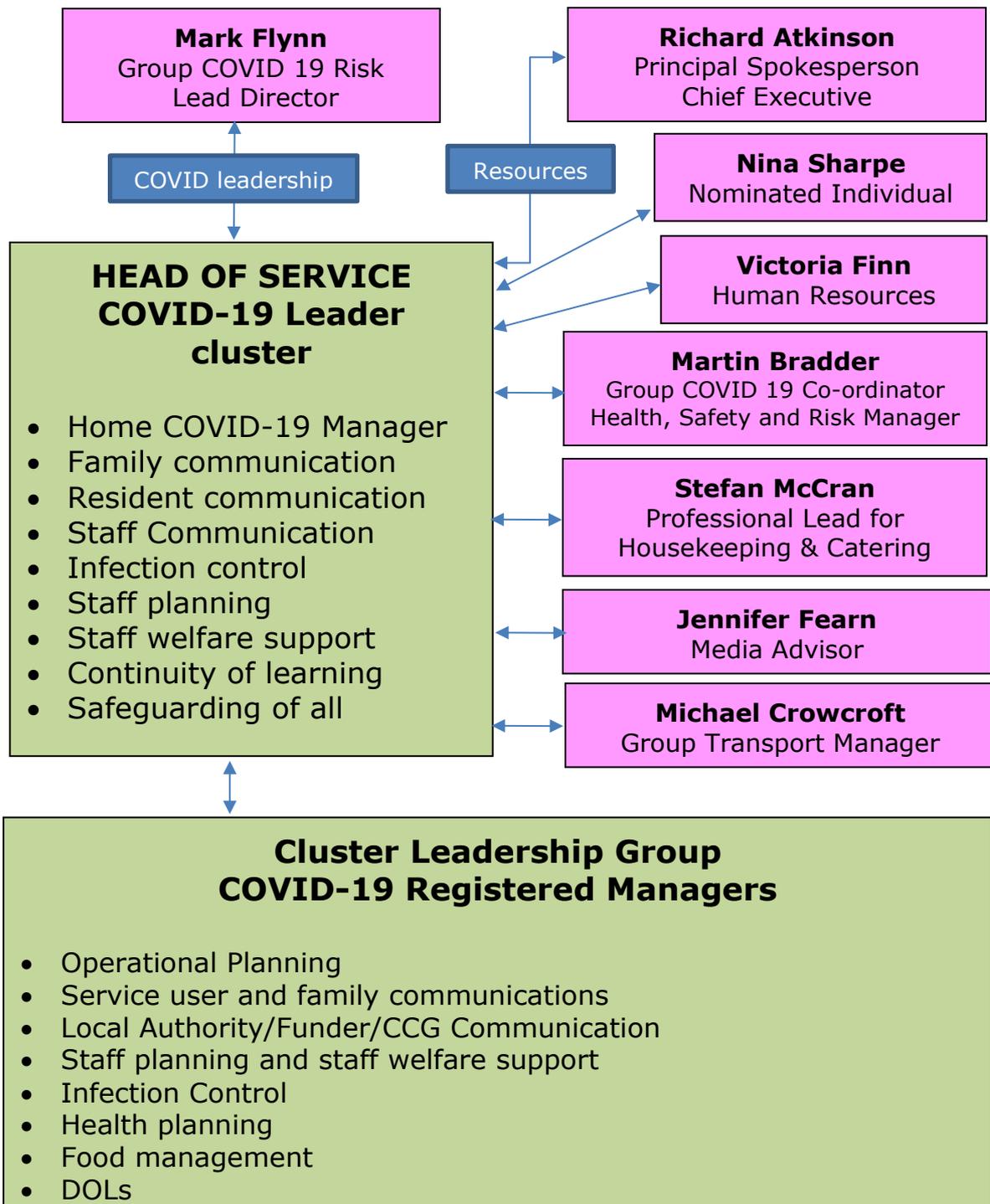
- SENAD facilities or community teams would be required to provide primary care for the virus infected resident(s)/service users.
- The home cannot be shut down, we will have to actively deep clean around our service users as directed by PHE Health Protection Teams
- Some adult community packages cannot be curtailed
- Some hospital support may be expected of us due to Court Orders
- The adult service teams have clear protocols for '*barrier care*' infection control management (policy 305 within SENAD services)
- Staff roles and deployment will be reviewed to provide support capacity

### **Mitigate** (reduce) the impact of COVID-19

- If the NHS becomes overwhelmed, SENAD facilities will be obligated to provide some primary care for the service users.
- This will need '*reactive planning*' to minimise the potential for infection spreading amongst our residents and our staff teams.
- We will follow PHE Government advice on how to manage such a scenario which will be published later this (March) month.

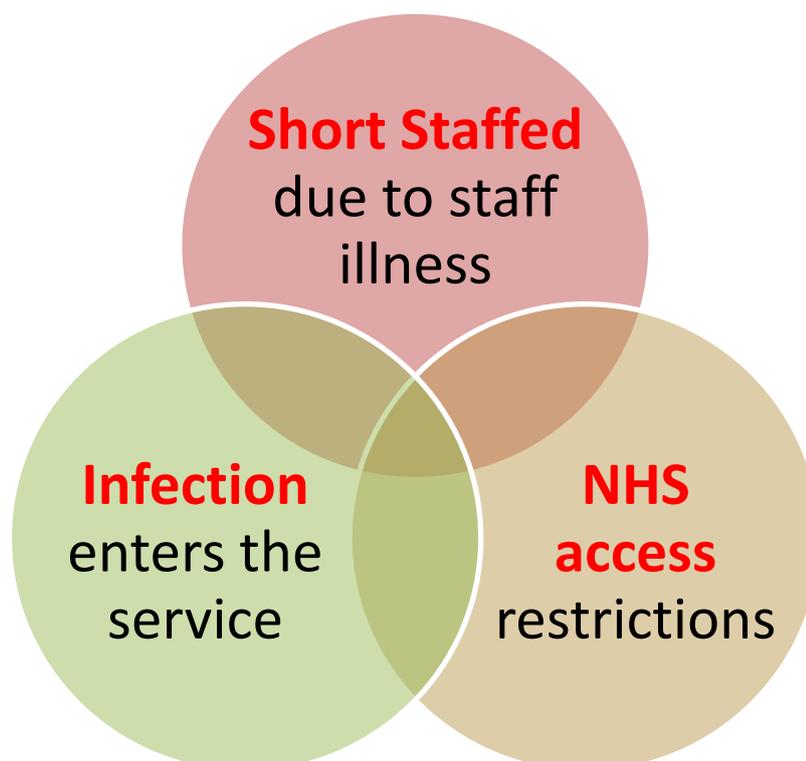
## Leadership of the School's COVID-19 Response Plan

The **Head of Service** leads the Registered Managers in their local cluster of adult registered services. The **Nominated Individual (Nina Sharpe)** is the oversight lead and actively works with the **SENAD Group's** Chief Operations Officer who supports the Head of Service and the Nominated Individual, who in turn supports the Registered Managers.



## Three Risks: Staffing, Infection & NHS Access

The scale of disruption and the longevity of the impact of the Coronavirus (COVID-19) **will place adult homes & community support under extreme pressure.** This is very likely to happen. The Service/Home has comprehensive operating policies for managing risks and problems. This **COVID-19 Response Plan** addresses **three key risk areas that become very complicated** to manage when the coronavirus is at its peak.



What happens?	Why this happens	What needs to be done
<b>Short staffed</b>	Staff become ill with COVID-19 or are caring for their families so can't attend work	<ul style="list-style-type: none"> <li>• Clear minimum emergency staffing ratios</li> <li>• Back up 'cover rotas' where possible</li> </ul>
<b>Infection</b>	Residents will become infected (80% chance)	<ul style="list-style-type: none"> <li>• Residents have "barrier care" social care support by staff</li> </ul>
<b>NHS access restrictions</b>	NHS will cancel access to treatment outside of COVID-19 priorities GP access is harder.	<ul style="list-style-type: none"> <li>• Clear plan to manage health conditions &amp; primary care needs</li> <li>• Clear on how to escalate medical priority with GP</li> </ul>

## Planning principles: managing the three risk factors in three phases

Phase	Short Staffed	Infection present	NHS access blocked
<b>Contain</b>	<p><b>Prepare how to reduce staffing</b></p> <ul style="list-style-type: none"> <li>✓ Start to simplify routines</li> <li>✓ Plan how to combine groups</li> <li>✓ Consult on reduction of activities</li> <li>✓ Review &amp; update Behaviour Support Plans</li> <li>✓ Identify who '<i>can do what</i>'</li> <li>✓ Identify '<i>at risk</i>' staff health issues</li> <li>✓ Check 1<sup>st</sup> aider requirements</li> <li>✓ Set up active access routes to Employee Assist Programme</li> <li>✓ Plan for '<i>absolute minima staff</i>' numbers</li> <li>✓ Review emergency DOLS protocols</li> </ul>	<p><b>Manage isolates &amp; prepare</b></p> <ul style="list-style-type: none"> <li>✓ Isolate individuals who are infected as per PHE direction</li> <li>✓ Target '<i>deep cleans</i>'</li> <li>✓ Contact point cleaning protocols</li> <li>✓ Info-campaign on hygiene</li> <li>✓ Check stocks of barrier PPE</li> <li>✓ Clear visitor protocols</li> <li>✓ Refresh infection control training</li> <li>✓ Consult families about '<i>what happens</i>' if home becomes infected</li> <li>✓ Set up FaceTime for parent contact</li> <li>✓ Review emergency DOLS protocols</li> </ul>	<p><b>Prepare for reduced access</b></p> <ul style="list-style-type: none"> <li>✓ Triage health plan needs into critical vs deferrable</li> <li>✓ Liaise with GP practice on escalation approaches</li> <li>✓ Retime dental/opticians</li> <li>✓ Accelerate appointments</li> <li>✓ Defer non-essential treatment</li> <li>✓ Identify '<i>how to manage</i>' if delayed</li> <li>✓ Agree alternative consultation approaches with specialists</li> <li>✓ Review amended dietary issues</li> <li>✓ Review &amp; update Behaviour Support Plans</li> <li>✓ Refresh CPR training as needs be</li> </ul>
<b>Delay</b>	<p><b>Reduce the demand for staffing</b></p> <ul style="list-style-type: none"> <li>✓ Curtail off-site activities</li> <li>✓ Simplify routines</li> <li>✓ Combine activities and reduce discretionary supported activities</li> <li>✓ Reduce escorted activities</li> <li>✓ Typically reduced visitors</li> <li>✓ Be clear how we support necessary medical appointments</li> <li>✓ Support staff welfare</li> <li>✓ Ensure 1st aider cover available as needs be</li> </ul>	<p><b>Parts of home/service infected</b></p> <ul style="list-style-type: none"> <li>✓ Barrier care for affected home</li> <li>✓ Restrict access to affected house</li> <li>✓ Strict hygiene control when entering '<i>infected homes</i>'</li> <li>✓ Daily deep clean within all homes</li> <li>✓ Restricts movement out of home</li> <li>✓ Set up '<i>internal food bank</i>'</li> <li>✓ No unnecessary visitors</li> <li>✓ Update DOLS</li> <li>✓ PHE notified of infection</li> </ul>	<p><b>NHS/GP access reduces</b></p> <ul style="list-style-type: none"> <li>✓ Follow health plan triage approach</li> <li>✓ Use alternative consultation models used by GP/NHS (video etc)</li> <li>✓ Use alternative consultation models used by freelance specialists</li> <li>✓ Call GP or 111 for non-emergency care advice</li> <li>✓ Call 999 for emergency care</li> </ul>

**Planning principles: managing the three risk factors in three phases continued....**

<b>Phase</b>	<b>Short Staffed</b>	<b>Infection present</b>	<b>NHS access blocked</b>
<b>Mitigate</b>	<p><b>Restrict to absolute minimum</b></p> <ul style="list-style-type: none"> <li>✓ Ensure 'minima' ratios covered</li> <li>✓ Simplify food preparation</li> <li>✓ Simplify in-home activities</li> <li>✓ No escorted activities</li> <li>✓ Typically no visitors</li> <li>✓ Support staff welfare – review staff rotation, overnight stays etc</li> <li>✓ Ensure 1st aider support as needed</li> <li>✓ Access to Employee Assist Programme</li> </ul>	<p><b>Whole site is/may be infected</b></p> <ul style="list-style-type: none"> <li>✓ Barrier care for whole home</li> <li>✓ Restrict access to the home</li> <li>✓ Use infection control protocols to manage staff moving between homes where applicable</li> <li>✓ Send other residents to parental home if possible</li> <li>✓ Daily deep clean across whole home</li> <li>✓ Restriction of movement</li> <li>✓ No unnecessary visitors</li> <li>✓ Deploy internal food bank to the homes with simplified menus</li> <li>✓ Update DOLs</li> <li>✓ PHE notified of infection</li> </ul>	<p><b>NHS<sup>1</sup> only accessible for '999'</b></p> <ul style="list-style-type: none"> <li>✓ Follow health plan triage approach</li> <li>✓ Use alternative consultation models used by GP/NHS (video etc)</li> <li>✓ Use alternative consultation models used by freelance specialists</li> <li>✓ Call GP or 111 for non-emergency care advice</li> <li>✓ Call 999 for emergency care</li> </ul>

The Group COVID 19 Risk Lead Director provides dynamic guidance support, based on HM Government information, to the Head of Service and Nominated Individual to respond to the evolving situation that COVID-19 infection brings.

---

<sup>1</sup> NHS also covers freelance specialists used by the schools such as SLT, OT, dietician, behaviour support, psychologists and psychiatry