

Coronavirus: COVID-19

The SENAD Group

COVID-19 Infection Prevention & Control (IPC) framework policy

*This document sets out the Strategic Framework for COVID 19 Infection prevention and control and the hierarchy of controls needed.
It identifies 4 service specific pathways **for different services with specific guidance to enable timely revision's to operating procedures as the pandemic continues to present a risk to health.***

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1. Overview

The updated framework for COVID-19 infection prevention and control (IPC) is comprised of a Strategic policy (this document) which provides the overarching rationale for continued COVID-19 measures and 4 distinct COVID-19 operational pathways. The 4 pathways will be specific to:

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| <ol style="list-style-type: none"> 1. Ofsted Schools in England 2. CIW/Estyn Schools in Wales 3. CQC Adult care homes 4. CQC Domiciliary care for adults |
|--|

It will provide a structure for managing the any possible impact of COVID-19 on our services by ensuring best practice to protect our students, service users and staff teams and other persons who may be affected by what we do on site for example, visitors, contractors, healthcare professionals and deliveries.

There may be times when local Directors of Public Health apply specific rules in certain areas as deemed necessary.

2. Policy statement

SEAND is committed to ensuring the health, safety and welfare of its staff, service users and anyone who attends our site for example visitors contractors and health professionals and will ensure so far as is reasonably practicable that controls are in place in line with legislation and government guidance on COVID-19 infection prevention and control.

As guidance changes, the pathways will be updated to reflect the changes directed by national and local governments within the UK, which are based on new and emerging evidence on transmission and variants at any given point in time.

3. Co-Production and good practice working

Working on the principles of co-production with public agencies (PHE/PHW/LA/CCG/LHB/GPs) we will provide as stable a service as we are able to allow our service users to enjoy a full as full a life as possible. We will challenge others if we need to so as to ensure that our practice is secure and consistent. Our core principles are:



Good practice looks like...	Poor practice looks like...
Use of best evidence at the time to make a decision, referenced to the statutory expectations	Anecdotal impressions that are not sense checked
Evaluation of the information in the 'here and now'	Knee jerk reactions that are based on out of date information or historical actions, or guesses about the future, as opposed to the present or near future

Good practice looks like...	Poor practice looks like...
Logical reasons for the decision	Irrational or incomplete ideas others do not understand or cannot articulate to another person
Documented so that others can understand what is to be done	Undocumented decisions that others don't recall accurately
Review decisions and update practice as time or situation changes	Out of date practice is sustained that is either unsafe or no longer relevant

4. Scope

This policy document applies to all staff, volunteers and nominated care providers working on behalf of Senad. It also applies to agency and bank staff whilst working on Senad sites or on behalf on Senad to support its service users.

5. COVID-19 Planning: managing risk so as to minimise the impact on our services

The SENAD group has been proactive during the pandemic in implementing and leading on '**stay safe and stay open**' practices. As the UK nations continues to combat COVID-19 and its variants, this Infection Prevention & Control (IPC) overarching framework and the individual pathways further develops these '**stay safe and stay open**' practices.

The UK government is constantly reviewing their planning and response to the COVID-19 pandemic 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.

Services do have robust business continuity and contingency plans in place to manage both national and local surges in infection and periods of high transmission. This must consider all the additional resources that may be needed and safe staffing levels. The business continuity and contingency plans must be regularly reviewed and kept up to date. Site specific planning has been and should continue to be tested for operational deficiencies.

The four operational pathways are based on specific guidance from UK, English and Welsh governments, but also consider the complex need and vulnerabilities of individuals within our services.

Services should keep account also of local Director of Public Health information and direction at any given point in time throughout the pandemic.

During an outbreak within a service, advice should be sort as indicated in guidance from the local public health experts who will support services to

bring the outbreak to the best outcome possible. They are best placed to provide tailored advice as they have a higher level of knowledge on local transmission rates and variants of concern in the locale.

In addition to this the SENAD has developed its own internal system of responsibilities, communication and support.

6. Responsibilities for communication and outbreaks

The **COVID-19 Director coordinating** SENAD's response is:

Dr Mark Flynn: Chief Operations Officer

He co-works with...

Nina Sharp Adult Care Director - Deputy Lead

...they are accountable to the...

The Executive Directors who oversee the Group's response led by the Chief Executive Officer

...and they support and underpin the work of

The LOCAL COVID-19 Manager

Each site/ business **has** appointed an individual that controls infection management for the site. This is the Site COVID-19 Manager. It is the Head teacher or the registered manager. **They are the 'outbreak leader'**.

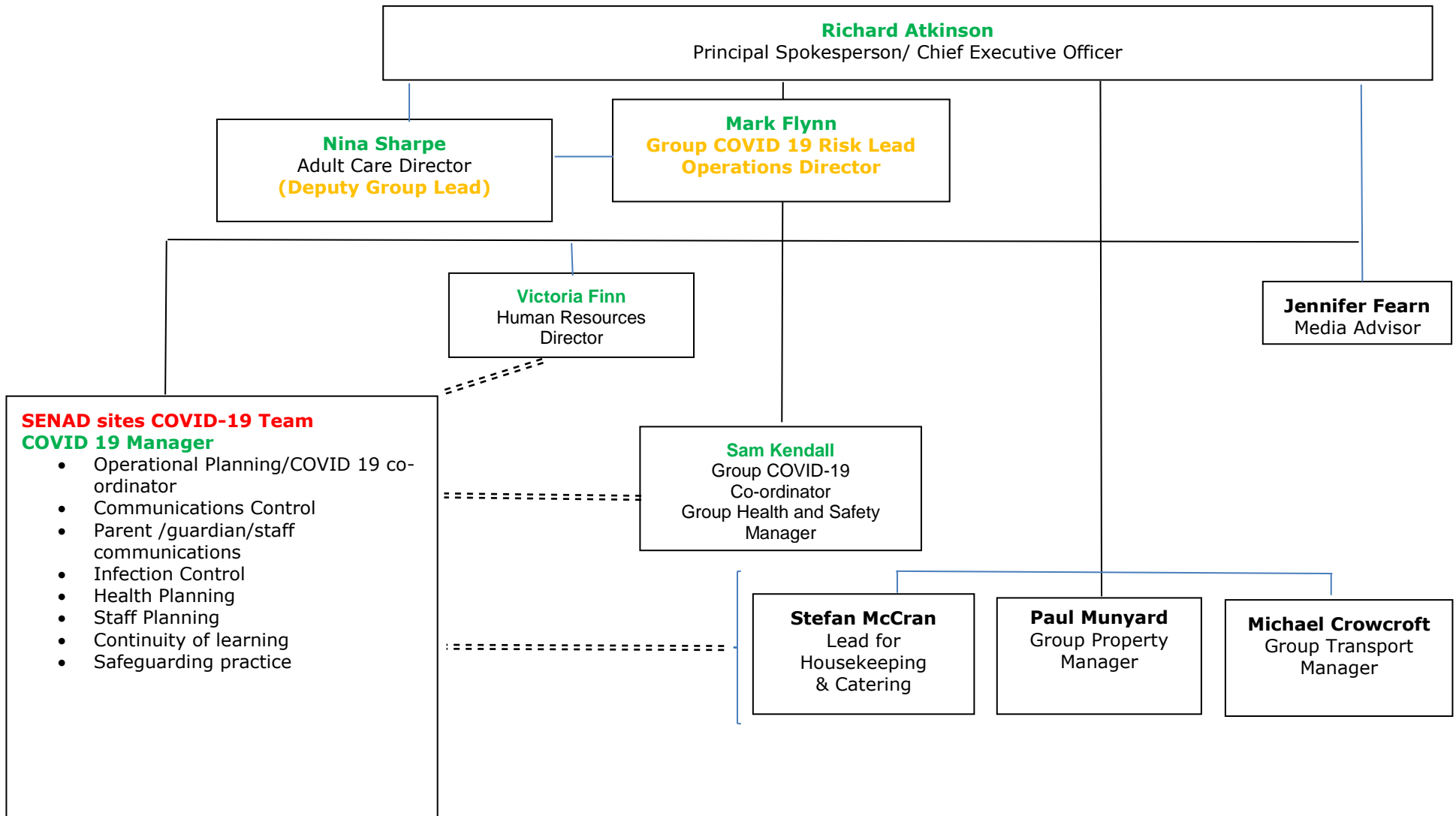
The COVID-19 Manager **has** established a communication plan which identifies emergency numbers including hospitals, Local authority action lines and any support/ action numbers identified by the Government. They also have contact details for each service user's family and GP and social worker (or equivalent).

The local plan will include communication strategies for staff, parents, service users, social workers etc. Typically, these adapt quickly based on the 'issue at hand'; there is no 'one size fits all' approach.

This policy its individual pathways are complimented by:

1. Risk assessments for the specific service
2. Individualised risk assessments for individual students, residents and staff who may be vulnerable to infection.
3. Individualised risk assessments and protocols for specific activities

7. The 'decision support structure' in SENAD services

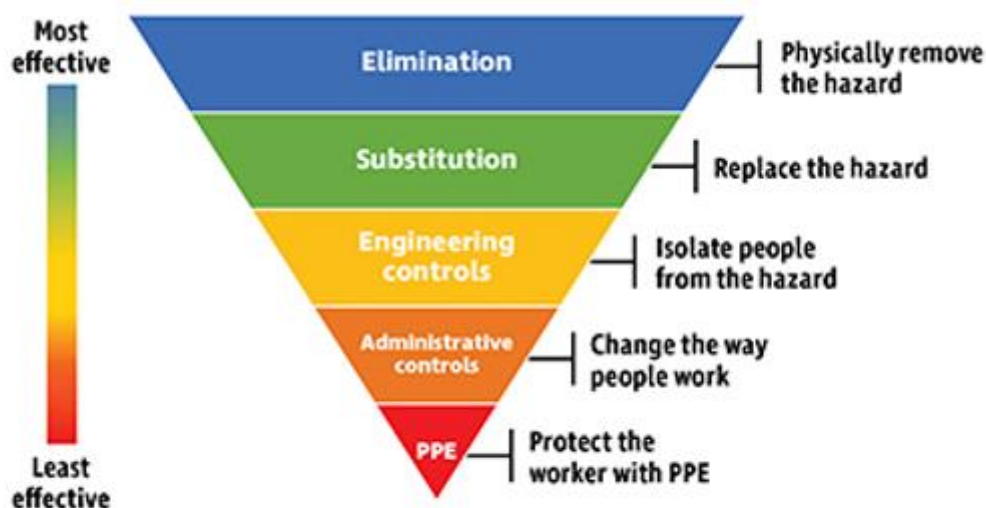


8. Named COVID-19 Managers by service/site

Service	Leader
Alderwasley Hall School & Sixth Form	Sara Forsyth
Aran Hall School	Llio Eiri
Bladon House School	Shally Saleri-Palmer
Maple View School	Amanda Grant
Pegasus School	Kerry Jefferson
Rowden House School	Martin Carter
Vernon Gate	Richard Atkinson
St James' Court (Derby)	Nina Sharpe Laura Ward
Orchard Court (Coventry)	David Reynolds Laura Ward
Adult Homes (Derbyshire & Staffordshire)	The named Registered Manager <i>with support from Nina Sharpe</i>
Adult Homes (Herefordshire)	The named Registered Manager <i>with support from Martin Carter</i>

9. Hierarchy of Controls

The Group's management of infection control plan for COVID-19 is based on sound Health & Safety guidance outlined by the HSE, and guidance from the Government Departments namely identifying controls proportionate to the risk and follows the COSHH hierarchy of controls:



Elimination

- Early recognition/reporting and management of symptoms of COVID-19 in service users & staff and appropriate isolation/controls being implemented
- Safe Management of Referrals and New Admissions
- Safe Management of Hospital Discharge
- Managing visitor access in line with current Government guidance
- Checking vaccination status as applicable to current guidance and company policy

Substitution

- Given the nature of COVID -19, substitution is not possible as a control measure. Therefore it is 'not valid' as a measure.

Engineering controls

- Improve ventilation to reduce viral load and air monitoring
- Reducing room load factors, working outside where possible
- Testing to reduce the likelihood of transmission
- The use of screens to provide safer working
- Additional facilities for hand hygiene and cough etiquette
- Decontamination of surfaces and equipment
- Safe handling, storage and disposal of contaminated waste
- Adjusting the environmental/ layout to support safer working

Administrative Controls

- Sound Top Lead guidance and procedures which reflect Government driven recommendations
- Regularly monitoring and reviewing control measures to ensure they remain effective
- Appropriate risk management based on real risk which is proportionate and takes account of operational and personal needs.
- Appropriate and timely communications to manage emerging risks
- Visual aids and posters to act as reminders and guidance
- Appropriate resource planning and management of staff movement
- Ensuring suitable and sufficient training for staff to enable safe systems of work
- Ensuring staff who are not exempt have access to vaccination and time to comply with requirements.

COVID Personal Protective Equipment- PPE

- Identifying the right PPE for the right situation and undertaking monitoring to ensure compliance
- Service users with symptoms or confirmed COVID-19 encouraged to wear face masks (source control)
- Where required for APG protocols, ensuring Fit testing of FFP3/ Hoods and appropriate PPE training for Aerosol generating procedures

Staff refusing to wear masks will be referred to the HR department and may be assessed by a medical capability assessment.

Where alternative specialist PPE is needed that will be sourced on an individual basis considering the type and availability.

10. Strategic Pandemic Planning and Response

The COVID-19 director and deputy COVID director actively researches the appropriate response to the pandemic using UKHSCB/PHW/WHO and UK government sources. They are supported in this by the Group Health & Safety Manager.

This is turned into operational practice and will be reflected in the pathways for the type and location of the service. Site COVID-19 Managers should keep informed of any local guidance that requires additional controls.

The COVID-19 service lead (head teacher or registered manager) then adapts this to become local practice using the hierarchy of controls for their type of service.

The Group Health & Safety Manager and director and deputy COVID director will provide guidance and support to service lead managers.

11. COVID-19 Manager's responsibilities

COVID-19 Managers **will** ensure:

- IPC practice importance is constantly reinforced
- Donning and Doffing of PPE training and assessments in practice are undertaken as appropriate to their service.
- Visual aids have been distributed, and displayed appropriately
- Adequate infection control precautions are in place and resources for example:
 - Hand hygiene
 - PPE.
 - Specialist PPE for AGPs' as required in certain settings.

- Cleaning and decontamination.
 - Waste management.
 - Management of laundry as applicable
- Plan for minimal contact with infected persons
 - Protocols for visitors as per the relevant guidance for the service detailed in the pathway
 - Ensuring asymptomatic PCR and LFT testing regimes are in line with the relevant guidance for the type of provision/ service. Also see schools/ special school's operational guidance.

Use of Oximeters – ensuring they are used as per instructions of healthcare professionals where applicable.

12. Vaccinations

COVID-19 Managers (along with social worker support, when involved) should encourage service users to be immunised against COVID 19, when vaccines become available.

For CQC services, vaccination is a mandated requirement and is set out in the HR policies and procedures.

13. Staff well being

We also recognise the need for wellbeing support and staff should be aware of related mental health and wellbeing. Staff who are struggling should speak to their line manager who can signpost them to information and support.

We want all our staff to come to work safely, working in a safe way in a safe environment and go home safe to their families. We all have a duty of care to one another and to our service users. Everyone must take personal responsibility for following the policy and keeping themselves and others safe.

Whilst we can only write policies for risks relating to work, given the complex needs of the people we support we advise staff members to endeavour to manage increased risk of exposure outside of work where possible for example in poorly ventilated /crowded indoor spaces or on public transport.

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