



CORONAVIRUS (COVID -19) POLICY AND PROCEDURE

Policy Statement

This policy has been written to cover the operational procedures necessary for the organisation to protect its residents, visitors 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

What is Coronavirus?

The World Health Organisation 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.



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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.

Care home residents are clearly vulnerable to being seriously ill if they are infected by the virus.

Brookside staff monitor the temperature of our residents daily to help identify anyone who may be carrying the virus without displaying any other symptoms.

Information

Brookside Residential Home 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 home (Registered Manager: Hayley White) will maintain close links with local health protection teams and will be responsible for circulating essential information to staff and residents and their families. Hayley White will also continue to update the organisation's management team.

Brookside Residential Home will comply fully with official advice and updates published by the Department of Health and Social Care and Public Health England.

- [*Admission and Care of Residents in a Care Home During COVID-19*](#) (England)
- [*Guidance for Providers of Social Care Services for Adults During the Covid-19 Pandemic*](#)
- [*Personal Protective Equipment \(PPE\) — Resource for Care Workers Working in Care Homes During Sustained COVID-19 Transmission in England*](#)
- [*COVID-19: Infection Prevention and Control \(IPC\)*](#) (England and Wales)



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Infection Control and Prevention Procedures

Brookside Residential 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, residents 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 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. There are hand sanitising/PPE stations located throughout the home.

Environmental cleaning will be increased while the pandemic continues and there is risk of transmission. Regular cleaning of frequently touched hard surfaces with a suitable disinfectant and cleanser will be carried out.

Brookside 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 and Related Guidance](#).



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Staying Home and Social Distancing

During the early stages of the pandemic when infection rates in the community reached their peak, the UK Government imposed a “lockdown” which involved the population being told to stay at home to prevent the spread of the virus.

People were only expected to go outside:

- to shop for necessities, such as food and medicine
- to carry out exercise
- for medical or care needs, for example to help a vulnerable person
- when travelling to and from work, but only where work could not be done from home.

At the height of the pandemic key workers were still free to travel to and from work. This included healthcare and adult social care workers, ambulance and fire personnel, the police and those involved in food production and distribution.

People staying home were told not to have visitors, even from friends or family. In addition to enhanced hand and respiratory hygiene they were told to observe “social distancing” rules, ie keeping a safe distance from others outside of their immediate household. Vulnerable people, including those aged 70 and over, were advised to be particularly stringent in following these measures.

Virus transmission rates were monitored by a scientific group advising the Government and when the risks were sufficiently reduced, a phased relaxation of the lockdown restrictions began. Brookside Residential Home anticipates that as the pandemic progresses this phased relaxation will be reflected in changes to the coronavirus regulations and guidance for adult social care in all UK countries. The home will keep up to date with the changes and will update its own policies and risk assessments as required. At all times resident and staff safety from the risks of the Covid-19 virus will be our key concern.

Throughout the pandemic period it has been the policy of the home to ensure that all public health messages, including those relating to staying home and social distancing, were passed on to staff, residents, and relatives. The home has endeavoured to keep residents safe by temporarily stopping visiting and trips outside and by asking staff and residents to observe social distancing wherever possible when interacting with each other and when not involved in direct personal care.



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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. This policy will continue for the foreseeable future Brookside will continue to implement it where it is required, including any requirements for test and trace.

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:

- **If you have symptoms of infection or a positive test result you should stay at home and self-isolate immediately.** The isolation period starts immediately from when your symptoms started or if there are no symptoms, from when your test was taken. Your isolation period includes the day your symptoms started (or the day the test was taken if there are no symptoms), and the next 10 full days.

You can return to your normal routine and stop self-isolating after 10 full days if your symptoms have gone, or if the only symptoms you have are a cough or anosmia (no sense of smell), which can last for several weeks. If you still have a high temperature after 10 days or are otherwise unwell, you must stay at home and seek medical advice.

If you are self-isolating because of a positive test result but did not have symptoms, and then go on to develop COVID-19 symptoms within the isolation period, you must start a new 10 day isolation period by counting 10 full days from the day following the symptom onset.

- **If you live in the same household as someone with COVID-19 stay at home and self-isolate.** Your isolation period includes the day the first person in your household's symptoms started (or the day their test was taken if they did not have symptoms) and the next 10 full days.



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If you do not have symptoms of COVID-19 yourself, you do not need to take a test. Only arrange a test if you develop COVID-19 symptoms. If for any reason you have a negative test result during your 10-day isolation period, you person must continue to self-isolate. Even if you do not have symptoms, you could still pass the infection on to others.

If you develop symptoms while you are isolating, arrange to have a COVID-19 PCR test. If your test result is positive you must stay at home and start a further full 10-day isolation period. This begins when your symptoms started, regardless of where you are in your original 10-day isolation period. This means that your total isolation period will be longer than 10 days.

If other household members develop symptoms during this period, you do not need to isolate for longer than 10 days.

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

At Brookside, the testing and return to work arrangements set out in the Government guidance, [COVID-19: Management of Staff and Exposed Patients and Residents in Health and Social Care Settings](#), will be applied.

Brookside Residential Home will take all reasonable measures to prevent the transmission of the Covid-19 virus via staff, including:

- ensuring that staff are supported to self-isolate in line with Government guidance if they need to.
- ensuring, where possible, that members of staff work in only one care home — this includes staff who usually work across different homes or staff that work on a part-time basis for multiple employers and agency staff.
- limiting or cohorting staff to individual groups of residents or floors/wings/units, including segregation of Covid-19 positive residents.
- the temperature of staff members reporting for duty is monitored before they commence work.
- encouraging staff members to have their COVID-19 vaccination as part of the national programme.
- Ensuring staff members are tested for COVID-19 according to government guidance which currently advises twice weekly LFD testing and once weekly PCR testing.



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Brookside Residential Home is aware that the Government has provided an Infection Control Fund to support homes in ensuring that self-isolating staff are fully paid while doing so. In addition, the home understands that the fund can also be used in the following ways:

- to support active recruitment of additional staff (and volunteers) if they are needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home.
- to limit the use of public transport by members of staff.
- to provide accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work.
- To limit all staff movement between settings to help reduce the spread of infection. This includes staff who work for one provider across several care homes, staff that work on a part-time basis for multiple employers in multiple care homes or other care settings.
- to support and facilitate safe visiting including the LFD testing of visitors.
- to ensure staff who attend work for the purposes of being tested or vaccinated are paid their usual wages to do so, including any associated travel costs.

[See also the [Coronavirus \(Covid-19\) Testing in Care Homes Policy](#) and [Coronavirus \(Covid-19\) Test and Trace: Contingency Planning \(England\) Policy](#).]

“High-risk” Individuals

Brookside Residential Home is fully aware that there is published guidance for England and Wales on the protection of people, which includes many care home residents, who have conditions that make them “high-risk”. [Guidance on Shielding and Protecting People Who are Clinically Extremely Vulnerable from COVID-19](#) (England and Wales) sets out details of a special “shielding” scheme for high-risk individuals that was in operation prior to the relaxation of lockdown. The home 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.



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Residents and Self-isolation

Where a resident develops the symptoms of Covid-19, they will be isolated in their bedroom. Staff should:

- minimise the risk of transmission through safe working procedures and implementation of infection control policies
- 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. No member of staff should enter an isolation room without wearing PPE.

Brookside is following all official guidance on the use of PPE.

See [Coronavirus PPE guidance for care homes](#).

Care Planning and Referrals

During the pandemic Brookside Residential Home will keep residents 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 residents and their staff are kept safe from cross infection of the coronavirus.

Vulnerable residents will be identified, and plans will be put in place to ensure their safety. Brookside Residential Home will communicate with and involve as fully as possible relatives and others involved in a person’s care, particularly where they might lack mental capacity over the decisions to be taken.



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Admission of New Residents

Brookside Residential Home is following the respective current Governments' guidance on hospital discharge arrangements and for new admissions. The default policy is to ask all new residents to stay in isolation for 14 days from the day of admission to Brookside unless it can be shown that they have already completed a corresponding period in isolation immediately before admission. Any prospective new residents to Brookside or any existing residents of Brookside who are returning to the home following hospital discharge, must be tested for Covid-19. Brookside will only accept admission of any resident following a negative test result. The 14-day isolation period will still apply to any existing residential placements returning from hospital and any new residential admissions.

Safeguarding and Protection

Brookside Residential Home will continue to apply all measures to keep people safe in line with its current policies and local authority safeguarding procedures. It will continue to alert the local authority to any safeguarding issue and comply with its current notification requirements and procedures. The home will continue to exercise its duty of candour where it has made mistakes that have caused serious harm to its residents.

Mental Capacity and Deprivation of Liberty

Brookside Residential Home is aware of the implications of the current situation for residents who lack mental capacity to understand the decisions that are being taken or to act in line with them. The home 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, including where it is evident that people are being deprived of their liberty.

Visiting

Due to COVID-19 and following public health advice, the normal 'open' visiting policy that Brookside has promoted in the past is currently suspended. Visitors will be welcomed by appointment only and ad hoc or unannounced visits will not be possible. Friends and family are advised that their ability to visit Brookside is subject to the specific circumstances of the home and those living and working within it.



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Brookside recognises that visiting is a central part of care home life and important for maintaining the health, wellbeing, and quality of life for our residents. Visiting is also vital for family and friends to maintain contact and life-long relationships with their loved ones and contribute to their support and care.

This policy is intended to protect our residents from visitors inadvertently bringing the virus into the home with them.

Visits in exceptional circumstances

While **normal** visiting is suspended, Brookside will support visits in exceptional circumstances, such as next-of-kin visits at **End of Life**. Brookside recognises that families and residents should be supported to plan **End of Life** visiting carefully, with the assumption that visiting will be enabled to happen not just towards the very end of life. Prior to the visit commencing LFD testing will be carried out, the visitor's temperature will be taken and a 'safe to visit' disclaimer form (which includes details on the codes of practice to follow during the visit) must be completed. During such exceptional circumstance visits, those entering the home will be asked to observe hand hygiene policies. PPE will also be provided to visitors. Visitors will be reminded to maintain strict social distancing from other residents, visitors and staff. People will be asked not to visit if they are self-isolating or have been feeling unwell.

When an urgent **End of Life** visit is to take place where death is imminent, visitors will continue to be screened as above with the absence of an LFD test to ensure the visit can be facilitated as quickly as possible.

Screening of visitors

All visitors will be screened for symptoms of acute respiratory infection before entering Brookside. No one who has tested positive for COVID-19 in the last 10 days, is currently experiencing, or first experienced, coronavirus symptoms in the last 10 days will be allowed to enter the premises, nor anyone who is a household contact of a case or who has been advised to self-isolate by NHS Test and Trace, or who is in a relevant quarantine period following return from travel.



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Single named visitor scheme

The government have announced that from **Monday 8th March 2021** a new **single named visitor scheme for care homes** will go live. Residents will be supported in making their choice for their nominated visitor and Brookside will make contact with the nominated visitor to advise them of what happens next.

From this date, visiting will be on a limited basis (initially one visit per week) and visitors will be asked to keep the duration of their visit to a minimum (initially one hour).

When visiting Brookside, they will be asked to observe recommended respiratory hygiene practices and to use hand sanitiser gel when they enter the home. Visitors will then be asked to carry out an LFD test and their temperature will be taken. Visitors will remain in the allocated testing area until their result is available. A negative test result will allow the visit to commence. Visitors will then be provided with PPE including guidance regarding its use and asked to read and sign a 'safe to visit' disclaimer form. They will then be escorted to the room of the person being visited. They will be reminded that they must stay within the confines of that room and may alert staff if they need assistance during the visit using the call bell system.

If the LFD test result is void the visitor will be advised that the visit on this occasion cannot commence. They may return the next day if agreeable to all parties to undertake another rapid lateral flow test and hopefully continue with their visit if the result is negative.

If the LFD test result is positive the visitor will be advised to immediately return home and that they and their household must self-isolate following government guidelines. Brookside will provide the visitor with a PCR test to be taken off the premises. This can then be returned via a courier or through a Royal Mail priority post box.

Visits will take place in a well-ventilated room with windows and doors open if safe to do so. The visiting space will be subject to enhanced cleaning and ventilation after the visit.

After the visit has taken place visitors will kindly be reminded that they must immediately leave the premises and if they wish to have discussions with staff members following the visit, then they must telephone in to do so. Visitors must also be reminded to use hand sanitiser gel when leaving the premises.

Please note that the pod previously used for visiting is currently unavailable for use as this is now being used as our testing/waiting area for visitors.



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On a separate note – it is not a condition of visiting that the resident or visitor should have been vaccinated. However, Brookside recognises the importance of encouraging all to take up the opportunity of a vaccine when invited to do so through the national programme.

Window visits

Window visits which have been available throughout lockdown can continue as they have done before. Visitors are advised to telephone before they visit so we can ensure their relative is settled comfortably at an appropriate 'visiting window'. This allows the opportunity for every resident to see more people than just their single named visitor.

Communicating this visiting guidance

Clear guidance on visiting Brookside 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. We have introduced additional social contact support for residents by using devices such as mobile phones, tablets, and computers to stay in touch with family if they wish to do so.

Infection Prevention and Control measures for visiting professionals

Professionals are not allowed to enter the home without a negative LFT result, with the exception of the following scenarios:

- An emergency.
- Overridden by the care home manager following a risk-based decision.
- Their entry is required by law, such as CQC inspectors.

For NHS professionals, care homes should see evidence from the professional of a negative rapid lateral flow test within the last 72hrs, which shows they are following the NHS staff testing regime.



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Professionals who are not part of regular testing for NHS staff and CQC inspectors (for example, professionals such as podiatrists or contractors/engineers) will need to be tested at the care home in the same way as family/friend visitors.

If they are visiting multiple care homes in one day, they will now only need to be tested at the first care home they visit that day and can use evidence of this test at the next care home they visit that day.

Contractors/engineers will be kept to essential visits only where the safety of residents is impacted, eg boiler breakdown. In such circumstances they will be briefed on the homes current policy on PPE and strict physical distancing will be maintained (please refer to separate Control of Contractors policy).

CQC inspectors will now test at home using a lateral flow test on the day of a care home inspection, in addition to their weekly PCR.

Like care home staff, visiting professionals are exempt from testing for 90 days following a positive PCR test, unless they develop new symptoms.

All visiting areas will be subject to enhanced cleaning procedures and increased ventilation (such as opening windows and doors) when safe to do so.

All visiting professionals and emergency service personnel will be asked to comply with all current infection control, social distancing and hand sanitising procedures.



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Staff and Personal Protective Equipment (PPE)

At Brookside Residential Home, staff should use PPE as directed in the following Public Health England guidance.

England

- [COVID-19: Infection Prevention and Control \(IPC\)](#)
- [Personal Protective Equipment \(PPE\) — Resource for Care Workers Working in Care Homes During Sustained COVID-19 Transmission in England](#)

Personal Protective Equipment (PPE) in confirmed or suspected cases of COVID-19

Brookside staff should use personal protective equipment (PPE) in confirmed or suspected cases of COVID-19 for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids.

Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing, then eye protection will minimise risk. At Brookside we have a supply of goggles and visors for these instances.

New personal protective equipment must be used for each episode of care. It is essential that personal protective equipment is stored securely within disposable rubbish bags.

These bags should be placed into another bag, tied securely, and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of with the usual clinical waste.

Staff receive regular training/supervision on the correct use of PPE and regular spot-checks are carried out by the management team.



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Periods of sustained transmission

Brookside is aware that *How to work safely in care homes* provides 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 come into contact with it during their routine work. At such times additional safeguards are advised.

The guidance states that, during sustained transmission periods:

- when providing personal care which requires staff to be in direct contact with residents (e.g. touching, bathing, washing, etc) or requires them to be within two metres of any resident who is coughing, staff should use single-use disposable gloves, a single-use disposable plastic apron and a fluid-repellent surgical mask. Eye protection should be worn if there is risk of contamination to the eyes from respiratory droplets or from splashing of secretions.
- in compliance with *How to work safely in care homes*, when performing a task requiring staff to be within two metres of residents but where no direct contact is involved (e.g. meal and medicine rounds) disposable gloves or aprons are not required but may be worn if indicated. However, surgical masks are recommended to be used continuously while providing care until the member of staff takes a break from duties.
- staff need not wear a mask if working alone in private areas but must don a suitable mask if they leave the private work area to move through the care home building, eg on an errand, or for meal breaks — shared office spaces will be subject to specific risk assessment.

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. Once masks are discarded, they should never be reused.

All staff will be trained in the safe use of PPE. Usage should be monitored by line managers/supervisors. Senior staff members at Brookside carry out regular ‘spot checks’ to ensure staff members are wearing the correct PPE and are using the correct ‘donning and doffing’ procedures. Posters demonstrating PPE requirements and showing how to put PPE on and take it off are displayed around the home.



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Brookside 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 regardless of whether residents have symptoms.

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. The home is currently carrying an excess stock of PPE which will not be put out for general use unless there is a disruption in the homes’ usual supply.

Staff Recruitment

Brookside Residential Home will continue to maintain its safe recruitment policies and procedures in line with its registration requirements. In the event of the home 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 guidance produced by the CQC and Skills for Care (England).

This will enable it to “fast track” its recruitment procedures, including in England and Wales DBS checks, in order to maintain staffing levels that keep residents 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

Brookside Residential Home will keep all risk assessments of its training arrangements under review.

Face-to-face training that is not deemed to be a priority at the current time will be 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.



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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 pathway 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. New staff members will be inducted into the regular staff COVID-19 testing programme and will only commence employment with a negative test result.

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 residents' 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 members. Brookside's "safe to leave policy" will continue to apply. No new staff member will be allowed to work completely on their own without sufficient evidence that it is safe for them to do so.

Testing and Tracing

Brookside Residential Home views COVID-19 testing as a vital element in keeping its residents and staff safe during the pandemic. It will therefore take all reasonable actions to support testing and to make tests available to those that need them in line with national guidance and policies.

Brookside Residential Home understands that all residents and frontline social care staff and their families are eligible for regular testing. It is aware that these can be arranged in the following ways.



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- Staff can book a test directly, selecting a regional test site drive-through appointment or a home test kit.
- Care employers can book tests for self-isolating staff through an employer referral test booking route.
- Care home managers can use a “whole home” referrals route which allows them to arrange testing for all their staff and residents.

Brookside Residential Home will support all three routes, as necessary. The Brookside manager will arrange for “whole home” testing kits to be delivered and will circulate testing details to staff. Care staff who are responsible for administering the tests must complete competency training.

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.

Staff at Brookside Residential Home are encouraged to download the ‘NHS COVID-19 Track and Trace app’.

Brookside Residential Home will fully support testing and tracing.

Brookside Residential Home will ensure all staff attending the home for testing outside of their normal working hours are paid for their time and travel expenses.

Any visitors to Brookside including healthcare professionals, contractors and family members/friends are now also eligible for testing. They will be LFD tested before entry to the care home (please see the Visitors Policy for further details).

Travel Restrictions

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

Latest travel advice can be found on the GOV.UK website.

Brookside Residential Home requires staff to comply with any advice given and to inform their line manager wherever the guidance may apply to them. People, including healthcare workers, are advised to stay indoors and avoid contact with other people (self-quarantine) for 14 days if they have travelled recently to the UK from specified countries.

Winter Planning



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Brookside Residential Home 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. Brookside will make all possible contingency plans to build resilience for the winter and protect its staff and residents from such pressures. In particular, the home will:

- support all staff to have their annual flu jab.
- continue to ensure that all relevant Government guidance is implemented and followed.
- ensure that both symptomatic staff and symptomatic recipients of care are able to access Covid-19 testing as soon as possible.
- review and update its business continuity plan 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 home will be informed by relevant national planning, including [Adult Social Care: Our COVID-19 Winter Plan 2020 to 2021](#).

Brookside Residential Home will support national data collection through the NHS Capacity Tracker or other relevant data collection or escalation routes. This will include data relating to occupancy, PPE shortages and winter staffing issues.

Business Continuity Procedures and Pandemic Recovery Planning

In addition to the organisation's general business continuity and recovery planning policies, Brookside Residential Home 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 coronavirus pandemic could last many months.

In this Care Home the following contingency measures will be implemented.



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- 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 training where practical and unnecessary face-to-face meetings will be cancelled — on occasion where it is necessary to hold a meeting, social distancing will be observed.
- Training will utilise online e-learning and other electronic forms where possible — any face-to-face training will be conducted 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
 - additional provision and wearing of PPE
 - encouraging staff members to be vaccinated for COVID-19
 - engaging staff in a robust COVID-19 testing regime according to current government guidelines
 - enhanced Infection Prevention and Control measures
 - ensuring staff are aware of the self-isolation guidelines.



CORONAVIRUS (COVID -19) POLICY AND PROCEDURE

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 do so.

The management of the home will link with any local resilience forums relevant to health and social care provision.

The manager at Brookside 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 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:	
Date:	
Policy review date:	

Last reviewed 6 April 2021