



COVID-19 Contingency Plan and Business Continuity Plan

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Introduction

This report sets out the actions we are taking to plan for and help mitigate any potential disruption to the service we provide within our residential care homes and administrative office if the UK can no longer contain the spread of coronavirus, now named COVID-19.

The report outlines guidance supplied to health and social care providers in planning for a pandemic; information can be found on the Government's website:

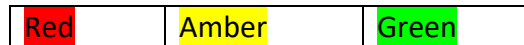
<https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public>

Information on the latest legislation can be found here: <https://www.legislation.gov.uk/ukxi/2020/129/contents/made>

Using the Government guidance, we have identified possible key areas of disruption to our service in a 'worst case scenario' with corresponding contingency planning as well as measures we have taken, or are going to take, to ensure the safety and wellbeing of service users and staff members and continuity of our service. This document has been developed, therefore, to ensure Apple House care homes are prepared for any potential interruption to our service should the virus become more widespread and impact us and those whom we support.

This is a working document and not intended to be exhaustive. Its key purpose is to help our teams to ensure continuity in delivering care and support through a record of actions that may be necessary to deal with any possible disruption. We are preparing for a situation that may not happen but could have major impact if it did. Contingency planning is a crucial part of Apple House's routine Business Continuity Planning process. As the virus status is a fluid and evolving situation, it's incumbent upon all of our team members and COVID-19 Link staff to keep up to date with the latest guidance and information and to share this with colleagues and service users.

■ February 27th 2020



Key theme	Business issue	Level of risk	Mitigating Actions	Action Required or completed	Person responsible	Completion date
Workforce issues	<p>Potential for disruption caused by absence of staff due to sickness, self-isolation, or leave to care for unwell family member, or difficulty in recruitment.</p> <p>In a pandemic 15% - 30% of staff could be off work at any one time. Rates could be even higher in a small business. The absence rate will include those who are sick, those caring for others and the 'worried</p>	R	<ul style="list-style-type: none"> • Current status is of containment of COVID-19 • Guidance is for staff to report to work unless showing symptoms of virus • Provide advice and reassurance to staff • Identify critical staffing levels, understand individual staffing restrictions and ensure necessary contact details are in one place 	<ul style="list-style-type: none"> • Assess if any members of staff, in each service, have returned from affected areas and ensure that associated risks are identified so that appropriate action can be taken to mitigate risk. • Staff who have been identified as being at risk of exposure to, or who show symptoms of, COVID-19 should self-isolate at home and follow the guidance of Public Health England or other such Body until such time as quarantine has expired and risk of cross-contamination has been removed. Staff who absent themselves from their place of employment accept responsibility for seeking advice from 111, GP or PHE, 	Registered Managers and Deputy Managers	Ongoing

	<p>well' who are simply too scared to come to work. On average people will be absent for 14 days, but some may never return. In a smaller business it is usually more difficult to cope with staff shortages.</p> <p>Potential disruption to public transport.</p>			<p>and following their advice, and for keeping us, their employer, up to date with their health status and, when known, their return to work date.</p> <ul style="list-style-type: none"> • Reassure staff that current guidance is that COVID-19 has not currently been cited as reaching pandemic levels and there are very few confirmed cases within the UK at this time. • Detailed forward rota planning for each service with additional on-call support available in the event of non-attendance of isolated staff on contract, or agency backup staff who might not be available to cover due to isolation or illness too. • Notify the relevant local commissioning authority and CQC as soon as possible if there is any risk to service delivery. • Additional funding and/or transport will be provided by the company to support staff to get to work in the event of 	Registered Managers and Deputy Managers	Ongoing
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				<p>fuel shortages or other disruption to their normal means of transport so that they can continue to attend work.</p> <ul style="list-style-type: none"> • Create a list of staff available to stay at the care home for a prolonged period of time should the situation arise whereby the home is put in 'lock down' by authorities. • Give consideration to, and document, where staff will sleep, how they will be kept safe, how they will rotate their time to ensure adequate rest periods. • Extend the current on call management rota system to include a co-ordinator for each home who can be called upon to action the contingency measures in the event of lock down or suspected COVID-19 cases within the care home team or residents. Name the co-ordinator: COVID-19 LINK 		
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<p>Supply of medicines</p>	<p>Potential for disruption in the supply of vital medicines</p> <p>Stockpiling any medicines could cause shortages and put service users at risk.</p>	<p>R</p>	<ul style="list-style-type: none"> • Avoid stockpiling but consider mitigations such as earlier ordering 	<ul style="list-style-type: none"> • Contact our suppliers to seek reassurance that arrangements are in place to supply medicines in accordance with DHSC guidance of 6 weeks. • Report issues to your community pharmacist. If this does not satisfactorily resolve the issue then contact the *NSDR centre (National Supply Disruption Response Centre). • For any products with short lead times of 24-48 hours, plan for longer lead times of up to 5 days. • Make sure you are prepared to receive stock deliveries outside normal hours. • It is essential that Apple House care homes' residents have continuity of supply for End of Life Care medicines, epilepsy medicines, pain relief, and other supplies – identify an alternative supplier and make contact, as necessary, with your hospital pharmacy or NHS supplies. 	<p>Senior SWs Reporting back to RM or DRM is essential.</p>	<p>Ongoing</p>
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				<ul style="list-style-type: none"> • If you know it's supplied by the NHS Supply Chain, check with NHS Supply Chain Contact. If this does not satisfactorily resolve the issue, then contact the NSDR centre. • Ensure the *NSDR contact number is available to staff. 		
Supply of medical devices and clinical consumables	<p>Potential for disruption in supply.</p> <p>Potential shortage of antibacterial & antimicrobial gels and clinical masks.</p>	R/A	<ul style="list-style-type: none"> • Avoid stockpiling but consider mitigations such as earlier ordering • Monitor stock positions and escalate issues at the earliest opportunity 	<ul style="list-style-type: none"> • Check stock with our suppliers. Consider if alternative products may be available. Our primary supplier, Comax, have confirmed there are already limits in place for ordering of clinical masks and hand gels. Early ordering has and is already taking place to ensure supplies reach our homes. • Extra supplies are being held at head office, to be shared out to homes as and when required. • Identify an alternative local supplier in the event of shortages. 	Senior SWs Reporting back to RM or DRM is essential.	Ongoing

				<ul style="list-style-type: none"> • Make sure you are prepared to receive stock deliveries outside normal hours. 		
Supply of non-clinical consumables, goods and services	<p>Potential for disruption in supply (N.B. This may also include access to fuel or transport)</p> <p>Potential for services to be interrupted should pandemic level of viral spread be announced and/or personnel be affected thus interrupting provision of national and local services such as utilities, waste collection etc., and supplier services</p>	R/A	<ul style="list-style-type: none"> • Avoid excessive stockpiling but consider mitigations such as earlier ordering and increase supplies of basics • Identify risk areas in relation to essential supplies • Review contracts and engage with suppliers to identify any potential issues • Consider sharing resources with other local care providers 	<ul style="list-style-type: none"> • Check with your suppliers to ensure that they have the necessary arrangements in place to ensure continued supplies. • Arrangements made to ensure that ASC keyworkers can access petrol and transport. • Utilities: Consult each home's Emergency Plan for detailed guidance surrounding contingency planning in the event of loss of utility services. • AEC Electrical: (fire/electrical/emergency lighting) have confirmed they have sufficient stock for 6 months of products that may be affected. There are alternative products available which may be at a higher cost. Service itself would not be affected. AEC use 10 different suppliers to ensure 	Deputy Managers. Report back to JM if any shortages are identified.	Ongoing

				<p>continuity of product supply. Import tariffs unknown.</p> <ul style="list-style-type: none"> • IT service: Contact our remote IT support, Matt. Ensure emergency IT support is available. • Waste management: Monitor local council website for any disruption in waste collection services. Contact clinical waste provider to ascertain contingency plan for clinical waste collection/disposal should there be fuel shortages or interruption in transport. • Food: Some fresh food products may be in short supply due to public panic buying or deliveries impacted by driver shortages. Consider alternative food products and ways of ensuring good nutrition is maintained. Consider adding additional products with longer shelf life to weekly shops, without excessive stockpiling so as to cause serious shortages for others. 		
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				<ul style="list-style-type: none"> Should the home be in 'lock down' have an account set up ready for food delivery. 		
Data sharing, processing and access	<p>Potential for data transfer or access to be interrupted.</p> <p>Data sharing may be increased subject to need</p>	G	<ul style="list-style-type: none"> Consider ICO advice and actions for data sharing 	<ul style="list-style-type: none"> Carry out an internal assessment on risks associated with data sharing. If data may be affected, we will need to put in place alternative arrangements to ensure continued protection and exchange of personal data. 	RL	Ongoing

INFORMATION PROVIDED BY PUBLIC HEALTH ENGLAND FOR THE SOCIAL CARE SECTOR:

Actions to take if staff come into contact with someone who is self-isolating or is a possible or confirmed case of COVID-19

This guidance is intended for the current position in the UK where there is currently no transmission of COVID-19 in the community. It is therefore very unlikely that anyone receiving care in a care home or the community will become infected.

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new strain of coronavirus first identified in Wuhan City, China in January 2020.

The incubation period of COVID-19, is between 2 to 14 days. This means that if a person remains well 14 days after contact with someone with confirmed coronavirus, they have not become a case.

Signs and symptoms of COVID-19

The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:

- cough
- difficulty in breathing
- fever

Generally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

How COVID-19 is spread

From what we know about other coronaviruses, spread of COVID-19 is most likely to happen when there is close contact (within 2 metres) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person.

Respiratory secretions containing the virus are most likely to be the most important means of transmission; these are produced when an infected person coughs or sneezes, in the same way colds spread.

There are 2 main routes by which people can spread COVID-19:

- infection can be spread to people who are nearby (within 2 metres) or possibly could be inhaled into the lungs
- it is also possible that someone may become infected by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching door knob or shaking hands then touching own face). Our current understanding is that the virus doesn't survive on surfaces for longer than 72 hours.

There is currently little evidence that people without symptoms are infectious to others.

How long the virus can survive

How long any respiratory virus survives will depend on a number of factors, for example:

- what surface the virus is on
- whether it is exposed to sunlight
- differences in temperature and humidity
- exposure to cleaning products

Under most circumstances, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 72 hours.

Regular cleaning of frequently-touched hard surfaces and hands will therefore help to reduce the risk of infection.

Preventing the spread of infection

There is currently no vaccine to prevent COVID-19. The best way to prevent infection is to avoid being exposed to the virus.

There are general principles anyone can follow to help prevent the spread of respiratory viruses, including:

- washing your hands often - with soap and water, or use alcohol sanitiser that contains at least 60% alcohol if handwashing facilities are not available - this is particularly important after taking public transport. Guidance is available on [hand washing](#)
- covering your cough or sneeze with a tissue, then throwing the tissue in a bin. See [Catch It, Bin It, Kill It](#)
- people who feel unwell should stay at home and should not attend work
- employees should wash their hands:
 - before leaving home
 - on arrival at work

- after using the toilet
- after breaks and sporting activities
- before food preparation
- before eating any food, including snacks
- before leaving work
- on arrival at home
- avoid touching your eyes, nose, and mouth with unwashed hands
- clean and disinfect frequently touched objects and surfaces
- if staff are worried about their symptoms or those of a family member or colleague, please call NHS 111. They should not go to their GP or other healthcare environment
- see further information and the [Public Health England Blog](#) and the [NHS UK page](#)

Guidance on facemasks

During normal day-to-day activities facemasks do not provide protection from respiratory viruses, such as COVID-19 and do not need to be worn by staff in any of these settings. Facemasks are only recommended to be worn by infected individuals when advised by a healthcare worker, to reduce the risk of transmitting the infection to other people. It remains very unlikely that people receiving care in a care home or the community will become infected.

PHE recommends that the best way to reduce any risk of infection for anyone is good hygiene and avoiding direct or close contact (within 2 metres) with any potentially infected person.

What to do if an employee becomes unwell and believe they have been exposed to COVID-19

If the staff, member of the public or resident has not been to specified areas in the last 14 days, then normal practice should continue.

If staff, member of the public or resident becomes unwell in the workplace and has travelled to China or other affected countries, the unwell person should be removed to an area which is at least 2 metres away from other people. If possible find a room or area where they can be isolated behind a shut door, such as a staff office. If it is possible to open a window, do so for ventilation.

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) and explain which country they have returned from in the last 14 days and outline their current symptoms. If the person affected is not able for any reason to call NHS 111 themselves then a staff member should call on their behalf.

Whilst they wait for advice from NHS 111 or an ambulance to arrive, they should remain at least 2 metres from other people. They should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in a bag then throw the tissue in the bin. If they don't have any tissues available, they should cough and sneeze into the crook of their elbow.

If they need to go to the bathroom whilst waiting for medical assistance, they should use a separate bathroom if available. This will apply only to the period of time while waiting for transport to hospital.

Returning from travel overseas to affected areas

People who have returned from Hubei Province, including Wuhan, in the last 14 days should avoid attending work. They should call NHS 111 for advice and self-isolate.

There is advice in place for what to do if you have returned in the last 14 days from [specified countries or areas](#) which is being updated on an ongoing basis.

All other staff should continue to attend work.

Closure of the office or workplace or residential setting and other actions if staff, members of the public or residents are undergoing COVID-19 testing and they have been in the office, workplace or residential setting

No restrictions or special control measures are required in these settings while a member of staff or resident is waiting for laboratory test results for COVID19. In particular, there is no need to close or send staff home at this point. As a precautionary measure, the NHS are currently testing a very large number of people who have travelled back from affected countries, the vast majority of whom test negative. Therefore, until the outcome of test results is known there is no action that needs to be taken.

What to do if someone with confirmed COVID-19 has recently been in the office, workplace or residential setting

Closure of the office, workplace or residential setting is not recommended.

The management team of the office or workplace or residential setting will be contacted by the Public Health England (PHE) local [Health Protection Team](#) to discuss the case, identify people who have been in contact with them and advise on actions that should be taken.

An assessment of each setting will be undertaken by PHE's local Health Protection Team with the lead responsible person. Advice on the management of staff, members of the public or residents will be based on this assessment.

The Health Protection Team will also be in contact with the case directly to advise on isolation and identifying other contacts and will be in touch with any contacts of the case to provide them with appropriate advice.

Advice on cleaning of communal areas such as offices or toilets will be given by the Health Protection Team and is outlined later in this document.

What to do if someone in the office, workplace or residential setting has had contact with a confirmed case of COVID-19

If a confirmed case is identified in this setting, the local Health Protection Team will provide the relevant people with advice. It is important to follow the advice of the [local Health Protection Team](#)

Contacts are not considered cases and if they are well they are very unlikely to spread the infection to others:

- those who have had close contact will be asked to self-isolate at home or in their own room in a care or residential home for 14 days from the last time they had contact with the confirmed case and follow the [home isolation advice sheet](#)
- they will be actively followed up by the Health Protection Team

People who have not had close contact with the confirmed case do not need to take any precautions and can continue their routines as usual.

Advice for people if they have travelled from elsewhere in China (outside Hubei Province) or other specified countries

If they are currently well, they can attend work.

- they are advised to self-isolate only if they develop symptoms
- their family and workplace colleagues do not need to take any precautions or make any changes to their own activities

If they become unwell:

- they (or a family member, colleague or member of staff) should call NHS 111 immediately for them to be assessed by an appropriate specialist in hospital, as quickly as possible. They should not go to their GP or other healthcare environment
- they should stay indoors and avoid contact with other people as they would with other flu viruses (see this [home isolation advice sheet](#))
- see [further information](#) and [PHEs Blog](#)

Advice for people if they have returned from travel anywhere else in the world within the last 14 days

Currently there are minimal cases outside the listed area and therefore the likelihood of an individual coming into contact with a confirmed case is extremely low.

These people can continue to attend work and go about their daily routine, unless they have been informed otherwise by their local Health Protection Team.

If individuals are aware that they have had close contact with a confirmed case of COVID-19 they should contact NHS 111 for further advice.

For the latest country information please see the [list of countries and areas affected](#).

Cleaning the office, workplace or residential setting where there are confirmed cases of COVID-19

The local Health Protection Team will provide advice on cleaning. Coronavirus symptoms are similar to a flu-like illness and include cough, fever, or shortness of breath. Once symptomatic, all surfaces that the person has come into contact with must be cleaned including:

- all surfaces and objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as toilets, door handles, telephones
- clothing and linen used by the person should be set aside pending assessment of the person by a healthcare professional

Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids do not need to be specially cleaned and disinfected.

Rubbish disposal including tissues

All waste that has been in contact with the individual, including used tissues, continence pads and other items soiled with bodily fluids, should be put in a plastic rubbish bag and tied. The plastic bag should then be placed in a second bin bag and tied. It should be put in a safe place and marked for storage until the COVID-19 test result is available, which will be within 24 hours.

If the individual tests negative, this can be put in the normal waste.

Similarly, laundry from the room of a possible case should be stored safely until the result of the test is known. Should the individual test positive, the local Health Protection Team advise you what to do with the waste and laundry.

Specific actions for social and community care staff visiting patients at home or providing care to residents

People returning from some areas of the world are being told to self-isolate depending on the location they have visited and their symptoms. People who have been in close contact with a confirmed case of COVID-19 are also being advised by their local Health Protection Team to self-isolate. People who are self-isolating and have no symptoms do not pose a risk to others. They are self-isolating to allow closer monitoring in order to identify early symptoms, and to enable prompt medical action if required.

Social, community and residential care staff should ascertain if a person is in self-isolation and if they are asymptomatic or symptomatic prior to their visit. If they are self-isolating and a visit is deemed necessary, then a full risk assessment should be undertaken with managers and infection control specialist to decide the best course of action.

If during a telephone consultation with a patient or their representative to assess their suitability for a domiciliary visit, it is thought that COVID-19 is possible (based on the PHE criteria for a possible case), then a face-to-face assessment must be avoided. Instead, call NHS 111 and arrange for a clinical assessment to be made before proceeding.

If the person is asymptomatic

As the person is asymptomatic there is no need to change your approach.

If the person is symptomatic

- avoid any further physical contact with the person, if you can. The person should remain in the room with the door closed. Belongings and waste with which they have come into contact should remain in the room
- advise anyone with you not to enter the room. If a travel or clinical history still needs to be obtained or completed, do this by telephoning the patient in the room

- ask the patient or their representative to call NHS 111 from their room
- inform your manager so that a full risk assessment can be undertaken with an infection control specialist to decide the next course of action

If the patient requires urgent medical attention

If the patient is critically ill and requires an urgent medical attention or ambulance transfer to a hospital, inform the ambulance call handler of the potential links to COVID-19.

Following the patient transfer to hospital, the room should be closed and should not be used until further advice is provided by the local Health Protection Team.

If the person has a negative COVID-19 test

If after assessment the person has a negative test, then no further action is required.

If the person has a positive COVID-19 test

If after assessment the person has a positive test, then a contact tracing exercise will be undertaken by the local Health Protection Team. You will be advised on any further actions, depending on your recent exposure to the patient.

What social, community and residential care settings need to do now

Currently there is no evidence of transmission of COVID-19 in the United Kingdom. There is no need to do anything differently in any care setting at present.

If any of your staff do become infected through travel to affected countries you will be contacted by your local Health Protection Team to take you through a risk assessment for your particular setting.

You may find it helpful to know about your [local health protection team](#) in advance of any outbreak of disease.

Health Protection Teams are part of Public Health England and will provide advice and guidance on infectious disease and non-infectious environmental hazards, manage and control outbreaks of infectious disease in the community and are a source of expert advice on new infections.

Your local public health team is led by your Director of Public Health. They will link closely with the Director of Adult Social Services in working with partners locally to respond to any cases of this infection.

CHECKLIST FOR COVID-19 CONTINGENCY PLAN

Action	Tick box
Plan clearly states who is responsible for taking action and by when?	✓
Plan includes mitigating actions that can be undertaken in advance to minimise likelihood of problems or limit the impact if they do?	✓
Key information required for continuity of care is available in more than one way or location? = Available at each service location and head office.	✓
Plan clearly identifies actions to be taken if problems arise?	✓
Risk-assessment has been carried out to identify risk areas in relation to supplies? The procurement of key items such as medications, food, water, non-consumables has been identified?	✓
Employees have been made aware of the latest guidance on COVID19? Practical advice has been provided to enable staff to be supported in taking precautionary measures and contingent actions?	✓
It has been agreed where the plan will be stored, in what format and how it will be accessed? = Stored at each service location and head office. Available online and in hard copy formats.	✓
Plan includes contact details for key suppliers, alternative suppliers as well as maintenance services?	✓
Plan includes contact details for key commissioners including local authorities, Care Quality Commission and local health services including, where relevant, out-of-hours contact details?	✓
There is provision within the plan to record (and budget) for any extra costs which result from the direct impact of COVID19?	✓
Plan makes clear where it is necessary to inform the Care Quality Commission, and other regulators?	✓
Support has been provided to people using your care and support services by sharing public awareness messages, signposting service users and staff who are diagnosed with COVID19?	None Identified

In an emergency, it's important to keep a record of actions and decisions, and to debrief afterwards

Action Log

Date	Action Taken

Record useful contact numbers, resources and sources of additional information

Public Health England Updates	https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public
BCP Adult Social Services: Out of hours calls will be redirected	01202 458806
Hampshire Adult Social Services: Out of hours calls will be redirected or triaged with call back	0300 5551386
Non-Emergency NHS Medical Helpline:	111
MEDICAL EMERGENCY:	999
Local Resilience Forum (LFR)**: Dorset Local Resilience Forum, Civil Contingencies Unit Offices, Dorset Police HQ, Winfrith, Dorset, DT2 8DZ. Contact: Jennifer Cutler	01202 229044 M: 07799075950
Emergency IT Support: Matt Hughes, mhughes@ascesismedia.com	01202 087750 M: 07931791024
Comax: Non-consumable clinical supplies	01202 688863
CQC notification by registered managers	03000 616161

South West Centre Health Protection Team

This team covers:

- Devon
- Cornwall
- Somerset
- Dorset

Contact

PHE South West Centre HPT (Devon)

Public Health England

Follaton House

Plymouth Road

Totnes

Devon

TQ9 5NE

Telephone 0300 303 8162 (option 1, then option 1)

Out of hours advice 0300 303 8162 (option 1)

Hampshire and Isle of Wight HPT (South East)

This team covers:

- Hampshire
- Isle of Wight

Contact

Hampshire and Isle of Wight HPT (South East)

Public Health England

Fareham Borough Council

Civic Offices

Civic Way

Fareham

Hampshire

PO16 7AZ

Email HIOW@phe.gov.uk; phe.hiow@nhs.net

Telephone 0344 225 3861 (option 1 to 4 depending on area)

Out of hours advice 0844 967 0082

*National Supply Disruption Response (NSDR)

If you experience disruption to your supplies or you feel there is potential for disruption to social care services and no immediate resolution is available, you can report it to the NSDR. The NSDR can help with disruption to the supply of medicines and vaccines, medical devices and clinical consumables that normal procedures can't resolve. It doesn't matter what the cause of the disruption is.

You should have the following information available when contacting the NSDR:

- details of the disruption and causes
- anticipated disruption and causes
- products or services affected
- how important these products or services are in providing social care
- potential alternative products or service providers
- the likely impact of the disruption
- how many providers and/or people in care could be affected (by region or country where applicable)

**Local Resilience Forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act.

Addendum 1

9th March 2020

Jane Montrose, Managing Director, Apple House Care Homes

FAQs

This addendum sets out Apple House response to queries raised and general information to act as a guide to team members and those with an interest in our service provision. Further updates will be added as appropriate.

Q. Who are the COVID-19 Links?

A. Summerwood: John Caslake | Redcroft: Sharron Eyears | Apple House: Jayne Jackson | Corner Cottage: Sally Fox | Little Amberwood: Carly Houghton.

Q. What happens around staffing if the care home is put into 'lock-down' or quarantine?

A. There are various elements to this question and varying factors which can and will affect our organisational response. The key point is that this will be unlike any situation that has occurred previously in our, and most other, care homes before. It may in due course be deemed an emergency level situation and will very much fall under our emergency planning processes therefore.

Areas to most significantly affect staff and impact service users *could* be that we are unable to provide as many staffing hours of support and therefore not meet contractual 1:1 hours provision, or to facilitate and support service users to carry out their *normal* activities of living, if our staff team are required to self-isolate or become unwell or need to care for a dependent who is unwell. *Our priority will be to provide core hours as a minimum and to keep people safe from harm, nourished and comfortable.* Service users might not be able to pursue their usual external activities which are important to them, particularly activities which take place in crowded public areas such as swimming baths, shopping centres, music events etc., if these are halted by Government directives put in place to slow the spread of the virus. Our team will therefore need to be even more creative in order to increase home-based activities which are stimulating and promote fitness and wellbeing. As such, our team have the resources to begin to plan

what they have and what they need to utilise the homes' garden spaces and facilities in a different way or a more constructive way.

Staff in lock-down will of course face the same isolation as the people they are supporting. This could mean they will need to spend a long time at the home and away from their own families and homes. The company recognises the impact this can have and therefore will support those staff in any way they practically can. This includes trying to ensure the staff teams' comfort – for example by arranging for the collection of personal items from their home and bringing it to the service. We recognise isolation can impact anxiety levels and we will facilitate counselling as required after any period of isolation as requested by team members. We also offer a 24/7 telephone counselling service already and we ask Links to ensure this number is clearly listed for team access.

Our COVID-19 Links should prepare a draft rota in readiness for the possibility of home lock-down. This should identify the lock-down staff who have already indicated their willingness to isolate with residents (subject to their own health and ability to do so at the time). The rota should allow for regular rest periods of twenty minutes uninterrupted time for every six hours they work. No one shift should last longer than twelve hours unless in an emergency situation. Staff should rotate sleep and wake duty so that they have at least twelve hours rest after a waking night where at all possible unless during an emergency situation. Rest breaks can be difficult within a small homely environment where there might not be a staff room. It is advisable to try and identify a quiet area of the house which can be designated a staff rest area and protected as far as practicable from the noise and bustle of the household. We recognise this might not be a bedroom or even a separate room but might in fact form a dormitory-style sleeping arrangement or be a screened-off section of an otherwise communal room within the home. These are not usual circumstances and we appreciate staff facilities might not be of a standard they expect or that we would normally strive to offer.

Staff isolating at the home with service users will be paid their usual hourly rate of pay for all of the hours working at the home with the exception of night time and sleep duty which will be paid at the standard sleep rate each night. The only staff to receive their usual hourly rate between the hours of 7.30pm and 7.30am will be those on wake duty on the rota, all other staff will receive the sleep rate of pay for each

night spent at the home regardless of whether they are allocated on the rota to be working a sleep duty or not. In other words, all staff will be paid for every hour they spend at the service during quarantine or lock-down.

All permanent staff have contractual obligations but we realise there might be a situation whereby they are not required to work at their usual place of work if it is under a quarantine or lock-down closure. Staff will therefore either be redeployed to an alternative site within our group or will be required to take mandatory annual leave even if they haven't yet accrued sufficient to take it in the current year. In this circumstance they will be permitted to use leave in advance of accrual and will be paid accordingly.

Self-isolation meaning non-attendance at work will be subject to the standard Work and Pensions guidance which has been revised for COVID-19 and means our full time contracted staff will be entitled to receive Statutory Sick Pay from day one, the link can be viewed here: <https://www.gov.uk/government/news/sick-pay-from-day-one-for-those-affected-by-coronavirus>

Staff who are concerned about whether they have coronavirus or are worried their loved ones are affected are advised to complete the online NHS survey, the link can be viewed here: <https://111.nhs.uk/service/COVID-19/>

- Q. What measures should we take to minimise the risk of exposure to COVID-19 at the care home?
- A. Government, NHS and Public Health England have guidance available online and are not, at the time of this report recommending limiting public contact or restricting access to events such as sports, music, nightclubs etc.; this does not mean we as an organisation don't also wish to make some small, sensible changes and precautions of our own. Therefore, with immediate effect, we are asking our teams to reduce exposure to risk which could be found at large gatherings and to reduce the flow of people who visit the homes for non-essential reasons. This is not lock-down or quarantine but is a moderate change to recognise the unpredictability and volatility of the current situation in our community with confirmed COVID-19 cases now reported there. Families of people we support will be advised not to enter the home

if they are presenting with a fever and/or a cough or sore throat even though this will quite likely be unrelated to COVID-19. This will also apply to visiting health professionals or anyone wishing to access the homes: if they are unwell they will not be permitted entrance to the home and we apologise for any inconvenience this may cause. Staff are advised to delay non-essential meetings or to hold them via Skype or telephone rather than face to face.

We are asking our teams not to work between homes unless this is unavoidable or urgent. This is so we can try to minimise risk of cross-contamination between services and limit risk of spreading COVID-19 from home to home. The routine visits from head office via the office manager have been temporarily halted as it is normal practice for her to visit homes in succession several times each week. The exception to this will be if she needs to drop anything to the homes, in which case she will not enter the premises but will instead hand over the black document wallet having used appropriate hand hygiene prior. Individual homes can visit head office or choose to post internal mail by Royal Mail or via scanning and emailing. The audit visits and head office check visits will continue but will be carried out for one home on any one day and the standard hand hygiene measures respected. No one from head office will attend any service if they are unwell. If there is a matter of an urgent nature requiring head office support this will be provided as usual via the on-call director system and will be either by telephone or in person.

- Q. What can we do to prevent anxiety in the people we support?
- A. Government, NHS and Public Health England are in the process of developing Easy Read health information and are providing regular updates on the current situation around COVID-19. We recognise the changes we or the Government might have to implement could be confusing and frustrating or frightening and that reassurance and transparency are key in allaying fears; offering time and space for discussion either in group type house meeting settings or on a personal, one to one basis will be important. We will continue to share information as well as we possibly can with the people we support and their families and loved ones. We will also continue to update our own knowledge with evolving information and to ensure this is made available in accessible formats as and when they are available to us.

