In depth Emergency escalation planning during Covid-19 Crisis:
information and considerations for Business continuity plans for care providers

Please remember to do all you can to avoid hospital admissions for those we care for and staff.

Be extra cautious, vigilant and safe! The hospital, ambulance and GP's need us to keep us all safe - and we need them if we get sick! We are part of the same team.

We CAN work together and get through this unitedly.

If you haven't already seen it, check out the IPC national guidance and ensure you have all you can in place. (See links below) [1]

Encourage staff to avoid close contact with friends, events etc, and to eat drink and rest well, so they are fit to work. They are our greatest asset at this time, and they need to be valued more than ever!

Share your questions and concerns with us……we're all in this together and we don't need to reinvent or be alone. Use your care association to ask questions, share best practice, keep safe and help each other.

Significant staff shortages considerations and restriction options

- What is the minimum staffing levels your organisation can continue to function safely with? This may change if people's needs change – you may need more or less staff depending on the needs of the people you care for.
- Who may be able to help? Prepare a list with telephone numbers / emails so they are easily contactable. Will these people expect payment and how might that be arranged – set out

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Covoid-19 IPC in health care settings:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/872745/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf

quick guide to PPE and donning on and doffing off:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869978/PHE_COVID-19_Donning_quick_guide.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/870028/COVID-19_PPE_Donning_poster.pdf

clear expectations and restrictions from you and them. This will vary in each environment depending on risks, needs and availability of staff.

- What is critical / essential and what is not e.g. diet, fluids and personal care will be imperative, whilst activities, bathing and daily linen changing may not. This will vary and only you and your team will know what is right for those you care for and the team and who is able to do these things?
- What staff can be redeployed to other work areas? Do they need specialist training / updating?
- At what point do you instigate these measures? When there is an outbreak / when staff are short and at what point / number with staff shortages?
- What if any equipment may assist e.g. turning tools? (Toto's) – who can access these / who will pay for them? Is this something gov emergency funds via LA / CCG could assist with for pressure relief?
- Consider quick, easy glance care plans (example below) that would allow other people to assist quickly and safely in extreme emergency eg that might be put on peoples bedroom doors.
- What visiting professional could you reduce the risks of visiting now and undertaker their tasks? E.g. DNs visit many locations – could you train your staff (eg via you tube) to undertake BMs and dressings to avoid their visits? Ultimately the risk to your environment and your patients is what you need to worry about – not what others think of you. The rank and file line is the RM – not the NHS. This is a time for people and not policy, but it is about being safe and prepared in the process. What if the DNs are not available …….we cannot leave people without insulin – that would be neglect – so how do we prepare for that scenario now, rather than waiting until it happens? Surely if GP visits can be undertaken via telephone / skype conversations, in these seriously threatening times, DN tasks can be shared with staff on the ground already caring for that person. Consider what is right in your environment. There is guidance from CQC on this, and we are awaiting further guidance.

Be mindful of not breaching regulation or causing unintentional offence – anyone delivering personal care needs to be DBS checked and specifically trained. Confidentiality, safeguarding and human rights etc should not be forgotten in maintaining people's dignity.

Volunteers willing to assist may be able to assist in communal areas, but they should not be left unsupervised in individual rooms, and there will be limitations on what they can do. We are trying to have firm updated guidance on who needs DBS checking in these circumstances.

<u>It would be prudent to prepare this now, and know who may be available to call upon to assist.</u>

In summary: Some suggestions that might help smooth operations

- Someone to co-ordinate phone calls, door answering etc.
- Who's available day and night to assist with domestic type chores? (cleaning, laundry, stocking up, cooking, running to pharmacy etc)
- Someone to make orders and accept deliveries, co-ordinate and organise stock (it can be very time consuming!) from the laundry room to gloves and pads types and sizes. (*We all know how irritating it is for the team to have to try to find the right ones!)*
- Someone to give and encourage drinks and meals, including to and for the staff.

- Consider staff and volunteer treats from mints to drinks fruit and chocolate always help with staff motivation…morale during a crisis is critical.
- Outbreak kits (you should have these already) and notices pre-prepared e.g. notices for bedroom doors stating 'Caution – Infection in this area' - in bold red letters.
- What staff may be deployed elsewhere e.g. can admin teams / activities staff / owners and non clinical managers / cleaners, gardeners, and maintenance teams etc answer bells, give meals and drinks, clean areas etc? Are any of these staff care trained, and can they have a quick update / do's and don'ts? If they aren't usually participating in handover to be up to date with care needs, perhaps now is a good time to start so they are fully included. These staff could undertake some roles that perhaps volunteers could not e.g. clinical waste, soiled laundry etc - perhaps remind and update them now about procedures, documentation, restrictions and IPC etc.
- Rest time for staff currently available is important too, so they are willing and able when any serious emergency does arise. Consider providing vitamin C food and drinks in the staff rooms to help boost immunity and morale!
- Dom care providers could consider which clients need essential visits and which calls could be reduced or done differently ie via a phone call / voluntary sector? If you are going to do this you will need to discuss with commissioners and or families now rather than when the crisis hits.

Consider staff who may be willing able to 'move in' – have an overnight just in case bag packed, and consider what they may need if they have to stay – food / drinks / bedding / laundry etc.

Are there bank staff available / regular use agency / students who work during holiday periods?

Staff families and friends – would they be willing / able to assist in any way? What could they do, and how would they know how to do it?

Families of those we care for – could they help with personal care for that person? Meals and drinks? Keeping that person (and possibly others) occupied and entertained? Eg reading aloud, crosswords, helping with drinks around the home etc? They cannot give personal care to other people in the home, and please be considerate of confidential information, but they may be able to assist with non personal type care.

Could any **current volunteers** you already have be willing able to assist further? Could they be upskilled – e.g. they likely know their way around the home.

Could any of the above help with laundry /cooking / cleaning in an emergency?

Could a competent knowledgeable member of the current team video (e.g on a phone or ipad) their non personal care tasks as a training tool ready in case of need? Could that be shared now with those willing volunteers so they are prepared and able to commence immediately if required? This could perhaps be sent to them directly by email, or via a private you tube access?

Remember: ANY NEWLY INVOLVED PEOPLE WILL REQUIRE BASIC FIRE, COSHH, OTHER EMERGENCY AND IPC TRAINING IMMEDIATELY.

E.g.:

How to **clean / decontaminate** communal areas – e.g. wipe once and bin techniques, how to enter the coshh cupboard, what products to use and where they can be found, correct cloths and how and where to dispose of them. How and where to empty bins safely and hygienically.

Bed making and linen changing – how, where clean linen is stored, where trolleys are stored and how they should be stocked – e.g. photos on each trolley or a list of contents? Does linen actually need changing or is it 'a would be nice kind of thing'? Remember this adds to the laundry, which is another essential task. Is there enough linen (sheets / pillow cases / towels) in stock if the laundry were to be delayed?

Keeping people occupied and entertained and what that may look like for each person? Perhaps ask the activities and well being teams to produce a guide list of who likes what and how they can be done, where specific items may be accessed.

Laundry room procedures, safety, IPC, stock, using machines. Managing contaminated laundry may be an area we would not want volunteers to undertake – so they must know what that is and what they should / shouldn't do with it?

Clinical waste management and bin emptying should perhaps not be a risk for volunteers to manage.

With food: How could they do that and continue to keep people safe? E.g. adjust menu's to be simple and straightforward? Easy quick meals like a cup a soup and mash would be better than nothing in a real emergency! Large trays of frozen food may be a wise precaution in case of no chef – but prepare now training for staff and instruction on what to do and how to use it – don't forget things like emergency gas turn on and off! (e,g blue aprons for kitchen and disposable napkins if you currently have cloth ones)

making tea /coffee & drinks – where stock is kept, how to maintain infection prevention and control (IPC) measures in the kitchen area / safe temperatures / what is needed on trolley's and why e.g. thickener if appropriate.

What **IPC training** will they all need and how can it be delivered e.g. share handwashing posters and videos now, and ask people to start practicing? Where would they access PPE in your environment? Consider what could be disposable

Prepare **currently accurate easy check lists** if they are not already actioned, for example:

- Names, room numbers, Specialist diets, allergies, preferences etc
- Fluid preferences (tea / coffee and how they like it, cold drinks etc), and specialist needs eg thickener's and amounts. How people like / need their drinks served – cup and saucer, plastic up with lid / straw etc, who needs assistance etc.
- Some guidance on people who can answer questions (accurately) and those who can't, so any volunteer has an understanding of the person they may assist.
- How to use bells, how and when to call for emergency help, who to communicate with and who is co-ordinating the home. What, if any, documentation is required e.g. fluids taken.
- Laundry and stock rooms, trolleys and storage areas – pictures / lists for everyone to follow consistently, to avoid having to look for things. Volunteers could empty boxes and restock areas etc to make life easier and avoid further trip and fire hazards if appropriate.

- Don't underestimate people's understanding – make it clear by setting it out simply and in plain language, pictures or videos for everyone. Wipe clean techniques and processes are not universally known!
- Could volunteers answer bells? E.g. perhaps in communal areas but not in rooms unless DBS checked? What restrictions would there be on who they could assist e.g. some people they could get a drink for or open the window – others may have massive restrictions regarding these matters for various reasons. How would they know these matters without breaching confidentiality of making the environment overly non personal and institutionalised? Perhaps an updated personalised do and don'ts list prepared each day according to changing needs could be handed out to staff and volunteers outlining responsibilities and restrictions to all (like 'staff updates' or similar that you may already use.)

Co-ordinated communication will be key here, as with any emergency – so regular team meetings with all involved, at the beginning, middle and end of each shift as to what is needed / how things are going / what's next will be essential. Keep 1 competent staff member co-ordinating all of that per shift.

Current care team – what if anything could be reduced / removed in serious emergency?

- Baths / showers / bed baths other than heavily soiled
- Washing / changing clothes daily – only if soiled
- Prioritise Hand, face, teeth / mouthcare and intimate personal care, whilst keeping full body washing to a minimum, e.g. rather than full bed baths unless heavily soiled. This also avoids 'close contact' unless essential
- Skin moisturising (ie the x 2 daily use of moisturising cream to reduce / prevent dry skin) - unless for comfort
- Bed changing – only as essentially needed e.g. when soiled. (all dirty laundry will need moving, washing and drying, folding, ironing and putting away – reduce the workload to bare minimum in a real crisis).
- Towel changing daily (unless dirty)
- Don't 'rush' care – simply be efficient. Continence aids fitted properly will save much time and effort for staff and those we care for!
- 2hourly pressure area care (if given) – could this be moved to 4 or 6 hourly reasonably if continence was managed better? Would turning devices help?
- Would catheterisation help for any very heavily urine incontinence with high pressure ulcer risk / moisture lesions risk people?
- Routine cleaning by care staff in peoples room e.g. wiping bedrails unless soiled
- Bell answering targets – could be done by non care staff? They don't need to deliver the personal care, but they could e.g. turn the tv on!
- Who could help with medicines and how? Keep safe is the priority here.
- Any stock type counting could be reduced – but make sure you still have enough! Stocking up trolleys and rooms could be done by other non care teams
- Meal delivery, dining room supervision and 'easy to assist with food and drinks' type activity could be done by non care teams
- Clinical waste changing could be undertaken by non care teams

- Laundry could be undertaken by non care teams
- Phone answering could be non care teams
- Drinks rounds could be non care teams (other than high risk choking people)
- Leave care plans and risk assessment regular updating, unless it has changed at that time.

Draft: Emergency / quick glance basic care guidance that could be printed to doors / rooms for each person in need to aid people who may not know that person's needs. Add columns / information you feel are needed in your environment or for each person.

Resident Name	**Personal care**	**Continence**	**Eating**	**Other**
Resident 1	Daily wash, 2 carers	Change pad every 4-6 hrs	Eats independently	Hourly night checks
Resident 2	Self care	Self care	Eats independently	
Resident 3	Daily wash 1 carer	Change pad every 4-6 hrs	Requires feeding	

Things that must not be changed in your work place:

- Fire regulations – you need to keep those you care for, staff and visitors safe regardless
- COSHH
- Doing your absolute best, and morally the right thing
- Don't drop standards, particularly of cleaning communal areas
- IPC universal measures e.g. handwashing / PPE use etc
- Kindness, dignity, manners and humanity must not be lost in a crisis.
- Food and fluids are important for everyone
- Safety measures that keep us all safe

We are still waiting further guidance on restrictions and where to access PPE if required and will continue to update you as and when we know this information.

In the mean time communicate with your teams – use this is some questions to prepare . guide etc and then use that to prepare a business continuity plan. Remember it is a plan -and it is constantly changing… and is likely to continue to do so.

We are here to support you in anyway we can – I have left my mobile accessible if anyone needs to contact me urgently and genuinely!

Keep safe and well, and continue to keep up the good work. By doing our best for those we care for - we **will** do the right thing.
Best wishes
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