



## 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/coronavirus>

Using the Government's 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 Omega Elifar's 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.

Red = <b>R</b>	Amber = <b>A</b>	Green = <b>G</b>
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Key Theme	Business Issue	Level of Risk	Mitigating Actions	Action Required or Completed	Person Responsible	Completion Date
The World Health Organisation has declared that the outbreak of COVID – 19 is a pandemic and a public emergency of international concern. The infection has spread throughout the UK and as a nation we have come through the peak of the pandemic with the country slowly emerging from lockdown. However, the risk of infection is still very high and a phased approach is being used to try and slow down the risk of widespread illness which could result in severe staff shortages and significant disruption to working practices. On the 17 <sup>th</sup> July, the Government issued new guidance to be followed:	<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 well' who are simply too scared to come</p>	<b>R</b>	<p>Guidance is for staff to report to work unless showing symptoms of virus</p> <p>Provide advice and reassurance to staff</p> <p>Staff who have travelled to the UK from affected areas in the last 14 days and are experiencing cough or fever are not to come into the care homes</p> <p>Establish a criteria which identifies people we support who would require a greater need for care if they become</p>	<p>Identify critical staffing levels, understand individual staffing restrictions and ensure necessary contact details are</p> <p>Managers to risk assess to evidence minimum of staff required to run the service safely</p> <p>Rota must be regularly reviewed</p> <p>Services work closely with two agencies who supply reliable workforce</p> <p>redeployment to be considered from other homes</p> <p>Managers to cover on the floor where possible</p>	Registered Managers and Senior Leads	Ongoing

<p><a href="https://www.gov.uk/corona">https://www.gov.uk/corona</a></p>	<p>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>infected with COVID-19 (underlying health conditions)</p> <p>Based on the latest evidence of significant asymptomatic transmission in Care Homes, providers should take all possible steps to minimise staff movement between care homes, to stop infection spreading between locations</p>	<p>Managers to offer advice and support  help lines contacts to be shared with staff team  supervisions, meetings 1:1  Ensure the safety and welfare of all people we support</p> <p>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.</p> <p>Consult with relevant commissioners to plan ahead and risk manage lower staffing levels should this be needed  Submit relevant notifications to CQC</p> <p>Temporary relocation of staff to cover absence from other services as last resort</p>		
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	Supply of medications	G	<p>Register with additional agencies</p> <p>Further information:  <a href="mailto:ProviderC19Q@hants.gov.uk">ProviderC19Q@hants.gov.uk</a></p> <p>Contact Pharmacies to seek reassurance that arrangements are in place to supply medicines in a timely manner  Contact GPs to prescribed alternative medications as a last resort</p> <p>Report issues to your community pharmacist. If this does not satisfactorily resolve the issue then contact the *NSDR centre (National Supply Disruption Response Centre</p> <p>It is essential that OEL residents have continuity of supply for End of Life Care medicines, epilepsy medicines, pain</p>	Registered Managers and Senior Leads	Ongoing
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	Supply of medical and clinical consumables potential for disruption of supply	A	<p>Monitor stock positions and escalate issues at the earliest opportunity</p> <p>Consider earlier ordering and increase supplies of basics</p> <ul style="list-style-type: none"> <li>• Identify risk areas in relation to essential supplies</li> <li>• Contact suppliers to identify any potential issues</li> <li>• Consider sharing resources with other local care providers</li> </ul>	<p>relief, and other supplies – identify an alternative supplier and make contact, as necessary. Ensure the *NSDR contact number is available to staff.</p> <p>Check stock with our suppliers. Consider if alternative products may be available. Our primary supplier, Redland, 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 OEL homes</p> <ul style="list-style-type: none"> <li>• Extra supplies are being held at OEL head office, to be distributed on request</li> <li>• Identify alternative suppliers in the event of shortages</li> </ul> <p>Contact LA for additional stocks</p>	Registered Managers and Senior Leads	Ongoing
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<p>Supply of nonclinical consumables, goods and services</p>	<p>Potential for services to be interrupted should pandemic level of viral Spread, interrupting provision of national and local services such as utilities, waste collection etc., and supplier services</p>	<p>A</p>		<p>Daily audits to be completed of stock levels and forwarded to op's manager</p> <ul style="list-style-type: none"> <li>• Utilities: Consult each home's Emergency Plan for detailed guidance surrounding contingency planning in the event of loss of utility services.</li> <li>• Electrical: (fire/electrical/emergency lighting) have confirmed they have sufficient stock for 6 months of products that may be affected.</li> </ul> <p>Waste management: Monitor local council website for any disruption in waste collection services. Contact waste provider to ascertain contingency plan for clinical waste collection/disposal</p> <ul style="list-style-type: none"> <li>• Food: Some fresh food products may be in short supply due to public panic buying or deliveries impacted</li> </ul> <p>Consider alternative food products Consider adding additional</p>		
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				products with longer shelf life to weekly shops, without excessive stockpiling to cause serious shortages for others. OEL have stocked piled some long-life foods and frozen if Services cannot complete weekly shops		
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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 of COVID-19 in the community.

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



- Loss of smell and taste

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 does not survive on surfaces for longer than 72 hours.

### How long the virus can survive

How long any respiratory virus survives will depend on several 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

In order to help contain the spread of the virus as more premises open up, the Government has advised it is now mandatory for face coverings to be worn in shops and supermarkets from 24<sup>th</sup> July 2020. This is in addition to wearing a face covering on all public transport, in Hospitals and in outpatient departments. People are also strongly encouraged to wear face coverings in other enclosed public spaces where social distancing isn't possible and where they will come into contact with people they do not normally meet. This is most relevant for short periods indoors in crowded areas.

## 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, 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 do not have any tissues available, they should cough and sneeze into the crook of their elbow.

## 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.

### **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.

### **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

### **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.

### **If the resident requires urgent medical attention**

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

The NHS has a responsibility for testing all residents for COVID-19 in advance of a timely discharge from hospital. Any resident testing negative to COVID-19 and returning to one of our Care Homes will undergo a period of isolation for 10 days in accordance with Government guidelines. Any resident recuperating from COVID-19 will be isolated for up to 14 days on their return to the Care Home. Any resident still awaiting a test result will be isolated in the same way a COVID-positive patient will be or for 10 days should the test turn out to be negative.

### **If the resident 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, you will be advised on any further actions, depending on your recent exposure to the resident.

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

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.

### Record useful contact numbers, resources, and sources of additional information

Public Health England Updates	<a href="https://www.gov.uk/coronavirus">https://www.gov.uk/coronavirus</a>
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
Non-consumable clinical supplies – Redland Healthcare	0118 956 0800
CQC notification by registered managers	03000 616161

Hampshire and Isle of Wight HPT (South East)  This team covers:  • Hampshire • Isle of Wight	
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Contact Contact Hampshire and Isle of Wight HPT (South East) Public Health England Fareham Borough Council, Civic Offices, Civic Way, Fareham Hampshire PO16 7AZ <a href="mailto:EmailHIOW@phe.gov.uk">EmailHIOW@phe.gov.uk</a> ; <a href="mailto:phe.hiow@nhs.net">phe.hiow@nhs.net</a> (option 1 to 4 depending on area) Out of hours advice 0844 967 0082	
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### **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 cannot resolve. It does not 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.