



**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 to contain the spread of Coronavirus, 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 Governments 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 or service users and staff members and continuity or 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.

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| Red = **R** | Amber =**A** | Green =**G** |

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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 declared that the outbreak of COVID – 19 is a pandemic and a public emergency of international concern. The infection has spread throughout to the UK and as a nation are presently in the delay phase/lockdown to try and slow down the risk of widespread illness and protect the NHS, which could result in severe staff shortages and significant disruption to working practices. On the 17 May, (step 3) pathway out of lockdown the Government issued new guidance to be followed:<https://www.gov.uk/corona> **Supply of nonclinical****consumables,****goods and****services** | Potential fordisruption causedby absence of staffdue to sickness,self-isolation, orleave to care forunwell familymember, ordifficulty inrecruitment.In a pandemic 15% -30% of staff couldbe off work at anyone time. Ratescould be evenhigher in a smallbusiness. Theabsence rate willinclude those whoare sick, thosecaring for othersand well’ who are simplytoo scared to cometo work. On averagepeople will beabsent for 10 days,but some may neverreturn. In a smallerbusiness it is usuallymore difficult tocope with staffshortages. Supply of medicationsSupply of medical and clinical consumables potential for disruption of supply Potential for services to be interrupted should pandemic level of viralSpread, interrupting provision ofnational and localservices such as utilities,waste collection etc.,and supplier services | **R****G****A****A** | Guidance is forstaff to report towork unlessshowingsymptoms of virusProvide advice andreassurance tostaffStaff who have travelled to the UK from foreign countries affected areas in the last 14 days and are experiencing cough or fever are not to come into the care homes Establish a criteria which identifies people we support who would require a greater need for care if they become infected with COVID -19 (underlaying health conditions)  Monitor stockpositions andescalate issues atthe earliestopportunityConsider earlier orderingand increasesupplies of basics• Identify risk areasin relation toessential supplies• Contact suppliers toidentify anypotential issues• Consider sharingresources withother local careproviders | Identify criticalstaffing levels,understandindividual staffingrestrictions andensure necessarycontact details areManagers to risk assess to evidence minimum of staff required to run the service safely Rota’s must be regularly reviewed Services work closely with two agencies who supply reliable workforceredeployment to be considered from other homesManagers to cover on the floor where possibleManagers to offer advice and supporthelp lines contacts to be shared with staff teamsupervisions, meetings 1:1Ensure the safety and welfare of all people we support Detailed forward rotaplanning for each service withadditional on-call supportavailable in the event of nonattendanceof isolated staffon contract, or agencybackup staff who might notbe available to cover due toisolation or illness too.Consult with relevant commissioners to plan ahead and risk manage lower staffing levels should this be neededSubmit relevant notifications to CQCTemporary relocation of staff to cover absence from other services Register with additional care agencies. Further information: ProviderC19Q@hants.gov.ukContact Pharmacies to seekreassurance thatarrangements are in place tosupply medicines in a timely mannerContact GPs to prescribed alternative medications as a last resort.Report issues to yourcommunity pharmacist. If thisdoes not satisfactorily resolvethe issue then contact the\*NSDR centre (NationalSupply Disruption ResponseCentreIt is essential that OEL residents have continuity of supply forEnd of Life Care medicines,epilepsy medicines, painrelief, and other supplies –identify an alternativesupplier and make contact, asnecessary.Ensure the \*NSDR contactnumber is available to staff.Check stock with oursuppliers. Consider ifalternative products may beavailable. Our primarysupplier, Redland, haveconfirmed there are limits in place for ordering ofclinical masks and hand gels.Early ordering has and isalready taking place toensure supplies reach OEL homes• Extra supplies are being held at OEL head office, to be distributed on request• Identify alternativesuppliers in the event ofshortagesContact LA for additional stocks weekly audits to be completed of stock levels and forwarded to op’s manager. • Utilities:Consult each home’sEmergency Plan for detailedguidance surroundingcontingency planning in theevent of loss of utilityservices.• Electrical:(fire/electrical/emergencylighting) have confirmed theyhave sufficient stock for 6months of products that maybe affected. Waste management: Monitorlocal council website for anydisruption in waste collectionservices. Contact waste provider to ascertaincontingency plan for clinicalwaste collection/disposal• Food: Some fresh foodproducts may be in shortsupply due to public panicbuying or deliveries impactedConsideralternative food products Consider adding additionalproducts with longer shelf lifeto weekly shops, withoutexcessive stockpiling tocause serious shortages forothers.OEL have stocked piled some long-life foods and frozen if Services cannot complete weekly shops | Registered Managers and Senior Leads Registered Managers and Senior Leads Registered Managers and Senior Leads  | OngoingOngoingOngoing  |

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, which has since spread worldwide.

The incubation period of COVID-19 is between 2 to 10 days. This means that if a person remains well 10 days after contact with someone with confirmed coronavirus, they have not become a positive case.

**Signs and symptoms of COVID-19**

The following symptoms may develop in the 10 days after exposure to someone who has COVID-19 infection:

* The main symptoms of COVID-19 are:
* new continuous cough and/or
* fever (temperature of 37.8°C or higher)
* anosmia (loss of the sense of smell and/or taste)
* Other symptoms that may indicate COVID-19 in care home residents include:
* new onset of influenza like illness
* worsening shortness of breath
* delirium, particularly in those with dementia

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 doorknob 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**

COVID – 19 vaccinations that are currently available have shown to be safe and effective at preventing COVID -19 and severe illness.

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 and arrange to take a PCR test.

 • employees should wash their hands before:

 • before leaving home

 • on arrival at work 13

 • 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**

Current Government guidance advises people to wear a face covering in public places/enclosed places where social distancing cannot be maintained i.e., public transport and shops unless you are except or have a reasonable excuse. [www.gov.uk](http://www.gov.uk)

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 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](https://www.gov.uk/guidance/contacts-phe-health-protection-teams) 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 like 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.

**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:**

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| Public Health England Updates | <https://www.gov.uk/coronavirus>  |
| 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 |

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| Hampshire and Isle of Wight HPT (Southeast)This team covers:• Hampshire• Isle of WightContactContact Hampshire and Isle of Wight HPT (Southeast)Public Health EnglandFareham Borough Council, Civic Offices, Civic Way, Fareham Hampshire PO16 7AZEmailHIOW@phe.gov.uk; phe.hiow@nhs.net (option 1 to 4 depending on area) Out of hours advice0844 967 0082 |  |

**National Supply Disruption Response (NSDR)**

If you experience disruption to your supplies or 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.