

## **COVID-19 Information Pack for care providers**

**The purpose of this pack is to provide local NCL information, guidance and access to support to enable care providers to respond to COVID-19**

**14 July 2020**

**Version 13**

# Version

Version	Purpose / change	Date
10	Initial guidance pack published and circulated	9 April 2020
11	Guidance pack content updated to: <ul style="list-style-type: none"><li>• Align with the latest national guidance on COVID-19</li><li>• Reflect the latest local developments to support care homes respond to COVID-19</li><li>• Align with and compliment the London Care Home Resource Pack (v1.1) produced by NHS England and NHS Improvement</li></ul>	11 May 2020
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**We will aim to share an updated resource with you every two weeks.**

# Topics covered in this resource pack

Topic	Slides
<a href="#">NCL social care provider webpage</a>	4
<a href="#">NCL local and national wellbeing offers</a>	5
<a href="#">Understanding your service and workforce capacity</a>	6
<a href="#">IPC and PPE advice for all staff providing direct resident care, care home staff and those providing care within a person's own home</a>	7 - 9
<a href="#">Urgent clinical advice for Rapid Response, Community and Domiciliary Care teams concerned about a patient displaying symptoms of Coronavirus</a>	10
<a href="#">Local support and advice on infection prevention and control</a>	11
<a href="#">Resources to support you to manage residents with COVID-19</a>	12
<a href="#">Facebook portals</a>	13
<a href="#">Monitoring and managing suspected COVID-19 in care homes</a>	14
<a href="#">Taking vital signs</a>	15
<a href="#">Supporting existing residents who may require hospital care</a>	16
<a href="#">Decontamination of reusable equipment</a>	17
<a href="#">Who can get tested for COVID-19?</a>	18
<a href="#">How can North London care staff access testing?</a>	19
<a href="#">Outbreak management and rapid testing for care homes with outbreaks</a>	20
<a href="#">Regular testing in care homes and mass testing</a>	21
<a href="#">What to do when you get test kits and results?</a>	22
<a href="#">Test and Trace, close recent contact, risk assessment for staff exposure in the workplace</a>	23 - 25
<a href="#">Resident exposure in a care setting</a>	26
<a href="#">NHSmail – how to sign up</a>	27
<a href="#">Changes to discharge / brokerage</a>	28
<a href="#">The National Capacity Tracker</a>	29 - 30
<a href="#">Information on local plans to support providers financially</a>	31 - 32
<a href="#">Useful information and resources</a>	34 - 35

# NCL social care provider webpage



- We have developed a dedicated webpage for staff who work in social care settings in NCL. The webpage is also relevant for health and care professionals who provide support to the sector such as GPs.
- The webpage contains the latest COVID-19 updates that are relevant to care providers and links to a range of useful information on topics such as testing; infection, prevention and control; staff health and wellbeing; end of life care; digital support; key guidance...etc. The webpage also contains information on available training and webinars.
- You can access the webpage via the NCL CCG website here <http://www.northcentrallondonccg.nhs.uk/my-health/covid-19/care-homes-support-and-guidance/>

Infection Prevention and Control

NCL social care providers

## NCL social care providers

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This webpage contains the latest information for staff working in social care settings in NCL. It is also relevant for health and care professionals who provide support to the sector such as GPs.

**Latest updates for NCL care providers**

# NCL local and national wellbeing offers

- We have developed a pack that sets out some of the local and national support that is available to support the wellbeing of care provider staff working across North Central London during the COVID-19 pandemic.
- The pack should not be viewed as an exhaustive list, but rather a helpful starting point of what support is available.
- You can access the pack at the [NCL social care provider webpage](#)

## Contents

### Resources

#### Introduction

#### Local support on offer

Local wellbeing support

Peer support for managers and all staff

One to one support for all staff

#### Nationally available support

A chance to talk

Training and bereavement

Apps, online tools and resources to help with:

- Depression, worry and anxiety
- Sleep
- Looking after your mental health
- Meditation and mindfulness
- Work and wellbeing

Physical Health and Financial support resources

# Understanding your service and workforce capacity



- Each local authority has established regular reporting arrangements around your service and workforce capacity.
- This is vital for us to understand which providers can accept new referrals and where providers are under strain and need support. Thank you for your support in completing this regularly.
- We commit to sharing information between Councils and the NHS, and reducing usual service reporting and quality monitoring visits to the minimum.
- This will enable you to focus on service delivery and us to support providers under strain.

If you have questions around reporting arrangements please contact your local authority.

## **Recruitment support:**

- We will need to provide more care in coming months and pressure will increase with staff self isolating.
- Therefore, our view is that providers will need to increase recruitment.
- Our [Proud to Care portal](#) advertises jobs in care across north London.
- We will increase our marketing, communications and pathways, and work with training and employment providers to raise awareness of the recruitment drive.
- Andrea Johnson is talking to social care recruiters about how we can support you – please contact [Andrea.Johnson@hee.nhs.uk](mailto:Andrea.Johnson@hee.nhs.uk) to discuss how we can help.

# Advice for all staff providing direct resident care

Note direct care in this slide pack refers to any care delivered within 2 metres of a resident

If a member of staff is concerned they have COVID-19 they should follow the [NHS guidance](#)

If they are advised to self-isolate at home they should follow the [PHE guidance](#)

If advised to self-isolate at home, they should not visit or care for individuals until safe to do so

## Self isolation guidance for staff:

- **If you have symptoms of COVID-19** (temp  $\geq 37.8^{\circ}\text{C}$ , or a new continuous cough or loss or change to your sense of smell or taste) **you should: not attend work, immediately notify your line manager, and self isolate for 7 days**
- **After 7 days you can return to work on day 8** provided any temperature has resolved without medication for 48 hours and you're medically fit to return. It is noted after 7 days you can return to work on day 8 if a cough or a change/loss in normal sense of smell or taste is the only persistent symptom, and you've been without fever for 48 hours and are medically fit to return.
- **If someone in your household has symptoms of COVID-19 you must self isolate for 14 days**
- If you are well but then develop symptoms at any point during this 14 day period you should self isolate for **7 days from the first day of your symptoms**. Then you can return to work as outlined above
- If you are symptomatic you can get tested or if a member of your household is symptomatic they can get tested – see [slides 18 - 19](#) for testing details
- If your test is negative, you have no symptoms, are medically fit to do so, and have not been identified as a close contact of a confirmed case you can return to work.
- If the symptomatic household members test is negative you can return to work and everyone can stop self isolation
- **If you have come into [close contact](#) with a person outside of work** who has either recently tested positive to COVID-19 or has a suspected case of COVID-19 you must self-isolate for 14 days.
- **If the you have come into [close contact](#) with a person at work** who has either recently tested positive to COVID-19 or has a suspected case of COVID-19, for example due to a PPE breach, then you must:
  - Report about the PPE breach and close contact to your manager
  - Your manager will conduct a [mini risk assessment](#) of the exposure in conjunction with local IPC policy and decide whether it warrants self-isolation for 14 days.

In the event staff members are supporting and/or accompanying residents to hospital visits, in accordance with [national guidance](#), all hospital visitors and outpatients will need to wear face coverings at all time. Staff working in all areas of the hospital are expected to wear surgical face masks.

For the full latest national guidance on infection control (including personal protective equipment or PPE):

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

# Additional advice for care home staff

## To minimise the risk of transmission, care home providers are advised:

- If care homes feel it is appropriate to do so and there is no ongoing outbreak, care homes are able to put in place measures which enable residents' friends and family to safely visit in a low risk way in alignment with national guidance (for further information see [slide 26 of the London Care Home Resource pack](#))
- **Residents' friends and family should continue to be allowed to visit in exceptional circumstances** e.g. next of kin visiting at end of life ([NHS Guidelines on visiting at end of life](#))
- **Alternatives to in-person visiting** should continue to be explored e.g. video, telephone etc. to maintain the wellbeing of residents during this time
- Contractors on site should be kept to a minimum and be supported to wear appropriate PPE.
- Healthcare professionals may do reviews virtually or in person with appropriate PPE (this will be decided between yourselves and the healthcare professional)

## Use of PPE for all residents regardless of COVID-19 status:

- Apron and gloves (single use) and mask (risk assess for sessional use) should be used when providing direct care (within 2m) for all residents
- Risk assess the need for an eye mask and risk assess sessional use
- Hand hygiene and correct donning and doffing of PPE is vital.
- See [guidance on donning and doffing of PPE](#)

## Restricting workforce movement and minimising workforce transmission

- Bedded care providers should try to have a settled staff team based in individual sites as staff working across multiple sites (including use of agency and bank staff) increases the risk of infection. You can find a checklist of actions that you may consider taking for reducing staff movement [here](#).

# Additional advice for home care staff - those providing care within a person's own home

**PPE should be worn when providing direct care (within 2 metres) in a person's home regardless of their COVID status**

- Single use **apron** and **gloves**
- Single or sessional use **fluid resistant surgical mask** and **eye protection/face protection (risk assess if sessional use is practical)**
- To support risk assessment for sessional use of PPE see table 1 [here](#)

**If any member of a household in which direct care is being provided is shielded (also known as the extremely vulnerable group) PPE should be worn:**

- Single use **gloves, apron** and a **surgical mask**
- Note if any household member has suspected/confirmed COVID-19 the additional PPE as described in the above box is advised

You can find further guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19 [here](#)

**Other general interventions include:**

- Increase cleaning of hard surfaces
- Keep properties well ventilated by opening windows whenever safe and appropriate
- Good hand hygiene



# Urgent clinical advice for Rapid Response, Community and Domiciliary Care teams concerned about a patient displaying symptoms of Coronavirus

There is a national Covid-19 111 service, but in **London**, **community health and domiciliary care teams** concerned about a patient who may have Covid-19 symptoms **are being asked to call NHS 111 Star\* 7** for faster access to urgent senior clinical advice if they cannot get through to the patient's own GP.

	<b>DIAL 111</b>	 <i>Thank you for calling NHS 111, please press 9 to continue.</i>
	<b>PRESS 9</b>	 <i>Let's work out where you are.</i>

**At this stage, you will be prompted: "If you are calling about coronavirus symptoms, please press 1, or press 2 to continue".**  
**PLEASE PRESS 2 TO ACCESS THE NHS 111 STARLINES**

 *You'll hear a pause. Then when asked your age...*   **PRESS \*7** 

# Support and advice on infection prevention and control for care providers



## Covid-19:

### Guidance for infection prevention and control in healthcare settings

We are in a fast moving, evolving situation and, as with any new strain of infection, there are multiple sources of guidance and information produced for staff.

We recognise that this can be confusing for staff. Therefore, we have set up a dedicated email address and phone number, directing you to published advice and guidance regarding Infection Prevention and Control (IPC).

#### Contact details

Email address: [nclccg.covid-19infectioncontrol@nhs.net](mailto:nclccg.covid-19infectioncontrol@nhs.net)

Telephone: 020 3816 3403

The email address and telephone number will be monitored by Dee Malone who has significant experience in IPC, Monday – Friday, 9am – 5pm.

*Please note, the team will not provide clinical advice on the management of individual patients.*

Care home/independent sector telephone support requirement	Infection control website/telephone line response to care home support requirement
Advice on infection control and management if a resident is admitted with suspected / tested CV19.	IPC email response/call will sign post to current guidance, but will <b>NOT</b> provide clinical advice on the management of residents.
Signposting to relevant guidance, and to 111, GPs, MDTs as relevant.	IPC email response/call will do this.
Helping providers understand and interpret the guidance.	IPC email response/call will do this.

For further information, please visit the [North Central London Infection Prevention and Control webpage](#)

# Resources to support you to manage residents with COVID-19



## PPE:

- Health care workers (from primary care or community providers) who are attending a care home should bring their own PPE.
- At this stage we can offer a limited solution for partners of 4 core products (FFP3 masks, Surgical Masks, Aprons, Hand disinfectant (500ml bottle)). If you are going to run out today or tomorrow, please contact your normal supply chain. If your normal supply chain is unable to assist, please contact your relevant borough lead [below](#). If necessary, borough leads will be able to escalate your PPE issues to the NCL PPE hub.

**Barnet** Hannah Richens: [Hannah.Richens@barnet.gov.uk](mailto:Hannah.Richens@barnet.gov.uk) & Sam Raffell: [sam.raffell@barnet.gov.uk](mailto:sam.raffell@barnet.gov.uk)

**Camden** Tim Rising: [Tim.Rising@camden.gov.uk](mailto:Tim.Rising@camden.gov.uk)

**Enfield** Darren Ware: [Darren.Ware@iwenfield.co.uk](mailto:Darren.Ware@iwenfield.co.uk)

**Haringey** Farzad Fazilat: [Farzad.Fazilat@haringey.gov.uk](mailto:Farzad.Fazilat@haringey.gov.uk) & Rick Geer: [Rick.Geer@haringey.gov.uk](mailto:Rick.Geer@haringey.gov.uk)

**Islington** Dan Lawson: [ppeascsupplies@islington.gov.uk](mailto:ppeascsupplies@islington.gov.uk)

- National supply line for face masks: 0800 9159964/ 01912 836543/ email: [supplydisruptionservice@nhsbsa.nhs.uk](mailto:supplydisruptionservice@nhsbsa.nhs.uk). We are sorry about the national delays to PPE. We know it has impacted on workers in social care as well as the NHS.

## Training:

View the [NCL social care provider webpage](#) for the latest training opportunities. These include for example:

- Regular NCL COVID care provider webinars. Topics covered are based on feedback from clinical leads and providers. Some of the topics covered to date include infection, prevention and control, personal protective equipment, testing, end of life care, coronavirus care pathway.
- The CCG is providing assistance to the Local Resilience forums, and offering a face to face or virtual “train the trainer” programme on Infection Prevention Control (IPC). The training provides a thorough overview of managing the spread of COVID-19 and correct use of PPE. All care homes have been offered training. For NCL care providers, training is being over Microsoft Teams. The virtual training sessions are led by Local Authority care home commissioners and being held every Thursday at 2pm during July. Further details about the training will be communicated by the Care Home Leads. Training times and dates can be viewed on the [IPC webpage](#).

## Latest guidance

- Sign up to [gov.uk.email@notifications.service.gov.uk](mailto:gov.uk.email@notifications.service.gov.uk), to receive the latest guidance and resources.

# Facebook portals

Three hundred Facebook Portals have been distributed to health and care providers in North Central London to help friends and families stay in touch during the Covid-19 pandemic.

The delivery of the devices is part of an NHS Digital First and Facebook pilot.

The Facebook portal is a new piece of a technology (similar in size to a tablet) that allows people to make video calls to family and friends.

If you have received a tablet, a staff member should be nominated to set up the device. The leading staff member should refer to:

- The [user set up guide](#), which provides further details including background information about the pilot, information on how portals are currently used in care settings, user set-up information, and portal functions.
- The [Facebook Portal Quick Guide](#) which explains how to set up and use the device.

If you have a technical query about the device and setup:

- You may be able to find the answer on the following links <https://portal.facebook.com/gb/help/setting-up-portal/> and <https://portal.facebook.com/gb/help/>.
- There are also many instructional videos available online if you Google your query.
- If you are still unsure, email your query to [rachel.falconer@nhsx.nhs.uk](mailto:rachel.falconer@nhsx.nhs.uk) - the contact at NHSX who is facilitating this pilot.

# Monitoring and managing suspected COVID-19 in care homes

[Link to full guidance issued on 2.4.20](#)

## **All residents should be:**

- Socially distancing (see [social distancing guidance](#))
- **Checked twice daily** for fever ( $\geq 37.8^{\circ}\text{C}$ ), cough or shortness of breath

## **If symptoms are present:**

- Record observations where possible: Date of first symptoms, [Blood Pressure](#), [Pulse](#), [respiratory rate](#) and [Temperature](#) (refer to Thermometer instructions) – Remember to [Maintain fluid intake](#)
- **Seek medical input** as per local services and arrangements  
(this may include GP, 111, rapid response, care homes assessment teams etc.)
- **Check the resident's advanced care plan** to confirm agreed threshold of care decisions
- **Follow infection control measures** as outlined for direct care (including PPE of single use apron and gloves, single or sessional use fluid resistant face mask +/- eye protection)
- **Provide 'warn and inform' letters** to residents, visitors and staff that there is a suspected case of COVID-19 in the home
- **Residents with suspected COVID-19 need isolation for 14 DAYS from onset of symptoms**

# Taking vital signs

[Link to full guidance issued on 2.4.20](#)

Through NHS 'mutual aid' the NHS will be supporting care home professionals to use well evaluated tools such as [RESTORE2](#) and [NEWS2](#) (supported in current [British Geriatric Society \(BGS\) guidance](#)). This will be accompanied by support and access to specific equipment such as pulse oximeters, which can also help determine whether a resident is unwell. Equipment which is used to support the monitoring of residents vital signs will need to meet [infection control and decontamination standards and guidance](#).

During the [weekly check-in](#), the clinical lead can support the home to understand the RESTORE2 and NEWS2 scoring system as a way of monitoring residents with symptoms. If a resident's symptoms worsen, it's important to contact 111 or the registered GP to receive a clinical assessment either remotely or face to face. Further advice should be given on escalation and how to ensure that decisions are made in the context of a resident's advance care plan, supporting an escalation to secondary care where appropriate. In a medical emergency the care home should dial 999.

Across North Central London we have delivered a one-off allocation of vital signs equipment (pulse oximeters, blood pressure monitors, thermometers, pen torches) for some of the older people's nursing and residential care home providers to help support the care and monitoring of residents with COVID-19.

If your home has been allocated equipment your relevant borough PPE or care home delivery lead will be in touch with details about how to receive your equipment.

You can read more about the one-off allocation of vital signs equipment on the [NCL Social Care Provider webpage](#).

# Supporting existing residents who may require hospital care

[Link to full guidance issued on 2.4.20](#)

If you think a resident may need to be transferred to hospital for urgent and essential treatment, consider the following checklist:

**A. A resident shows symptoms of COVID-19:**

If a resident shows symptoms of COVID-19:

- assess the appropriateness of hospitalisation.
- To do this, the care home may need to contact their local registered GP or the appropriate out-of-hours service for advice. Consult the resident's advance care plan or treatment escalation plan and discuss with the resident and/or their family member(s) or health and welfare attorney and their GP as appropriate, following usual practice to determine if hospitalisation is the best course of action for the resident.

**B. If hospitalisation is required:**

- follow [infection prevention and control guidelines](#) for resident transport
- inform the receiving healthcare facility as early as possible that the incoming resident has COVID-19 symptoms

**C. If hospitalisation is not required:**

- follow [infection prevention and control](#) and [isolation procedures](#)
- consult the resident's GP for advice on clinical management, using remote monitoring as needed.

**D. Support with general health needs**

If a resident requires support with general health needs:

- flag each resident who requires review by the [weekly 'check in'](#) with the aligned Primary Care Network (PCN) or GP practice
- consult the resident's GP and community healthcare staff to seek advice
- alternatively, contact NHS 111 for clinical advice

**E. Postpone routine non-essential medical and other appointments**

- Review appointments (medical and non-medical) that would involve residents visiting a hospital or other healthcare facilities and discuss with the healthcare provider whether these could be delivered remotely.

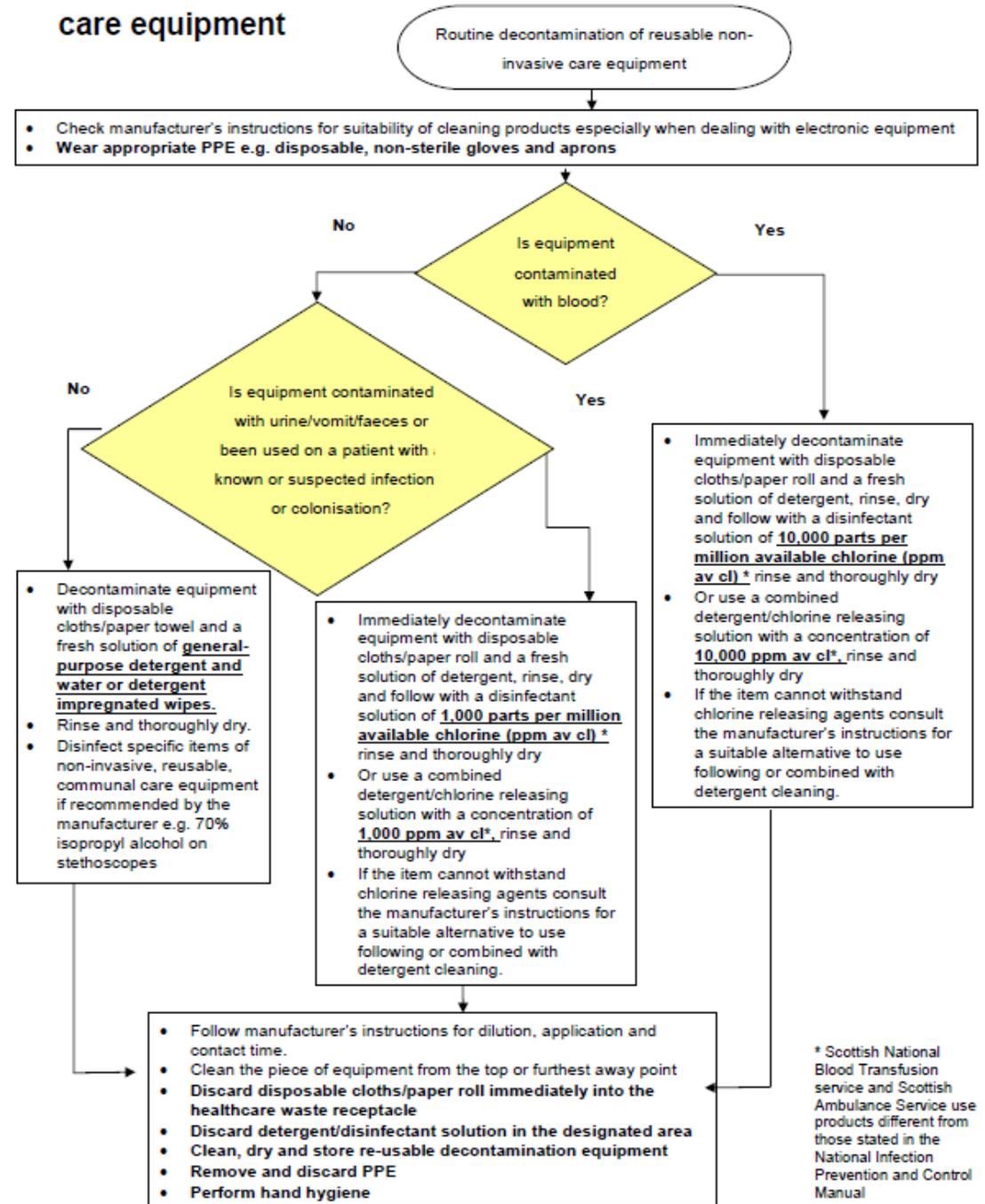
# Decontamination of reusable equipment

This [guide on the routine decontamination of reusable non-invasive patient care equipment](#) has been produced by Public Health England.

The full latest national guidance on infection control can be found [here](#).

You can also find information on decontamination and cleaning processes for care homes with possible or confirmed cases of COVID-19 [here](#).

## Routine decontamination of reusable non-invasive patient care equipment



# Who can get tested for COVID-19?

## **The following groups are eligible for testing nationally:**

- Anyone, whatever their age, who has symptoms
- If you live with someone who has symptoms

## **The following groups of people can access priority testing through GOV.UK:**

- essential workers in England, Scotland, Wales and Northern Ireland
- anyone in England, Scotland, Wales and Northern Ireland over 5 years old who has symptoms of coronavirus and lives with an essential worker
- children under 5 years old in England and Wales who have symptoms of coronavirus and live with an essential worker (this test must be performed by a parent or guardian)

# How can North London care staff access testing?



Care provider staff with symptoms that are self-isolating can book onto testing via the [national website](#) and on [NCL website](#)

## Covid-19 staff testing in North Central London

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**DO YOU WORK IN NORTH CENTRAL LONDON IN HEALTH AND SOCIAL CARE OR OTHER PUBLIC SERVICES?**

To ensure we are able to help you access the most appropriate testing facilities please click the appropriate link below.

I work in or directly support frontline health, care and council services. In this role I work with patients, residents and families face-to-face in Barnet, Camden, Enfield, Islington or Haringey

I work in other public services in North Central London and can't work remotely (for example, Local Authority services, Fire, Police and Transport for London)

I manage a care home and want to know more about staff and resident testing

# Outbreak management and rapid testing for care homes with outbreaks

## [Latest testing guidance](#)

A new outbreak management process for care homes which includes rapid testing is now available, and set out as follows:

- COVID-19 outbreak management protocol starts in a care home as soon as a case is identified, either through a lab confirmed case, or in certain circumstances when a resident's GP and London Coronavirus Response Cell (LCRC) agree following a clinically suspected case.
- The care home must inform the LCRC as soon as a case is identified. This can be done by phone (0300 303 0450) or by secure email to [phe.lcrc@nhs.net](mailto:phe.lcrc@nhs.net) using the form available [here](#).
- LCRC will undertake a public health risk assessment to determine next steps.
- If an outbreak is suspected, the LCRC will then order a batch of tests for rapid testing of the whole care home (residents and staff), and will utilise capacity across PHE and NHS laboratories to deliver results as quickly as possible.
- The care home should also enter any new information on test results on the [Capacity Tracker](#) and update daily, including information reported to them of any further cases notified by staff who are not at work but tested in the community or advised they need to self-isolate (e.g. through NHS Test & Trace).
- Testing should then be repeated on day 4-7 for all staff and residents who initially tested negative to reduce the false negative risk.
- The local public health system (DPH, CCG, LCRC) will continue to engage with the care home over the course of the outbreak which is declared 'recovered' once 28 or more days have passed since the last clinically suspected or lab confirmed case is recorded. Re-testing after 28 days from the last suspected case will be provided to confirm the outbreak has ended.
- For further information, please see [letter from the Department of Health and Social Care \(3 July 2020\)](#).

# Regular testing in care homes

## [Latest testing guidance](#)

- Weekly testing for staff and testing of residents every 28 days in all care homes without outbreaks is being rolled out.
- Bank, agency and visiting staff such as social workers and Allied Health Professionals working in care homes should be included in the weekly staff tests in care homes.
- There will be an **initial focus for this retesting on care homes for the over 65s and those with dementia** because these homes were the first to receive whole home testing in the initial round of testing and based on SAGE and PHE advice.
- It will take 4 weeks to provide retesting to all care homes for the over-65s. These care homes will be divided into 4 groups, with a new group starting its cycle each week.
- **Retesting will be offered to other adult care homes from early August.**
- Any specialist care homes that have not yet registered for their initial whole care home tests should still apply on the [care home portal](#) to receive their initial whole care home tests.
- Care homes will need to re-register on the [care home portal](#) to apply for retesting. Applications for retesting are now open for care homes caring for the over-65s and those with dementia.
- Directors of Public Health will be working with the Government to manage an initial round of testing for staff and residents in **supported living and extra care schemes** via the national portal.
- For further information, please see [letter from the Department of Health and Social Care \(3 July 2020\)](#).

## Mass testing

- One off mass COVID-19 testing is still available to all care homes in North Central London for symptomatic and asymptomatic care home staff and residents. This includes all adult care homes for under-65s, including those with learning disabilities or mental health problems, and care homes for over-65s and those caring for people with dementia.
- To find out more, including how to arrange deliveries of coronavirus test kits see [here](#). When requesting test kits for staff and residents, care homes should include any primary care and MDT staff who visit the home in their order.
- Domiciliary care staff who need a test should also continue to use the [self-referral website](#) to request a home test or book an appointment at a test site.

# What to do when you get test kits and results?

When you receive test kits please contact your local authority.

There is a visual guide to conducting swab testing on the Government website:

<https://www.gov.uk/government/publications/covid-19-guidance-for-taking-swab-samples>

The NCL STP website (<https://northcentrallondonccg.nhs.uk/testing-for-care-home-staff-and-residents/>) also includes a guide on testing which covers:

- What to do when you get your results
- Where to access guidance on infection prevention and control

# Test and Trace

The [NHS test and trace service](#) has been established to minimise community transmission of COVID-19. It is designed to:

- ensure that anyone who develops symptoms of COVID-19 can quickly be tested to find out if they have the virus
- help trace [close recent contacts](#) of anyone who tests positive for COVID-19 and, if necessary, notify them that they should self-isolate at home to help stop the spread of the virus

Therefore, if you have had close recent contact with someone who has COVID-19, healthcare workers must self-isolate for 14 days if the NHS test and trace service advises you to do so.

Close contact excludes circumstances where PPE is being worn in accordance with current guidance on infection, prevention and control.

Advice must be followed regardless of previous +ve PCR or antibody test. A positive antibody result signifies previous exposure, but it is currently unknown whether this correlates with immunity, including protection against future infections.

If a staff member has been notified that they are a contact of a co-worker who has been confirmed as a COVID-19 case, and contact with this person occurred while not wearing PPE, the 14-day isolation period also applies.

## Symptomatic people

1. Isolate
2. Order a test
3. Act on results (if +ve need to cont to self isolate)
4. Share contacts

## Contacts

1. Alerted (email, text, call)
2. 14 days self isolation from last contact
3. Test if you develop symptoms

# What constitutes close recent contact?

A **'contact'** is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic up to 7 days from onset of symptoms (this is when they are infectious to others). For example, a contact can be:

- people who spend significant time in the same household as a person who has tested positive for COVID-19
- sexual partners
- a person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:
  - being coughed on
  - having a face-to-face conversation within one metre
  - having skin-to-skin physical contact, or
  - contact within one metre for one minute or longer without face-to-face contact
- a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes
- a person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19

Examples that are **unlikely to be considered breaches** include if a health or social care worker was not wearing gloves for a short period of time or their gloves tore, and they washed their hands immediately, or if their apron tore while caring for a resident and this was replaced promptly. This would also apply to other individuals present in a care environment (such as an allied health visitor, visitor or family member) if they are following instructions from that institution.

# Risk assessment for staff exposures in the workplace

**If the you have come into close contact with a person at work** who has either recently tested positive to COVID-19 or has a suspected case of COVID-19, for example due to a PPE breach, then you must:

- Report about the PPE breach and close contact to your manager
- Your manager will then conduct a mini risk assessment of the exposure and decide whether it warrants self-isolation (i.e. if it was just a torn apron or the staff member's mask actually fell off)

## **Factors in the risk assessment which should be taken into account include:**

- the severity of symptoms the resident has
- the length of exposure
- the proximity to the resident
- the activities that took place when the worker was in proximity (such as aerosol-generating procedures (AGPs), monitoring, personal care)
- whether the health or social care worker had their eyes, nose or mouth exposed

If the risk assessment concludes there has been a significant breach, or close contact without PPE, the workers should remain off work for 14 days.

## Resident exposure in a care setting

- Residents who are known to have been exposed to a confirmed COVID-19 resident (an exposure similar to a household setting), should be isolated or cohorted only with residents who do not have COVID-19 symptoms but also have been exposed to COVID-19 residents, until 14 days after last exposure.
- If symptoms or signs consistent with COVID-19 occur in the 14 days after last exposure then relevant diagnostic tests, including for SARS-CoV-2, should be performed. These residents should be isolated or cohorted with other suspected cases while results are pending. If they have been cohorted with other individuals, the other residents' follow-up period recommences from the date of last exposure.

# Better communication through NHSmail



## Why this matters?

- Care providers with access to NHS mail can communicate directly with NHS providers, for example, to receive test results and discharge summaries.
- It also enables video consultations, which will support primary care and virtual MDTs in response to covid-19.

## Where are we with NHS mail in NCL?

- 194 care homes have access to NHS mail currently. Some are already working with their local NHS to set up virtual consultations.
- We would like to roll this out to all care homes in NCL and other interested providers, such as extra care and domiciliary care.

## What do you need to do to access NHS mail?

1. Complete the NHSmail form (you can find a copy of the form at <https://digital.nhs.uk/services/nhsmail>)
2. Send completed form to the following email address: [hlp.londonchnhsmailrequests@nhs.net](mailto:hlp.londonchnhsmailrequests@nhs.net)
3. You will receive your NHS.net e-mail address and password

## Additional tools

- Microsoft teams will be available to any care home with NHSmail. Teams will enable video conferencing with Health and Care Partners and the ability for homes to proactively set up video consultations and their virtual MDT.

## Support

- There will be webinars taking place daily that will explain how to set up NHSmail once you have received your details and a demonstration on how to use Teams. You can also contact the London team at the following e mail address if you have any queries: [hlp.londonchnhsmailrequests@nhs.net](mailto:hlp.londonchnhsmailrequests@nhs.net)

# Changes to discharge / brokerage



- Over the next few weeks we expect that the number of people needing support in the community after a stay in hospital (both with and without COVID-19 symptoms) will increase.
- What this will mean is that you will (soon) receive referrals from hospital without being able to assess residents prior to discharge. This is in order to support timely discharge from hospital.
- Having [NHS Mail](#) will therefore be very important to ensure that local discharge teams can pass on important information about residents needs to you prior to discharge
- Your local borough will contact you with details of these discharge arrangements and what this will mean for how these services will be brokered. See Covid-19 Trusted Assessor Guidance at Annex C of [COVID-19 Hospital Discharge Service Requirements](#).
- To support boroughs to see whether you have capacity in a timely way to support discharge, you are also being asked to complete the **NHSE capacity tracker**. More information on the **capacity tracker** can be found on the [next slide](#).

# Implementation of the National Capacity Tracker for care homes



You can log into the capacity tracker at <https://carehomes.necsu.nhs.uk/> (Note: Care homes should use an NHSmail account to register for the Capacity Tracker rather than a private one (e.g. Hotmail, Gmail), as this will speed up the approval process)

- We all hugely appreciate your effort and patience in submitting information to commissioners locally and via the London-wide Market Insight Tool. This information is very important as has been used to feed-in to regional and national efforts to secure much needed PPE, and indicate how the care sector is coping during this difficult time.
- One of the most important tasks in the response to COVID-19 will be to ensure we have the capacity across the system and our patients/residents are cared for in the most appropriate setting depending on their need. To ensure this, and to understand pressure points in real time, we are asking all colleagues **to support the roll-out of the Capacity Tracker across relevant providers in parallel with the Market Insight Tool.**
- The Capacity Tracker will track vacancies at a national level, the Market Insight Tool captures broader information about your supply of PPE, staffing levels and capacity. Both forms of information are essential.
- Discussions between London ADASS and North of England Commissioning Support Unit have been ongoing to understand whether we can merge the Market Insights Tool and the Capacity Tracker. They are continuing to work to ensure care homes only have to fill in one return, but this may take a little time, and they ask for your patience while this is sorted.
- Registration for Capacity Tracker can be completed at <https://carehomes.necsu.nhs.uk/>. Once registered, Providers can access a comprehensive support package (help guides, video walkthroughs, and a support call centre). There is a Contact Centre to support those Providers who are being asked to register and update their information at pace. The number is 0191 691 3729 and operates between 8am and 8pm, 7 days a week. Outside of these hours, or for more general guidance, providers can email [necsu.capacitytracker@nhs.net](mailto:necsu.capacitytracker@nhs.net)
- Details about the Market Insight Tool can be found via this [link](#) . If you need technical support, then please email [londonadassmi@hastec.ltd](mailto:londonadassmi@hastec.ltd) and a member of the team will be in touch via email to support.

# Care home capacity tracker - why register?



**What is Capacity Tracker?**

- ✓ A secure online tool developed nationally as the single way to report your available beds and staffing or supply needs during the COVID-19 period, so both health and social care partners in your area can respond to help you swiftly and ensure the right resource, in the right place, at the right time to save lives
- ✓ In real time, the Tracker allows you to share the **number of beds** you have available for residents, your **Personal Protective Equipment (PPE)** needs, **staffing levels** and the **number of COVID-19 residents** to help you manage during the COVID-19 incident



**How will you benefit by updating Capacity Tracker daily?**

- ✓ Your key local partners (e.g. System Champions for Capacity Tracker, Local Resilience Forum, Local Authority and NHS) can quickly understand your needs, and urgently direct appropriate resources to you (e.g. if you need extra PPE or help with staffing)
- ✓ Hospital discharge teams will know if you are open, and if you are closed, the Tracker will support the placement of residents to other care homes – without disturbing you
- ✓ Advertise details of your available beds in just 30 seconds
- ✓ Make Instant updates from your smartphones and tablets via the Capacity Tracker app



**How will it benefit residents leaving hospital?**

- ✓ Allows residents leaving hospital to return safely and quickly back to you
- ✓ By making the transfer of residents to care homes a lot simpler, this will allow hospitals to admit residents who really do need to come to hospital in an emergency, as there will be available beds



**How can you register and get support?**

- ✓ It is fast, secure and completely free to care homes, and you will have access within minutes
- ✓ Register your care home here <https://carehomes.necsu.nhs.uk/home>
- ✓ Watch a video on how to register and update bed capacity on Capacity Tracker <https://www.youtube.com/watch?v=qm9kX7tVO08&feature=youtu.be>
- ✓ Your local System Champions can provide additional support, if needed

## Provider Support – COVID-19 Response Fund

- The government will **fund pressures in the NHS** and support local authorities to manage pressures on social care, support vulnerable people, and to help deal with pressures on other public services.
- Your local borough will decide how to use additional funding to support the COVID-19 response. Further detail will be provided on the use of this additional funding by boroughs in the next iteration of this pack.
- Please contact your local borough if you have immediate concerns about finances due to COVID.

## Employment Support – Statutory Sick Pay

- Employees will receive sick pay from **day one** of being off work due to COVID-19.
- Individuals employed on **zero-hour contracts may be entitled to Statutory Sick Pay (SSP)** if their average earnings are at least £118 per week (calculated over an 8-week period). Anyone not eligible to receive sick pay, self-employed people, is able to claim [Universal Credit](#) and or contributory Employment and Support Allowance.
- Providers with fewer than 250 employees may be able to claim for 2 weeks of SSP per employee. Details are still being finalised but in the meantime **providers are asked to retain records of SSP to support claims.**

# Local plans to support providers financially

## Payments

Each council are reviewing how they pay providers to ensure their financial sustainability. This includes considering shifting to payments 'on plan', rather than based on actual care delivered, to give providers greater flexibility. Contact your borough for details.

## Cash flow

Councils are committed to ensuring the financial stability of our providers and maintaining service continuity and will take all actions open to them to support this in line with government guidance. Councils are committed to meeting reasonable additional costs identified through open book arrangements.

For the foreseeable, councils will be delaying inflationary uplift decisions until later in the summer, but will backdate any decisions to the start of the financial year.

\*It has been reported that some PPE suppliers have begun price hiking on essential PPE items. This is unacceptable, if you notice any suppliers profiteering please report them to the [Competition and Markets Authority](#) or contact your local council trading standards team.

Thank you for your support, commitment and dedication in this period.

Your support saves lives every day and this will be needed more than ever in the coming months. We want to support you and your staff at this difficult time.

We want your feedback on this pack so we improve it every week. Please email [nclccg.covidpp@nhs.net](mailto:nclccg.covidpp@nhs.net) to advise what further information would help you or if there is anything more we can do to help you boost staff morale.

Listen out as we applaud you at 8pm every Thursday

A decorative graphic in the bottom right corner consisting of several overlapping triangles in shades of blue, purple, and grey.

# Further information, guidance and resources (1/2)

Resource	Description
<a href="#">Helping to prevent infection (SCIE)</a>	<p>A quick guide for managers and staff in care homes. The guide covers:</p> <ul style="list-style-type: none"><li>• Hand decontamination</li><li>• Personal protective equipment</li><li>• Sharps</li><li>• Waste disposal</li><li>• Education and information</li></ul>
<a href="#">FutureNHS site – Community Services and Ageing Well</a>  <i>You will need to register for a FutureNHS account to access this site. You can register <a href="#">here</a></i>	<p>The aim of the Community Services and Ageing Well programme is to support the Long Term Plan objective to transform 'out-of-hospital care' and fully integrated community-based care to support people with complex needs.</p> <p>This work will be delivered through:</p> <ul style="list-style-type: none"><li>• Urgent Community Response</li><li>• Enhanced Health in Care Homes (EHCH)</li><li>• Anticipatory Care</li><li>• Community Teams</li></ul>
<a href="#">NHSE – Community based health and social care information</a>	<p>Links to a range of information and resources for Community based health, social care, mental health trusts and ambulance services</p>
<a href="#">BGS - COVID-19: Managing the COVID-19 pandemic in care homes</a>	<p>This guidance has been developed to help care home staff and NHS staff who work with them to support residents through the pandemic.</p>
<a href="#">Admission and care of resident during COVID-19 incident in a care home</a>	<p>This guidance is for care homes, local health protection teams, local authorities, clinical commissioning groups (CCGs) and registered providers of accommodation for people who need personal or nursing care. It sets out how to:</p> <ul style="list-style-type: none"><li>• Admit and care for residents safely</li><li>• Protect care home staff</li></ul>

## Further information, guidance and resources (2/2)

Resource	Description
<b>London End of Life Care Clinical Network NHSE&amp;I (London Region) – Covid-19 London Primary Care Support Document</b>	<p>The purpose of this document is to bring together existing resources and guidance in an accessible way to help inform primary care clinicians during COVID-19. Please take into account any local policies and procedures whilst using these resources.</p> <p>You can access the resource under the End of Life Care section of the <a href="#">NCL social care provider webpage</a>.</p>
<a href="#"><u>COVID-19 standard operating procedure - running a medicines re-use scheme in a care home or hospice setting</u></a>	<p>This standard operating practice gives guidance to care homes and hospices about using medicines labelled for one resident who no longer needs them for another resident.</p>
<a href="#"><u>Coronavirus (COVID-19): verifying death in times of emergency</u></a>	<p>Guidance for all cases outside hospital when verification of death may be completed by people who have been trained to do so in line with their employer's policies, including: medical practitioners; registered nurses; paramedics.</p> <p>The guidance clarifies existing practice for verifying deaths outside of hospitals and provides a framework for safe verification of death during the coronavirus emergency</p>
<a href="#"><u>Information for adult social care services during the coronavirus (COVID-19) outbreak</u></a>	<p>CQC are publishing the answers to questions adult social care providers have asked during the coronavirus outbreak. Answers will be updated regularly as things change. Topics covered include equipment and food, regulation, data collections, staff, testing, hospital discharge, new admissions, death certificates, GP visits, visitors.</p>