

COVID-19 MANAGEMENT PLAN

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| Approver | Executive Management Team |
| Plan | Covid-19 Management Plan |
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Signed:



Chief Executive:

Julia Ashley
On Behalf of the Board of Management

What Has Changed Since Version 12:

- 4.4, 4.5, 4.6 New government guidelines to be followed as of 10th December.
- 5.2.1.5 Vaccinated workers are required to undertake LFD tests for 7 days.
- 5.2.2. Workers that can work from home should do so.
- 5.2.6 Masks to be worn in all indoor workplaces.
- 5.2.13 Review risk assessments,
- 5.2.17 All non-essential meetings should be online.
- 5.3.10 Reference to Health & Social Care Act & Covid Mandatory
Vaccination Policy
- 5.4.2 Residents in Housing Services to maintain social distancing &
wear masks.
- 5.4.10 Contractors to maintain social distancing & wear masks.
- 5.5.11 Care residents can have 3 nominated visitors and an essential caregiver.

1. AIM

- 1.1. The COVID-19 Management Plan (The Plan) sets out what the C&C Group (C&C) is doing to maintain services through the disruption caused by a potential or actual COVID-19 outbreak in one of C&Cs services or office. The Plan is a framework for the management and control of the situation and ongoing review of C&Cs response.
- 1.2. The Plan aims to protect service continuity and the health and wellbeing of C&Cs workers, suppliers, residents and visitors to its schemes, homes and office. It identifies and assesses a number of risks to ensure that essential services are maintained.

2. SCOPE

- 2.1. The Plan applies to all employees, volunteers and Board, Committee and Panel members. It also applies to those employed by agencies under agreements with C&C. All of these will be referred to as 'Workers' or 'Colleagues' in The Plan.
- 2.2. Failure by any Worker to correctly follow The Plan may lead to disciplinary action being taken against them. Any disciplinary action will be dealt with in accordance with the Disciplinary Policy.

3. RESPONSIBILITIES

- 3.1. C&Cs Executive Management Team (EMT) is responsible for ensuring that C&C is fully prepared for the threat of a COVID-19 outbreak and the impact this has on C&C services.
- 3.2. The EMT will review progress in the implementation of The Plan in its weekly meetings and with key Heads of Service every fortnight or more frequently as required by new information being available.
- 3.3. The Business Continuity Team (BCT) and Managers will ensure delivery of The Plan.
- 3.4. Workers will ensure that the Plan is followed and updates to The Plan are acted upon.
- 3.5. The People Team will
 - 3.5.1. Continue to ensure adequate staffing levels including adjusting planned annual leave, sourcing emergency cover for front line services and planning ahead with Disclosure & Barring Services for planned emergency staffing.
 - 3.5.2. Implement policies to manage the financial impact of colleagues affected by an outbreak.
 - 3.5.3. Support colleagues to confidentially self-identify specific vulnerabilities and work with operational managers to agree alternative work plans for the duration of any period where they may be at risk.

- 3.5.4. Ensure site risk assessments that include COVID-19 risks have been carried out by managers responsible for each location at which we work, ensure that the plans are documented and made available to colleagues and that suitable information is displayed.
- 3.5.5. Provide regular updates to colleagues on The Plan and any subsequent changes to The Plan.
- 3.5.6. Initiate the People Team Business Continuity Plan (BCP) as required.

- 3.6. Operational Managers will
 - 3.6.1 Provide regular updates to Workers, residents, relatives, visitors and other local stakeholders on The Plan and any subsequent changes to The Plan.
 - 3.6.2 Implement infection control procedures, including enhanced cleaning regimes.
 - 3.6.3 Undertake individual risk assessments of each colleague for whom they are responsible and determine any mitigation action that would be taken should circumstances arise where individual risk levels become excessive.
 - 3.6.4 Ensure all visitors to homes, schemes and offices are inducted to C&Cs infection control procedures, including washing hands prior to entry to C&Cs premises.
 - 3.6.5 Manage compliance with the working time directive for Workers and ensure Worker welfare during any period of increased working hours.
 - 3.6.6 Review the BCPs of key suppliers and contractors and ensure that these are adequate to manage local risks.
 - 3.6.7 Initiate the home, scheme, and / or office BCP as required.
 - 3.6.8 Liaise with Public Health England (PHE) during any outbreak and act upon the advice / action plan provided.
 - 3.6.9 Inform the EMT of any outbreak or other potential or actual change in risk.

- 3.7. The I.T. Team will
 - 3.7.1. Continue to ensure Workers are supported to work remotely.
 - 3.7.2. Continue to ensure that urgent communications are displayed on IT equipment, and Reception Tablets.
 - 3.7.3. Review BCPs of key suppliers and contractors and ensure that they are adequate to manage any risks.
 - 3.7.4. Initiate the I.T. Team BCP as required.
 - 3.7.5. Inform the EMT of any outbreak or other potential or actual change in risk.

- 3.8. The Finance Team will
 - 3.8.1. Continue to ensure that emergency funds are available if required.
 - 3.8.2. Where possible, claim local or central Government financial supports where

available in coordination with operational managers.

- 3.8.3. Initiate the Finance Team BCP as required.
- 3.8.4. Inform the EMT of any outbreak or other potential or actual change in risk.
- 3.8.5. Maintain records and monitor the financial impact of COVID-19.

3.9. The Marketing & Engagement Team will

- 3.9.1. Update the C&C website with stakeholder information
- 3.9.2. Provide relevant communication and marketing materials to stakeholders through printed and digital channels, including supporting all-employee briefings
- 3.9.3. Update scheme screens with important communications
- 3.9.4. Provide press releases as required
- 3.9.5. Initiate the Marketing & Engagement Team BCP as required
- 3.9.6. Inform the EMT of any outbreak or other potential or actual change in risk

4. BACKGROUND

- 4.1. As of 10 December 2021, 10.6m cases of Covid-19 have been confirmed in the UK. The Government and Public Health England are clear that they are dealing with a global pandemic.
- 4.2. On 11 May 2020, the UK government released its COVID-19 Recovery Strategy – which was updated on 24 July 2020 - and is publishing a daily COVID-19 dashboard. The Plan draws from current government guidance and will be updated as necessary.
- 4.3. The virus that causes COVID-19, known as SARS-CoV-2, is prone to mutation as with all such viruses. New strains are appearing and proving particularly transmissible with increased rates of infection, placing a particular strain on NHS resources. Whilst anyone can catch the disease – which ranges from being without symptoms to being an extremely dangerous illness - people over 60 and those with compromised immune systems and respiratory problems are proving to be at greatest risk. There is evidence that males are at more risk than females and BAME people at greater risk than white people but it is older age - far more than anything else - that is the major risk factor. Whilst the great majority of those that show signs and symptoms of infection will only have mild to medium symptoms, a small group will experience more extreme symptoms and may be at risk of complications such as pneumonia.
- 4.4. On 10th December 2021, the UK Government identified the country is moving to 'Plan B' in response to the new Omicron variant. This requires a face mask to be worn in most public places & on public transport. From 13th December, workers are asked to work from home if they can. From 15th December certain venues & events will be required to check vaccination / exemption status.
- 4.5. The vaccination programme continues with 46.6m confirmed as 'double vaccinated' on the 10th December & a programme of booster vaccinations is underway.
- 4.6. The rules for isolation have been adjusted to reflect the increased transmission rates for the Omicron variant. Where an individual has been in contact with someone who *may have* the Omicron variant of Covid-19 they will need to self-isolate for 10 days. It can take 14 days from a PCR test to identify the variant of Covid that was detected. Fully vaccinated people who come into contact with an individual with Covid, however, will not need to automatically self-isolate but instead take daily lateral flow tests for 7 days.
- 4.7. The virus is transmitted as a result of contact with droplets from an infected individual, touching infected droplets with hands and then passing the disease to the mouth, nose or eyes or through airborne transmission. Medical advice is to avoid being within 2 metres of potentially infected persons or within 1 metre if taking extra precautions (the 'one metre plus's rule).

5. THE PLAN

- 5.1. C&C provides vital services to a wide range of people, including those who are significantly vulnerable and / or frail. It is crucial that these services continue and that those providing and receiving services are protected from harm.
- 5.2. Colleague welfare and maintaining essential staffing levels across all services:
- 5.2.1. C&C requires that, where workers are involved in essential work that involves their attendance at a scheme or home, they continue to attend their usual workplace and maintain services at all times. Exceptions will be made in the following circumstances:
- 5.2.1.1. Where the Worker is in a period of self-quarantine for actual or suspected COVID-19 or due to having been in direct contact or living in a family home with someone that has the disease, including those that have been contacted by the NHS Test and Trace service and advised to self-isolate. Self-isolation should be undertaken – according to Government guidelines - for 10 days after first noticing symptoms of COVID-19.
- 5.2.1.2. If the Worker or Colleague is notified by NHS Test and Trace of a positive test result, they must complete a full isolation period. The isolation period starts immediately from when the symptoms started, or, if there are no symptoms, from when the test was taken. The isolation period **includes** the day the symptoms started (or the day the test was taken if the Worker did not have symptoms), and the next 10 full days.
- 5.2.1.3. The Worker can return to normal routine and stop self-isolating after 10 full days if their symptoms have gone, or if the only symptoms you have are a cough or anosmia, which can last for several weeks. If the Worker still has a high temperature after 10 days or are otherwise unwell, they should stay at home and seek medical advice.
- 5.2.1.4. If a Worker is isolating because of a positive test result but did not have any symptoms, and then develops COVID-19 symptoms within their isolation period, they should start a new 10-day isolation period by counting 10 full days from the day following your symptom onset.
- 5.2.1.5. If the Worker or Colleague is fully vaccinated and has been in contact with someone who tested positive for Covid, they will not need to automatically self-isolate but instead take daily lateral flow tests for 7 days.
- 5.2.1.6. Where an assessment of the risk profile of the individual has indicated that they should be treated as a special case – for example where there are current COVID-19 cases within their workplace and they are assessed as being especially vulnerable;
- 5.2.1.7. Where the People Team has agreed alternative temporary working arrangements for Workers who have self-declared that they are at particular risk should they become infected;
- 5.2.1.8. Where the Worker has childcare or other caring responsibilities and is unable to attend work, e.g. due to unscheduled school closures. In this instance, the

People Team will agree alternative temporary arrangements including working from home where possible or unpaid emergency leave.

- 5.2.2. Where a worker does not have to be in attendance, they are required to work from home. The Company will maintain regular communication with home workers and provide practical guidance on staying safe and well, including maintaining mental health.
- 5.2.3. C&C will pay Company sick pay from day 1 if COVID-19 is suspected or if people are ill and unable to work, including to those people who do not have a contractual right to Company sick pay subject to a management assessment. Examples include people who have exhausted their normal sick pay rights or who are on probation. This includes where people are self-isolating for 10 days, according to Government recommendations, but where it is not possible for them to work from home. People that are self-isolating but continue to work from home will not be considered to be sick but to be in an arrangement to work from home.
- 5.2.4. To ensure minimum safe staffing levels of service, C&C will until further notice lift caps on Care, Housing and C&C Direct worker overtime as long as the Worker has opted out of the Working Time Directive maximum 48-hour week regulations, and the relevant manager has undertaken a risk assessment of the Workers fitness for work and agreed that the Worker is fit.
- 5.2.5. All C&C colleagues will receive infection control advice on entry to a C&C scheme or home and be required to:
 - 5.2.5.1. Confirm that they do not have any symptoms of COVID-19.
 - 5.2.5.2. Confirm that they have read and understood the COVID-19 guidance in force at the time.
 - 5.2.5.3. Wipe down the signing-in tablet with an anti-viral wipe.
 - 5.2.5.4. Wash or sanitise their hands before proceeding with their visit.
 - 5.2.5.5. If in a Care Home, undergo a temperature check and change into clothing only to be used for that shift. They will also be asked to regularly undertake Lateral Flow Device (LFD) tests.
- 5.2.6. All workers will be supplied with personal protective equipment relative to their role and have access to handwashing facilities. **Masks must be worn at all times in indoor workplaces.**
- 5.2.7. Colleagues will be kept fully informed of current Government and NHS recommendations and will be provided with suitable cleaning materials and Personal Protective Equipment (PPE) in line with those recommendations.
- 5.2.8. In the event that a colleague starts to show signs or has symptoms that may indicate the onset of COVID-19 they must immediately cease work and inform their manager who will arrange for them to go home safely and self-isolate. If they have symptoms before coming to work they should inform their manager and not come to work.
- 5.2.9. Care Home colleagues have weekly Polymerase Chain Reaction (PCR) testing arranged through the Home in which they work and are required to take the tests where they are arranged. Regular LFD tests are also undertaken in line with government requirements. This will be coordinated directly by the Home management, either involving travel to a testing centre or a self-administered test. The Home may

arrange testing for people that are not currently showing symptoms in order to proactively reduce risk to the care home residents. This is in line with the Government policy to provide testing for all colleagues and residents within care homes.

- 5.2.10. Testing can also be arranged directly with the NHS or via their line management for other employees that do not work in care homes if they are showing symptoms of COVID-19 or if testing is deemed appropriate for the safety of residents or colleagues.
- 5.2.11. Ill or self-isolating colleagues will be expected to return to work as soon as they are well or have a negative PCR test for COVID-19. We expect people to self-isolate for 10 days from first noticing symptoms and no colleague should return to work until after 10 days have elapsed following the day of the first symptoms.
- 5.2.12. Colleagues should not return to work until they have gone for a period of at least 48 hours without a temperature (without the use of fever reducing medications) and other symptoms are improving. Note that a cough or loss of the senses of taste and smell may persist long after recovery and need not delay the return to work. Where colleagues have been ill with COVID-19 they will not be re-tested before their return to work as they are likely to have genetic material from their illness still within their system and therefore give a false positive result.
- 5.2.13. Anyone returning to a workplace after a significant period away or experiencing a change in circumstances will be required to complete an updated individual risk assessment with their manager. Individual risk assessments will also require reviewing following changes to Governmental or PHE guidance. C&C reserves the right to re-allocate individuals to other workplaces, within reason, in order to manage risks identified in an individual Worker risk assessment.
- 5.2.14. If a specific piece of work that a colleague is about to undertake is likely to bring them into contact with someone that has, or is reasonably suspected of having (e.g. is currently self-isolating), COVID-19 they should discuss with their line manager - and if appropriate the People team - and undertake a risk and mitigation assessment based on the specific circumstances if one has not already been undertaken.
- 5.2.15. In line with advice from the NHS and local authorities, we do not automatically consider contact with someone that has COVID-19 should result in self-isolation. Any colleague that has been in contact with someone known to have COVID-19 should alert their line manager to assess the potential risk.
- 5.2.16. Any colleague that also works for another organisation, including both voluntary and paid work, should discuss with their line manager the nature of that work and undertake a risk assessment. It is crucial that we do not increase risk to our residents through potential transmission of the COVID-19 virus from other high-risk locations. Should the colleague have not previously declared this additional work or employment, no action will be taken against the colleague for that omission providing they declare it immediately so that a proper risk assessment can be made.
- 5.2.17. Meetings will take place via Microsoft Teams/Conference call, via teleconference or Skype instead. Non-essential face to face meetings should not be required.
- 5.2.18. The Company recognises that the COVID-19 crisis brings a range of issues and concerns. For example, many people may be affected by bereavement – either of a friend or family member or of residents that they care for. As well as the normal line management support, the Company maintains an Employee Assistance Programme

(EAP) that is highly prepared to offer practical and emotional support during such circumstances. Regular reminders of how to access the EAP are being provided through Company communications. You can also request support in accessing EAP from the People Department. In addition colleagues can access free bereavement counselling from Cruse Bereavement Care, details of which are available from the People Department

- 5.2.19. The NHS is operating a 'Test, Track and Trace' initiative. People who have been in contact with others who test positive for COVID-19 will be contacted and required to self-isolate for 10 days. They will not be allowed to leave their home for any reason at all. Others that live with them or that are within their 'Support Bubble' also need to self-isolate until the person traced has received a negative test result.
- 5.2.20. Any colleague that is contacted as a part of this initiative should inform their manager and isolate immediately. If they have a positive COVID-19 test they should self-isolate for a minimum of 10 days from the date of the test and immediately inform their manager and if they have a negative test self-isolate for 10 days from being traced. If they have a negative test and are being contacted due to their work in a Care Home they may be able to return to work when medically fit to do so and should follow instructions given to them by the local Health Protection team.
- 5.2.21. It is not necessarily the case that where a colleague tests positive for COVID-19 all other colleagues working with them will be asked to self-isolate. This will depend upon whether suitable PPE was being worn in the work-place.
- 5.2.22. COVID-19 workplace risk assessments have been undertaken in all Schemes, Care Homes and Central Office to ensure significant risks are understood and mitigation actions taken. These are provided to everyone working at each location and colleagues should take responsibility to ensure they are fully aware of the risk mitigation strategies that apply in their workplace. In addition C&C is undertaking individual risk assessments with every front-line worker. These assessments are designed to check whether individuals are especially at risk from COVID-19 and – if so – allow the relevant manager to take appropriate actions. For example moving a vulnerable colleague to a different work location should their primary work location experience an outbreak of COVID-19.
- 5.2.23. In line with the UK government's' Foreign, Commonwealth & Development Office (FCDO), C&C advises colleagues against all non-essential international travel to some countries and territories. The Government confirmed that foreign holidays will be allowed to resume under a traffic light system, with countries split into green, amber and red lists. Any colleague that travels abroad to a country on the amber list are currently required to self-isolate for 10 days upon their return to the UK, and to take a COVID-19 test on or before day 2 and on or after day 8. It may be possible to end quarantine early if you pay for a private COVID-19 test through the Test to Release scheme. Anyone planning to travel overseas should take this into account. Colleagues that currently work from home should be able to return to working immediately despite the self-isolation. Those colleagues that are not currently working from home should take into account the requirements for self-isolation when making travel arrangements, including booking sufficient vacation if they are required to self-isolate.
- 5.2.24. Colleagues do not need to take a COVID-19 test or quarantine on their arrival in England if they are travelling within the UK, Ireland, the Channel Islands and the Isle of Man, (the Common Travel Area), and have not been outside of the Common Travel

Area in the previous 10 days.

- 5.2.25. Amber list countries and territories: Colleagues must follow these rules even if they have been vaccinated. If a colleague has been in an amber country or territory in the 10 days before they arrive in England, before the colleague travels to England, they must take a COVID-19 test, book and pay for day 2 and day 8 COVID-19 travel tests – to be taken after arrival in England and complete a passenger locator form. On the colleague's arrival in England, they must quarantine at home or in the place they are staying for 10 day, and take a COVID-19 test on or before day 2 and on or after day 8.
- 5.2.26. In circumstances where a colleague is overseas in an exempt country that then loses its exemption – and are therefore unexpectedly required to self-isolate – they should contact their manager as soon as possible in order to make suitable arrangements. For example, it may be possible to arrange short-term working from home, to take additional annual leave or to agree a plan to make up any working time lost at a later point.
- 5.2.27. All colleagues have a responsibility to maintain and protect the health and safety of themselves, their colleagues and our residents. Colleagues are asked to ensure they adhere to social distancing and PPE rules both when in their place of work and in all other aspects of their life. Those people working from C&C premises, including Care Homes, Housing Schemes and offices, are asked to use every precaution in their travel to and from work and should they leave the premises during the day such as during their lunch break.
- 5.2.28. Where possible C&C encourages colleagues to take their work time breaks within their work premises, including colleague rooms or gardens where available, to minimise the potential for catching and spreading COVID-19. Specifically within Care Homes, colleagues taking work breaks outside of the Home will be required to adhere strictly to the Infection Control procedures. This will involve changing out of their work clothing, washing their hands, wearing face masks and maintaining social distancing. Upon re-entering the Home they will be required to wash their hands, change back into their work clothing, put on a new mask and have their temperature checked before starting work. Any unreasonable refusal to follow these infection control guidelines would place residents and colleagues at risk and may be considered a disciplinary matter.
- 5.2.29. The Company encourages colleagues to use their holiday allowance during the holiday year, including any allowance that may have carried forward from prior holiday year. Colleagues may carry forward five days of holiday into a new holiday year, starting on 1 April, provided those five days are used during the following three months (by the end of June)
- 5.2.30. The People Department will be maintaining oversight of outstanding holidays to be taken by colleagues.

5.3. Vaccinations

- 5.3.1. The NHS mass vaccination programme commenced on 8 December 2020. Initially the Pfizer mRNA vaccine was used. mRNA vaccines work by providing the genetic code for a person's cells to produce viral proteins. Once the proteins, which don't cause

disease, are produced, the body launches an immune response against the virus, enabling the person to develop immunity.

- 5.3.2. From 4 January the NHS also started to use the AstraZeneca COVID-19 Vaccine. This is made up of another virus that has been modified to contain the gene for making the SARS-CoV-2 spike protein. The person's cells use the gene to produce the spike protein and their immune system treats this spike protein as foreign and produces natural defences – antibodies and T cells – which can then provide a defence against catching COVID-19.
- 5.3.3. The Moderna vaccine is an mRNA vaccine similar to that made by Pfizer. All three vaccines work best by having two doses, given weeks apart. Considerable protection is already achieved three weeks after the first dose has been administered, even before the second dose.
- 5.3.4. The UK is the first country in the world to implement its inoculation programme. The government's Joint Committee on Vaccination and Immunisation (JCVI) determined that the top priority for inoculations was residents in care homes for older adults and those that care for them. As a result, colleagues in C&C's Care Homes started to be vaccinated during late December. The AstraZeneca vaccine that became available in January is easier to handle than the Pfizer vaccine as it does not need to be kept at the extremely low temperatures required for the Pfizer vaccine. This has meant that vaccinations have commenced within the Care Homes themselves rather than only at NHS centres.
- 5.3.5. The JCVI decided that employees working in supported housing will be eligible to receive vaccinations in its Cohort 2b which is intended to commence in mid-January. The Company believes that colleagues working in its sheltered housing schemes will be eligible for vaccinations within this cohort.
- 5.3.6. The Company urges all eligible colleagues to take advantage of the opportunity for vaccination as soon as possible. This will provide reassurance to colleagues that they will be unlikely to develop COVID-19 following the vaccination or, should they develop the disease, the effects will be considerably less than had they not been vaccinated. Vaccination ensures that we can provide the best possible care in the safest way to vulnerable older people with whom we work.
- 5.3.7. C&C has a duty under the Health and Safety at Work Act 1974 to take reasonable steps to reduce any workplace risks. Encouraging uptake of the vaccination among colleagues to protect themselves and residents at the workplace is a primary way to reduce the risks.
- 5.3.8. As of 10 December 2021, in the UK, 51.1m people have had their first dose of vaccination, 46.6m have had their second dose, and a total of 119.5m vaccinations have been administered. The booster vaccination programme uptake to date is 21.7m people.
- 5.3.9. All new contracts offered to colleagues working in care includes a condition that, if asked to do so, they will immediately become vaccinated unless there is a valid and over-riding reason that they cannot do so. Should any colleague have questions about vaccinations or be unsure whether they can be vaccinated they should contact their GP. Any questions regarding the Company's approach to vaccinations or any other queries relating to SARS-CoV-2 or COVID-19 can be addressed to the COVID Requests email address in total confidence.

5.3.10. On 11th November 2021, the Health & Social Care Act 2008 (Regulated Activities) (Coronavirus) Regulations 2021 came into force. This requires care home colleagues, volunteers and anyone entering a care home for work purposes to have received Covid-19 vaccinations. Please refer to the *Covid-19 Mandatory Vaccination Policy*, available on the C&C intranet, for further details.

5.4. Resident Welfare in Housing

5.4.1. Information and advice will be made available to residents via personal letters, tablets, scheme screens, notice boards, social media and the C&C website. This advice will follow government guidance in place at the time.

5.4.2. Residents can leave their homes in order to go to work, shop for basic necessities, seek medical assistance or to exercise locally, there are no restrictions on movement. We do require all residents to maintain 2m social distancing & wearing of masks whilst indoors at all premises.

5.4.3. Changes do not affect the support that residents receive from carers.

5.4.4. Residents who are concerned that they may be infected must remain in their flat / home. If they have significant concerns – for example have underlying health problems or are over 70 – experience extreme symptoms or they do not get better after 7 days they should dial 111 or go to the [111 NHS COVID-19](#) online service for advice. Residents can also speak to scheme colleagues via their alarm service, or by phoning the C&C Service Hub 020 7922 5300. Public Health England will advise on the course of action.

5.4.5. Any resident that wishes to be tested for COVID-19, whether or not they have symptoms, is now able to obtain a free test. For residents with symptoms, they can request a PCR test within the first eight days of showing symptoms, using the [Coronavirus Test Portal](#). C&C colleagues can provide guidance and support to arrange testing. During the first seven days of showing symptoms a postal test can be ordered. Alternatively, any time from the first to the eighth day of showing symptoms residents can book a visit to a local test site.

5.4.6. For residents that do not have symptoms, local testing sites have been set up using the LFD testing system. These are walk-in centres and do not require booking in advance.

5.4.7. Residents may pass through but must not use or congregate in any indoor or outdoor area. Any resident that is concerned about their own or any other residents' welfare can contact their scheme staff or Service Hub to seek help, including if necessary, support with essential supplies e.g. milk, bread etc. Residents who are concerned for their health can use the 111 service above or telephone their own GP, including concerns about supplies of medication.

5.4.8. If residents do not act in accordance with guidelines that they should not congregate or meet with a person from outside their immediate household or social bubble, C&C colleagues may advise them as to what is required. In the event that they continually ignore Government guidelines this will become a Police matter.

5.4.9. Any resident that is confirmed as having COVID-19 must immediately inform a C&C colleague, who in turn must let their manager know straight away and the manager

must inform a BCP representative. This will allow C&C to track cases and maintain careful control where are known infections.

- 5.4.10. Contractors may require access to flats and homes to complete compliance checks, repairs & maintenance. They must following social distancing rules and wear appropriate PPE at all times. All C&C contractor visits are to be kept to a minimum, the contractors will receive infection control advice on entry to a C&C scheme and be required to:
 - 5.4.10.1. Confirm that they do not have any symptoms of COVID-19
 - 5.4.10.2. Confirm that they have read and understood the COVID-19 guidance in force at the time
 - 5.4.10.3. Wipe down the signing-in tablet with an anti-viral wipe, or preferably allow a colleague to sign in on their behalf.
 - 5.4.10.4. Wash or sanitise their hands before proceeding with their visit.
- 5.4.11. Although additional weekend cleaning has been arranged, C&C schemes are not manned throughout weekends and evenings and residents in schemes will be encouraged to take their own actions for managing cleanliness of key areas such as door entry buttons, lift buttons and door handles
- 5.4.12. Resident activities at schemes will be suspended and gatherings of residents forbidden, other than meeting their own household indoors.
- 5.4.13. Each housing scheme is maintaining a weekly log of COVID-19 compliance issues to track where issues arise and how they are resolved. In addition the schemes each have a checklist against which they complete a weekly check to ensure for example that there are adequate stocks of PPE and sanitiser, they know who has tested positive for the disease and who is shielding and have checked for cleanliness and social distancing.
- 5.4.14. Residents in Housing are contacted by their GP practices to have vaccinations. The Company will do whatever is reasonable to support the vaccination programme including distributing information and providing reassurance. To date the NHS has not advised any Scheme that it wishes to give inoculations within Company premises but, should they do so, we shall provide all possible assistance.

5.5. Resident Welfare in Care

- 5.5.1. C&C will maintain essential care services for residents including those who have contracted the virus and are quarantined. All residents in C&C's care homes require varying levels of assistance with personal care, eating and daily living.
- 5.5.2. Information and advice will be made available to residents, families and friends via email, tablets, scheme screens, notice boards, social media and the C&C website. This advice will follow the government guidance at the time.
- 5.5.3. As of 21 June 2021, the government updated its guidance to support Care home visiting. Care home should be supported and enabled wherever it is possible to do so safely and within an environment that is set up to manage risks. All visitors also have an important role to play – helping to keep their loved ones, other residents, and C&C colleagues safe by carefully following the infection control measures in

plan in the Care home.

- 5.5.4. Visiting must be supported and enabled wherever and whenever it is possible and safe to do so – and a wide range of professionals have a role in supporting this, including care home managers.
- 5.5.5. Care home managers should feel empowered to exercise their judgement when developing practical arrangements or advice to put this guidance into practice so that visiting can take place smoothly and comfortably for everyone in the care home.
- 5.5.6. Each resident can nominate up to 3 people for regular visits and, where relevant, an essential care giver – as agreed with the care home.
- 5.5.7. To reduce the risk of infection, residents can have no more than 2 visitors at a time or over the course of one day (essential care givers are exempt from this daily limit).
- 5.5.8. These visitors should be tested using rapid lateral flow tests on the day of every visit and produce a negative COVID test prior to their visit.
- 5.5.9. Testing is one way of reducing the risk of visiting a care home, but it does not mean there is no longer any risk. The visitor should also wear appropriate PPE and follow all other infection prevention and control measures.
- 5.5.10. Visitors are advised to keep physical contact to a minimum. Physical contact like handholding is acceptable if hand washing protocols are followed. Close personal contact such as hugging presents higher risks but will be safer if it is between people who are double vaccinated, without face-to-face contact, and there is brief contact only.
- 5.5.11. From 15th December in our care homes, except in the event of an active outbreak, C&C will seek to enable:
 - 5.5.6.1 indoor visiting by up to 3 ‘named visitors’ for each resident. These visitors will need to comply with the arrangements for testing, PPE and social distancing.
 - 5.5.6.2 every care home resident to choose to nominate an essential care giver who may visit the home to attend to essential care needs. The essential care giver should be enabled to visit in all circumstances, including if the care home is in outbreak. Essential care givers will need to be supported to follow the same testing arrangements, and the same PPE and infection control arrangements, as care home colleague.
 - 5.5.6.3 The 3 named visitors excludes an essential care giver (where residents have one), babies and preschool-aged children (as long as this does not breach national restrictions on indoor gatherings)
 - 5.5.6.4 to reduce the risk of infection, residents can have no more than 2 visitors at a time or over the course of one day (essential care givers are exempt from this daily limit)
 - 5.5.6.5 opportunities for every resident to see more people than just their named visitors, by enabling outdoor visiting and ‘screened’ visits.
 - 5.5.6.6 visits in exceptional circumstances including end of life should always be enabled.
- 5.5.12. In all cases it is essential that visiting happens within a wider care home environment

of robust infection prevention and control measures

- 5.5.13. Visitors will be asked to take Lateral Flow Device (LFD) COVID-19 tests in a sectioned off area outdoors and will need this test to prove negative before being allowed to enter the pod. The Care Home will give advice on appropriate distancing and PPE.
- 5.5.14. Visitors will not be allowed into the Home unless for end of life visits, safety compliance or emergency repairs when arrangements can be made with the Home Managers who will undertake risk assessments. Visitors will be required to:
 - 5.5.14.1. Call ahead to agree a time for their visit
 - 5.5.14.2. Confirm that they do not have any symptoms of COVID-19
 - 5.5.14.3. Agree that they have read and understood the COVID-19 guidance in force at the time
 - 5.5.14.4. Wash their hands before proceeding with their visit.
 - 5.5.14.5. Wear appropriate PPE as directed by the Care Home Manager
 - 5.5.14.6. They may also be required to provide a negative LFD COVID-19 test
- 5.5.15. Residents will be tested on a monthly basis for COVID-19 infection using the Polymerase Chain Reaction (PCR) test. Any resident that shows symptoms of COVID-19 will be quarantined in their room and full infection control procedures put in place, including the use of suitable Personal Protective Equipment for colleagues according to current NHS guidelines. In addition to usual infection control procedures, residents may be asked to wear a face mask during the provision of personal care to protect care givers. The home manager will seek advice from Public Health England and will follow any recommended action plan fully. They will immediately undertake an additional test for any resident showing signs of COVID-19, assisting the resident to perform the nasal and throat swabs or undertake the swab for them. They will also inform the Director of Care who will inform a representative of the BCT so that C&C can track cases and maintain careful control over where there are known infections.
- 5.5.16. Any resident that tests positive for the COVID-19 virus (SARS-CoV-2) using a PCR test will not be tested again for the disease for a further 90 days due to the likelihood of residual antigens generating a false positive result.
- 5.5.17. Residents who are self-isolating should not participate in visits out of the setting. Where possible, any medical appointments should be done remotely or on site. However, if a resident who is self-isolating needs to attend an outpatient medical appointment, on their return to their care home they can continue their existing self-isolation period without re-starting at day zero.
- 5.5.18. Homes will only continue to accept new residents if they have a negative COVID-19 result from a PCR test carried out no more than three days before being admitted. All potential new residents should self-isolate from the point of the test, where possible, until the result is known and will not be accepted into the Home until the negative test has been received. In addition, all new residents will be required to have a further COVID-19 PCR test and enter isolation for 14 days upon admission, regardless of a negative result or if they have been isolating before admission. The above admission statement also applies to all re-admissions of residents who have been admitted to hospital from our care homes.
- 5.5.19. During an outbreak involving two confirmed or clinically suspected cases of COVID-

19 in a home (colleague or resident):

5.5.19.1. Access to a home will be controlled and no visitors allowed - with the exception of authorised Workers

5.5.19.2. The home will not accept any new referrals until given the all-clear by Public Health England

5.5.19.3. Enhanced deep cleaning will be put in place

5.5.20. The outbreak can be declared over once no new cases have occurred in the 28 days since the onset of symptoms in the most recent case, which is twice the incubation period.

5.5.21. To maintain robustness, each care home will hold three days' worth of frozen food stocks at all times.

5.5.22. C& C Contractors will be able to work within Care Homes but only where absolutely necessary and will:

5.5.22.1. Call ahead to agree a time for their visit

5.5.22.2. Receive infection control advice on entry

5.5.22.3. Confirm that they do not have any symptoms of COVID-19

5.5.22.4. Agree that they have read and understood the COVID-19 guidance in force at the time

5.5.22.5. Wash their hands before proceeding with their visit

5.5.22.6. Wear appropriate PPE as directed by the Care Home Manager

5.5.22.7. Provide a negative LFD test if requested to do so

5.6. C&Cs Repairs Service and Street Property Managers

5.6.1. It is essential that C&C maintains as a minimum its emergency repairs service and compliance checks (for example fire, water, gas, lifts, asbestos and electricity compliance) through any potential COVID-19 outbreak. The safety of property, workers, residents and visitors is C&Cs main priority and the best way to keep everyone safe is by limiting the number of times workers enter the homes of residents. It is possible that an emergency repair or compliance check may be needed in a flat or home where a resident has been quarantined.

5.6.2. In order to maintain safe services, C&C will:

5.6.2.1. Prioritise emergency repairs and, wherever necessary, postpone non-emergency repairs until the risk of infection has reduced

5.6.2.2. Ask residents to confirm the level of risk to the repairs operative ahead of the visit and/or at the point of entry, i.e. if the resident has had any symptoms of the infection. In the event that the resident has signs or symptoms, the operative will undertake a risk analysis with their manager before proceeding with any work. They may cancel or delay any non-emergency work.

5.6.2.3. Maintain a database of those residents who are self-isolating, due either

to suspected COVID-19 or symptoms. This information will be provided to the C&C repairs services and contractors on a need-to-know basis.

- 5.6.2.4. Ask residents to allow access to handwashing facilities on entry to the property and as required throughout the repair service
- 5.6.2.5. Require workmen to wear PPE when appropriate, such as eye protection and masks, and clean the area they are working in before and after their work
- 5.6.2.6. Ask quarantined or particularly at risk residents to wear a face mask (which will be provided) and move to a place at least 2 metres away from the site of the repair, to protect themselves and the repairs operative

5.7. Central Support Services (Central Office) Colleagues

- 5.7.1. C&C continues to encourage Central support services colleagues that can do so to work from home.
- 5.7.2. Please refer to the new *Central Support Services (Central Office) & Agile Working Management Plan*.
- 5.7.3. Colleagues that require the appropriate equipment to maintain a safe and healthy workstation should first make their request through their line manager or contacting a colleague in the People Department by writing to healthandsafety@ccht.org.uk.

5.8. Financial Impact of The Plan

- 5.8.1. The budget cap on spend will be lifted for the budget areas:
 - 5.8.1.1. Infection Control
 - 5.8.1.2. Cleaning Materials
 - 5.8.1.3. Resident Welfare
 - 5.8.1.4. Budget holders must report any overspends to the finance team at the earliest opportunity

6. **REVIEWING THE PLAN**

- 6.1. The Plan will be reviewed by the EMT and key Heads of Service on at least a monthly basis, including delivery of the associated action plans. The review period will be brought forward as new information becomes available and review meetings will take priority over all other non-essential meetings.
- 6.2. Each time The Plan is reviewed, an updated copy will be posted to C&Cs website. Workers, residents, relatives and other stakeholders will be kept informed of Changes to the Plan via social media, reception tablets and scheme screens

- 6.3. The BCT will also keep The Plan under review and feed through any operational issues, ideas and suggestions that will maintain the effectiveness of the Plan
- 6.4. The C&C Board will be kept updated with changes in levels of risk, all progress made with The Plan and any changes to The Plan.