

## Covid-19 Management Plan

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Plan	Covid-19 Management Plan
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Revised by	Head of Health & Safety – London & Over 55s
Related Documents	Infection Control & Cleanliness in Care Homes Protocol Business Continuity Plans
Location of Electronic Copy	Website, People Intranet Page, People Team

## What Has Changed Since Version 13:

4.4, 4.6	'Government's introduction of the new 'Living with Covid' Plan, resulting in removal of NHS 'track & trace' and free testing service for general public references.
5.2.1.2, 5.2.3, 5.2.19, 5.5.16	Changes to isolation requirements.
5.2.6	Masks to be worn in residents' homes & Care Homes only.
5.2.9 – 5.2.12, 5.4.4, 5.5.7	Changes to Covid-19 testing processes.
5.2.16	New EAP identified.
5.3.10	Update on approach to vaccinations, following the revocation of Health & Social Care Regulations.

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## 1. AIM

- 1.1. The COVID-19 Management Plan (The Plan) sets out what C&C (as part of the Aster Group) is doing to maintain services through the disruption caused by a potential or actual COVID-19 outbreak in one of C&Cs services or offices. 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 colleagues, suppliers, residents and visitors to its schemes, homes, and office. It identifies and assesses several 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. Where a colleague unreasonably refuses to adhere to The Plan, this may lead to formal sanction being considered in response to this behaviour. Any disciplinary action will be dealt with in accordance with the Disciplinary Policy.

## 3. RESPONSIBILITIES

- 3.1. C&Cs Regional Leadership Team 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 Regional Leadership Team (RLT) will review progress in the implementation of The Plan in its meetings and with key Heads of Service as required by new information being available.
- 3.3. The Business Continuity Team (BCT) and Managers will ensure delivery of The Plan.
- 3.4. Colleagues will ensure that they adhere to the Plan and ensure that 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. Initiate the People Team Business Continuity Plan (BCP) as required.

3.6. Operational Managers will

- 3.6.1. Provide regular updates to colleagues, residents, relatives, visitors and other local stakeholders on The Plan and any subsequent changes to The Plan.
- 3.6.1 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.
- 3.6.2 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 RLT of any outbreak or other potential or actual change in risk.

3.7. The Technology team will

- 3.7.1. Continue to ensure colleagues are supported to work remotely.
- 3.7.2. Continue to ensure that urgent communications are displayed on Technology equipment.
- 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 Technology team's BCP as required.

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. Maintain records and monitor the financial impact of COVID-19.

- 3.9. The Communications 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

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## 4. BACKGROUND

- 4.1. It's been two years since the World Health Organisation, on March 11<sup>th</sup> 2020, officially declared a global pandemic. As of 21 June 2022, 18.9m cases of Covid-19 have been confirmed in the UK, with 1m reinfections.
- 4.2. On 11 May 2020, the UK government released its COVID-19 Recovery Strategy – which was updated on 24 July 2020 - and publishes a daily COVID-19 dashboard. The Plan draws from current government guidance and is updated as necessary.
- 4.3. The virus is transmitted as a result of physical contact with droplets from an infected individual, which are then passed 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' rule).
- 4.4. 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 strain on NHS resources. Whilst anyone can catch the disease, some people are at greater risk of getting seriously ill from Covid-19 (sometimes called clinically vulnerable). People over 60, those from black, asian & minority ethnic (BAME) backgrounds, those who are pregnant and those with health conditions are at greatest risk. Vaccination has significantly reduced the risk for many, but some people continue to be at high risk from Covid, despite vaccination - those with compromised immune systems, certain conditions or illnesses continue in particular. On 10<sup>th</sup> December 2021, the UK Government moved to 'Plan B' in response to the new Omicron variant, with measures introduced to combat a public outbreak.
- 4.5. On 21st February 2022, the UK Government released it's 'Living with Covid-19' plan, which was updated on 6th May 2022 & sets out moving into a new phase of managing Covid-19. They have subsequently removed legal restrictions whilst encouraging safer, responsible behaviours. Covid-19 will remain a public health issue and government guidance is being replaced with public health advice. The following is also noted:
  - The NHS Track & Trace service ended, individuals will no longer be contacted if they've been in contact with someone who has tested positive.
  - LFD test kits are no longer free to the general public, they continue to be available for free for colleagues in Care or supported living settings where there is a heightened risk to vulnerable people.
- 4.6. In May 2021, the UK governments Foreign, Commonwealth & Development Office (FCDO) introduced a traffic light system to restrict foreign travel. As of 18th March 2022 all Covid travel rules have been removed.
- 4.7. The vaccination programme continues with 50m confirmed as 'double vaccinated' on 23rd July 2022 & booster or third dose vaccinations also provided.

## 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 colleagues 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. Self-isolation should be undertaken for at least 5 days after first noticing symptoms of COVID-19.
- 5.2.1.2. The isolation period **includes** the day the symptoms started (or the day the test was taken if the Worker did not have symptoms).
- 5.2.1.3. The Worker can return to normal routine and stop self-isolating after 5 full days if they have two negative LFD tests on consecutive days after day 5, or after 10 days if the only symptoms are a cough or anosmia, which can last for several weeks. If the Worker still has a high temperature after 10 days or is 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 isolation period from the day following 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.
- 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 a 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, in agreement with their line manager they may continue to work from home. The Company will maintain regular communication with home workers and provide practical guidance on staying safe and

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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 but it is not possible for them to work from home. People that are self-isolating without symptoms and can work from home are considered 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. Change into clothing only to be used for that shift at our Care Homes.
  - 5.2.5.6. Regularly undertake Lateral Flow Device (LFD) tests as required
- 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 our Care Homes & residents' homes.**
- 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. Front-line colleagues are required to take an LFT test and then another 48hrs later. If they are both clear they can return to work. If they are positive, then they must self- isolate.
- 5.2.9. Colleagues in care or supported living settings where there is a heightened risk to vulnerable people, will continue to undertake regular self-testing to proactively reduce the risk to residents. They will be expected to undertake two Lateral Flow Tests (LFTs) per week, spaced 3 to 4 days apart. If one or more positive cases are found in a care home, then additional testing will be required in line with government or local public health team (PHT) requirements. In Care Homes, any positive case will require all Care colleagues to undertake daily LFT for 7 consecutive days.
- 5.2.10. Self testing is required for all other employees if they experience symptoms of COVID-



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19 or if testing is deemed appropriate for the safety of residents or colleagues.

- 5.2.11. Colleagues should not return to work unless they are fit to do so.
- 5.2.12. Anyone returning to a workplace after a significant period away or experiencing a change in circumstances will be required to review their individual risk assessment with their manager. Individual risk assessments will also require reviewing following changes to Government 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.
- 5.2.13. 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
- 5.2.14. 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.
- 5.2.15. 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.
- 5.2.16. Meetings will take place via Microsoft Teams/Conference call, Skype or teleconference, where it is identified that face-to-face meetings present an increased risk.
- 5.2.17. 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 a friend, family member of residents that they care for. As well as the normal line management support, the Company maintains an Employee Assistance Programme (EAP) through 'Health Assured'. They can offer practical and emotional support during such circumstances and is accessible via the Perkbox App. Colleagues can also access free bereavement counselling from Cruse Bereavement Care, details of which are available from the People team.
- 5.2.18. Covid-19 workplace risk assessments have been undertaken in all Schemes, Care Homes and offices to ensure significant risks are understood and mitigation actions taken.
- 5.2.19. 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.
- 5.2.20. Individual risk assessments are undertaken with every front-line worker to identify whether individuals are specifically at risk from Covid-19 and if so, allow the line manager to take appropriate actions. For example, moving a vulnerable colleague to

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a different work location, if their primary work location experience an outbreak.

- 5.2.21. 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.
- 5.2.22. 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 during lunch breaks.
- 5.2.23. 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.

### 5.3. 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 was the first country in the world to implement an 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 2020. 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 were able to be administered within the Care Homes

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themselves rather than only at NHS centres.

- 5.3.5. Employees working in supported housing were eligible to receive vaccinations from mid-January 2021.
- 5.3.6. The Company strongly supports the vaccination programme, which provides reassurance to colleagues that they are less likely to develop COVID-19 following the vaccination or, should they develop the disease, the effects are considerably less impactful. 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 23<sup>rd</sup> June 2022, in the UK, 53.5m people have had their first dose of vaccination, 50.1m have had their second dose, and a total of 149m vaccinations have been administered. The booster vaccination programme uptake to date is 39.9m people.
- 5.3.9. On 15th March 2022, the Government revoked the requirement for vaccination as a condition of deployment for health & social care staff (Health & Social Care Act 2008 (Regulated Activities) (Coronavirus) Regulations 2021). As a result, C&C's *Covid-19 Mandatory Vaccination Policy* was also revoked. However, we continue to encourage vaccination of colleagues within Care.
- 5.3.10. Where colleagues are not vaccinated, they will be supported with a risk assessment to identify what additional protective measures are required. In Care, this will involve enhanced PPE use protocols when delivering personal care, including the use of face shields.

#### 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 recommend all residents maintain 2m social distancing & wearing of masks when in crowds or if they have been identified to be high risk.
- 5.4.3. Changes do not affect the support that residents receive from carers.
- 5.4.4. Residents who may be infected are recommended to isolate in their flat / home. If they have significant concerns – for example have underlying health problems, are over 70, experience extreme symptoms or 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 test for COVID-19, can now access LFD test kits from their local pharmacies, shops and online.

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- 5.4.6. Any resident that is isolating and 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.
- 5.4.7. 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 so that appropriate support can be provided. A positive Covid status notification is to be logged on the resident's CX record for 14 days to ensure that colleagues or contractors are able to put in place appropriate protective measures should they need to interact with the resident or enter their residence.
- 5.4.8. Contractors may require access to flats and homes to complete compliance checks, repairs & maintenance. They must following social distancing rules and continue to wear appropriate PPE at all times eg face masks. All C&C contractors will receive infection control advice on entry to a C&C scheme and be required to:
  - 5.4.8.1. Confirm that they do not have any symptoms of COVID-19
  - 5.4.8.2. Confirm that they have read and understood the COVID-19 guidance in force at the time
  - 5.4.8.3. Wipe down the signing-in tablet & their work areas with an anti-viral wipes.
  - 5.4.8.4. Wash or sanitise their hands before proceeding with their visit.
- 5.4.9. Although additional 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.
- 5.4.10. Resident activities at schemes have returned to pre-pandemic levels with additional protective measures identified via risk assessment.
- 5.4.11. Each housing scheme is maintaining 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.
- 5.4.12. 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. 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.

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This advice will follow the government guidance at the time.

- 5.5.3. As of 31<sup>st</sup> January 2022 the Department of Health & Social Care released new guidance which lifted visiting restrictions to care homes. Visits 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 place 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. To reduce the risk of infection, residents can have no more than 2 visitors at a time (due to the size of bedrooms), if visiting residents in their bedrooms. Visitors are asked not to use communal spaces. There is no limit to time of visits or number of visitors per day unless there is an outbreak situation. There are no limits to number of visitors outdoors.
- 5.5.7. Although it is no longer a requirement, we request that visitors take regular rapid lateral flow tests and we continue to provide tests upon entry.
- 5.5.8. 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 within the home and follow all local infection prevention and control measures. Masks must be worn at all times (supplied by the home), and PPE to be used if visitors assist with personal care.
- 5.5.9. 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.
- 5.5.10. If an outbreak occurs (two or more cases in the home), whole home testing will occur in line with HPT advice. 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.
- 5.5.11. 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 Business Continuity Team (BCT) so that C&C can track cases and maintain careful control over where there are known infections. Outbreaks will normally require closure of homes for 14 days but this may be ended sooner if the local HPT advise.

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- 5.5.12. 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. LFT tests may be used in line with guidance from local Health Protection Teams.
- 5.5.13. Residents who are self-isolating should not participate in visits out of the setting. They should isolate for 10 days and take part in daily lateral flow testing from day 5. 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.
- 5.5.14. 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. If a potential resident has had covid 19 and is within the 90 day period and thus not able to have a test a LFT may be used.
- 5.5.15. Those newly admitted or returning from hospital do not need to self-isolate if they have had a negative test result. The only exception to this is when there has been an active outbreak at the hospital. In such instances isolation protocols will apply with isolation for 10 days maximum. LFT testing will occur after 5 days and isolation will end earlier than 10 days if two consecutive negative test results are received.
- 5.5.16. During an outbreak involving two confirmed or clinically suspected cases of COVID-19 in a home (colleague or resident):
  - 5.5.16.1. Access to a home will be controlled and visiting will be managed using the visiting pods so long as the resident being visited is not covid positive. Visits will be supported for end of life care at all times.
  - 5.5.16.2. The home will not accept any new referrals until given the all-clear by Public Health England.
  - 5.5.16.3. Enhanced deep cleaning will be put in place.
- 5.5.17. The outbreak can be declared over once no new cases have occurred in the 14 days since the onset of symptoms in the most recent case. Health Protection Teams may determine that the outbreak can lift sooner but this must be strictly upon their advice only.
- 5.5.18. To maintain robustness, each care home will hold three days' worth of frozen food stocks at all times.
- 5.5.19. C & C Contractors will be able to work within Care Homes but only where absolutely necessary and will:
  - 5.5.19.1. Call ahead to agree a time for their visit
  - 5.5.19.2. Receive infection control advice on entry
  - 5.5.19.3. Confirm that they do not have any symptoms of COVID-19
  - 5.5.19.4. Agree that they have read and understood the COVID-19 guidance in force at the time

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- 5.5.19.5. Wash their hands before proceeding with their visit
- 5.5.19.6. Wear appropriate PPE as directed by the Care Home Manager
- 5.5.19.7. 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&C's main priority and the best way to keep everyone safe is by limiting workers exposure to those who have tested positive for Covid. It is possible, however, 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, at which time 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 record on the CX system 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. Group services (Central Office) colleagues

- 5.7.1. C&C has implemented a hybrid working environment with many Central support services colleagues that can do so continuing to work from home.
- 5.7.2. Colleagues that require the appropriate equipment to maintain a safe and healthy workstation should first make their request through their line manager or contact a colleague in the People Department by writing to [healthandsafety@ccht.org.uk](mailto: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 C&Cs Regional Leadership team and key Heads of Service regularly, 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