

Locking out Coronavirus

Preventing and responding to COVID-19 outbreaks in community-based services

This Community Social Care Outbreak Plan is for Providers that support people in their own homes or in the community. The provider could be a CQC regulated domiciliary care agency that provides personal care and / or a non-regulated provider that supports people in their own home or tenancy and /or to access the community/day services.

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Date:	Published version 1 (initial) 21.12.20, updated 29.01.21, 23.02.21, 21.05.21 & 20.08.21

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Quick links and useful contacts

To report an outbreak the following must be contacted (please follow guidance in this document):

- South West Public Health England Health Protection Team (PHE HPT): 0300 303 8162 or swhpt@phe.gov.uk
- Bristol Council Public Health Duty Team: ph.healthprotection@bristol.gov.uk

Guidance for any suspected outbreak last updated 12/08/21

Access support through Sirona SPA: Tel: 0300 125 6789.

All GOV.UK information on COVID-19 for social care

Including guidance for Domiciliary care services (last updated 19/08/21)

Access testing for staff

Register for the PPE portal last updated 18/05/21

For PPE distribution to providers unable to use the portal or in urgent need:
adultcommissioning@bristol.gov.uk.

NHS Capacity Tracker

For further support and to sign up for weekly updates: adultcommissioning@bristol.gov.uk

The Bristol provider forum will take place 1 -2.30 pm on the first Tuesday of each month. Email:
adultcommissioning@bristol.gov.uk

Providers requiring support and advice on service user mental capacity should contact the individual's social worker where they have a named contact or;

Care Direct

Bristol City Council information on rates of infection

Government Covid-19 response-Summer 2021

Glossary

Care Quality Commission (CQC)	The independent regulator of health and social care in England. CQC monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings to help people choose care.
Domiciliary care or Domiciliary care providers	These organisations deliver personal care and support to people who live in their own home or tenancy, to enable them to manage everyday tasks. Domiciliary care should help someone stay independent, enhance their wellbeing and protect their dignity. Organisations which deliver personal care must be registered with CQC as this is a regulated activity.
Community support providers	Organisations that support people in their own home or tenancy to live independently or to help people access the community. These organisations typically do not provide personal care and are not required to register with CQC.
Bristol City Council Adult Social Care (ASC)	This is the directorate within Bristol City Council responsible for ensuring adults of all ages who need extra support in day to day life for various reasons receive appropriate, quality and timely care and support.
Adult Social Care (ASC) Commissioning Team	This is the team with the Bristol City Council Adult Social Care Directorate responsible for the process by which Adult Social Care Services in Bristol are planned, purchased and monitored.
BNSSG CCG	Clinical Commissioning Group who plan, buy and monitor healthcare services for the people of Bristol North Somerset and South Gloucestershire.
Sirona	Community Health Provider for BNSSG area (eg District Nurses, Therapists, Support Workers)
Public Health England (PHE) health protection team	National organisation whose regional team identifies outbreaks and works with the Bristol City Council Public Health Team to oversee and advise on outbreak control
Bristol City Council Public Health Team (health protection)	City team of health protection specialists who have a responsibility to work in partnership with stakeholders to advise on outbreak control locally

1. Introduction

The COVID-19 pandemic has presented new and unique challenges for the way that adult social care and support is delivered to people who live in the community. This document provides guidance for how individuals and organisations can play their part in restricting the spread of the virus and minimise the impact of outbreaks. We set out Bristol City Council's (BCC) expectations for how care and support will be provided and how we will continue to support you.

All providers of care and support to people who live in the community in Bristol, such as those who provide domiciliary care or support people to access the community, are the intended audience for this guidance. This includes such organisations not directly commissioned by Bristol city councils.

A **separate Outbreak Plan** has been written for accommodation-based support, such as care homes, extra care or supported living.

2. Overseeing the Community Social Care Outbreak Plan

The implementation and development of this plan is overseen by a group comprising:

- Bristol City Council Adult Social Care (ASC) Commissioning
- Bristol City Council Public Health
- Provider Representation : Currently
 - David Smallacombe, Care and support West
 - Oona Goldsworthy, Brunelcare
 - David Williams, St Monica's Trust
 - Deian Glyn, Manor Community
 - Jonathan Simmons, Maples Care
 - Sam Hawker, Ablecare Homes.
 - Victoria Charalambous , Brandon Trust

3. Additional Support for Providers during the COVID-19 pandemic

Within Bristol, North Somerset and South Gloucestershire (BNSSG), organisations are working together across organisational and geographical boundaries to support all care providers to meet the challenges of the COVID-19 pandemic whilst you continue to provide safe and compassionate care for people. The COVID-19 support package has five key elements. **Those applying to community services are listed below:**

- a. Weekly email updates to ensure providers have the most recent news and guidance in one place and a monitored mailbox so that queries can quickly get a response. Email: adultcommissioning@bristol.gov.uk
- b. All providers have access to an online COVID-19 resource library which is located on both **Sirona Care & Health** and **BNSSG CCG**.
- c. When a provider reports a COVID-19 outbreak, there will be rapid mobilisation of support. The initial response will be determined by a Local Response Team Meeting (IMT) with Public Health, Community Health and Adult Care professionals and others available.

3.1 Role of Capacity Tracker for Covid-19 data collection

Since April 2020, Care Homes have been required to complete the NHS Capacity Tracker and domiciliary care services were required to complete the daily COVID-19 impact update.

Domiciliary care services, extra care housing schemes and supported living schemes who are registered with CQC are required to report their COVID-19 information through the NHS Capacity Tracker. Non CQC registered providers are at present not asked to complete this.

3.2 Communication with Adult Social Care to enable support

We are aware that the situations with COVID-19 infections and outbreaks can be fast moving. For the Adult Social Care Commissioning Team to provide timely and appropriate support to providers, we ask for regular communication.

As explained in 3.1, services that are registered with CQC to provide regulated services should complete the NHS Capacity Tracker. The ASC Commissioning Team have access to this information and regularly review this.

Providers who are not currently providing services that are regulated by CQC are not required to complete the NHS Tracker and therefore the ASC Commissioning Team ask that these providers fill in a **Weekly Update Report via Smart Survey**.

Each provider will have been given a unique reference number to submit with their survey. Please ensure that you enter the code EXACTLY as it is written on your instruction letter. If you need to request another copy of your letter, or you have not received one, please email adultcommissioning@bristol.gov.uk.

Once the first report has been submitted, Providers only need to submit a report if there has been a change from the previous week.

All the information that ASC Commissioning receive from providers is collated into a weekly Situation Report which is circulated within Adult Social Care. Extracts are also given to Elected Council Members to keep them abreast of the COVID-19 situation and the impact it is having on Providers.

4. Preventing transmission of COVID-19

All Providers of care and support have a role to play in preventing and minimalizing the transmission and spread of COVID-19.

Dividing people who receive care into 'care groups'

Many clinically extremely vulnerable people have been identified as having specific medical conditions that, based on what we know about the virus so far, place someone at greatest risk of severe illness from COVID-19.

One way of reducing the risk of exposure to COVID-19 to people who are **clinically extremely vulnerable** is for providers to divide the people they are caring for into 'care groups' and allocate subgroups of their staff team to provide care to each.

The workforce and logistical challenges of doing this, especially within small and medium sized providers are acknowledged, and a decision about whether this is possible would need to be made locally. If providers are unable to divide their workforce into subgroups for each category, they may be able to divide the workforce into 2 groups:

- one to support the clinically extremely vulnerable
- the other to support 'clinically vulnerable' groups and everyone else

This is being proposed as a practical suggestion that may be viable for some providers, rather than a direction all providers are expected to follow. We acknowledge that different providers are experiencing different pressures. If providers are unable to work in this way, local authorities may be able to provide support through their plan to provide mutual aid. Should local authorities be unable to provide assistance, providers should contact their local resilience forum.

Other helpful guidance on preventing transmission in the recently updated **guidance for domiciliary care providers last updated 19/08/21**.

4.1 What to do if someone being cared for develops COVID-19 symptoms

If anyone being cared for by a domiciliary and community care provider reports developing COVID-19 symptoms they should be advised to self-isolate and supported to be tested by contacting 119 via telephone, or online at **Coronavirus (COVID-19): getting tested**.

Domiciliary and community care workers should report suspected cases of COVID-19 to their managers. Providers should work with community partners, commissioners and the person to review the impact on the individual's care needs.

Suspected cases of COVID-19 must be reported in NHS Capacity Tracker (previously CQC's 'Update CQC on the impact of COVID' online form). If a provider does not routinely report on the NHS tracker (see 3.3) then please inform the ASC Commissioning Team by emailing adultcommissioning@bristol.gov.uk and updating the information you provide to us in the Weekly Provider Update Reports.

COVID-19 information in 40 languages

Balancing the benefits of open windows with staying comfortably warm in care settings

In addition to hands-face-space, the government has highlighted how letting fresh air into indoor spaces can reduce the risk of infection spread from coronavirus by over 70%.

The advice is that where it is safe to do so, open windows for short, sharp bursts of 10-15 minutes regularly throughout the day or continuously if the temperature allows.

In cold weather, balancing personal comfort of staff and residents or service users is important. When opening a window, ensure that there isn't a direct draft blowing onto

individuals and monitor comfort levels, encouraging use of personal blankets or cardigans for warmth in advance of window opening.

For staff, the wearing of cardigans and fleeces etc. should not be permitted in care areas where direct care is provided or hand hygiene is required. This is because cuffs can become contaminated and effective hand hygiene is more difficult. Staff should instead wear an extra layer underneath their uniform such as a vest. The wearing of a cardigan in other situations, for example on breaks or when not providing direct care can be permitted but the cardigan must be considered part of uniform, worn only within the setting and laundered daily in line with local uniform laundering policy.

A film is available to view [here](#).

HSE Guidance on uniforms and clothing worn in the delivery of care.

4.2 Staff who have COVID-19 symptoms

Staff who have COVID-19 symptoms should immediately self-isolate and should **book a test** at a regional/local test centre or in their own home. They can also do this by calling 119.

Staff should isolate in their own home until they get the results. If the result is positive, they should stay isolated for 10 days from the onset of symptoms. They should not retest for 90 days unless they develop new possible COVID-19 symptoms.

When a staff member receives a positive SARS-CoV-2 PCR test result, they must self-isolate for 10 days. The isolation period includes the day the symptoms started or the day their PCR test was taken if they do not have symptoms, and the next 10 full days. Their household contacts should also follow the **stay at home guidance** which outlines details on self-isolation requirements for households with possible **coronavirus** infection.

Full government guidance on self-isolation pertaining to health and social care settings can be found [here](#).

4.3 Regular testing service for community adult social care workers in England

Home care

Government guidance on regular testing last updated 14/05/21

Homecare agencies are responsible for ordering and distributing test kits to all homecare workers for them to conduct at home on a weekly basis.

An organisation is eligible if you are a Care Quality Commission (CQC) regulated homecare organisation in England providing personal care. If you have not been contacted by NHS Test and Trace with information on ordering test kits, please call 119.

Day centres

There is **guidance** for day centre workers and service users to access testing last updated 01/07/21.

Staff – Staff should test using weekly PCR testing and twice weekly lateral flow testing.

Service users – Service users that are able to test, should test twice weekly with lateral flow tests 3-4 days apart. If a service user is only visiting once per week, they only need to test on that day. Testing can be completed at-home or on-site.

ECH and supporting living

Testing in Extra Care and Supported Living settings now includes:

- Rapid Lateral Flow Testing to high-risk EC/SL settings in addition to the current PCR testing regime;
- Weekly staff PCR testing for wider EC/SL.

(Guidance last updated 01/07/21)

High Risk Extra Care and Supported Living settings are those which meet both of the following eligibility criteria:

1. The setting is a closed community with substantial facilities shared between multiple people
2. Where the majority of residents (more than 50%) receive the kind of personal care that is CQC regulated (rather than help with cooking, cleaning and shopping)

Wider Extra Care and Supported Living settings are those which meet only one of the above risk-based criteria. It does not matter which. This also includes settings where an individual lives alone and receives care.

Full guidance on testing across the Extra Care and Supported Living sector

Personal Assistants can **access twice weekly COVID-19 testing**.

4.4 Supporting NHS Test and Trace

Staff from NHS Test and Trace or other Public Health professionals may contact domiciliary care and community support providers if one of their staff or service users has tested positive for coronavirus in order to alert those who have been in close contact with them.

Care providers can assist NHS Test and Trace by keeping an easily accessible record of their care staff and recipients of care and support. Many providers will already have the necessary record systems to store and provide this information on request. In these cases, providers do not need to duplicate records.

If a provider is contacted, the following information may be requested at short notice:

- the name and telephone number for a home care worker
- the dates and times that a home care worker is at work
- a log of the care worker's visits to individuals receiving care for the previous 21 days. This should include, where possible, arrival and departure times of their visit, as well as a record of the name and residence of any individual(s) they provided care to ('the client')
- the name and telephone number of the client and/or the client's representative
- the names and telephone numbers of other home care workers, when working in close proximity (for example, during a 'double up' visit)

NHS Test and Trace will ask for these records only where it is necessary.

The recently updated guidance for domiciliary care services (see link above) contains some important information regarding relevant GDPR responsibilities for these records.

Staff should remember to switch off the NHS Covid 19 App on their mobile phone when providing care (see Section 8.2).

Bristol, North Somerset and South Gloucestershire CCG have produced guidance on self-isolation for residents, staff and visitors to care settings:

Isolation requirements for residents/service users who have been exposed to a confirmed COVID-19 case from 16th August:

- Residents who are known to have been exposed to a confirmed COVID-19 case should be isolated or cohorted for 14 full days after their last exposure to a COVID-19 case. If they are cohorted, this should only be with other residents who do not have COVID-19 symptoms but who have also been exposed to a confirmed COVID-19 case. This also applies to residents who have previously recovered from COVID-19.
- Asymptomatic and fully vaccinated residents will **not** require self-isolation if certain additional mitigations are in place. Refer to the guidance on [admission and care of residents in a care home during COVID-19](#) for further information.
- If symptoms or signs consistent with COVID-19 develop in residents in the 14-day period since last exposure, then testing for SARS-CoV-2 (along with any relevant testing for other potential diagnoses) should be performed. If individuals who have been cohorted with other residents subsequently test positive for SARS-CoV-2, then all the residents they have been cohorted with will need to re-start their 14-day isolation period from the date of their last exposure to newly diagnosed case.

CARE SECTOR GUIDANCE FOLLOWING THE RELAXATION OF COVID RULES FOR STAFF, VISITORS and SERVICE USERS -UPDATED 18TH AUGUST 2021

Includes: Mask use, Social distancing, PPE, Isolation, Triage, Screening, testing & Risk assessment

INFORMATION FOR VISITORS

Keeping residents safe from COVID-19 in care settings – what to expect when visiting your loved one after the 16th August - Masks and Screening Measures:

The requirements for social distancing and mask wearing is no longer enforced in many public settings. However in care settings where there are vulnerable people **the following protective precautions remain in place** and are essential to protect our service users, including continuing with a regular testing programme. Please support us in this effort by following these steps:

- All staff and visitors must continue to wear a FRII (surgical face mask) and follow social distancing measures in hospital and health care facilities at all times. Staff will continue to use other personal protective equipment according to local policy and government guidance.
- Service users will continue to be encouraged to wear masks, we acknowledge that for some people, wearing a mask may be difficult due to physical or mental health conditions. We respect that some visitors may also fit into this criteria, please let our staff know, before or on arrival if you are unable to wear a mask when visiting
- If you are a deaf or hearing impaired, our staff have a range of communication options to ensure that they can communicate effectively with you. This might include writing things down.
- We would ask that all visitors do not visit the care setting, if you have a new continuous cough, a high temperature (of 37.8 degrees or higher), have a loss of taste or smell, or if you live with someone who has any symptom of COVID-19
- Persons who are a contact of a person with COVID-19 symptoms or who have been tested positive are strongly encouraged to have a PCR test before visiting our setting. The PCR result should be negative
- Please do not visit us if you have tested positive for COVID-19 until you have completed ten days isolation and are fully recovered. If you have an appointment please contact us and we will rearrange your appointment. We will continue to support safe end of life visiting and discuss arrangements with you in those circumstances

FOR STAFF

Exemptions from self-isolation if a staff member is fully vaccinated and is identified as a contact of a case:

From 16 August, staff members notified that they are a contact of a COVID-19 case **are not required to self-isolate** if they are fully vaccinated with an MHRA approved vaccine and the second dose was more than 14 days prior to the contact. The majority of fully vaccinated health and social care staff will be able to continue in their usual role.

The following applies to all staff returning to work following this exemption:

- The staff member must not have any COVID-19 symptoms. If the staff member develops symptoms of COVID-19 during the ten day period, after a contact they must isolate for ten days from the onset of symptoms and until fully recovered
- The staff member should inform their line manager that they have been identified as a contact
- Immediately arrange for a PCR test, either through their workplace or via NHS Test and Trace service, and the result of this PCR test should be negative prior to returning to work
- Following the negative PCR result, the staff member should undertake an LFD antigen test every day for the 10 days following their last contact with the case (even on days they are not at work)
- If a staff member has had a COVID-19 infection in the past 90 days, they should not have a PCR test and should only undertake LFD antigen tests
- On days the staff member is working, the LFD antigen test should be taken before starting their shift, and the result should be negative

- The staff member must comply with all relevant infection control precautions and PPE must be worn properly throughout the day
- If the staff member works with patients who are highly vulnerable to COVID-19, a risk assessment should be undertaken, and consideration given to redeployment during their 10-day self-isolation period.
- Managers are responsible for ensuring appropriate risk assessment processes are in place. Local authority health protection teams, commissioners and Infection Prevention and Control are available to advise if there are any concerns with the risk assessment process. There is no requirement to submit individual risk assessments to LAs, managers are responsible for the process and recording of decisions.
The risk assessment process must include the following elements for staff returning to work after contact, vaccination status, negative PCR, asymptomatic, willingness to comply with all relevant infection control precautions, PPE must be worn properly throughout the day, the staff member remains well during the 10 days following contact and conducts daily LFD testing. Consider the current community infection rate and any new variants circulating plus the nature of exposure for example, a confirmed case from within a household, is a higher or longer period of exposure than a short contact. Redeployment to avoid contact with Clinically extremely vulnerable, service users and residents is also a vital component of risk assessment.

If an unvaccinated or partially vaccinated staff member is notified as a contact of a COVID-19 case, by NHS Test and Trace or their workplace, **they must self-isolate** as advised unless they are exempt (because they are under 18, unable to be vaccinated due to medical reasons or are taking part or have taken part in a clinical trial for a COVID-19 vaccine).

If they are unvaccinated and are exempt from self-isolation they should not attend work, or should be redeployed for the period of time they would be required to self-isolate. If staff are to be redeployed, they should comply with the mitigations outlined above.

The following general principles continue to apply to all unvaccinated or partially vaccinated staff who have been identified as a contact of a COVID-19 case:

- If they are providing care to or are in close contact with an individual with COVID-19 infection and are wearing the correct PPE appropriately in accordance with the current infection prevention and control (IPC) guidance, they will not be considered as a contact for the purposes of contact tracing and isolation
- If there has been a breach of recommended PPE during the care episode then the staff member would be considered a contact and should self-isolate as advised
- In non-patient facing areas, IPC precautions may unintentionally be less stringently adhered to. If IPC precautions have been compromised, or PPE has been worn incorrectly or breached, the staff member should be considered a contact and should self-isolate as advised

Healthier together guidance for Care sector, August 2021

4.5 Supporting people with testing

Here is a video that explains how to administer a COVID-19 test:

Coronavirus (COVID-19): getting tested - GOV.UK (www.gov.uk)

Annex A of Government Guidance for Supported Living sets out special considerations when taking samples from people who may find it difficult to understand what is happening.

This could include autistic people and people with learning disabilities, mental ill health, dementia or any other type of cognitive impairment:

- be aware that the person has a cognitive impairment that may impact on their ability to understand information about taking the swab
- find out from those who know them best how and when to give the person information about taking the swab in a way they are most likely to understand it
- having given the information, if it is concluded that the person does not have the mental capacity to understand it and consent to taking the swab, a decision should be made in their best interests following the principles of the Mental Capacity Act 2005. See Coronavirus (COVID-19): looking after people who lack mental capacity
- relevant information about the person's needs, preferences and understanding should be taken into account, and where possible, a family member or carer who knows them well should be present or at least consulted with to inform the best interests decision
- provide reassurance and use a calm and confident approach
- explain the process step by step using appropriate language and their preferred communication methods. If appropriate, use visual aids to show what is happening
- be prepared to take time when taking the sample and to try more than once if needed, possibly at different times of the day
- if the person becomes distressed at any point, it may be necessary to abandon the attempt to take a sample

4.6 Supporting people who are required to self-isolate

NHS England has published **guidance on when someone must self-isolate immediately**.

We acknowledge that the guidance to self-isolate can present challenges for those supporting people who may struggle to adhere to this advice.

If the person being supported struggles to self-isolate, it is even more important that infection prevention and control measures are in place.

People with support needs have the same rights as the rest of the population to live purposeful lives as active members of families and communities. Social care is underpinned by human rights and is supported by the **Mental Capacity Act** and the legal framework which asserts and supports people's rights to make their decisions. However, during the COVID-19 pandemic, everyone's lives are being limited and we are all having to make changes to the way we live together to combat the virus.

The current health crisis has increased confusion, fear and anxiety for everyone, and inevitably it will bring additional challenges. There may be a need for detailed planning where people are used to specific routines and are unsettled by change. It may be that the person you support is reluctant to stick to, or does not understand, the rules around social distancing, self-isolation, or the need to wash hands once they are back from a trip out. This can be complex because it causes risks of infection for themselves and for other people. It will not be possible for every person to address this completely, but it may help to:

- explain, repeatedly if necessary, the reasons behind the new ways of living, using some of the resources listed in this guide
- use whatever communication techniques work best in normal circumstance with the person you support
- use positive reinforcement wherever possible to encourage the person you support to stick to the rules
- carry out a risk assessment
- mitigate any risks, such as going out at quiet times if the person cannot maintain social distancing, or cleaning surfaces if the person does not wash their hands after a trip out
- contact your local Community Team for Learning Disabilities or specialist autism team if relevant, for advice.

For more ideas on how to encourage the people that you support to self-isolate, visit [guidance](#) last updated 16/08/21:

4.7 Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

During the pandemic, the principles of the MCA and the safeguards provided by DoLS still apply. Some people you support may lack capacity to understand and agree to isolation or testing. Isolation may lead to changes in behaviour. If someone is, or will be, 'deprived of their liberty' as a result of the arrangements for their care and treatment, legal authorisation is required. Decisions must be taken specifically for each person and not for groups of people. Any additional restrictive measures taken by care providers to prevent the spread of the virus to those deprived of liberty under the Mental Capacity Act 2005 must be necessary, proportionate, respectful of human dignity, and last for no longer than is necessary. Best Interest decision-making must be carried out for people lacking capacity, considering the potential risk and impact of becoming infected.

Providers requiring further support and advice on this issue should contact the individual's social worker where there is a named contact or Care Direct (0117 922 2700, adult.care@bristol.gov.uk).

5. Steps to manage a possible outbreak

5.1 Reporting to local Public Health England (PHE) Health Protection Team (HPT)

Domiciliary care, community providers and all employers have a responsibility to notify PHE HPT of a positive COVID-19 case in their workforce. PHE will then alert Track and Trace who would then carry out the contact tracing, working with the employer. The process to be followed is outlined below:

1. Identify

You may be informed of a confirmed case of COVID-19 by NHS Test and Trace, an employee, visitor or your local Public Health England health protection team (PHE HPT).

When you are informed of more than one confirmed case of COVID-19, with symptoms dating within 14 days of each other, go to step 2. Depending on the type of organisation this may also include 'possible' cases of COVID-19.

2. Report

Immediately contact your **local PHE HPT** for help and advice. Every one of us plays a vital role in stopping the spread of COVID-19.

Early engagement with your local PHE HPT is important to minimise any possible wider outbreak in your community.

See below for **information you may be asked to provide**. Do not worry if you're unable to answer all the questions. Your local PHE HPT will guide you through the process.

3. Respond

Your local PHE HPT will work with you to assess the risks and advise what actions to take.

Depending on the outcome, your local PHE HPT and local authority may establish an outbreak control team to help support you to manage the situation.

5.2 Community Outbreak Definition

According to PHE, an outbreak in domiciliary or community care is declared when two or more workers who are linked in a setting are positive within 14 days of each other; so they may for instance be in the same team or they may use the same staff areas. There could be some way in which one may have infected the other. An outbreak is defined as over when there have been no more positive cases for 28 days from the last positive case.

5.3 Community Cluster Definition

A cluster describes the situation when you have two or more positive cases within your workforce or amongst the people that you support within 14 days but they are not linked i.e. the two or more members of staff are very unlikely to have infected each other as they have not come into contact.

Regardless if the multiple COVID-19 cases constitute an outbreak or a cluster according to the above definitions, the action that the provider must take remain the same (see 5.4).

5.4 What a provider must do in event of COVID-19 outbreak/cluster

The Provider must ensure that staff who have tested for COVID-19 follow the CGG self-isolation guidance for staff in health and social care settings referenced above. The Provider must talk to the staff member(s) concerned to identify if Personal Protection Equipment (PPE) and Infection Prevention Control (IPC) guidelines were correctly followed. This will help to identify people that might have been infected, for instance co-workers or service users. The Provider must consider whether it would be appropriate to clean work areas associated with the positive COVID-19 case and employ other appropriate **IPC controls**.

The provider must report positive COVID-19 cases to PHE Health Protection Team: including the name and contact details of the positive case. PHE may ask for additional information, for instance the working situation of the staff member with the positive case. PHE will undertake a risk assessment with the manager of the service by phone. PHE will determine whether it is a cluster or an outbreak based on the conversation.

PHE will notify the Track and Trace team who will contact the positive cases and talk through their close contacts. PHE will then contact the close contacts to ask them to self-isolate for 10 days.

Bristol City Council has set up a local Track and Trace Service which has been operational since January 2021. If PHE have not succeeded in contacting people with a positive COVID-19 test, the local Track and Trace Service will take on this task.

5.5 Incident Management Team (IMT) Meeting

When a COVID-19 outbreak occurs, Public Health may call an Incident Management Team (IMT) meeting to help coordinate the support to a provider.

Oona Goldsworthy (Chief Executive of Brunelcare) and David Williams (Chief Executive Officer of St Monica Trust) have offered to be peer supporters for managers who are coming to an IMT.

Their emails are:

Oona.goldsworthy@brunelcare.org.uk

David.Williams@stmonicastrust.org.uk

6. Testing for patients and discharge from hospital into the community

All people admitted to hospital to receive care will be tested for COVID-19. Alongside the usual communication regarding care and support needs, when planning for discharge the hospital should share the person's COVID-19 status with the relevant community partners and Providers who will deliver care and support for the person.

Some people with non-urgent needs who do not meet the clinical criteria to remain in hospital may be discharged home for their recovery period. All individuals can be safely cared for at home by domiciliary care or supported living care providers, regardless of their COVID-19 status, if the **guidance on the use of PPE** is correctly followed.

Where a test has been performed in hospital, but the result is still awaited, the patient will be discharged as planned and, while the result is pending, home care providers should assume that the person may be COVID positive for a 10-day period and follow guidance on the correct use of PPE.

Similarly, as set out in the **COVID-19 adult social care action plan**, any individual being taken on by a home care or supported living care provider should be cared for as possibly COVID-positive until a 10-day period has passed, within their home. Providers should follow the relevant **guidance for use of personal protective equipment** for COVID-positive people during this 10-day period.

It has been reported that there are some insurance policies out of step with public health guidance and BCC is seeking clarification with DHSC. **Providers are encouraged to ensure they are familiar with their insurance policies.**

7. Vaccinations

Information and guidance on the vaccination

Catching COVID-19 can be serious and may lead to long-term complications. These are more common in older staff or those with underlying clinical risk factors.

All employers of eligible frontline social care workers have been offered a vaccination. In the unlikely event that any staff have not been contacted, they should contact:

vaccination.programme@bristol.gov.uk

Bristol City Council ran a session called '**Dispelling the Myths**' which explains more about the vaccine and dispels some common myths and misconceptions.

It is very important that social care providers record the number of staff who have had the vaccine. For CQC regulated services, you are required to complete this on the **Capacity Tracker**. For non-regulated services, BCC will request you provide data regularly via a survey you will be sent.

The people you work with in the community would have been offered the vaccine by their GP by now if they are in the older age brackets, clinically extremely vulnerable or shielding.

It is planned that a booster COVID vaccination will be rolled out in the autumn.

8. Personal Protection Equipment (PPE)

8.1 PPE Portal

As part of the Government Winter Plan the Government are providing free PPE via the PPE Portal for COVID-19 needs to CQC registered domiciliary care providers. This has been extended for an unspecified period to support this critical period of mass vaccination and mass testing programs. This is intended to supplement the PPE that providers purchase via their usual suppliers for business-as-usual in non-pandemic times.

Ordering Covid 19 personal protective equipment (PPE)

Please note that there is currently a weekly order limit via the Government's PPE Portal for domiciliary care providers, depending on the number of clients supported (e.g. 2000 masks a week for a provider with 50-99 clients).

Adult social care providers who are not CQC-registered and therefore not covered by the PPE portal should contact their local resilience forum (LRF) where it is continuing to distribute PPE, or local authority if the LRF has stood down regular distribution, to obtain their free PPE provision for COVID-19 needs. These providers should contact their local authority for more information.

Where there is an emergency need, all adult social care providers can access the emergency PPE stockpile held by LRFs. Where this need is urgent and PPE is required within 72 hours, providers can access PPE through the National Supply Disruption Response (NSDR).

If PPE is needed within 72 hours then the provider should contact NSDR to make emergency PPE requests by calling 0800 915 9964.

8.2 NHS Covid 19 App

Staff should always switch off their NHS Covid 19 App. when providing care to avoid unnecessary contact tracing processes. Robust compliance with PPE and Infection Prevention and Control measures prevents the need for tracing contacts whilst at work.

8.3 Emergency PPE

The Government has made provision for Bristol City Council to create a local stockpile of PPE for emergency use. If you feel that your organisation needs to access this emergency stockpile, perhaps because there has been a local spike in COVID-19, please contact the ASC Commissioning Team which helps to administrate the local stockpile via adultcommissioning@bristol.gov.uk

9. Infection Control Fund (ICF) monies

The Department for Health and Social Care (DHSC) issued the latest round of the Infection Control Fund in July of this year. It is not yet known whether further funding will be made available by central government but you will be kept updated of any developments we are made aware of.

If you have any queries regarding the ICF, please contact adultcommissioning@bristol.gov.uk

9.1.1 Training to support those moving into the social care workforce

Key elements of the Care Certificate are available from Skills for Care, free of charge, to make it easier for employers to access rapid online induction training for new staff. **Details of the training and frequently asked questions** can be found on the **Skills for Care website**.

10. Supporting Our Wonderful Staff

We recognise the accumulative impact on social care frontline staff of the ongoing pandemic, on their own health and wellbeing of the additional rigours of work, of supporting much cared for residents through increased illness and death. Many social care staff are themselves at increased risk, especially given the impact on BAME communities.

Ensuring staff at increased risk from COVID19 are supported is rightfully a concern for all.

Government Guidance on assessing and reducing risk (last updated on 01/12/20) is available **here**

Other advice is also available from organisations such as **Acas**.

For lots of additional information and guidance, visit the BNSSG online resource library for care providers, which is located on both the Sirona and BNSSG CCG websites.

10.1 Additional support for staff

There is a range of support available to support all levels of concerns – big or small:

- Social care staff who may be struggling to cope and need help can send a text message with 'FRONTLINE' to 85258 to start a conversation. This service is offered by Shout and is free on all major mobile networks.
- The Samaritans confidential staff support line is open for all social care staff who might be feeling increasingly stressed, anxious or overwhelmed. Call 0800 069 6222 (7am to 11pm, 7 days a week).
- Hospice UK's bereavement and trauma line is open for all social care staff. This offers a safe space to talk to a professional if you have experienced bereavement, trauma or anxiety. Call 0300 131 7000 (7am to 11pm, 7 days a week).