COVID-19: GUIDANCE FOR DOMICILIARY CARE PROVIDERS IN NORTHERN IRELAND

17 March 2020

COVID-19: Key messages for providers of domiciliary care in Northern Ireland

- **Co-ordination** between care providers, trusts, informal carers and/or family members is critical to the success of the strategy for delaying and treating COVID-19.
- **Workforce:** providers, trusts, informal carers and/or family members must plan in partnership, making the best use of all available assets to ensure continuous and effective support for residents in their own home, with up-to-date training or guidance provided as appropriate.
- **Access to PPE:** independent providers must work with suppliers to secure an adequate supply of PPE but will be supported by trusts where they are unable to source items.

1. This guidance sets out key messages to support planning and preparation as we move into the delay phase of responding to the risk of widespread transmission of COVID-19. The information and advice has been developed in consultation with a number of representative bodies.

2. It is aimed at HSC trusts and registered providers of care and support delivered to people in their own homes, including supported living arrangements. It also contains information about informal carers and about carers employed through Direct Payments. It sets out key messages to support planning and preparation in the event of an outbreak or widespread transmission of COVID-19.

3. Separate guidance issued by Public Health Agency (https://www.publichealth.hscni.net/news/covid-19-coronavirus#advice-for-home-isolation) advises individuals, their families and informal carers what

they should do to maintain support in their own homes and keep themselves as safe as possible, if they are advised to isolate themselves.

4. Provision of care and support in people's home, whether in a supported living arrangement or otherwise, is largely a high priority service, in that most care and support cannot be deferred to another day without putting individuals at risk of harm. It is therefore vital that these services are prioritised, and this guidance will support you in doing that.

Steps for HSC Trusts to support domiciliary care provision

5. HSC Trusts should:

    a. Send out a clear message to all involved in the provision of domiciliary care about the importance of sharing and prioritising resources during the forthcoming period.

    b. Ensure their list of individuals in receipt of Trust commissioned or provided domiciliary care is up to date and work with independent providers to establish levels of informal support that could be made available to individuals. Independent domiciliary care providers will bring additional insight and knowledge which must be drawn on.

    c. Work with independent providers to identify anyone who funds their own care and help them to establish the levels of informal support that could be made available. It may be helpful for independent providers to share information about the type and intensity of support they provide to help with planning, but they will want to satisfy themselves that it is lawful for them to share that information.

    d. Contact all clients receiving direct payments who may be employing their own carers, make them aware of this guidance and ask them to make their carers aware.

e. Consider any information held on people being supported by informal carers and the impact that widespread illness or inability to care would have on demand for formal care packages. Take this into account in all planning. Where contacts are held for informal carers, make them aware of this guidance.

f. Trusts should review, update and prioritise their vulnerable client list (taking account of anyone receiving privately funded support and care).

g. Contact all domiciliary care providers in the HSC Trust area to discuss and, if necessary, facilitate resource planning as we move into the delay phase of our strategy. RQIA publishes this information on its website https://www.rqia.org.uk/what-we-do/register/services-registered-with-rqia/. It is vital that planning involves all providers, including those who may mainly or solely deliver services to people who fund their own care – and is not solely confined to Trust-commissioned services.

h. Make the best use of all of the assets available to the community. This will include the voluntary, community and social enterprise sectors as well as volunteers where it is safe to do so. Trusts should consider how they can use existing contracts with the voluntary, community and social enterprise sector to support work related to COVID-19, including supporting people in their own homes. Details of many community and voluntary organisations can be accessed through the Northern Ireland Council for Voluntary Action, who have a member directory on their website www.nicva.org/members.

i. Work with in-house teams and independent providers to maximise the use of technology. Further guidance on this will be provided in due course.

Supply of PPE and other resources for domiciliary care provision

6. Independent domiciliary care providers are responsible for sourcing their own PPE. However, in the event that they are unable to source the appropriate items HSC Trusts must work with independent providers to ensure they have the appropriate equipment available to them if there is a suspected or confirmed cases of COVID-19 arise. Where independent providers are unable to source appropriate PPE provision, Trusts must take into account these needs when seeking supplies from the Business Services Organisation. Trusts must therefore work with independent providers to understand requirements and prioritise stock across organisations, where there are any short term limitations on stock. Trusts should ensure all independent providers have a named point of contact with whom to discuss PPE provision. Independent providers should not be charged for the provision of PPE from Trust stocks.

7. The same approach should also apply for clients who are employing their own carers through Direct Payments.

8. Trusts should also seek to provide PPE to informal carers, where it is required, recognising that failure to do so could create requirements for formal packages of care.

9. This is a time limited approach, related to the COVID-19 only.

Steps for Independent Domiciliary Care Providers to maintain delivery of care

10. Independent domiciliary care providers are advised to:

    a. Review lists of clients (both Trust-commissioned and privately funded), and ensure they are up to date, including any information on the levels of informal support that could be made available to individuals. Consider how relevant information can be shared with the relevant Trust or voluntary organisations, if a legitimate request is received. Work with the

relevant Trust or Trusts as they review, update and prioritise their Vulnerable Client List and support the development of any additional contingency plans.

b. Work with HSC Trusts to establish plans for mutual aid, including sharing of the workforce between domiciliary care providers, and sharing of workforce with the Trust; and consider the deployment of volunteers where that is safe to do so.

c. Review your business continuity plans, with a specific focus on your workforce. At the moment, the duration of the outbreak is unpredictable, and plans should take this into consideration. Consider how you can increase your capacity in the event of staff illness or absence – for instance by seeing whether other staff would be willing to work additional hours.

d. Work with Trusts to consider how voluntary, community and social enterprise sectors as well as volunteers could play a role.

e. Providers should seek to secure, in so far as it is possible to do so, supplies of PPE and other critical resources, including food supplies where relevant, for as far in advance as possible. Providers will routinely be procuring personal protective equipment (PPE) such as gloves and aprons. Nevertheless, if there are difficulties in sourcing relevant PPE or other essential provisions providers should immediately contact the relevant Trust.

f. Work with Trusts to consider how to use technology to best effect.

If a care worker is concerned they have COVID-19

11. If a member of staff is concerned they have COVID-19 they should follow guidance on the Public Health Agency website

https://www.publichealth.hscni.net/news/covid-19-coronavirus#guidance-for-people-with-confirmed-or-possible-coronavirus .

12. If they are advised to self-isolate at home they should follow the PHA guidance on this available at https://www.publichealth.hscni.net/news/covid-19-coronavirus#advice-for-home-isolation.

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

If the individual being cared for has symptoms of COVID-19

14. If the individual receiving care and support has symptoms of COVID-19, then the risk of transmission should be minimised through safe working procedures. Care workers should use personal protective equipment (PPE) for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids. Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing, then eye protection will minimise risk.

15. It is strongly recommended that all domiciliary care staff, volunteers and temporary staff, and drivers delivering meals, receive training and/or guidance on: a) infection prevention and control, and b) the use of PPE equipment. The Northern Ireland Social Care Council has published a free resource on its learning zone on infection control, hand hygiene and PPE - https://learningzone.niscc.info/learning-resources/96/supporting-good-infection-control. The HSC Clinical Education Centre (CEC) also provides training, including on-line infection prevention and control programmes (these are available at www.hsclearning.com).

16. Public Health England has issued guidance setting out the appropriate PPE equipment that should be used when dealing with COVID-19. This is available at https://www.gov.uk/government/publications/wuhan-novel-

coronavirus-infection-prevention-and-control/wuhan-novel-coronavirus-wn-cov-infection-prevention-and-control-guidance

17. New PPE must be used for each episode of care. It is essential that PPE is stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being put in the usual household waste bin.

18. If care workers undertake cleaning duties, then they should use usual household products, such as detergents and bleach as these will be very effective at getting rid of the virus on surfaces. Frequently touched surfaces should be cleaned regularly. Personal waste (for example, used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within your own room. This should be put aside for at least 72 hours before being put in the usual household waste bin for disposal as normal.

19. If care workers support the individual with laundry, then they should not shake dirty laundry; this minimises the possibility of dispersing virus through the air. Wash items as appropriate, in accordance with the manufacturer's instructions. Dirty laundry that has been in contact with an ill person can be washed with other people's items. If the individual does not have a washing machine, wait a further 72 hours after the 7-day isolation period has ended; the laundry can then be taken to a public laundromat. Items heavily soiled with body fluids, for example, vomit or diahorrea, or items that cannot be washed, should be disposed of, with the owner's consent.

20. Where a resident has suspected or confirmed COVID-19, care workers should ensure that family members do not remove laundry for washing at their own home but that it is laundered onsite by staff in accordance with the guidelines above.

If neither the individual nor the care worker have symptoms of COVID-19

21. If neither the care worker nor the individual receiving care and support is symptomatic, then no personal protective equipment is required above and beyond normal good hygiene practices.

22. General interventions may include increased cleaning activity and keeping property properly ventilated by opening windows whenever safe and appropriate. Care workers should follow advice on hand hygiene.

Off-site Visits by Residents in Supported Living Accommodation

23. We acknowledge the benefits to residents of regular visits to family and friends, including overnight stays. Where a resident usually pays a visit to a family member who has been advised to self-isolate, it will be necessary to cease visits to that family member's home during the period of self-isolation.

24. In circumstances where family visits by residents must cease, it is vital that staff in the supported living setting take all possible steps to support residents to remain in contact with family and friends through electronic means, such as e-mail, video-calls, and/or regular telephone calls. Where it is safe to do so, visitors can continue to visit the resident and/or to accompany the resident off-site if staff consider it appropriate and beneficial for this to happen.

25. Family or friends may wish to take residents to live with them away from the supported accommodation setting for a period. This should be discussed by the home, family and friends with the resident and their preference facilitated as far as possible. Homes will need to discuss the support regime with any proposed carers and the resident to provide assurance that the resident's needs are capable of being met out of the home. Families and friends should provide advance warning to the home where they wish to discuss this and

recognise that there may need to be engagement with the Trust to ensure a properly informed decision can be made.

26. Where the resident does not have capacity in relation to this decision, usual processes regarding best interests should apply. Providers should not permanently re-allocate these places, without agreement from the Trust and individual affected. Where an individual is in isolation appropriate arrangements to maintain that isolation (including when travelling) must be made if the individual is to leave the home.

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